

EDITORIAL

Livestock ownership currently supports or sustains the livelihoods of an estimated 700 million rural poor. In marginal areas, the ownership of livestock is often the only asset that keeps poor families from becoming poorer. Besides its intrinsic value, livestock can provide a stream of food and income, help to raise farm productivity and, for the large amount of landless people, is the only livelihood option available. For small-scale farmers, livestock are often the only way of increasing assets and diversifying risk. Despite its importance, livestock ownership and livestock production is jeopardised by a range of animal diseases resulting in increased mortality rates and directly or indirectly affecting production.

Governments often assisted by donors have invested significantly in controlling or eradicating diseases. The PARC project supported financially by the EC has made enormous efforts to eradicate Rinderpest from the African continent. Similarly, large efforts have been made in the control of African Swine Fever. The Belgian Directorate-General for Development Co-operation (DGCD) also has made substantial investments to improve animal health in developing countries. Among the various DGDC projects focusing on animal health, the Assistance to the Veterinary Services of Zambia (ASVEZA) project was a major one and has for many years been instrumental in the development and transfer of methods for the improved control of East Coast Fever, a devastating disease transmitted by ticks, and animal trypanosomiasis, a livestock disease transmitted by tsetse flies. It has also been important in improving disease control for the small-scale subsistence farmers in southern Africa.

Notwithstanding the availability of an arsenal of preventive and curative control tools, control of certain animal diseases in developing countries remains difficult. This is attributed largely to the limited amount of resources allocated to animal health and changing priorities. Developing countries are thus confronted with considerable and continuous challenges to improve the provision of animal health care. A recent study funded by the DGCD has identified some of the major drawbacks related to the provision of animal health care to smallholders in developing countries.

Despite those considerable drawbacks, decisions with regard to animal health are continuously taken at the international, national and local level. In view of the limited resources available in developing countries, those decisions should be taken on a rational basis taking into account prevailing limitations. Although theoretical models of how epidemics-surveillance networks should be developed and should function are available, it remains questionable if such models are appropriate for the circumstances prevailing in most of the sub-Saharan African countries. Hence, instead of adopting such theoretical models preference was given to embark on a thorough study of existing epidemics-surveillance systems and to the adjustment of existing actions, depending on the requirements. This study was funded by the DGCD and conducted by the Animal Health Department of the Prince Leopold Institute of Tropical Medicine of Antwerp (ITMA) in the context of the DGCD-ITMA Agreement. The overall aim of the study was to obtain a better insight of the roles played by the different actors at several animal disease management levels. A total of eight studies were conducted in four southern African countries (Botswana, Malawi, Zambia and Zimbabwe). The four countries were chosen because of their contrasting livestock management systems and differences in disease management practices. The aim of the studies was to describe ongoing epidemics-surveillance activities under the prevailing conditions. Hereby, attention was paid to data collection, data analysis and ensuing disease control practices.

In southern Zambia, a study was conducted to determine the livestock owners' and veterinary field staff's knowledge of and attitude towards an endemic (East Coast Fever, ECF) and epidemic (Foot and Mouth Disease, FMD) disease. In the Central Region of Malawi and eastern Zambia, the diagnostic capacity and capability of livestock owners, veterinary field staff and district, provincial and central veterinary laboratories was assessed. In eastern Zambia also, a study was conducted to quantify and qualify the veterinary information flow from livestock owner up to the level of the national epidemiology unit. In Zimbabwe, recent outbreaks of FMD were studied and the factors contributing to those outbreaks identified. In Botswana, the existing rabies surveillance database was used to demonstrate how modelling can greatly improve disease data interpretation and disease control actions. Also in Botswana, available epidemics-surveillance data were used to demonstrate the importance of regional epidemics-surveillance networks and of risk assessment in animal disease (FMD) management. The outcomes of the studies demonstrated clearly that although each of the countries has an epidemics-surveillance network, some of the cornerstones of such a system are dysfunctional thus jeopardising the network's usefulness.

The findings of the studies will be further discussed during a consultative workshop with stakeholders planned for the end of 2005. The outcomes of this workshop will contribute to the formulation of recommendations that will assist to direct future research and development in the field of livestock disease epidemics-surveillance in developing countries.

This special issue of Tropicultura that will be used as a working document during the planned workshop aims at informing a large audience on some important issues related to the surveillance and control of animal diseases in developing countries. It reflects the interest and commitments of the DGCD in the field of animal health. I am convinced that this document will be of use in the difficult fight against animal disease in developing countries.

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