Food and Agriculture Organization of the United Nations

World Organisation for Animal Health

ECO Regional Strategy for the control and eradication of PPR

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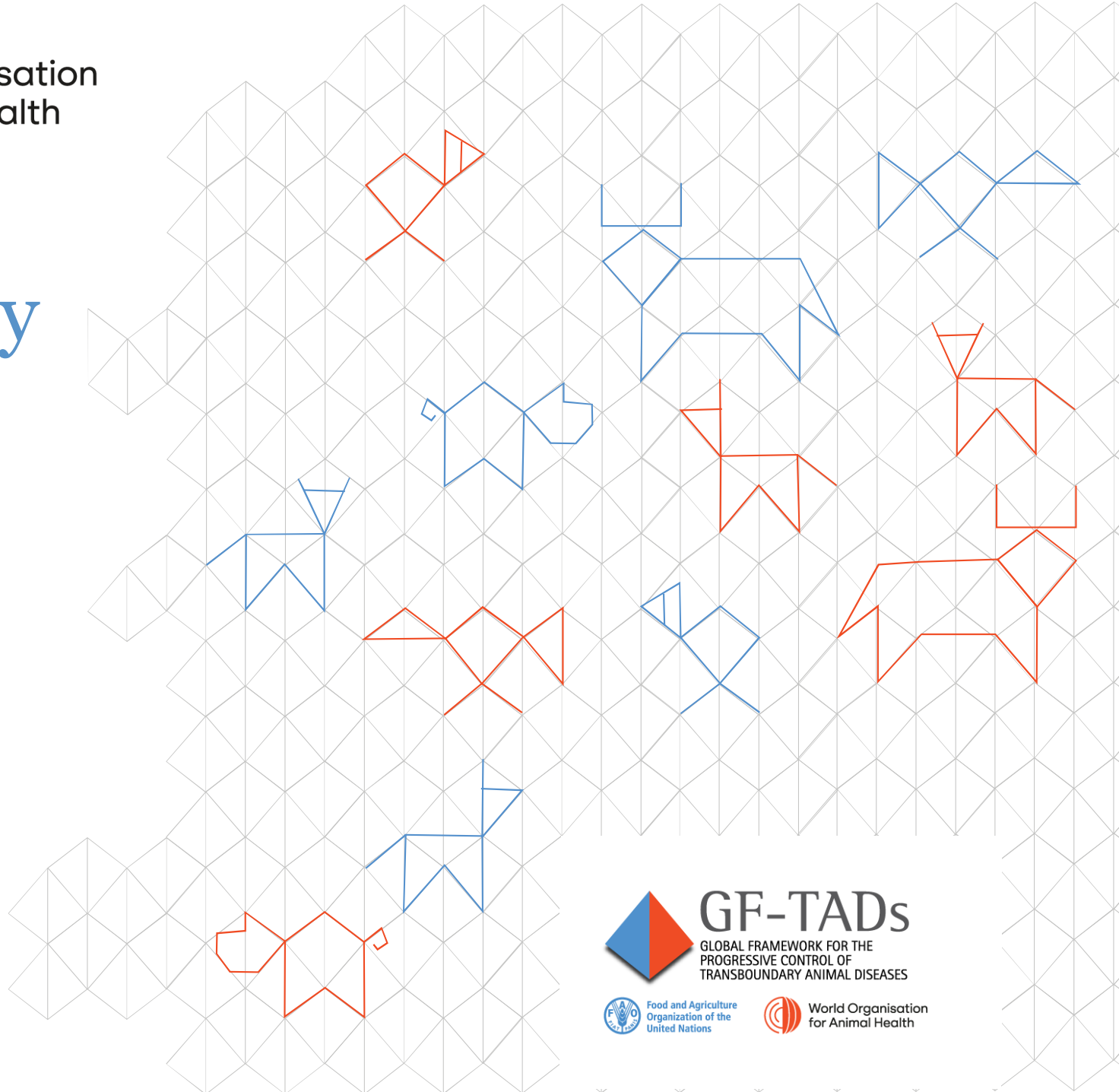

GF-TADs
GLOBAL FRAMEWORK FOR THE PROGRESSIVE CONTROL OF TRANSBOUNDARY ANIMAL DISEASES

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Regional strategy

- Has been previously developed
- The new regional strategy proposed

for adoption contains more sections:

episystems (1.5), wildlife interface (1.6), trade and movement (1.7)

hazard hotspots & risk assessment (2.1.1-2.1.2), vaccination/PVE/QA

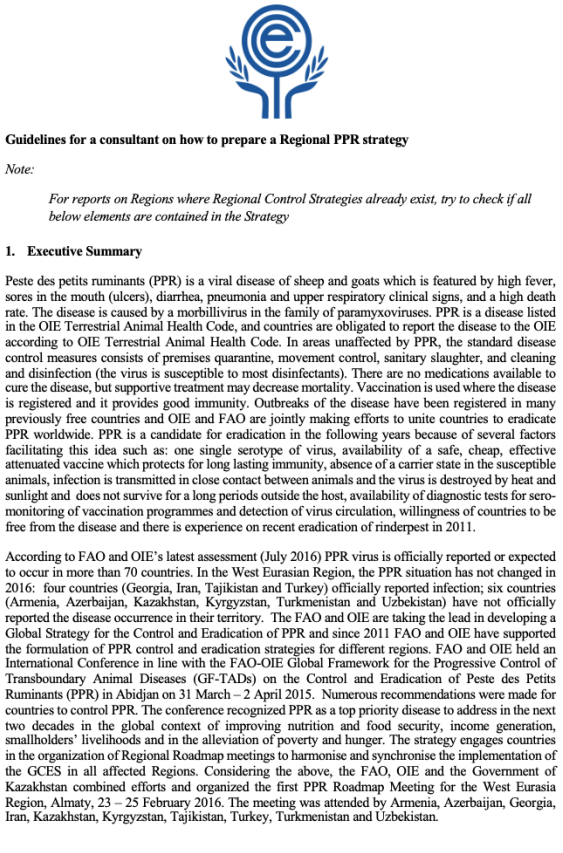
emergency & cross-border coordination (3.1-3.2)

stakeholder/PPP (3.3)

programme approach & outcomes (4-4.4)

budget framework (5)

consolidated conclusion (6)



Guidelines for a consultant on how to prepare a Regional PPR strategy

Note:

For reports on Regions where Regional Control Strategies already exist, try to check if all below elements are contained in the Strategy

1. Executive Summary

Peste des petits ruminants (PPR) is a viral disease of sheep and goats which is featured by high fever, sores in the mouth (ulcers), diarrhea, pneumonia and upper respiratory clinical signs, and a high death rate. The disease is caused by a morbillivirus in the family of paramyxoviruses. PPR is a disease listed in the OIE Terrestrial Animal Health Code, and countries are obligated to report the disease to the OIE according to OIE Terrestrial Animal Health Code. In areas unaffected by PPR, the standard disease control measures consists of premises quarantine, movement control, sanitary slaughter, and cleaning and disinfection (the virus is susceptible to most disinfectants). There are no medications available to cure the disease, but supportive treatment may decrease mortality. Vaccination is used where the disease is registered and it provides good immunity. Outbreaks of the disease have been registered in many previously free countries and OIE and FAO are jointly making efforts to unite countries to eradicate PPR worldwide. PPR is a candidate for eradication in the following years because of several factors facilitating this idea such as: one single serotype of virus, availability of a safe, cheap, effective attenuated vaccine which protects for long lasting immunity, absence of a carrier state in the susceptible animals, infection is transmitted in close contact between animals and the virus is destroyed by heat and sunlight and does not survive for a long periods outside the host, availability of diagnostic tests for sero-monitoring of vaccination programmes and detection of virus circulation, willingness of countries to be free from the disease and there is experience on recent eradication of rinderpest in 2011.

According to FAO and OIE's latest assessment (July 2016) PPR virus is officially reported or expected to occur in more than 70 countries. In the West Eurasian Region, the PPR situation has not changed in 2016: four countries (Georgia, Iran, Tajikistan and Turkey) officially reported infection; six countries (Armenia, Azerbaijan, Kazakhstan, Kyrgyzstan, Turkmenistan and Uzbekistan) have not officially reported the disease occurrence in their territory. The FAO and OIE are taking the lead in developing a Global Strategy for the Control and Eradication of PPR and since 2011 FAO and OIE have supported the formulation of PPR control and eradication strategies for different regions. FAO and OIE held an International Conference in line with the FAO-OIE Global Framework for the Progressive Control of Transboundary Animal Diseases (GF-TADs) on the Control and Eradication of Peste des Petits Ruminants (PPR) in Abidjan on 31 March – 2 April 2015. Numerous recommendations were made for countries to control PPR. The conference recognized PPR as a top priority disease to address in the next two decades in the global context of improving nutrition and food security, income generation, smallholders' livelihoods and in the alleviation of poverty and hunger. The strategy engages countries in the organization of Regional Roadmap meetings to harmonise and synchronise the implementation of the GCES in all affected Regions. Considering the above, the FAO, OIE and the Government of Kazakhstan combined efforts and organized the first PPR Roadmap Meeting for the West Eurasia Region, Almaty, 23 – 25 February 2016. The meeting was attended by Armenia, Azerbaijan, Georgia, Iran, Kazakhstan, Kyrgyzstan, Tajikistan, Turkey, Turkmenistan and Uzbekistan.

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Epidemiological situation

- Endemic in Iran, Pakistan, Afhganistan & Anatolia; sporadic outbreaks in Georgia (2024).
- Officially free: Azerbaijan.
- Never reported: Kazakhstan, Kyrgyzstan, Uzbekistan, Turkmenistan
- New European outbreaks (Greece, Romania, Bulgaria, Hungary, Albania) raise western risk front.
- Reinforces need for **episystems-based coordination** and rapid cross-border alerts

The Episystems Approach

- Core organizing logic of the Strategy and Blueprint (2022–2030).
- Focus on movement-linked populations, not administrative borders.
- Five priority episystems:
  - Anatolia–Thrace market corridor
  - South Caucasus transhumance arc
  - Iranian plateau & Caspian interfaces
  - Central Asian mountain–steppe corridors
  - Black Sea–Balkan interface

Social and Economic Justification

- Global annual PPR losses: **USD 1.4–2.1 billion**; ~300 million households affected.
- Benefit–cost ratio for eradication ≈ 30 : 1.
- Gender dimension: women/youth rely heavily on SR for income and nutrition.
- Eradication = economic, social, and equity investment.

Factors Favouring Eradication

- Favorable geography (mountains, seas as natural barriers).
- Strong Veterinary Services and laboratory networks (WELNet/EPINet).
- Vaccine production in Türkiye, Iran, Kazakhstan.
- Roadmap governance (RAG) and experience in Thrace protection zone.

Challenges and Gaps

- Uneven movement intelligence and risk mapping.
- Inconsistent PVE/PVM implementation.
- Absence of independent regional vaccine QC facility.
- Gaps in wildlife surveillance, stakeholder engagement, and gender inclusion.

Strategic Vision and Objectives

- Vision: *PPR-free ECO/West Eurasia by 2030.*
- Stagewise GCES/PMAT pathway:
- 2025–27: Stop virus circulation via risk-based vaccination.
- 2028–30: Verify and document freedom.
- Strengthen systems that sustain freedom and benefit smallholders.

Key Components – Vaccination and Post-Vaccination Evaluation

- Risk-based, synchronized vaccination in identified episystems.
- Aim: ≥ 80 % population immunity in targeted cohorts.
- PVE mandatory after every campaign.
- Gradual cessation by 2028 (≥ 24 months no-vaccination rule).

Surveillance and Diagnostics

- Integrated passive + active + event-based surveillance.
- Unified regional case definition and sampling algorithm.
- ≤ 48 h from suspicion to lab result; routine N-gene sequencing.
- WELNet/EPINet provide QA/PT, shared data, and sequencing queue.

Stakeholder Engagement and Communication

- Participatory surveillance nodes in hotspot districts.
- Engagement of shepherds, traders, market authorities.
- Gender-responsive outreach (women/youth vaccinators).
- Multilingual (including Russian) materials and community feedback.

Regional Coordination and Governance

- **ECO Secretariat & RAG**: convene, monitor, and coordinate Roadmap actions.
- **FAO-WOAH**: technical guidance (Blueprint, PMAT, NSPs).
- Quarterly “situation rooms,” 72-hour cross-border alerts, annual simulations.
- Integration with other GF-TADs mechanisms and One Health platforms.

Resource Mobilisation and Partnerships

Three financing windows:

1. Domestic – NSP budgets (vaccination, PVE, surveillance).
2. Regional Catalytic (ECO) – cross-border ops, QC, PT, surge.
3. Partner/Project – EC, DTRA, EuFMD, GF-TADs support.

PPP delivery: private vets, micro-grants for last-mile vaccination.

Budget Overview (2025–2030)

Total ≈ USD 85.25 million.

- 2025 – 32.8 M 2026 – 28.7 M 2027 – 15.9 M
- Verification phase (2028-30) – ~ 2.6 M / year.
- Front-loaded for vaccination, tapering for surveillance & dossier preparation.
- Includes ECO emergency vaccine reserve (5 M doses).

Monitoring, Evaluation, and Verification

- Annual PMAT self-assessment and regional review.
- Indicators: coverage ≥ 80 %, PVE compliance 100 %, ≤ 48 h lab turnaround.
- Regional dashboard integrating WAHIS, EMPRES-i, PVE/sero data.
- Verification phase (2028–2030) prepares WOAH freedom dossiers.

Expected Outcomes and Regional Impact

- PPR virus circulation stopped by 2027; all ECO countries at Stage 4 by 2030.
- Strengthened surveillance, laboratory QA/QC, and movement management.
- Enhanced cross-border trust and trade in SR products.
- Improved livelihoods and resilience for smallholders, women, youth.

Thank you