



**Foot and Mouth Disease - The Namibian Perspective**  
**Directorate of Veterinary Services**

**P**ublic interest has again been sparked by the current outbreak of foot and mouth disease in Botswana and the realisation that not only the animal health status in Namibia can change drastically overnight, but that a complete negative impact on the country's economy could be expected. The first to experience this impact will be the livestock producer.

**"Who determines the health status and what is Namibia's current status?"**

A global veterinary services organisation was established in 1924, its current membership includes the directors of veterinary services of 155 countries. This intergovernmental organisation determines "international sanitary rules" regarding disease control and thus, simultaneously, establishes regulations for the international trade in animals and animal products.

Known as O.I.E. (Office International des Epizooties), the organisation meets annually in May at its headquarters in Paris, France, to draft resolutions on specific diseases and disease control. Decisions are taken regarding the disease status reports submitted by member countries and the international sanitary rules (a manual of prescribed disease control measures issued by the O.I.E.) are updated. These rules regulate

the trade of animals and animal products between member countries.

Namibia is currently one of only two African member countries that enjoy the exceptional status of foot and mouth disease free zone without vaccination. The privilege of this status is shared only with Swaziland, after both Botswana and South Africa forfeited their status due to outbreaks of foot and mouth disease. This status imbues the prerogative to trade in the exclusive European market and places Namibia in a prime position to explore markets outside the European Union such as the U.S.A.

The O.I.E. evaluates a country's request for a specific status according to a set of predetermined criteria. The final decision is determined by the cumulative result of the assessment of all criteria evaluation components. The effect of the cumulative result can therefore be that reference is frequently made to the health of animals in one region as on par with that of animals in a region which, however, enjoys a superior status. The components of evaluation include the following:

- Presence of a limiting disease such as foot-and-mouth;
- Presence of free-roaming buffalo;
- Disease status of bordering areas or countries;
- The nature of borders between

areas i.e. are they safe with respect to roaming;

- Infrastructure e.g. roads, telecommunications, corridors etc.;
- Preventative vaccinations against foot-and-mouth disease;
- Composition, functioning, funding and integrity of the official veterinary services department.

**The question arises automatically whether the Namibian Directorate of Veterinary Services is indeed fit and healthy.**

The spontaneous answer is "yes" in light of Namibia's international status as one of only two countries in Africa with a foot-and-mouth disease free status and, pursuant to the outbreak of BSE (mad cow disease), one of 13 countries worldwide with a Class I grading (the best currently available).

It is of vital importance that the current minimum requirement for animal inspectors is adjusted to a 3-year diploma level to ensure that this staff complement exhibits the skills demanded internationally for increasingly advanced techniques. Should this aspect not be addressed urgently, Namibia runs the risk of jeopardising its veterinary integrity and, as a result, forfeiting its animal health status.

**"How is Namibia's status threatened by the current foot-and-mouth outbreak in Botswana and what preventative measures can be taken?"**

implemented by the Directorate in response to any outbreak.

It is interesting to note that an outbreak of foot-and-mouth disease in the Caprivi solicits minimal response when compared to the reaction to an outbreak in Botswana. Taking into account the volume of road and air traffic and the transport of pestilential products between the Caprivi and the foot and mouth disease free zone south of the corridor, the threat of contamination is greater from the Caprivi. Perhaps the reaction is attributed to the shock of an outbreak in Botswana for the first time in 20 years, whilst the Caprivi experiences an outbreak approximately every 4 years. The ever-present threat that is posed by foot and mouth disease is, however, underlined by an outbreak in the Kavango in the early nineties after a 30-year absence. Should we experience an outbreak from Botswana (or any other source) in our free zone, the export of all livestock and animal products would summarily cease. Whilst the financial impact is best left to speculation, the consequences will indeed be prodigious.

The maintenance of the animal health status after an outbreak in a neighbouring country is best served by the reinforcement of routine existing sanitary control measures and not by imposing additional drastic measures. Existing measures include controls at entry points (a function of Customs and Excise), patrols of control fences, controls at the gates within the corridors, control of movement and feed etc. Such reinforcement of measures not only counters complacency that develops during times of normality, but can additionally be