

Kavango Zambezi Transfrontier Conservation Area

Animal Health Sub-Working Group

Meeting Notes

1-2 August 2018 Maun Lodge, Botswana

CHAIR: COORDINATING COUNTRY - BOTSWANA

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Abbreviations

AHEAD	Animal & Human Health for the Environment And Development
AHSWG	Animal Health Sub-Working Group
ASF	African Swine Fever
CBPP	Contagious Bovine Pleuropneumonia
CBT	Commodity-Based Trade
CITES	Convention on International Trade in Endangered Species of
	Wild Fauna and Flora
DVS	Department of Veterinary Services
FAO	Food and Agriculture Organisation of the United Nations
FMD	Foot and Mouth Disease
H4H	Herding for Health
JMC	Joint Management Committee
KAZA TFCA	Kavango Zambezi Transfrontier Conservation Area
KfW	German Development Bank
LTC	Livestock Technical Committee
MoU	Memorandum of Understanding
OIE	World Organisation for Animal Health
PPF	Peace Parks Foundation
PS	Partner States
SADC	Southern African Development Community
SC	Steering Committee
SOP	Standard Operating Procedure
VFWT	Victoria Falls Wildlife Trust
WDA	Wildlife Dispersal Area
WG	Working Group
WHO	World Health Organisation of the United Nations

1. Introduction

The KAZA Treaty (2011) allows for the establishment of ad hoc specialist advisory groups (Working Groups - WG) to advise the KAZA Joint Management Committee (JMC) on their areas of specialisation, represent different sectors of society in the KAZA developmental process and facilitate exchange of information on matters of mutual interest among the partner states. One such group, the Animal Health Sub-Working Group (AHSWG) under the Conservation WG, has remained dormant for many years. However, in February 2018 the JMC noted its revival so that animal health and veterinary challenges across the TFCA could continue to be addressed through a cross-sectoral, integrated approach. The following is a summary of the AHSWG meeting held August 1-2, 2018 in Maun, Botswana. Meeting materials are also available online at http://www.wcs-ahead.org/kaza-ahswg/kaza-ahswg.html.

2. Opening & welcome remarks

The meeting was chaired by Botswana as the current Coordinating Country of the KAZA TFCA. During the opening of the meeting, Professor Andrew Nambota from Zambia acknowledged the passing of Director of TFCAs in South Africa, Ernest Mokganedi, in a road traffic accident just prior to this meeting. He appreciated and commended Mr. Mokganedi's contributions to the TFCA community, and his understanding of TFCAs as a tool for socio-economic development and poverty alleviation for the region.

3. Participants introductions

A full participant list can be found in Annex 1. Three out of five KAZA Partner States (PS) were represented, including a host of diverse stakeholders (e.g.- from the SADC Secretariat, NGOs and international organisations).

4. Presentation and adoption of the agenda

The agenda (Annex 2) was presented by the KAZA Secretariat and adopted by participants.

5. Overview, background and purpose

Frederick Dipotso, Programme Manager in the KAZA TFCA Secretariat, presented an overview of the TFCA and its organizational management. In February 2018, the KAZA Joint Management Committee (JMC) noted the revival of the Animal Health Sub-Working Group (AHSWG), which had remained dormant for many years. The purpose of this meeting was outlined to be to:

- Review and agree on the modalities of the group, as listed in the attached Terms of Reference (Annex 3)
- Develop a common understanding of the key animal health challenges found in the KAZA TFCA
- Identify priorities for next steps by group members for submission to the Conservation Working Group for consideration

6. Presentations by Partner States – Overview of key KAZA livestock & wildlife health challenges, activities, and gaps

All Power Points are available in PDF at <u>http://www.wcs-ahead.org/kaza-ahswg/agenda-2018.html</u>. Thus, the presentation summaries below are brief.

6.1. Botswana

The presentation was made by Dr Letlhogile Modisa, Director of Veterinary Services, Botswana. Dr Modisa stated that the primary impediment to livestock health was poor livestock management, and that poaching and predation often cause conflict between officials of the wildlife and veterinary sectors. He also noted that maintenance of fences is a challenge in elephant territory, but that Commodity-Based Trade (CBT) has been adopted and approved by Botswana leadership, and farmers have been consulted. Foot and Mouth Disease (FMD) outbreak response has also been aligned to CBT principles so that it is less disruptive to farmers (more measured response, without closing down the entire region). He went on to identify a number of challenges that need to be considered in the KAZA context, including:

- Fences blocking wildlife migration routes (importantly, Botswana's revived Ad Hoc Committee on Fences will be meeting to consider these);
- Disease status in adjacent countries are not always congruent;
- There is no clear guidance on fence realignment or decommissioning;
- Farmers do not appear to be willing to quarantine animals.

In conclusion, he noted that DVS is unlikely to put up any new fences and is willing to discuss decommissioning of any of the fences. Communication and trust must, however, improve among stakeholders.

The following points were raised during discussion:

- i. Budgetary constraints within the department are impacting transport and communications. However, collaboration is being encouraged with the private sector to ensure delivery of services.
- ii. Although the Botswana/Namibia border fence has been the topic of discussion for possible realignment or even decommissioning of select portions, one important consideration is the potential risk that the occurrence and spread of contagious bovine pleuropneumonia (CBPP) may pose.
- iii. During the KAZA Phase III planning sessions, negotiations between Namibia and Botswana were budgeted for— to allow for consideration of border fence issues. Joint vaccination programmes were also proposed to encourage joint approaches to animal health across KAZA country borders. This budget is still being considered by KfW, the cooperating partner. Budgetary constraints at a national level would impact such envisioned transboundary activities.

6.2. Zambia

Dr Swithine Kabilika, Deputy Director of Veterinary Services in Zambia, made the presentation. In Zambia, animal diseases are split into two categories — those of national economic importance and management diseases. Control of the first category is supported by public resources whilst the second is supported through stakeholder collaboration and partnership. Control efforts have been focused on notable reported animal diseases including, for example, trypanosomiasis (tsetse eradication operations involving Angola, Botswana, Namibia and Zambia), rabies (working on a One Health strategy), African swine fever (ASF), and FMD. He flagged a number of gaps that currently exist that could be addressed through this type of regional forum, including the need for:

- A regional multi-sectoral approach to livestock/wildlife disease control (vets/medics/conservationist/others);
- Harmonization of animal disease control policies, legislation, and programmes for major animal diseases in KAZA;
- o Investment in regional information gathering & interpretation for early warning;
- Investment in risk management along value chains for both livestock and wildlife for assured market access;
- Increased capacity in wildlife health, at least for Zambia;
- o Increased coordination between livestock and wildlife stakeholders.

The following points were raised during discussion:

- i. Zambia is self-sufficient in terms of meeting national demands for beef, with some export to DRC and Angola. There is also some import of beef from South Africa and Argentina.
- ii. There are no FMD fences in Zambia. These were considered in 2010 in order to create a FMD free zone but the EIA recommended against it. Movement of livestock is permitted only through the issuance of movement permits. The country is divided into two areas based on FMD occurrence. The fine for the illegal movement of animals is slaughter regardless of their health status. ASF is a concern in Eastern Province and movement of pigs out of the province is prohibited. CBPP is a concern in Western Province, particularly along the western border with Angola. Previously, a cordon line (3-strand fence) with guards planted at periodic intervals was used to restrict movement between the two countries. Currently this fence is in disrepair and efforts are being made to engage with Angola on the matter. Possibly through increased collaboration with neighbouring countries and implementation of joint vaccination programmes, such fences could be avoided.
- iii. No evidence of tsetse fly reoccurrence exists in blocks that have been sprayed in both Zambia and Botswana.
- iv. OIE is working on a rabies programme in Namibia's Northern Communal Areas, and is now moving towards a collaborative arrangement with Angola which could replicate this along the border.
- v. The occurrence of type-O FMD virus in the northern part of Zambia seems to be "a visitor." The porous nature of the border with Tanzania poses a challenge in managing the disease.
- vi. Some surveillance has been carried out in buffalo and FMD SAT serotypes 1 & 2 have been identified in certain areas. FMD-free buffalo can be found on two islands (Sekola and Chete) on Lake Kariba, and these animals have been tested numerous times. These populations were cut off during the creation of the dam and have not had any contact with livestock.
- vii. There are examples of FMD-free buffalo in Namibia, South Africa and Zambia. Dr Modisa queried if more could be done to determine what makes them FMD-free, for the long term. Zambia is currently actively exploring importing buffalo from the Waterberg National Park in Namibia to the KAZA area. Samples from these buffalo have been sent to University of Zambia and Onderstepoort Veterinary Institute (South Africa) for testing. The selected individuals would be kept in quarantine in Waterberg for one month, and will be tested regularly. When they get to Zambia, they will be subject to a 3-month quarantine, where 25% of them will be tested. If more trade in buffalo is to occur, guidelines need to be developed to maintain the negative status of these buffalo. Dr Markus Hofmeyr advised, however, that while FMD-free buffalo might be possible in small isolated herds, this would be unlikely in large areas.
- viii. More research is required to better understand the transmission of FMD virus between buffalo and cattle populations. Various examples from the region demonstrate a mismatch between the actual number of outbreaks with what would be expected in areas where there is high level of interaction between buffalo and cattle populations.
- ix. In essence, the job of the AHSWG should be to advise on how best to address animal health issues so that the latter do not become an impediment to improving the livelihoods of people living within KAZA.

6.3. Zimbabwe

The presentation was made by Dr Columbus Chaitezvi, Principal Veterinary Officer, Zimbabwe Parks and Wildlife Management Authority, Zimbabwe. In Zimbabwe, veterinary services undertake a number of activities including (i) disease surveillance, (ii) inspections and registrations, (ii) translocations, (iv) social programmes, (v) research, and (vii) strategy formulation and implementation. Some of the gaps and challenges identified include:

- Declining budgetary support for livestock health programmes, i.e. preventive vaccination (anthrax, rabies), infrastructure;
- Logistical support for field inspections, survey/diagnostic sampling and testing;
- Weak diagnostic, surveillance networks;
- Low producer prices for livestock in areas with wildlife (FMD);
- Conflict between livestock and conservation objectives and resources;
- o Zoonotic disease threats from anthrax, rabies, TB, brucellosis.

The following points were raised during discussion:

- i. Zimbabwe is self-sufficient in terms of meeting national needs for beef. However, since it is quite expensive, many people consume poultry and fish, which are more affordable.
- ii. On the issue of implementation of CBT of beef as a way to minimize the need for fences as a tool to manage FMD, at the policy level there is still a strong contention that the livestock industry requires physical separation from wildlife in order to recover. To some extent, CBT is being practiced in the country, however its effectiveness is questioned. Without physical barriers, the efficacy of vaccination is limited. So the recommendation from the country's veterinary department is that at a minimum, conservation areas, not the broader TFCA, should be fenced off. (Editor's note: this issue would benefit from further discussion at a future AHSWG meeting.)
- iii. There is no distemper in the KAZA area, but there is rabies in wild dogs.

7. Presentations by cooperating partners and stakeholders

A series of presentations were made by the SADC Food, Agriculture and Natural Resources (FANR) Directorate, World Organisation for Animal Health (OIE), Food and Agriculture Organisation (FAO) of the United Nations, the Animal & Human Health for the Environment And Development (AHEAD) Programme under Cornell University, the Herding for Health (H4H) programme being jointly implemented by Conservation South Africa and Peace Parks Foundation (PPF), Victoria Falls Wildlife Trust (VFWT), Botswana's Department of Wildlife and National Parks (DWNP), and Dr M. Hofmeyr on lessons from the Great Limpopo TFCA Veterinary Committee.

The following are the main discussion points that emerged from this session:

- i. Within the context of TFCAs, it is important to remember that there are other diseases of concern, beyond FMD, such as anthrax.
- ii. Management of animal diseases requires an integrated approach, with consideration of other sectors and factors beyond those from the veterinary perspective.
- iii. OIE was asked if there was any value to a TFCA developing a TFCA level control programme, which is aligned with individual PS, national level control programmes, in order for OIE to facilitate implementation within this type of geographic unit. The OIE responded that there is nothing to stop the KAZA PS from agreeing on certain protocols. A control programme does not require recognition from anyone. At a national level, control programmes for various diseases are endorsed by OIE, meaning that if a trade partner questions it, OIE can offer input. OIE was not in a position to answer immediately if they would endorse such a control programme for a geographic area like KAZA, and would need to explore this further internally. Also, valuable lessons could be learned from the South Americans who have been collaborating on animal health

issues across borders. Gideon Bruckner would prove a valuable resource in this regard as he has worked closely with them.

- iv. On issues related to CBT, trade in value-added products is not as much of a concern as trade in fresh, bone-in meat and live animals because further processing reduces the risk of any virus/disease transmission. Specific FMD strain(s) in one country may not be the same as a strain or strains in a potential trading partner country, and this may be viewed as a risk not worth taking by some countries. However, if two countries both have FMD-infected status, the decision to take the consideration up the level of the particular strain prior to considering trade would remain their prerogative but is not imposed by any international regulations.
- iv. The guidelines for implementation of CBT presented by AHEAD deal with beef and not live animals.
- v. In dealing with the recent anthrax outbreak, when bringing-on the private sector in terms of utilization of their equipment, DWNP explained that although no formal agreements were used, the risks and disinfection procedures were explained to the partners.
- vi. CITES can be an impediment when transporting samples. OIE has made contact with the CITES offices to see if there are ways to assist and overcome this issue. Approaching the issue as KAZA versus as individual member states might carry more weight. (Editor's note: see https://link.springer.com/article/10.1007/s10393-016-1154-4.)
- vii. The H4H model is a broad model that was initially developed in close participation with village level stakeholders. CBT acts as major catalyst for rural farmers to comply with minimum trade standards while reinforcing stewardship agreements related to land-use practices and wildlife. Reliable market access acts as an incentive for farmers to support the programme. It allows for a taking account of local context, scenarios, risks, and perceptions of local people. However, there is no guarantee that the model will work in every scenario and it is not a quick process. In villages with good leadership and resolve, very quick uptake can be experienced which subsequently helps bring-on surrounding villages, when they see success. Within KAZA, H4H will initially be piloted at Habu village in Botswana and Simalaha Community Conservancy in Zambia.

8. Modalities of Animal Health Sub-Working Group (AHSWG)

Participants reviewed and considered the circulated Terms of Reference (TORs) for the AHSWG. As with other working groups, this is a technical advisory group, which makes decisions based on consensus and will be required to develop and report against a workplan presented to the KAZA structures.

8.1. Gaps in the Terms of Reference (ToRs)

The following areas of work for the AHSWG were identified as gaps and need to be included in the ToRs:

- Facilitating trade
- Livestock production and management systems
- Diagnostics

8.2. Institutional arrangements

- i. Having separate focal area (geographic or thematic) task teams should be considered so as to allow more regular meetings on pertinent issues.
- ii. The World Health Organisation (WHO) and public health organisations were considered to be important stakeholders that need to be included in the group.
- iii. The issue of sustainability, in terms of funding for the working group, was raised as an important consideration.

- iv. On the composition of the working group, the following was agreed:
 - Include animal production representatives from each PS in addition to the livestock veterinary and wildlife veterinary representatives, totalling three (3) representatives per country
 - SADC
 - o OIE
 - o FAO
 - o AHEAD
 - VFWT
 - o PPF/H4H
 - Markus Hofmeyr given his experience with the GLTFCA Veterinary Committee
 - The following will be called upon as required for specialist input:
 - WHO
 - Public health representatives
 - Reference laboratory representatives
 - Subject matter specialists
- v. The functions of the Steering Committee (SC) of the group should include the following:
 - o Strategic thinking
 - Innovation
 - Secretarial functions
 - Resource mobilization
 - Proposal writing
 - Dissemination of current/relevant information
 - \circ Collection and collation of information and relevant reports from the KAZA PS
- vi. All agreed that the composition of the SC should be voluntary as it would require commitment and time over and beyond one's official workload. As such, the SC is to comprise the following:
 - BW: Mmadi Reuben (wildlife) or Comfort Nkogwe (wildlife)
 - ZM: TBC (veterinary)
 - o ZW: Columbus Chaitezvi
 - AHEAD Programme to perform secretarial functions for the SC
 - VFWT: Jessica Dawson
 - Markus Hofmeyr
 - KAZA Secretariat
- vii. Rather than allow the SC to select their own Chair, as lead driver of the committee on behalf of the working group, as suggested in the TORs, it was agreed that Botswana, as current Coordinating Country, should Chair.

9. Priority animal health issues in the KAZA TFCA & strategic actions

In breakout groups, AHSWG participants listed priorities that need to be tackled, particularly through a cross-sectoral, transboundary lens. In the same breakout groups, participants went on to identify specific, practical actions that need to be taken in the next three-year period.

Group 1				
Priority animal health issues in the KAZA TFCA	Strategic Actions			
1. Surveillance at the interface, including of FMD topotypes, BTB, CBPP and general surveillance to ensure synchrony across the landscape	 Conduct passive surveillance (greater observation & reporting) Conduct skills development & training so each incident is reported/investigated whether by wildlife or livestock officers Develop good practices 			
2. Fence decommissioning or realignment where necessary/relevant	 Facilitate meeting between BW & NA on border fence removal (Caprivi/Khaudum) – to include in the discussions WWF-NA, TFCA structures in both countries, veterinary services, animal production, wildlife, ministries of environment BW fencing committee to review fences in BW BW national planning in NG14 (land use) AN/ZA engagement on cordon line Develop KAZA-wide fencing strategy along with other KAZA-specific land-use planning 			
3. Transboundary-level communication including consultation with stakeholders (planning and continuing work) for active involvement and uptake	 Develop Whatsapp group for field level operatives Hold meetings (1x or 2x/year) for field based veterinary officers 			
 4. Diseases/conditions of immediate concern include: Appreciation of zoonotic diseases Anthrax Poisoning & forensics Rabies & public health 				
5. Animal production systems & clarified market opportunities. This would include harmonization of livestock identification systems.				
6. Diagnostics/forensics	 Recognizing KAZA labs Developing Standard Operating Procedures (SOPs) for diagnostic sample movements across borders 			

	 Facilitating CITES approval for permits
	 Building capacity of wildlife managers in disease recognition & sampling
 7. Disease risk management 8. Research on disease risk at the 	 Desktop survey of PS capacity (including diagnostic capability) by sourcing information through OIE of performance at country level of veterinary services. But also need assessment at KAZA (landscape) level Determine high risk areas (activity or geographic) & determine resource gaps (which might be cross-border capacity); include site visit for 5 countries Assessment of vaccination/other measures in each PS Develop report templates to report (monthly) by vet officers (VO) on (i) what's been diagnosed, (ii) what's been vaccinated (species and vaccine used), (iii) causes of mortality (poison, etc.), (iv) safety issues regarding personnel Synchronise disease control plans & develop KAZA plan based on identification of high-risk areas Engage in passive surveillance Develop research questions (including landscape compatibility) & match with potential
interface (different land uses across	researchers
borders) including wildlife population	 KAZA to commission & facilitate research through AHSWG
dynamics, so as to facilitate wildlife	, , , , , , , , , , , , , , , , , , ,
corridors & avoid habitat fragmentation	
Group 2	
1. Transboundary disease control	 Develop KAZA level communication platform
programmes including the following	 Evaluate existing databases & establish shared database
components	 Develop MoUs/SOPs for
 Movement of samples across borders 	 Disease surveillance & vaccination campaign coordination Sample sharing
 Enhancing forensic capacity for KAZA 	 Cross-border movement of veterinary staff (in case of emergencies) Cross-border licensing of vets
 Assessment of KAZA laboratory & veterinary facilities 	
Illegal wildlife trade / pathogen movements	

 Improvement of regional veterinary capacity Delineation of veterinary research priorities Protocols for movement of veterinarians across borders for emergency assistance Improved coordination across ministries in KAZA Improved coordination with human health faculties Fence utility, re-alignment & decommissioning 	 Re-establish fencing committee in Botswana Conduct assessment of current & planned veterinary fences affecting KAZA's Wildlife Dispersal Areas (WDAs) Explore decommissioning of Namibia/Botswana border fence Conduct Khaudum-Ngamiland WDA stakeholder workshop to discuss status of Namibia/Botswana border fence
 3. Improvement of livestock management including Addressing illegal transboundary livestock movement Enable trade in animals & animal products at KAZA level 	 Develop SOPs on assessment for fence alignment in WDA planning meeting Identify priority sites/WDAs to implement CBT pilots (explore implementing partners for this) Conduct regional analysis of abattoir capacity at transboundary level Assess enabling environment Develop SOPs for CBT of beef implementation in KAZA – guidelines are already in preparation (Editor's note: available at http://www.wcs-ahead.org/kaza/181114-guidelines-for-implementing-cbt-final.pdf as of Dec 2018)

10. Key discussion points

The following were pertinent points raised during this session:

i. **Movement of samples within KAZA to referral testing facilities or labs**: There was discussion as to whether the KAZA PS should refer this issue for further guidance to the SADC Livestock Technical Committee (LTC) or develop SOPs applicable at the field level, thus using a "bottom-up" approach rather than waiting for a "top-down" one. Zimbabwe contended that member states are working to prevent disease transmission and thus applying national rules for preventing entry of pathogens in order to protect their territories. As such, the national directors of veterinary services of the SADC region represented at the SADC LTC must provide overarching guidance on the issue of harmonization and laboratory accreditation.

PPF advised that high level harmonization of legislation and policy in TFCAs is a time-consuming and challenging goal. However, developing working, field level SOPs has proven easier to achieve within broader national and regional frameworks. AHEAD also reminded participants that this working group is meant to comprise the same national directors of veterinary services that sit on the LTC for the five KAZA countries, and OIE and SADC Secretariat agreed that it is within KAZA's prerogative to find solutions to obstacles impeding the mandate of regional integration.

ii. *Fence utility, realignment and decommissioning:* Even though disease control was the original justification for putting up many fences, this has evolved over time with some serving a multitude of purposes, including mitigating against human-wildlife conflict and border security. Consequently, any review of fences in KAZA must take cognizance of these various intentions and the changing socio-political realities on the ground.

11. Next steps

The following next steps were agreed by the group:

- i. Meeting report to be prepared and disseminated;
- ii. ToRs for the working group to revised based on input including clarifying SC roles/function and composition;
- iii. Revised working group structure to be circulated within the meeting report for comment;
- Key priority issues and strategic actions to be distilled and highlighted (but see below);
- v. The group to meet again at least once before July 2019.

It was, however, recognised that working through the key priority issues and strategic actions identified so far, so that they are distilled into a workable plan with timelines, will need to be tackled at a future date.

12. Closing remarks

In closing the meeting, Dr Comfort Nkogwe of DWNP, Botswana reminded the group that small-scale livestock holders are key stakeholders in the KAZA landscape who are relying on this team to help resolve and improve the enabling environment within which they can secure their livelihoods through trade. Tourism is now contributing more to Botswana's GDP than livestock. This could be, in part, because trade is impeded by various factors at this livestock-wildlife interface. Overcoming this challenge requires a collaborative, multi-sectoral approach in order to realize both wildlife and livestock as valuable resources.

13. Annex 1. Attendance

	Surname	Name	Country	Affiliation	Title &/or expertise	Email
1	Britton	Andrea	Botswana	OIE	Project Coordinator	a.britton@oie.int
2	Dipotso	Frederick	Botswana	KAZA Secretariat	Programme Manager	fmdipotso@hotmail.com
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4	Letshwenyo	Moetapele	Botswana	OIE	Southern Africa Sub-Regional Representative	m.letshwenyo@oie.int
5	Mabutha	Obert	Botswana	Ministry of Agricultural Development & Food Security	District Coordinator	omabutha@gov.bw
6	Matlho	George	Botswana	Botswana Vaccine Institute	General Manager	gmatlho@bvi.co.bw
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10	Nkogwe	Comfort	Botswana	Ministry of Environment, Natural Resources Conservation & Tourism	Principal Veterinary Officer, Dept Wildlife & NPs	cnkgowe@gov.bw
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12	Rancheke	Ronald	Botswana	Dept. of Veterinary Services	Principal Veterinary Officer, BMC Maun	rrancheke@gov.bw
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15	Thololwane	Odireleng	Botswana	Ministry of Agricultural Development & Food Security	Principal Veterinary Officer, Dept. of Vet. Serv.	othololwane@gov.bw
16	Bewsher	Paul	South Africa	PPF	Programme Manager	pbewsher@ppf.org.za
17	van Rooyen	Jacques	South Africa	Conservation South Africa	Technical Director, Herding for Health SA	jvanrooyen@conservation.org
18	Atkinson	Shirley	USA	AHEAD, Cornell University	AHEAD Regional Coordinator	s.atkinson@cornell.edu
19	Osofsky	Steve	USA	AHEAD, Cornell University	AHEAD Programme Coordinator	s.osofsky@cornell.edu

20	Kabilika	Swithine	Zambia	Ministry of Ag & Livestock	Deputy Director, Dept. of Veterinary Services	mukabuko@yahoo.co.uk
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23	Chaitezvi	Columbus	Zimbabwe	Zimbabwe Parks & Wildlife Management Authority	Principal Veterinary Officer	colchaitezvi@gmail.com
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25	Foggin	Chris	Zimbabwe	Victoria Falls Wildlife Trust	Wildlife Vet, Wildlife Disease Diagnostics Lab	cfoggin@zol.co.zw
26	Ushewokunze -Obatolu	Unesu	Zimbabwe	Ministry of Agriculture, Mechanisation. & Irrigation Development	Principal Director, Dept of Livestock & Vet. Services	newazvo@hotmail.com



14. Annex 2: Programme agenda

Kavango Zambezi Transfrontier Conservation Area



Animal Health Sub-Working Group Meeting AGENDA

1 to 2 August 2018 Venue: Maun Lodge, Maun, Botswana

Purpose

The KAZA Treaty (2011) allows for the establishment of ad hoc specialist advisory groups (Working Groups - WG) to advise the KAZA Joint Management Committee (JMC) on their areas of specialisation, represent different sectors of society in the KAZA developmental process and facilitate exchange of information on matters of mutual interest among the partner states. One such group, the Animal Health sub-Working Group (AHSWG) under the Conservation WG, has remained dormant for many years. However, in February 2018 the JMC noted its revival so that animal health and veterinary challenges across the TFCA could continue to be addressed through a cross-sectoral, integrated approach.

The aim of this first meeting therefore will be to:

- Review and agree on the modalities of the sub-Working Group, as listed in the attached Terms of Reference
- $\circ~$ Develop a common understanding of the key animal health challenges found in the KAZA TFCA
- Identify priorities for next steps by the sub-Working Group' members for submission to the Conservation Working Group

Participation

- Partner State representatives from respective departments (2 veterinarians):
 - The director for the department of veterinary services
 - Head wildlife veterinary officer
- Invited practitioners and regional entities working in support of KAZA (e.g. SADC FANR, OIE, FAO, AHEAD, Victoria Falls Wildlife Trust)
- KAZA Secretariat

Agenda Chair: Coordinating Country - Botswana Meeting Facilitator: KAZA Secretariat and AHEAD

Time	Agenda item	Presenter/ Facilitator
	Day 1 – Wednesday 1 August 2018	
8:00	Registration	KAZA Secretariat
	Introduction and Background	
8:15	Opening and welcome remarks	Chair
8:20	Participants introductions	Chair
8:40	Presentation and adoption of agenda	KAZA Secretariat & Chair
8:50	Overview, background and purpose of the meeting	KAZA Secretariat
	Presentations by Partner States – Overview of Key Livestock and Wildlife Health Challenges, Activities & Gaps in the KAZA Landscape	
9:00	Angola	PS representative
9:15	Botswana	PS representative
9:30	Namibia	PS representative
9:45	Q & A, Discussion	
10:15	TEA BREAK	
10:45	Zambia	PS representative
11:00	Zimbabwe	PS representative
11:15	Q & A, discussion	
	Presentations by Cooperating Partners / Stakeholders	
11:45	SADC FANR perspective on animal health in the context of KAZA	G. Thobokwe
12:00	OIE perspective on transboundary animal health in the context of SADC	M. Letshwenyo
12:15	FAO perspective on animal health in the context of KAZA	B. Bedane
12:30	Thinking through CBT feasibility	S. Atkinson / S. Osofsky
12:45	Herding for Health pilots in TFCAs	J. van Rooyen
13:00	Q & A, discussion	
13:15	GROUP PHOTO & LUNCH	
14:15	Facilitation of sample sharing, diagnostics and communications: utility of a KAZA-focused laboratory	C. Foggin / J. Dawson
14:30	Lessons from the field: the importance of transboundary collaboration	C. Nkgowe
14:45	Lessons from the Great Limpopo TFCA veterinary committee	M. Hofmeyr
15:00	Q & A, discussion	
15:15	TEA BREAK	
	Modalities of Animal Health Sub-Working Group	
15:45	Review of AHSWG terms of reference and finalization of institutional arrangements	Plenary
17:00	Adjourn for the day	
18:00	GROUP DINNER – all participants	
	Day 2 – Thursday 2 August 2018	
8:00	Recap and overview of key animal health issues raised in Day 1	S. Osofsky

	Identifying Key Animal Health Issues for AHSWG in KAZA	
8:15	Prioritization of animal health issues in KAZA . Further discuss the key challenges/issues identified. Can we refine a list of priorities to be tackled, particularly those that would benefit from a cross-sectoral, transboundary lens?	Facilitated session
9:15	Discussion	Plenary
10:00	TEA BREAK	
	Developing Action Items and Next Steps	
10:30	Strategic actions . For agreed priority issues, identify specific, practical actions/activities that need to be accomplished in next 3 years.	Facilitated session
11:30	Discussion	Plenary
12:00	Next steps . Group discussion. What tasks should the sub-WG focus on over the next year?	Plenary
12:45	Closing remarks	Host country
13:00	LUNCH	
14:00	Field visits TBD	Host country
17:00	Adjourn	

15. Annex 3: Proposed AHSWG Terms of Reference, as approved by the JMC in February, 2018.

KAZA Animal Health Sub-Working Group

A collaboration of partners interested in supporting the KAZA TFCA to address animal health and disease challenges across the KAZA landscape

Proposal to the Joint Management Committee to re-establish the Animal Health Sub-Working Group of the KAZA Conservation Working Group

1. Background

The KAZA TFCA is a vast landscape that encompasses multiple land use areas that consist of protected areas in the form of national parks, wildlife/game management areas, forest reserves, and communal areas. More than 70% of the land in the KAZA TFCA is inhabited by communities that live in close proximity to protected areas, expanding the interface among wildlife, livestock and people. Management of animal diseases (including zoonoses – diseases transmissible between animals and people) at this wildlife-livestock-human interface is a concern for public health, economic and conservation reasons. Diseases such as bovine tuberculosis, rabies, brucellosis, and anthrax impact rural development by decreasing livestock productivity, causing livestock and wildlife mortality, and affecting the health and wellbeing of people. Foot and mouth disease continues to negatively impact livestock producers. Transfrontier conservation entails free movement of wildlife over large geographic areas. However, the current internationally accepted approaches for the control of Transboundary Animal Diseases (TADs) is to prevent movement of animals (wild and domestic) between areas where TADs occur and where they do not (primarily through veterinary fencing, which has major impacts on migratory wildlife). As a result, the TFCA vision and geographic (fence-based) approaches to TADs management approaches are not compatible. It is within this broad context of environmental and social impacts that animal health challenges need to be addressed.

The KAZA TFCA Conservation Working Group was established in 2010 with many of these challenges in mind, and included in their guidelines the importance of animal health in conservation. In addition, one of KAZA's objectives as listed in the Treaty (2011) is to "promote and facilitate the harmonization of relevant legislation, policies and approaches in the area of transboundary animal disease prevention." Many of the animal health and disease concerns facing respective partner countries have been discussed at recent collaborative meetings, including the 2016 KAZA-AHEAD-FAO workshop on Commodity Based Trade. At the workshop, there was broad support from KAZA stakeholders to reinvigorate the Animal Health Sub-Working Group so that these issues can continue to be addressed through a cross-sectoral, integrated approach.

2. Proposal

Based on the above, the KAZA Joint Management Committee (JMC) is requested to consider re-establishing the Animal Health Sub-Working Group of the KAZA Conservation Working Group (which itself acts as an advisory body to the JMC in matters dealing with (i) protected area planning and management, (ii) research and monitoring and (iii) animal health, as outlined in the KAZA TFCA Conservation Working Group [CWG] Terms of Reference). This re-established sub-working group will focus on animal health and disease-related matters.

The aim of the Animal Health Sub-Working Group will be to improve animal health and mitigate disease and related conflicts within the KAZA TFCA. We note with full understanding that the CWG is the overall responsible structure on matters of conservation and may assign tasks to the Animal Health Sub-Working Group that fit within the mandate described above. In this context, the primary objectives and activities are described below.

Objectives

- a) Promote multi-sectoral dialogue on animal health-related developments at national and regional levels
- b) Assist in the identification of animal health and disease risk challenges and associated mitigation measures
- c) Collaborate towards resolving conflicts between current animal disease regulatory needs and KAZA TFCA objectives
- d) Support harmonisation of policy, regulations, guidelines and communication issues related to animal health and disease management
- e) Assist in efforts to align veterinary services with those of human health authorities
- f) Assist in building capacity of natural resource managers to understand and monitor wildlife health
- g) Facilitate improvements in veterinary services offered within the TFCA

Activities (illustrative)

- a) Review key livestock and wildlife diseases in the five partner countries, providing priorities for surveillance and strategic control/containment
- b) Participate in assessment of existing and/or proposed fences to control transboundary animal diseases within the TFCA while considering needs related to corridors / wildlife dispersal areas
- c) Coordinate the provision of basic training on wildlife health, diseases and their control to TFCA managers, officials and livestock owners
- d) Guide the establishment of wildlife health databases, information sharing across KAZA, and sample archiving
- e) Provide advice/guidelines on joint cross-border disease control protocols and interventions
- f) Provide advice on transboundary movement of biological samples for criminal tracing
- g) Assist in assessing impacts of the use of poisons and toxins on key wildlife species
- h) Provide technical advice on proper housing, containment, surveillance and health care of wildlife
- i) Provide technical advice in the development of emergency protocols for outbreaks of key diseases
- j) Participate in the review and assessment of veterinary requirements within the TFCA
- k) Propose improvements in veterinary services offered in the TFCA
- I) Any other activities as deemed important by the Sub-Working Group

2.1 Institutional Arrangements

The Animal Health Sub-Working Group will be comprised of a range of stakeholders that have an interest or are involved in animal health / veterinary matters from each partner country, and across the KAZA landscape. The composition of the Sub-Working Group will include a minimum of two representatives from each partner country including (i) a senior representative from the department of veterinary services (preferably at the director level) and (ii) a senior wildlife veterinary officer, and other invited practitioners (e.g. civil society and private sector) and institutions working in support of KAZA (e.g. SADC livestock & wildlife/NRM representatives, OIE and FAO).

The functioning of the Animal Health Sub-Working Group will be facilitated by a small *steering committee* (maximum five people) comprised of: one (1) senior government agency representative from livestock/veterinary service, one (1) government agency representative

from wildlife veterinary service, one (1) representative from the KAZA Secretariat, and two (2) representatives from expert organizations in the animal health field (e.g. AHEAD, Victoria Falls Wildlife Trust). The chairperson will be selected from among these five members by the Sub-Working Group, and the steering committee shall serve for a tenure of three years unless indicated otherwise by the Sub-Working Group.

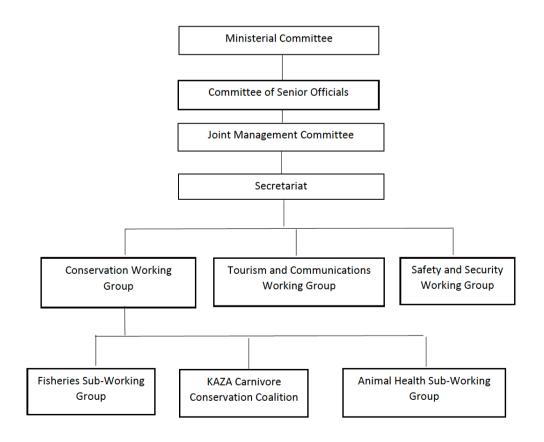
The proposed Animal Health Sub-Working Group will operate according to the Terms of Reference of the CWG and will fit into the Institutional Arrangement as proposed below (Figure 1).

2.2 Operational

The Animal Health Sub-Working group will be a platform for collaboration between stakeholders engaged in animal health and veterinary matters in the KAZA TFCA and serve to further the mandate of the CWG. It is proposed that the Animal Health Sub-Working Group meet twice a year, or more frequently depending on needs or requests from the CWG.

As the Animal Health Sub-Working Group will meet twice a year or more frequently, it is also proposed that the Animal Health Sub-Working Group *steering committee* meet twice a year, or more frequently if a clear need arises to discuss issues of concern. The steering committee shall otherwise strive to conduct its affairs online, and will assist in disseminating information among members of the Animal Health Sub-Working Group between meetings as needed, and in reporting back to the CWG.

Figure 1. KAZA Institutional Structure



3. Request for Re-establishment

Approval is requested from the JMC to re-establish the Animal Health Sub-Working Group of the CWG as outlined in this proposal, to function in accordance with the Terms of Reference for the Conservation Working Group for the KAZA TFCA.