The PPR Global Control and Eradication Strategy & Related Activities

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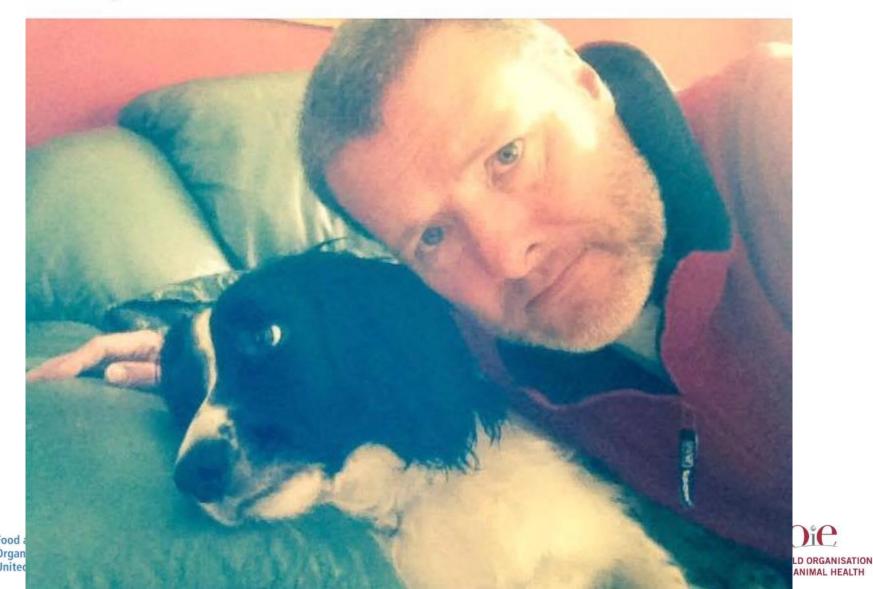
On behalf of the PPR Working Group

Brussels, 30 September, 2015



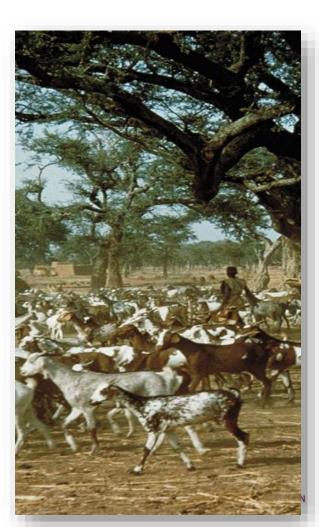


Well our worst fears have been confirmed this morning, my wife Jan is allergic to our Springer Spaniel . I know this isn't a rehoming site, but could somebody please find it in their heart to help me out? Her names Janet and she's 43!!



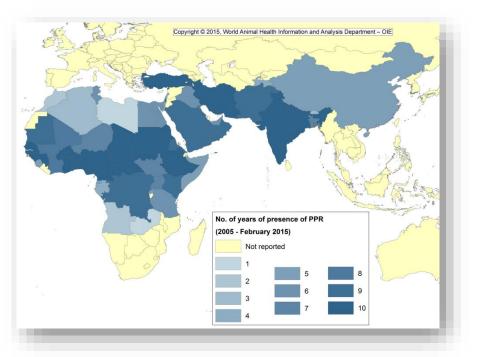
Why PPR is an excellent candidate for eradication after RP?

- Only one serotype
- No carrier state
- No reservoir outside domestic small ruminants
- Vaccine induces a long and stable immunity
- Thermo-stable vaccines are in development
- Diagnostic tests are available
- Most of other tools are available





Importance of PPR



Map of outbreaks during the period 2005 - 2015

Was acknowledged at:

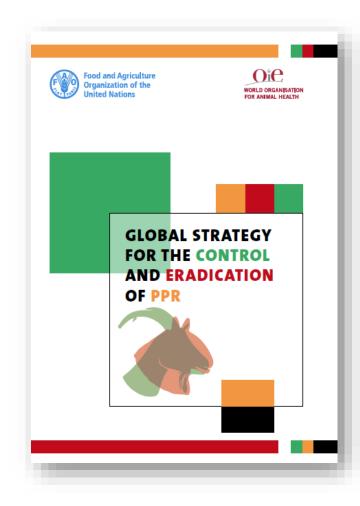
- 5^{ème} Global Steering Committee of GF TADs (Paris, Oct 2012)
- OIE 82^{ème} General Assembly (Paris, May 2014), Resolution No.24
- FAO 24^{ème} COAG and FAO 150^{ème} Conseil (Rome, 2014)

And is supported and governed by GF – TADs global.



Justification for the development of the Strategy

- To improve animal production in view of food security, poverty reduction and enhanced and sustainable development
- To reduce the economic impact of PPR
- To improve general animal health
- The veterinary services are at the heart of disease control programmes and will be strengthened







A SWOT Analysis was conducted

| STRENGTHS | WEAKNESSES | OPPORTUNITIES | THREATS |
|--|--|---|---|
| omponent 1 – PPR control a | nd eradication | | |
| Very effective and safe live attenuated vaccines | Increasing mobility of live small ruminants for trade | Growing political support for control and eradication of PPR | Political instability and security problems. An Infected country under crisis |
| Effective diagnostic tests, | - Lack of reliable information | - Use of rinderpest eradication | constitutes a permanent |
| STRENGTHS | WEAKNESSES | OPPORTUNITIES | THREATS |
| Component 2 – Strengthenin | g Veterinary Services (VS) | | |
| Experience gained from recent crises, e.g. highly pathogenic avian influenza (HPAI) H5N1 | - Prevalence and Incidence of animal diseases | VS are a global public good, eligible for public investment and international aid | Impact of governance on the delivery of VS in the development context |
| or FMD In Europe | - Weak VS In some countries | - Growing global demand for | Long land borders (risk of TAD |
| Recognition of the role of VS | Other priorities than animal health and veterinary public | animal protein | Incursion), particularly with |
| OIE standards on the quality | health in some countries' | - Important livestock | countries at risk |
| STRENGTHS | WEAKNESSES | OPPORTUNITIES | THREATS |
| | d control of other major diseas | | |
| | Some already mentioned | - Some already mentioned | - Some already mentioned |
| Some already mentioned for PPR and VS e.g. experience | some already mentioned for PPR and VS, e.g. VS to be | Some already mentioned for PPR and VS, e.g. growing | some already mentioned for PPR and VS, e.g. good |
| gained from previous crises, | Improved, lack of appropriate | global demand for animal | governance of VS, |
| recognition of the role of | delivery systems and PPP, | protein, livestock development | lack of border controls |
| VS, PVS Pathway available, GF-TADs mechanism in place | other priorities than animal health and veterinary public | potential, possible access to higher value markets, donor | (particularly with countries at risk), vulnerability of |
| at global and regional levels | health (VPH), weak roles of | Interest in animal production | pastoral herders |
| Political willingness to control | some stakeholders (producers | and Improved control of | - Some small ruminant diseases |
| diseases | and consumers, private | animal diseases, PPP for | some small runnhant useases are not considered priorities |
| Vaccines available for certain | veterinarians, etc.) | Improvement of the efficacy of animal health systems, etc. | for control |
| | lack of sufficiently effective | | - It may sometimes be |
| | | | |
| diseases | vaccines for some diseases | | considered that the other |
| diseases Improved access to ICT | vaccines for some diseases - No multivalent vaccines | | diseases to be included could |
| diseases Improved access to ICT | vaccines for some diseases - No multivalent vaccines available to allow combined | | |
| diseases Improved access to ICT | vaccines for some diseases - No multivalent vaccines | | diseases to be included could |
| Vaccines available for certain diseases Improved access to ICT OIE standards for many | vaccines for some diseases - No multivalent vaccines available to allow combined - Insufficient understanding | | diseases to be included could |

- **Strength** Tools are available
- Weekness- VS resources (financial, human, physical)
- Engagement of farmers
- Opportunity Interest of international community
- Threats lack of sanitary information



A consultative process was applied

- Meeting with experts and international partner organisations, Rome, October 2014
- Peer review by selected experts of the draft strategy
- Contribution by the OIE Scientific Commission
- Finalised by the PPR working group





Abidjan International Conference, 31.3. – 2.4.2015

- Presentation of the strategy to 300 participants, politicians and donors
- Adoption of the strategy
- Avialable online at: http://www.fao.org/3/a-i4460e.pdf





Objectives of the Strategy

• Eradication of PPR by 2030:

- In infected countries: reduce the incidence and spread in a progressive approach towards eradication of PPR
- In free countries: assure that free status remains
- In parallel:
 - Reinforce the capacity of VS
 - Improving health of small ruminants by reducing the impact of other SR diseases





The principles of the Strategy

National, Regional & Global level

- Combination of vertical (diseases) as well as horizontal (VS) approaches
 - Composant 1 PPR
 - Composant 2 Veterinary Services
 - Composant 3 Combination with other SR diseases

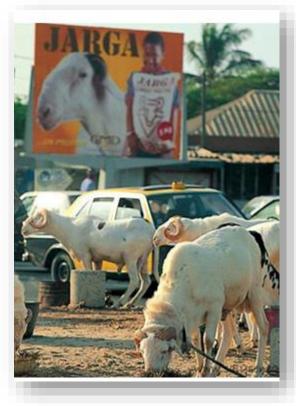


Photo credit: CIRAD





The principles of the Strategy

- Risk-based approach
- PPR control shall have a positive impact on infected as well as free countries
- The reduction of PPR incidence is therefore a common interest for infected as well as free countries
- The eradication of PPR is considered a public good!



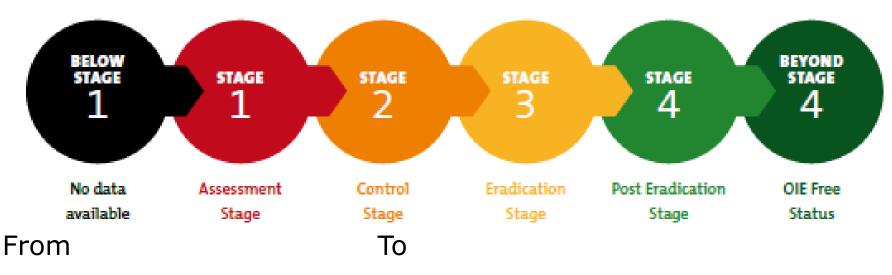
Anticipated timeline to achieve eradication

| | 2015 | 2020 | 2025 | 2030 |
|-----------|------|------|------|------|
| "Stade 0" | 25 % | 0% | 0% | 0% |
| Stade1 | 30 % | 0% | 0% | 0% |
| Stade 2 | 30 % | 50% | 20% | 0% |
| Stade 3 | 10 % | 25 % | 30% | 0% |
| Stade 4 | 5 % | 25 % | 50 % | 100% |

Reduction in % of infected countries over time



Step-wise approach towards eradication



<u>Stage 1</u> – assessment of the epidemiological situation

<u>Stage 4</u> – absence of circulating virus - countries are ready to submit their dossier for official recognition of country freedom to OIE



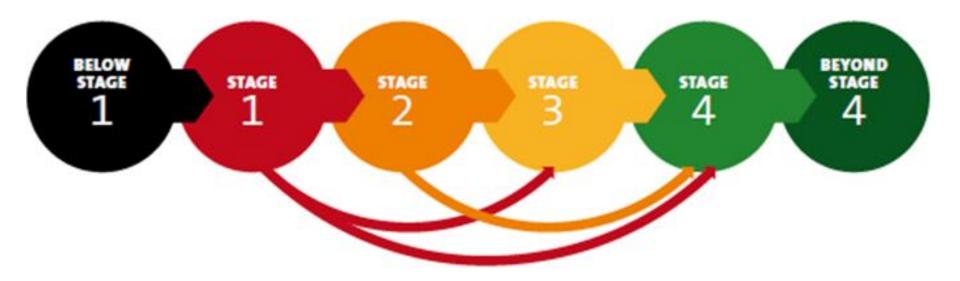


The different stages

| | STAGE 1 | STAGE 2 | STAGE 3 | STAGE 4 |
|-------|---|--|--|--|
| | Assessment Stage | Control Stage | Eradiction Stage | Post- eradiction |
| | | | | Stage |
| FOCUS | Improved knowledge about PPR situation | Disease control in part of or the entire country | Achieve the eradication of the disease in the entire country | Demonstrate that there is no more virus circulation |



Fast track in the stepwise approach









Characteristic elements per Stage

Five technical elements characterise each Stage

16



Legal framework

Surveillance

Diagnostic

Prevention and Control

Stakeholders





Progressivity of each technical element along the stages

| E | Stage 1 (Assessment) | Stage 2 (Control) | Stage 3 (Eradication) | Stage 4 (Post- eradication) |
|------------|--|---|--|---|
| ti c | To establish laboratory diagnostic capacity mainly based | To strengthen the laboratory capacity through the | laboratory capacity to | To maintain laboratory capacity as in the previous Stage |
| Diagnostic | on ELISA methods | introduction of bio- | through the introduction of a laboratory quality assurance system | and strengthen the differential diagnostic pathways. To start implementing PPRV sequestration activities |

| | Stage 1 (Assessment) | Stage 2 (Control) | Stage 3 (Eradication) | Stage 4 (Post-eradication) |
|--------------|--|----------------------|----------------------------|---|
| Surveillance | To implement monitoring activities and evaluate socio-economic impacts | | surveillance incorporating | To shift the goal of surveillance to proving the absence of PPR |
| A Food and | Agriculture ion of the tions | 17 | | WORLD ORGANISATION |

Progressivity of each specific objective along the succession of the stages

| % | Stage 1 (Assessment) | Stage 2 (Control) | Stage 3 (Eradication) | Stage 4 (Post- eradication) | | | | | | | | |
|----------------------|-------------------------|-------------------------|--|---|--|--|--|--|--|--|--|--|
| Prevention & Control | No vaccination | Targeted vaccination | Either mass vaccination or vaccination of the remaining non vaccinated zone (depend on the result of Stage 2 and monitoring system in place) | No vaccination (or emergency vaccination with back in Stage 3) | | | | | | | | |
| | | | | | | | | | | | | |
| | Focus on vaccination | | | | | | | | | | | |



Generic tools to be used

Generic tools:

- Diagnostics laboratories
- Epidemiology Centers/teams,
- GLEWS, and their Regional and International Networks,
- OIE standards,
- OIE PVS Pathway (voluntary),









Specific PPR tools:

- PPR Monitoring & Assessment Tool (PMAT)
- Post Vaccination Evaluation (PVE)
- Regional vaccine banks
- PPR-GREN







Research and knowledge development

- Socio economics
- Epidemiology

- Vaccine delivery systems
- Vaccines and vaccination
- Diagnostic tests





Anticipated timeline to eradication for Africa

Table 1

Timeline of expected results: Global

| Global | 2015 | | | | | 2020 | | | | | 2025 | | | | | 2030 | | | | |
|--------------------|------|----|----|----|-----|------|---|----|----|-----|------|---|---|----|-----|------|---|---|---|-------|
| Stage | 0• | 1 | 2 | 3 | 4/5 | 0* | 1 | 2 | 3 | 4/5 | 0* | 1 | 2 | 3 | 4/5 | 0* | 1 | 2 | 3 | 4/5** |
| No of countries | 3 | 36 | 32 | 12 | 13 | 0 | 4 | 40 | 25 | 27 | 0 | 0 | 8 | 39 | 49 | 0 | 0 | 0 | 0 | 96 |
| % | 3 | 37 | 33 | 12 | 15 | 0 | 4 | 42 | 26 | 28 | 0 | 0 | 8 | 41 | 51 | 0 | 0 | 0 | 0 | 100 |

Table 2

Timeline of expected results: Africa

| Region | 2015 | | | | | | 2020 | | | | 2025 | | | | | 2030 | | | | |
|--------------------|------|----|----|---|-----|----|------|----|----|-----|------|---|----|----|-----|------|---|---|---|-------|
| Stage | 0* | 1 | 2 | 3 | 4/5 | 0* | 1 | 2 | 3 | 4/5 | 0* | 1 | 2 | 3 | 4/5 | 0" | 1 | 2 | 3 | 4/5** |
| No of countries | 3 | 19 | 19 | 3 | 11 | 0 | 4 | 25 | 12 | 14 | 0 | 0 | 8 | 24 | 23 | 0 | 0 | 0 | 0 | 55 |
| % | 5 | 35 | 35 | 5 | 20 | 0 | 7 | 46 | 22 | 25 | 0 | 0 | 15 | 44 | 43 | 0 | 0 | 0 | 0 | 100 |

| Stage 1 | minimum 12 months and up to 3 years |
|---------|-------------------------------------|
| Stage 2 | 3 years (from 2 to 5 years) |
| Stage 3 | 3 years (from 2 to 5 years) |
| Stage 4 | 24 months and up to 3 years |

WORLD ORGANISATION

FOR ANIMAL HEALTH



Governance

GF-TADs principles and governing bodies

- PPR Working Group
- Role of Regional Organizations, e.g.:
 - AU-IBAR in Africa
 - SADC, ECOWAS, ASEAN, SAARC...

A Global Control and Eradication Programme (GCEP)

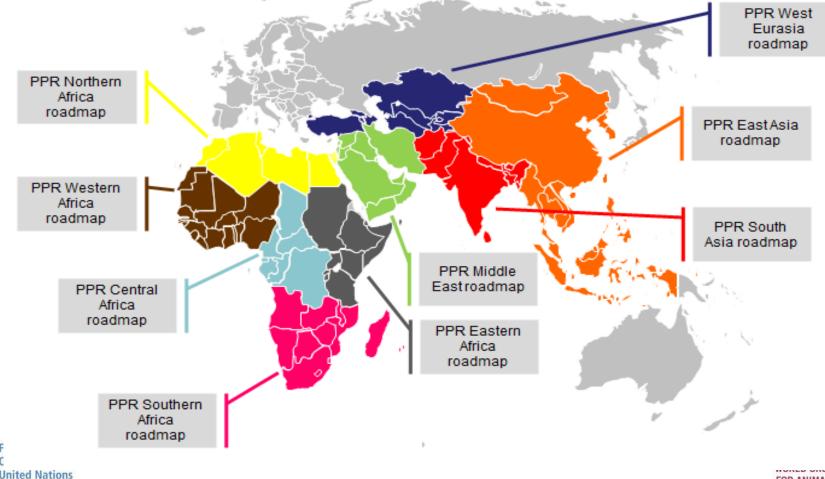
to be implemented by the Joint FAO-OIE Secretariat and a Global Steering Committee





The regional roadmaps





The 1st Roadmap Meeting for Central Africa Yaoundé, Cameroon August 2015

| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 | 2027 | 2028 | 2029 | 2030 |
|-------------------------|------|------|------|------|------|------|------|------|------|------|----------------|----------------|----------------|------|----------------|----------------|
| Cameroun | 1 | | | 2 | | | 3 | | | 4 | | Status free | | | | |
| Rep Centre Africaine | 1 | | | 2 | | | | 3 | | | 4 | | Status free | | | |
| RD Congo | 1 | | | | | | | | | | | | | | | |
| Rep Congo | 1 | | | 2 | | | | | 3 | | | | | 4 | | Status free |
| Gabon | 1 | | | 2 | | | | | 3 | | | | 4 | | Status free | |
| Guinée Equatoriale | 0 | | 1 | | | 2 | | | | 3 | | | | | 4 | Status free |
| Sao Tome | 0 | 1 | | 2 | | | 3 | | 4 | | Status free | | | | | |
| Tchad | 1 | | | | 2 | | | 3 | | | 4 | | Status free | | | |



The 1st Roadmap Meeting for Eastern Africa (IGAD countries), Kampala, Uganda September 2015.





| Countries | GCES | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 | 2027 | 2028 | 2029 | 2030 |
|-------------|------|-------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Burundi | 1 | 1 | | | | 2 | | | | 3 | | | | 4 | | Free | |
| Djibouti | 1 | 1 | 2 | | | 3 | | | | | 4 | Free | | | | | |
| DR Congo | | | | | 2 | | | 3 | | | 4 | | | Free | | | |
| Eritrea | 1 | 1 (2) | | | | | 2 | | | 3 | | | 4 | | Free | | |
| Ethiopia | 2 | 2 | | | | 3 | | | 4 | | | Free | | | | | |
| Kenya | 2 | 2 | | 3 | | | 4 | | | | | Free | | | | | |
| Rwanda | | | | | | | | | | | | | | | | | |
| South Sudan | 1 | 1 | | | | | 2 | | | | | 3 | | | 4 | | Free |
| Sudan | 2 | 2 | | | | | 3 | | | | | | | | 4 | | Free |
| Somalia | 2 | 2 | | | | | 3 | | | | | 4 | | Free | | | |
| Tanzania | 2 | 2 | | | | | 3 | | | 4 | | Free | | | | | |
| Uganda | 2 | 2 | | | 3 | | | | 4 | | | Free | | | | | |
| | | | | | | | | | | | | | | | | | |



Future Roadmap Meetings

- ECOWAS- West Africa
 November 2015
- Middle East and Gulf countries
 - December 2015
- Central Asia- Early 2016



Expert meeting on the GCES costing Rome 7-9 October









The Global Strategy

http://www.fao.org/3/a-i4460e.pdf











Thank you for your attention





Photo credit: Iran Vet Organisation



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