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PEACE, PROSPERITY AND
REGIONAL INTEGRATION



The 8th Regional PPR Control and Eradication Coordination Committees (PPR-CECC) Virtual Meeting - 21st October, 2020

Minutes

Introduction

Peste des petits ruminants (PPR) and other key small ruminant diseases (SRDs) are trade-sensitive diseases in the IGAD and EAC Region. The IGAD Centre for Pastoral Areas and Livestock Development (ICPALD), in collaboration with MS and partners established and sustained the regional PPR control and eradication coordination committee (CECC), developed regional strategy and supported countries to develop and align the national PPR strategies for the control and eradication of PPR, has continued to hold PPR regional coordination meetings to enhance coordination, information sharing and harmonize regional control and eradication efforts. These actions are supporting and contributing towards eradicating PPR globally by 2030.

Opening remarks

Dr. Harry Oyas opened the virtual meeting officially on behalf of the Director of Veterinary Services, Kenya. He acknowledged all partners including AU-IBAR, OIE, FAO, AU-PANVAC, IGAD and all CVOs and their staff from Eastern Africa countries including DRC. He informed participants that the forum is offering an opportunity for IGAD and EAC Member States to compare gains attained towards achieving freedom from this costly and debilitating disease that affects sheep and goats which is now endemic in Kenya and the region. It has been estimated that Kenya is losing an estimated USD 16.7 million annually even though the disease is currently less overt; usually causing deaths among the young stock. The reduced mortality and morbidity is because of many years of implementing control measures including mass vaccinations and movement control. Effective control of PPR alongside other TADs will enable the region to exploit the African continent huge market for livestock and their products after the launch of AfCFTA in January 2021. Moreover, small ruminants are very useful for smallholder farmers and women headed families as they are a source of livelihood and income generation, therefore, very important to be safeguarded. Prevention and control measures remain the prerogative of national governments with minor support from development partners. Therefore, it is important for countries to enhance coordination efforts, making this virtual meeting very useful for harmonized actions, exchanging good practices, lessons learned as well as challenges and how they were addressed. Dr. Ricarda Mondry (FAOSFE), Prof. James Wabacha (AU-IBAR) and Dr. SJM Munyua, ICPALD Director, made welcome remarks. The meeting was attended by 46 participants from IGAD & EAC member states, DR Congo, FAO, OIE, AU-IBAR, IGAD; ILRI and research institutions like Tuft University.

Presentations

1. *Objectives and expected outputs of the meeting and follow up of the recommendations of the 7th^h PPR CECC meeting* - Dr. Wamalwa (IGAD)
2. *Update on the implementation of IGAD Regional PPR CE programme: regional and cross-border coordination; partnership and resource mobilization* - Dr. Ameha (IGAD)
3. *Updates on the implementation of the Pan African PPR CE program: national and regional PPR strategies; resource mobilization, partnerships and related activities; regional PPR roadmaps* - Dr. Wamwayi (AU-IBAR)
4. *Updates on the implementation of the Global PPR CE program: coordination mechanisms; partnership; resource mobilization and other supports* - Dr. Njeumi, FAO/OIE PPR Secretariat

Presentation highlights

PPR CE coordination committee

- IGAD/ICPALD has been organizing the regional PPR CECC /RAG every year with MS and partners; this is the 8th one
- There is a RAG for PPR (CVOs of Kenya, Uganda and Sudan) which need to be supported and facilitated

Crossborder coordination/ecosystem approach through signed MoUs on coordination and cooperation for prevention and control of TADs and sanitary measures among IGAD member states; as a result of the collaboration, for instance, Ethiopia-Kenya undertook harmonized vaccination of about 7.8 million animals at one vaccination season of 2019 and the need to regularize and sustain the coordination

Future development regarding PMAT:

- In-depth review of the PMAT in 2020, including a technical meeting to review the tool and develop/reach consensus on the critical technical changes that can be made without affecting its integrity
- Develop and test online training module on PMAT
- Organize regional face to face training workshops on the use of PMAT

Key Plenary discussion

- PPR control and eradication efforts have had endorsements at global, continental, regional and national levels but with inadequate financial resource commitments. Awareness of PPR eradication is minimal at sub-national and community levels. It is therefore important to package key messages and disseminate through media, flyers, brochures etc to educate livestock owners about the planned eradication of the disease by 2030 and enhance their involvement. Concerted effort will guide national and sub-national governments to budget for eradication of the disease while communities will present their livestock in the event of risk-based vaccinations as well as blood sample collections for active or sero-surveillance/ monitoring
- Vaccination against PPR should be based on risk in hot spots after epidemio-surveillance; therefore, countries should avoid mass vaccinations witnessed especially during political elections in the region. Policy makers should be advised accordingly based on science. Moreover, epidemiological surveillance and correct reporting to AU-IBAR and OIE will inform donors of disease picture and attract support funding. Moreover; undertaking socioeconomics of PPR will further justify the investment and resource mobilization
- Global eradication of PPR by 2030 is still on course despite resource limitation. If countries coordinate well based on the roadmap of control and eradication pathway, the disease can be eliminated as targeted. Countries are advised to apply for official recognition of PPR freedom. It requires prove from applying country using the PMAT tool that is under review which will be followed by training on how to use it

Presentations

1. *Updates by AU-PANVAC on support to the PPR control and eradication programme* - Dr. Nick Nwankpa, Director AU-PANVAC
2. *Progress on PPR research in support of global control and eradication efforts* – Dr. Barbara Weiland, ILRI

Highlights from presentations

Vaccination coverage

- Besides vaccines, socio-economic factors affect vaccination coverage
- Participatory approaches (innovation platforms) proved effective tool
- Stakeholder engagement in the vaccination process through facilitated IPs was successful in fostering participation of farmers to vaccination

Factors positively associated with willingness to pay

- access of farmers to vaccines (reducing the distance to the vaccine)
- availability of information about the quality of the vaccine (introducing a vaccine viability detector)

Key plenary discussion

- Thermotolerant PPR vaccine evaluation is first done in the lab before field evaluation through serology. Quality control is undertaken by AU-PANVAC for vaccines processed in the continent or imported
- The progress made on SOP for thermotolerant vaccines once finalized by AU-PANVAC will be submitted to the OIE for the Biological Standard Commission's consideration and possible reference in the Terrestrial Manual
- Development of Elisa kit for RVF are in pipelines as prioritized member countries
- OIE applies an application fee for official control to 6 diseases though reduced. Funding proposals have been put in to reduce the cost but not yet realized. Countries can request support from donors

Country presentations

1. *Updates on the implementation status of the national PPR control and eradication strategy (including COVID effect)* - Eritrea, Ethiopia, Kenya, Somalia, South Sudan, Sudan, Uganda, United Republic of Tanzania, Rwanda and the Democratic Republic of the Congo

Highlight

Countries highlighted country progress and achievements towards control and eradication efforts towards PPR, resources available, challenges and recommendations

Key plenary discussion

- Large difference in number of clinically versus lab-diagnosed outbreaks in Kenya is because clinical reports are mobile-based and on suspicion. Once it appears likely to be PPR disease, rapid tests are conducted using pen-side test kits. Therefore, only one may be done per herd. Once it turns positive, samples are collected for laboratory diagnosis to eliminate false positives that are very common. Therefore, clinical reports will be more
- Vaccination against PPR in Kenya is risk-based in hot spot locations based on sero-surveillance or disease outbreaks, therefore few sheep and goats are vaccinated annually as compared to national population. Major vaccinations are undertaken in Wajir and Mandera because of frequent PPR outbreaks associated with livestock inflow from Ethiopia and Somalia that are immunized

- For countries to be recognized as historically free from PPR, they need to have no vaccination against PPR for at least the past 10 years
- It is good for countries to indicate herd immunity based on sero-surveillance-monitoring which can follow immunization as well as recovery from natural infection. Herd immunity of 70-75% is recommended for her protection. Most countries reported only vaccination numbers but not herd immunity except Somalia
- One of the important conditions to procure vaccines for countries is that they should have a PANVAC Quality Control certificate
- It is not possible to ascertain the PPR CE stage for Somalia as stage 3 but it is assumed to be between stage 2 & 3 according to FAO. However, more sero-surveillance and monitoring will be undertaken to confirm this. Currently, Somalia is only doing targeted vaccination after it had stopped for some years

Presentation

1. *Consultative discussion on the PMAT* - Adama Diallo (CIRAD, on behalf of the FAO/OIE PMAT review Team)
 - PMAT is a useful tool to be used for the assessment of the progress of the PPR eradication program and stages
 - PMAT is fit for purpose and helps to identify gaps in the PPR eradication program
 - But current version of PMAT is too complex
 - So, a revision of PMAT is needed to make it easier for use. This revision is being undertaken by an FAO/OIE expert Team.

Gateways (for each technical element):

- **Pre-Stage 1 to 1:** Assessment Plan
- **Stage 1 to 2:** Control Plan + X% (threshold: 80% for ex) of Component I questions from Stage 1 fully achieved + SRD, CC questions filled but not counted
- **Stage 2 to 3:** Eradication Plan + X% (threshold: 80% for ex) of Component I questions from Stage 2 fully achieved + SRD, CC questions filled but not counted
- **Stage 3 to 4:** Stop of vaccination

Recommendations and way forward

1. Resource mobilization

- MS should include in national budgets as well as into national resource mobilization efforts from donor communities and lenders PPR eradication programs/ activities as national priority
- Member states with support of IGAD should carry out advocacy to policy makers (national and sub-national levels) to include PPR eradication into national and sub-national plans to attract national funding
- Member states and development partners such as (AU-IBAR, IGAD, FAO, OIE) should undertake resource mobilization to support cross-border programs that will help the eradication of PPR and other TADs

2. Coordination

- MS and IGAD should facilitate implementation of signed cross-border bilateral and multilateral MoUs to harmonize regional prevention and control efforts of PPR- surveillance, vaccination, information sharing and reporting while AU-IBAR should support coordination and cooperation between RECs-
- All partners (AU-IBAR, IGAD, FAO, OIE) should strengthen RAG

- Countries should strengthen/ establish the implementation coordination structures at national and sub-national levels and seek more buy-in for PPR eradication plans to give more support to surveillance and control activities (e.g. vaccinations, livestock movement control)
- Develop and disseminate key messages on PPR eradication as a way of awareness creation along the small ruminant value chains on PPR and other SR disease and proposed control measures at identified high-risk points using mass media, posters brochures, flyers, community dialogues, trade fair occurrences, etc.
- Essential to strengthen coordination at the global level, especially with the scientific community to deal with emerging issues (e.g. Wildlife) as well as development of thermotolerant PPR vaccine

3. Capacity building/training

- Facilitate regional training on Risk analysis and use of revised PMAT tool by FAO and OIE
- OIE, FAO, AU-IBAR and IGAD to support MS on identified technical assistance to develop investment ready plans to be funded as special program, for effective PPR control and eradication
- MS to focus on revised PMAT and the OIE Terrestrial Animal Health Code (TAHC - Chapter 14.7) as tools for assessment and guidance on progressing from one stage to the other along the PPR control and eradication pathway

4. Vaccination

- MS to undertake epidemiology supported risk-based vaccination and promote responsibilities for appropriate public private sector partnerships (PPP) in the delivery of PPR vaccination where applicable
- Strengthen external vaccine quality control by PANVAC and MS to utilize only PANVAC quality certified vaccine

List of participants

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