Food and Agriculture Organization of the United Nations

World Organisation for Animal Health

1st SGE for PPR and SPGP in Europe

under the GF-TADs umbrella

Online Meeting, 5th March 2026, from 09:00 to 12:10 (CET)

Chair: President of the GF-TADs for Europe Steering Committee – Dr B. Van Goethem

Report

At the opening of the webinar, Dr. Mereke Taitubayev welcomed distinguished colleagues, partners, and participants, in total 130 people, to the first meeting of the Standing Group of Experts (SGE) on Peste des petits ruminants (PPR) and sheep pox and goat pox (SPGP) in Europe, held under the GF-TADs framework. He expressed sincere appreciation to the European Commission for its financial support, which made the meeting possible. Dr. Taitubayev highlited that these two transboundary animal diseases continue to pose significant risks to small ruminant production, rural livelihoods, food security, and regional trade. Although Europe has traditionally enjoyed a favorable animal health situation, recent outbreaks in the region and neighbouring areas clearly demonstrate that these diseases remain an ongoing threat.

He noted that the meeting provides an important platform for sharing up-to-date information, scientific developments, and country experiences, while strengthening collaboration among veterinary services, international organizations, and laboratories. The discussions also offer an opportunity to consider practical measures to improve awareness, surveillance, prevention, and response capacities.

Dr. Taitubayev thanked FAO and all partners involved in the GF-TADs initiative for their continued collaboration and commitment to animal health in the region. He concluded by inviting the President of the GF-TADs for the Europe Region to take the floor and officially open the meeting.

Dr. Bernard Van Goethem, the President of GF-TADs for Europe welcomed participants and noted that 2025 had been a particularly challenging year for animal health, expressing cautious hope for improvement in 2026. He recalled that the establishment of the SGE on PPR and SPGP was requested during the first GF-TADs Europe conference in Belgrade, Serbia in September 2025 and emphasized that the worsening animal health situation since 2024 made this initiative necessary.

He highlighted the spread of PPR and SPGP in Europe, with outbreaks of reported in Greece, Romania, and Bulgaria in 2024, followed by Hungary, Croatia, Albania, and Kosovo[1] in 2025. These developments underline the importance of the SGE as a platform for reviewing the regional situation, sharing experiences, and coordinating actions to prevent further spread.

The President thanked the GF-TADs Secretariat for organizing the meeting and briefly outlined the agenda which included: epidemiological updates from certain affected countries, input from the European Reference Laboratories, EFSA's findings on SPGP vaccines and vaccination strategies, updates from FAO, WOAH, the European Commission, and from key partners working in the Western Balkans.

[1] This designation is without prejudice to position on status and is in line with UN Security Council Resolution 1244/99 and the International Court of Justice Opinion on the Kosovo declaration of independence.

He noted that the meeting would formally establish the SGE on PPR and SPGP. He recalled that, by the end of the meeting, practical and enforceable recommendations aimed at supporting disease eradication efforts at both national and regional levels would be adopted. He invited participants to raise any comments on the agenda and gave the floor to the countries presenting their epigemiological situation.

Dr. Esta Papajani, Albania (PPR situation)

Albania, with a small ruminant population of about 1.9 million (1.2 million sheep and 625,000 goats), has an approved PPR contingency plan aligned with EU Commission Delegated Regulation (EU) 2020/687, defining procedures, responsibilities, and control measures in case of suspicion or confirmation.

The first PPR outbreak was confirmed on 4 June 2025 in Doman village, affecting goats. Clinical signs included stomatitis and anorexia, with laboratory confirmation by PCR. The outbreak was immediately notified to ADIS, and a National Crisis Center was established. Protection (3 km) and surveillance (10 km) zones were implemented, alongside strict movement restrictions and biosecurity measures.

In total, 14 outbreaks (including 3 secondary) were reported, involving 2,280 susceptible animals. Among these, 149 animals died, 446 cases were detected, and 2,069 sheep and goats were culled. Control actions included stamping out, safe carcass disposal, disinfection of farms, daily clinical inspections, repeated PCR testing, and prohibition of animal movements, markets, and gatherings.

A nationwide ban on sheep and goat movements was enforced from 9 June to 26 November 2025, accompanied by enhanced surveillance, farmer awareness campaigns, and increased veterinary controls. More than 8,300 farms and over 1 million animals were clinically monitored, with 5,033 samples tested across 1,581 farms. No new cases were reported after lifting the restrictions.

Laboratory investigations confirmed that the virus belonged to PPR lineage IV, identical to strains detected elsewhere in Europe. Diagnostics were conducted using PCR and ELISA, in close collaboration with the European Union Reference Laboratory and WOAH.

Key challenges included high animal density, limited farmer awareness, fear of culling and economic losses due to insufficient compensation, and constraints in veterinary service capacity and resources.

Dr. Lupka Maltar, Croatia (PPR situation)

Croatia confirmed its first-ever outbreak of PPR on 13 December 2025, detected during investigations following abortions reported on a smallholding in Split-Dalmatia County. Animals had been sampled earlier under the Bluetongue disease surveillance programme, and PPR was identified through differential diagnosis using PCR and ELISA testing. Apart from abortions, no clinical signs or mortality were observed.

The initial holding comprised 26 animals, of which 17 were PCR-positive and all were ELISA-positive. All animals were culled and safely disposed of. Between 13 December 2025 and 16 January 2026, five outbreaks were confirmed—four in Split-Dalmatia County and one in Zadar County - all epidemiologically linked through animal movements or husbandry practices. A sixth outbreak was officially confirmed on 19 February 2026 based on EURL virus neutralisation test results; the animals had already been culled earlier due to epidemiological links.

Following confirmation of the first case, protection and surveillance zones were immediately established in line with EU Regulation 2020/687, initially at 3 km and 10 km, later expanded to 5 km and 20 km. Within these

zones, extensive veterinary inspections, clinical examinations, and targeted sampling were conducted. In total, 662 holdings were visited and 11,010 animals were clinically examined, with over 2,100 serological tests and more than 2,000 PCR tests performed.

After completion of control measures, movement restrictions were lifted; however, mandatory nationwide biosecurity measures remain in place. A key challenge identified was the absence of clear clinical signs, which significantly complicates surveillance and early detection, highlighting the need for adapted surveillance strategies in the future.

Drs. Mary GIANNIOU and Konstantia TASIOUDI, Greece (SPGP situation)

Greece has been managing the sheep and goat pox epidemic since August 2024, with support from the European Commission under the Four Transboundary Exotic Disease Program. Surveillance has focused on high-risk northern regions bordering Türkiye, as well as selected islands. The first outbreak was confirmed on 20 August 2024 in Orestiada, northern Greece. Spread of the disease was facilitated by animal movements, lack of biosecurity, illegal trade, social gatherings, and environmental factors such as a dry Evros River enabling cross-border mixing. The epidemic evolved in four phases: an initial peak from August to December 2024, a decline from January to April 2025, an escalation linked to Easter and increased slaughtering, and a current de-escalation, with 5–6 outbreaks per week as of March 2026. Extensive restriction zones were established and expanded over time, ranging from 5 to 40 kilometers, with prolonged durations of measures to contain the outbreaks.

Control measures included a total suspension of animal movements, intensified biosecurity and awareness campaigns, and extensive veterinary inspections, with close collaboration with the police to enforce restrictions. Over 10,000 vehicle and farm checks were conducted, resulting in 53 violations and 51 arrests. Operational capacity was strengthened through the recruitment of temporary veterinarians, laboratory personnel, and the deployment of 97 military veterinarians to high-risk areas. Nationwide disinfection stations were established, and pre-slaughter saliva testing became compulsory. These measures, combined with awareness campaigns targeting farmers, transporters, and stakeholders, helped reduce the spread and impact of the disease, although vigilance remains essential.

The National Reference Laboratory played a central role in managing the epidemic, testing approximately 5,000 samples by PCR from 2,500 holdings between August 2024 and the present, using full-thickness skin biopsies, swabs, and blood samples. Differential testing was conducted for foot and mouth disease, PPR, and Bluetongue, with occasional co-infections detected. Viral sequencing indicated that outbreaks in 2023–2024 belonged to clades circulating in the Middle East, Türkiye, and North Africa, confirming the regional origin of the strains. Data were shared with the EURL for SPGP and neighboring countries, supporting epidemiological analysis and publications. Overall, the epidemic highlighted the critical role of stringent surveillance, strict control zones, laboratory support, and international collaboration in controlling SPGP in Greece.

Dr. Martin Josheski, North Macedonia (SPGP)

Martin Josheski from North Macedonia presented an update on the country's epidemiological situation regarding SPGP and PPR. He reported that North Macedonia has approximately 460,000 small ruminants across more than 7,000 herds, while the wild goat population is under 1,000, concentrated mainly near the borders with Kosovo, Greece, and in the western regions. The country is surrounded by high-risk areas for disease introduction, with regional outbreaks in 2025–2026 including 13 for PPR, 2,132 for SPGP, and 586 for blue tongue. Neighboring countries such as Greece, Bulgaria, Romania, and Serbia have confirmed SPGP outbreaks, with Greece alone culling nearly 480,000 animals.

In North Macedonia, passive surveillance for FMD, PPR, SPGP, blue tongue, and ORV was conducted in 2025–2026, with only blue tongue detected in 2026 across four farms. The first SPGP suspicion was reported on 21 January 2026, confirmed on 27 January, and officially reported on 29 January in the Kumanovo region. Epidemiological investigations suggest the introduction of SPGP may be linked to illegal animal trade or movement. Control measures were quickly implemented, including the establishment of protection (3 km) and surveillance (10 km) zones, stamping out of infected animals using approved euthanasia methods, safe disposal and disinfection, bans on animal movements and markets, and inspection for illegal trade.

Alongside these measures, awareness campaigns targeting farmers and border regions were launched, including leaflets, posters, and online resources via the ADEWB2 project. The Food and Veterinary Agency, in collaboration with European and regional partners such as EUVET, TRACE, and GF-TADs, emphasized rapid detection, clinical surveillance, and movement restrictions as the most effective strategy for controlling SPGP, with vaccination considered only as a complementary tool. Overall, Dr Josheski highlighted that the combination of professional engagement, strict biosecurity, and rapid response has been essential in managing the outbreak and reducing the risk of further spread.

Dr. Arnaud Bataille, CIRAD, EURL for PPR, provided an update on the viral genetic investigation of PPR in Europe, thanking national reference laboratories and veterinary authorities for their collaboration. He summarized the emergence of PPR in the region, starting with Greece and Romania in 2024, followed by Bulgaria, Hungary, Albania, Kosovo, and Croatia by December 2025. Full genome sequencing was performed on 47 positive samples from these countries, as well as an additional sequence from Austria linked to imported Romanian sheep. The genetic analysis indicated a common origin of PPR in Europe, closely related to strains circulating in North and East Africa rather than Türkiye, with Romania likely being the first country affected. Phylogenetic analysis of 2025 sequences revealed three distinct clusters, suggesting that PPR may have been circulating in certain pocket areas of Southeastern Europe. However, this is based solely on a laboratory not conclusive presumption, and there are no surveillance or diagnostic results confirming any virus circulation at the moment in the Southeastern European countries.

The investigation highlighted that animal movement may be a route of PPR spread, compounded by delays in detection, non-compliant movements, and indirect transmission through vehicles, equipment, or people. Clinical surveillance alone may be not sufficient due to variable or absent symptoms, as seen in Croatia and Romania, and traditional field observations may fail to detect subclinical infections. Dr. Bataille stressed that sampling should include both molecular and serological tests, with careful interpretation to account for potential false positives and subclinical cases.

To improve control, clear biosecurity guidelines, systematic sampling protocols, and coordinated information sharing between countries are essential. Laboratories play a central role in testing and confirming cases, using tools like serial neutralization tests and follow-up farm testing when needed. Dr. Bataille concluded that the EURL on PPR will continue to support both field and laboratory efforts, with a particular focus on genetic sequencing, preparedness, and international cooperation.

Dr. Cristian Laurentiu from Romania emphasized the complexity of determining the origin and spread of PPR in Europe, acknowledging recent analyses suggesting that Romania may have been the first infected country and possibly a source of regional spread. However, he stressed that first detection does not necessarily indicate the geographical origin of the virus, as limited genomic data from North Africa, the Middle East, and neighboring regions make precise attribution difficult. Simultaneous outbreaks in several Balkan countries suggest that the virus may have circulated regionally before detection, possibly present in Europe prior to 2024.

He noted that strict control measures, including the 2025 decision blocking legal exports and animal movements from Romania, complicate interpretations of viral spread. While illegal movements may have contributed to transmission, there is no conclusive evidence supporting Romania as the source for the rest of Europe. Subclinical circulation of the disease further complicates tracing its origin, as infections can occur without obvious clinical signs, highlighting that PPR in Europe has not shown an aggressive clinical pattern.

Based on these observations, Romania recommends that WOAH and global trade policies remain proportionate to risk, taking into account subclinical disease circulation and the low aggressiveness of PPR, to avoid unnecessary trade disruption. The country stresses that epidemiological and genomic investigations should be interpreted cautiously, considering both scientific limitations and the need not to give for certain undetected regional circulation before official detection.

Dr. Andy Haegeman, Sciensano, EURL for Capripox viruses provided an update on the situation of sheep and goat pox in Europe and the latest phylogenetic data, noting that SPGP is caused by a double-stranded DNA virus with a large genome of approximately 150,000 base pairs. This slow-evolving genome makes tracing viral evolution challenging, and whole genome sequencing is still limited, with only about 30 sequences available compared to hundreds for other pox viruses. Despite these challenges, the European Union Reference Laboratory has improved sequencing methodologies, including long-range PCR, sample enrichment, and direct sequencing, to generate reliable genomic data even from samples with low viral loads.

In Europe, SPGP outbreaks have occurred in multiple countries over the past few years. Spain experienced outbreaks in 2022–2023, Bulgaria had continuous cases from September 2023 through 2025, Greece has been heavily affected, Romania and North Macedonia reported outbreaks in 2025 and 2026, and Serbia had a limited outbreak in 2025. Collaborative sample sharing from affected countries allowed the EURL to sequence viruses and analyze their genetic relationships. Despite differences in geography, sequences from earlier outbreaks in Spain, Greece, and Bulgaria (2022–2023) were very similar, reflecting the slow viral evolution, and were assigned to clade A2.

More recent outbreaks (2024–2026) in Bulgaria, Greece, Serbia, and Romania show viruses belonging to a different clade, A1, with very high sequence similarity between samples, suggesting a closely related spread across these countries. Sequencing from North Macedonia is expected to confirm this pattern. Dr. Haegeman emphasized that genomic data remain essential for diagnostics and surveillance, even though the virus evolves slowly, and thanked colleagues across Europe for their rapid cooperation in sharing samples for sequencing and analysis.

FAO Activities

Dr. Eran Raizman provided an update on FAO's regional activities for controlling PPR and SPGP, highlighting efforts to assist countries in achieving disease-free status and strengthening veterinary capacities. Several countries in Central Asia, including Azerbaijan, Armenia, Kazakhstan, Tajikistan, and Uzbekistan, are being supported through surveillance, vaccination strategies, laboratory testing, and simulation exercises. Azerbaijan achieved PPR-free status in May 2024, while Armenia and Kazakhstan are progressing toward serosurveillance-based freedom, and Uzbekistan conducted extensive sampling of over 6,400 animals to verify absence of infection. Tajikistan continues to face challenges due to limited resources and veterinary capacity.

FAO has also advanced risk assessment and preparedness for PPR, including a risk mapping exercise for the Black Sea region and cost estimation for outbreaks using the FAO outbreak costing tool. For SPGP, FAO recently published a field manual, translated into Russian, to guide veterinarians on outbreak management in the region.

Simulation exercises and technical support have been provided to countries like North Macedonia, reinforcing preparedness and control measures.

Capacity-building initiatives have been a key focus, with FAO's Virtual Learning Center offering online courses on PPR and SPGP in English and Russian. Participants receive certification and practical knowledge to implement in the field, with self-learning courses also available. These training programs aim to equip veterinarians across the region with up-to-date knowledge and practical skills to prevent and control PPR and SPGP outbreaks.

Activities withing PPR Roadmap

Dr. Mereke Taitubayev from WOAH provided an overview of PPR-related activities conducted in Central Asia and Europe over the past year, highlighting collaboration with partners in Kazakhstan, Uzbekistan, Kyrgyzstan, Mongolia, China, and South Asia. These activities included campaigns supporting national PPR control and eradication strategies, training for official recognition of PPR-free status, integration of PPR and LSD topics into veterinary curricula, and regional workshops and conferences under the GF-TADs approach. Joint events with FAO, the European Union, and other partners reinforced regional coordination and knowledge sharing, including roadmap meetings such as the one in Dushanbe, Tajikistan in 2025.

Key recommendations from these activities focused on strengthening surveillance and early detection, including improved active and passive monitoring, sample collection, and laboratory diagnostics. Optimizing vaccine strategies was highlighted as a priority, emphasizing at least 70% coverage in high-risk areas, risk-based vaccination, and post-vaccination monitoring. An epidemiology-based approach was encouraged, using studies of transmission systems to inform surveillance and control measures. Cross-border collaboration, regional coordination, and the implementation of tools for PPR management were also emphasized, along with improved contingency planning, outbreak investigation, and virus tracing.

Finally, Dr. Taitubayev stressed the importance of stakeholder engagement and public-private partnerships, involving private veterinarians, livestock holders, and local communities. Recommendations include ensuring access to quality-assured vaccines, increasing farmer awareness and training, and supporting compliance through infrastructure and communication. All reports and recommendations from these regional roadmap meetings are publicly available on the Europe Region GF-TADs website for reference and implementation by member states.

EU DG SANTE Activities

Dr. Simona Forcella reported that, as of mid-February 2026, no new PPR outbreaks have been notified to ADIS. The last two years were challenging, with initial outbreaks reported in Greece, Romania, and Bulgaria in 2024—most severe in Greece and Romania, while Bulgaria had a single outbreak. In 2025, Hungary experienced three outbreaks, Romania had a recurrence, and Croatia reported three outbreaks in December, followed by three more in January 2026 and one in February 2026, the latter identified through serological testing despite preventive stamping out in December 2022. Control measures, including movement restrictions, stamping out, and surveillance, were effectively implemented in affected member states. However, some restrictions remain in Romania and Bulgaria, largely due to compliance issues, and will continue at least until June 2026. Neighboring countries Albania and Kosovo[2] also reported to ADIS a limited number of outbreaks in 2025.

[2] * This designation is without prejudice to position on status and is in line with UN Security Council Resolution 1244/99 and the International Court of Justice Opinion on the Kosovo declaration of independence.

The EU provided extensive support for PPR management, including revising safeguard measures 17 times in 2025–2026, imposing bans on the movement of sheep and goats from affected regions and in certain cases from the whole country, deploying EUVET missions to Romania, Albania, Kosovo, and Croatia, assisting National Reference Laboratories via the EURL, and co-financing member states control activities. A PPR vaccine bank exists, though no requests have been made so far. The situation in Croatia highlighted that the disease subtle clinical presentation requires heightened vigilance across Southeastern Europe.

Regarding SPGP, 2025–2026 saw two main phases. Between January and September 2025, sporadic outbreaks occurred in Bulgaria and Greece, worsening during summer. By September, virus circulation appeared interrupted in Romania and Bulgaria. From October 2025 to February 2026, Romania reported three additional outbreaks, all well-contained, while Bulgaria reported several outbreaks, with restrictions remaining in some areas due to non-compliance with stamping out requirements. Greece experienced a severe situation post-summer, with nearly 1,000 outbreaks and multiple regions under restriction. North Macedonia reported its first SPGP outbreaks in 2026, prompting immediate EUVET support. Serbia and other neighboring countries saw only sporadic cases.

EU support for SPGP included continuous coordination with national authorities, audits, and dynamic revisions of control measures 13 times between October 2025 and 2026. EUVET missions were deployed to Greece and North Macedonia. The Commission has a SPGP vaccine bank that has not been activated, so far. EFSA was requested to assess currently marketed vaccines and propose vaccination strategies, particularly for Bulgaria and Greece, with Greece identified as the country most likely to require additional vaccination support. No member states have yet requested vaccines from the EU stock.

EFSA Activities

Dr. Alessandro Broglia explained that EFSA was tasked with assessing available vaccines and vaccination strategies for controlling and potentially eliminating Sheep and Goat Pox in South and Eastern Europe. The focus was on vaccine efficacy and safety, as well as designing optimal vaccination campaigns to interrupt virus circulation. Live attenuated vaccines are commercially available, widely used in endemic regions in Africa and Asia, and generally provide at least 80% protection against infection, morbidity, and mortality. Safety concerns are minor and mainly limited to specific strains or susceptible breeds. The EURL conducted challenge experiments with three main vaccine strains—RAM65, Romania, and Bakirköy - demonstrating strong protection, reduced viral replication, and minimized transmission to in-contact animals.

The epidemic dynamics of SPGP in Europe over the past three years showed seasonal patterns, with peak outbreaks in Greece during late summer and autumn, similar to prior lumpy skin disease outbreaks in the region. Spatial analysis revealed multiple clusters in Bulgaria and Greece, indicating seeding events and secondary outbreaks, likely facilitated by long-distance animal movements. Türkiye maintains a baseline level of endemicity, representing a persistent risk factor for neighboring countries.

To evaluate vaccination strategies, EFSA developed a model simulating SPGP spread using four animal compartments and testing different outbreak durations (15, 30, and 60 days) and containment scenarios (movement restrictions within 20 km of outbreaks). Vaccination effectiveness was set at 95%, with animals considered immune for at least one year. The model showed that rapid detection and culling alone can contain disease within approximately two years, but combined strategies are more reliable. Vaccinating only affected regions without movement restrictions risks viral escape and prolongs the epidemic, while nationwide or regionally prioritized vaccination, especially combined with movement control, can contain and eliminate the epidemic more quickly.

The modeling results emphasized that no single measure is sufficient; a combination of rapid detection, targeted culling, movement restrictions, and vaccination provides the most effective path to SPGP elimination. In Greece, where the epidemic is larger and more complex, intensified vaccination and control measures are particularly necessary, prioritizing the epidemic front and regions with still-susceptible animals. EFSA also noted the need to monitor high-risk neighboring countries, like North Macedonia, for potential preventive vaccination and other control measures as the situation evolves.

ADEWB II Project

Dr. Toni Kirandjiski presented the ADEWB II Project, an EU-funded initiative focused on disease eradication in Western Balkan countries, which concluded in 2025. The project encompassed a wide range of activities aimed at strengthening veterinary services and supporting disease-specific programs, particularly for PPR and SPGP. Key activities included organizing ad hoc meetings in countries at immediate risk - North Macedonia, Serbia, and Albania to discuss control, eradication, and surveillance strategies. The project emphasized targeted clinical surveillance over purely statistical, serological, or PCR-based approaches to enable early detection.

The project also developed communication strategies and materials, both printed and online, to raise public awareness, many of which are already in use across the Western Balkans. Contingency plans were reviewed and improved, and SOPs for sample collection were provided as practical field guidance for veterinarians to ensure accurate diagnosis. Laboratory networking was strengthened through workshops connecting National Reference Laboratories of the Western Balkans with EU Reference Laboratories, allowing direct knowledge exchange and technical support. Serbia and Montenegro received support in responding to recommendations for historical disease-free status. Simulation exercises were conducted in Albania, Kosovo, Bosnia and Herzegovina, and Montenegro, integrating both veterinary and laboratory components.

A major achievement of the project was the development of the ADEWB II data application under the GF-TADs framework, designed to streamline reporting of priority diseases without introducing additional reporting obligations. Initially piloted with African swine fever in Bosnia and Herzegovina, Montenegro, North Macedonia, and Latvia, the platform was later expanded to include PPR, LSD, and rabies. The application allows countries to report outbreaks, vaccination campaigns, surveillance activities, and planned measures in a standardized, web-based format. It supports consistent data analysis and is intended for sustainable management and maintenance by the relevant national infrastructure.

The platform enables users to enter outbreak numbers, vaccination details (species, number of animals), surveillance activities (active and post-vaccination), and plans for the coming year. It is designed for simplicity and consistency, ensuring that data from different countries can be compared and analyzed effectively. The ADEWB II Project thus provides both technical support and digital infrastructure to strengthen regional disease monitoring, control, and eradication efforts in the Western Balkans.

After presentations Dr. Bernard Van Goethem opened the floor for questions to all the speakers.

IAEA comments

Dr. Ivancho Naletoski highlighted that the IAEA has long provided an Operational Sanger Sequencing Service, offering a complete package from sample preparation to data interpretation for participating countries. Building on this, the agency recently launched a whole genome sequencing (WGS) service available to all recipient countries. This WGS service is cloud-based, with automated bioinformatic pipelines managed and monitored by experts to ensure reliable analysis. For SPGP, the pipeline is already operational in collaboration with SCIENSANO, while the PPR pipeline is being integrated in partnership with CIRAD team.

Both the Sanger Sequencing and WGS services, including wet-lab processing and bioinformatics, are fully free of charge for participating countries. Importantly, the sequencing results remain the property of the end users; the IAEA has no influence over data use or sharing and cannot access results without the users' permission. The services are designed to facilitate advanced molecular characterization, complementing national and regional diagnostic efforts.

Dr. Naletoski emphasized that the IAEA has a large support team available to assist countries with SPGP and PPR molecular analysis, offering guidance and technical assistance as needed. Countries are encouraged to take advantage of these resources to strengthen their surveillance, characterization, and outbreak response capabilities.

At the end of the meeting Dr Bernard Van Goethem emphasized the importance of the presentations on PPR and SPGP control and eradication in South and Eastern Europe, noting that they provided a comprehensive view from scientific, regulatory, and practical perspectives. While formal recommendations have not yet been finalized, key elements for inclusion were highlighted. These include strengthening surveillance, early warning systems, and diagnostic capacity to ensure PPR and SPGP are consistently considered in differential diagnoses, as the diseases can be overlooked by veterinarians or farmers.

He stressed the need for enhanced awareness campaigns, cross-border cooperation, and continuous reporting through platforms such as WAHIS and GF-TADs. National contingency plans should be updated based on recent outbreak data, transmission risk assessments, and aligned with WOAH requirements. Sustainable financial and human resources are essential to support prevention, early detection, control, and eradication activities. Education and awareness campaigns should target veterinarians, farmers, and all relevant stakeholders to improve timely detection and response.

Laboratory capacity is another critical area; labs should be assessed and strengthened to minimize inconclusive or false-positive results. Samples should be shared with regional reference laboratories for genetic sequencing and epidemiological analyses to guide control measures effectively. Dr. Van Goethem emphasized that these six elements should form the core of the draft recommendations, which the GF-TADs Secretariat will circulate for review and comments before finalization.

Finally, Dr Van Goethem encouraged affected countries to implement the meeting's conclusions and looked forward to reconvening at the second regional GF-TADs Conference for Europe, expected at the end of 2026. Dr. Mereke Taitubayev added that all presentations and the third draft of the report and recommendations will be made available online for national authorities to use in their disease control and surveillance programs.

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Recommendations

Considering that:

1. Peste des petits ruminants (PPR) and sheep pox and goat pox (SPGP) remain important transboundary animal diseases posing risks to small ruminant production, trade, and rural livelihoods in the European region and neighbouring areas.

2. The PPR and SPGP epidemiological situation in neighbouring affected regions indicates a continuous risk of introduction or re-introduction of these diseases through animal movements, indirect transmission (vehicles, equipment, personnel) and uncontrolled cross-border activities. In addition, these diseases may have a subclinical presentation, making early detection and surveillance challenging.

3. Effective prevention and control require timely detection and notification, empowered veterinary services, coordinated regional actions, and transparent information sharing.

4. Strong political will and full implementation of control measures are needed to avoid further spread. Decisive and timely actions at national level are indispensable.

5. Regional cooperation under the GF-TADs framework remains essential for the prevention, early detection, control and eradication of regional priority transboundary animal diseases.

The participants of the 1st GF-TADs Standing Group of Experts on PPR and SPGP in Europe under the GF-TADs umbrella agreed on the following recommendations:

1. A Standing Group of Experts for PPR and SPGP should be established under the GF-TADs umbrella in order to share epidemiological findings and coordinate policies and strategies for the early detection, control and eradication of these diseases in the European region.
2. Sustainable human and financial resources must be secured to support prevention, early detection, control, surveillance and eventual eradication efforts.
3. All countries should reinforce passive and active surveillance for PPR and SPGP to ensure rapid detection, reporting and containment of outbreaks.
4. National laboratories should strengthen diagnostic capabilities and maintain close collaboration with EU/WOAH reference laboratories for confirmatory testing, sequencing and epidemiological analysis. Whole genome sequencing and phylogenetic analysis should be strengthened to better understand virus origin, evolution and transmission pathways. Countries should promptly notify confirmed or suspected outbreaks through international and regional systems, including WOAH WAHIS and the EU ADIS, to ensure transparency and facilitate coordinated responses. Authorities should promote transparent communication and encourage early reporting of suspected cases.
5. Enhanced controls should be applied to animal movements, traders, transport vehicles and cross-border activities to reduce the risk of disease introduction and spread, taking into account epidemiological links, livestock production systems and animal movement patterns.
6. Risk-based vaccination in high-risk areas should be considered, aiming for adequate coverage and supported by post-vaccination monitoring to assess immunity levels.

7. Comprehensive epidemiological investigations should be conducted following outbreaks to identify sources of infection, transmission routes and risk factors.
8. Countries should maintain updated contingency plans for PPR and SPGP, aligned with international standards, and ensure operational readiness for emergency response.
9. Regular simulation exercises and training for veterinary services, laboratories and other stakeholders should be organized to strengthen outbreak preparedness and response capacity.
10. Awareness campaigns should be intensified to inform farmers, veterinarians, traders and other stakeholders about disease recognition, reporting obligations and preventive measures. Farmers and livestock operators should implement effective biosecurity practices, including controlled farm access, disinfection procedures and separation of animals from different sources.
11. Continued collaboration under GF-TADs, EU initiatives and international partners should support training, laboratory networking and coordinated regional strategies for controlling transboundary animal diseases. Veterinary authorities should enhance cross-border cooperation and the timely exchange of epidemiological information to better track disease spread and coordinate control measures.
12. The next meeting of the PPR and SPGP SGE will be held at the end of 2026 in the margin of the second GF-TADs Europe Conference (date and venue to be confirmed).

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

Timing	**Topic**	
09:00-09:05	Opening remarks	Dr. M. Taitubayev, SRR for Central Asia
09:05-09:15	Opening, adoption of the agenda and presentation of the objectives of the meeting	Dr. B. Van Goethem, GF-TADs EuropePresident
Technical and scientific presentations		
09:15-09:35	Overview of the PPR and SPGP epidemiological situation in selected countries of European Region (5 mins per country)	Country representatives, for PPR: Croatia and Albania; for SPGP: Greece and North Macedonia
09:35-09:55 (20 mins)	Information on PPR strains in Europe	Mr. Arnaud BATAILLE – Head of the EURL for PPR
09.55-10.15 (20 mins)	Information on SPGP strains in Europe	Mr. Andy Haegeman, EURL, Sciensano,
11:15-10:30	FAO/WOAH activities on PPR and SPGP in the region	TBD (Mark Hovari), FAO Europe
10:30-10:40	Recommendation of PPR/FMD Roadmap Meeting for West Eurasia (November 2025)	Mr Mereke Taitubayev, SRR WOAH
10:40-10.55	Overview of PPR and SPGP in the EU and the EU support to EU MS and neighbouring countries'	Ms. Simona Forcella, DG SANTE – Animal Health Unit
10:55-11.10	EFSA Scientific Report: Vaccines and Vaccination Strategies for SPGP	Mr Alessandro Broglia

11.10-11.25	Strengthening Regional Reporting on PPR and SPGP: The ADEWB II Data Application for SGE Priority Diseases (GF-TADs Framework)	Mr. Toni Kirandjiski
11:25 – 11:45	Questions and Answers (on all presentations)	
11:45 – 12:00	Recommendations and possible future steps	Drs. B. Van Goethem; M. Taitubayev
12:00 – 12:10	Closing of the meeting	Drs B. Van Goethem; M. Taitubayev

[1] *References to Kosovo shall be understood to be in the context of Security Council resolution 1244 (1999)*