



11th Meeting of the Global Steering Committee of the Global Framework for the Progressive Control of Transboundary Animal Diseases (GF-TADs)

Activity report

November 2018 to October 2020



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Foreword

This report presents

- the main activities of initiatives to control several global priority transboundary animal diseases (TADs) since the 10th Global Steering Committee (GSC10) in November 2018;
- a concise summary of the events carried out under the umbrella of the Global Framework for the Progressive Control of Transboundary Animal

Diseases (GF-TADs) since GSC10. It focuses on three main items:

- the follow-up on the recommendations of the action plan determined during GSC10;
- the main activities at the global level from the Management Committee and the Global Secretariat;
- the main activities at the regional level from the Regional Steering Committees and the Regional Secretariats.



GF-TADs Initiative for the Global Control of African Swine Fever, 2020–2025¹

THE ASF WORKING GROUP

The GF-TADs Working Group for ASF control (ASF WG) was appointed by the GF-TADs Management Committee. Its terms of reference include the coordination, monitoring and evaluation of the implementation of the GF-TADs Initiative for the Global Control of African Swine Fever, 2020-25 (Global Initiative). The ASF WG will also contribute to the development and support of ASF control strategies at the global and regional levels. The ASF WG meets monthly and has now held four meetings. It includes six members from the World Organisation for Animal Health (WOAH, founded as OIE) and the Food and Agriculture Organization of United Nations (FAO) headquarters and regional offices and is chaired on a rotational basis, with WOAH chairing the first year. It receives guidance from the GF-TADs Management Committee.

The ASF WG is composed of Gregorio Torres, chair (WOAH); Caitlin Holley (WOAH); Jee Yong Park (WOAH); Andriy Rozstalnyy (head of FAO delegation); Charles Bebay (FAO); and Akiko Kamata (FAO).

BRIEF DESCRIPTION OF THE STRATEGY

The GF-TADs Global Initiative was officially launched on 20 July 2020 in response to a request made at the 87th WOAH General Session with the aim of fostering national, regional and global partnerships to strengthen control measures and to minimise the impact of ASF.

On a global scale, the sustained spread of ASF poses a threat to livelihood, food security, and economic and rural development, and thus global control of ASF will contribute to achieving the United Nations Sustainable Development Goals (SDGs), notably SDGs 1 (No Poverty) and 2 (Zero Hunger).

The Global Initiative was designed based on the lessons learnt from past and existing global animal disease control and eradication strategies under the GF-TADS. It defines the following three strategic objectives:

- improve the capability of countries to control (prevent, respond to, eradicate) ASF using WOAH International Standards and best practices that are based on the latest science;
- establish an effective coordination and cooperation framework for the global control of ASF;
- facilitate business continuity ensuring safe production and trade to protect food systems.

The Global Initiative also identifies key factors for the successful global control of ASF, including a disease intelligence framework, effective risk communication, operational and technical capability and sustainable resources.

EPIDEMIOLOGICAL SITUATION

The disease is present and continues to spread in the African, European and Asian/Pacific regions. In Europe the first incursion of Genotype II was reported in 2007. Since then, many countries in the region have reported the first occurrence of the disease, with notifications from Hungary, Bulgaria and Belgium in 2018, Slovakia in 2019, and Serbia, Greece and Germany in 2020. In Asia and the Pacific, the People's Republic of China notified the presence of the disease for the first time in 2018, followed by Mongolia, Vietnam, Cambodia, Hong Kong (SAR-PRC), the Democratic People's Republic of Korea, Laos, Myanmar, the Philippines, the Republic of Korea, Timor-Leste and Indonesia in 2019. More recently, in 2020, Papua New Guinea and India reported the first incursion. The disease remains endemic in most sub-Saharan African countries.

¹ www.gf-tads.org/asf/the-global-initiative-for-the-control-of-asf/en/

The global pattern of distribution of ASF from 2016 to 2020 reveals a serious deterioration due to the spread of the disease, mainly in Europe and in Asia and posing high risk for the Americas. In this context, the work of GF-TADs' mechanism plays an important role in empowering regional alliances in the fight against transboundary animal diseases and assisting countries to establish programmes for prevention, preparedness and control, noting the different production sectors and the domestic—wild boar interface.

PROGRESSES ACHIEVED IN THE LAST TWO YEARS

During the 87th WOAH General Session, held in May 2019, a report on the global ASF situation was presented to the Assembly, resulting in the adoption of Resolution No. 33² identifying the key roles to be played by the Members, FAO and WOAH in the global control of ASF, and specifically the need for a global initiative.

The Global Initiative (2020–2025) was jointly developed by FAO and WOAH based on a theory of change that was translated into a logic framework³ describing the outputs, outcomes and indicators for each of the strategic objectives. The accompanying operational plan lists the specific activities to be implemented under the GF-TADs by FAO, WOAH or our partners to achieve the outputs and outcomes and will be updated periodically.

The Global Initiative was launched with a joint global press release by FAO⁴ and WOAH⁵ in July 2020.
The GF-TADs ASF website⁶ was also launched and provides relevant information and links to the Global Initiative, including the document, logic framework and operational plan.

Regional Standing Groups of Experts on ASF (SGE-ASF) were established in Asia and the Americas in 2019 based on the model for Europe, and regular meetings are being held. Good progress is being made toward the creation of a similar coordination mechanism in Africa.

CONSTRAINTS

A lack of human resources at both HQ and regional level is a major constraint in the effective coordination of the Global Initiative. In particular, the ASF WG needs to be supported by an ASF global coordinator, to be recruited and tasked with assisting the ASF WG in its responsibilities.

An SGE-ASF is not yet established for the African region, but work is under way, including finalising the regional taskforce on ASF and a meeting of the Eastern Africa Regional Animal Health Network in August 2020 to discuss key ASF topics.

The engagement and strengthening of collaboration with private and public stakeholders have been identified as important challenges for the effective implementation of the Global Initiative.

UPCOMING STRATEGIC ACTIVITIES

The following are some of the activities being planned to promote and further develop the Global Initiative:

- a joint FAO and WOAH call for action consisting of a series of webinars to be held on 26–30 October 2020.
 The overarching goals of the event are to review existing and recently developed tools, mechanisms and practices to address the introduction and spread of ASF and to make a global call for action to adopt and implement the GF-TADs Initiative for the Global Control of ASF;
- development of methodology and tools to conduct monitoring and evaluation (M&E) of the Global Initiative, considering that M&E at global, regional and national levels will require different strategies;
- production of the 2020 annual report for the Global Initiative;
- socialisation of the Global Initiative with stakeholders at available opportunities;
- webinar on public–private partnership for ASF control;
- strengthening of coordination mechanisms in Africa and supporting the existing SGE in the Americas, Europe and Asia.

² www.woah.org/fileadmin/Home/eng/About us/docs/pdf/Session/2019/A RESO 2019.pdf

³ www.woah.org/fileadmin/Home/eng/Animal_Health_in_the_World/docs/pdf/ASF/ASF_GFTADsInitiative_LogicFramework.pdf

⁴ https://news.un.org/en/story/2020/07/1068711

⁵ www.woah.org/en/for-the-media/press-releases/detail/article/global-action-needed-now-to-halt-spread-of-deadly-pig-disease/

⁶ www.gf-tads.org/asf/asf/en/

Global Foot and Mouth Disease Control Strategy

THE GF-TADS FMD WORKING GROUP

The joint FAO/WOAH FMD Working Group (WG) was established in 2011 and was initially composed of six members, including three from each of the two organisations (FAO and WOAH). In 2018, the two organisations invited EuFMD to join the WG (one representative, supported by secretariat staff). The WG's operations are guided by its terms of reference, and guidance comes from the GF-TADs Management Committee.

The WG is composed of Samia Metwally (chair of FAO delegation); Baba Soumare (FAO); Madhur Dhingra (FAO); Muhammad Arshed (FAO); Néo Mapitse (chair of WOAH delegation); Djahne Montabord (WOAH); Letshwenyo Moetapele (WOAH); Fabrizio Rosso (EuFMD); Paolo Motta (EuFMD); and Etienne Chevanne (EuFMD).

BRIEF DESCRIPTION OF THE STRATEGY

The FAO and WOAH developed a 15-year Global FMD Control Strategy (Global Strategy), endorsed by 100 countries at the 2nd global FMD conference held in Bangkok in June 2012, with the following three components:

- · improving global FMD control
- strengthening Veterinary Services
- prevention and control of other major livestock diseases.

The overall objective of the Global Strategy is to contribute to poverty alleviation and improving livelihoods in developing countries and to protect global and regional trade in animals and animal products. It also aims to ease the impacts of FMD worldwide and to maintain the status of free countries.

The Global Strategy uses the five-stage structured Progressive Control Pathway for FMD control (PCP-FMD) and the WOAH Pathway on the Performance of Veterinary Services (PVS Pathway) as the main tools to combat FMD control. Other tools of importance for FMD prevention and control are FMD-specific surveillance, diagnostic laboratories, vaccines and vaccination coverage, and performance monitoring.

The PCP-FMD is designed to guide countries in the planning and management of efforts to increase the level of control of FMD from the early stages up to the point of an application to WOAH for official recognition of freedom from FMD. The Global Control Strategy has been applied at national level, while at regional level progress is assessed using roadmap platforms, which permit the formulation of harmonised programmes and exchange of information on virus circulation, vaccination and other control initiatives.

The expected results of the FMD Control Strategy within a 15-year period include, for countries:

- in PCP stages 0 and 1, to advance at least to PCP Stage 2;
- in PCP stages 2 and 3, to preferably progress towards eradication and official recognition;
- with an officially recognised FMD-free status (with or without vaccination, for the whole country or specified zones), to maintain and improve their status.

EPIDEMIOLOGICAL SITUATION IN THE PAST TWO YEARS

FMD outbreaks from 2018 to 2020 reported in WOAH's Animal Health Information System (WAHIS) from various pools and mapped by EMPRES-AH are depicted in Figure 1, noting the occasional trans-pool spread and outbreaks in FMD. Among them are:

- FMD in Pakistan in 2019 caused by a lineage (O/ME-SA/Ind-2001e);
- an outbreak of FMD due to SAT2 in South Africa, resulting in the suspension of South Africa's officially recognised FMD-free status;
- outbreaks recorded in Libya and Morocco caused by FMDV O/EA-3; FMDV serotype A is currently responsible for outbreaks in Libya;
- the southwards spread of FMDV O/EA-2 to Comoros and Zambia in 2019, which is a cause for concern.
 FMDV serotype A has also spread to Zambia in recent years;
- a retroactive report of FMD from SAT1 in Cameroon in 2016. Furthermore, SAT2 from Egypt in 2017/18 was distinct from the previous SAT2 from Egypt in 2012, suggesting a more recent introduction.

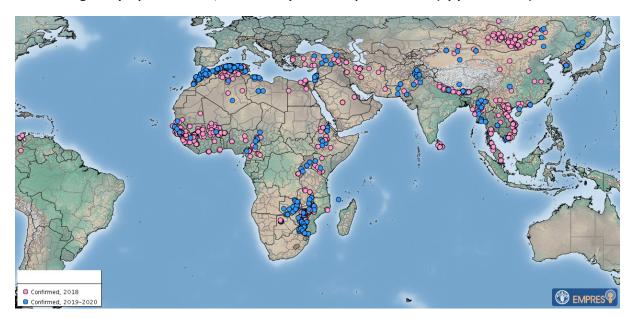


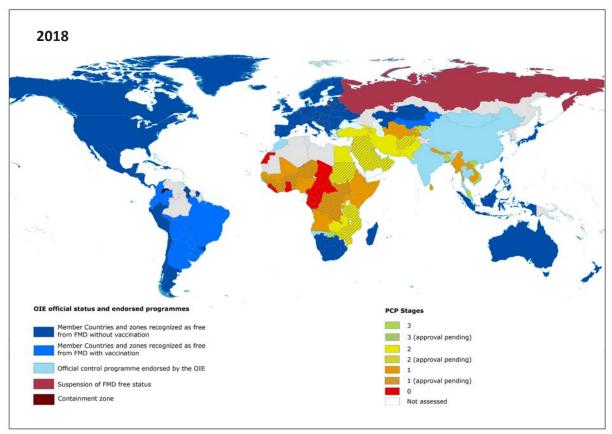
FIGURE 1: FMD globally reported events, from January 2018 to September 2020 (by year of onset)

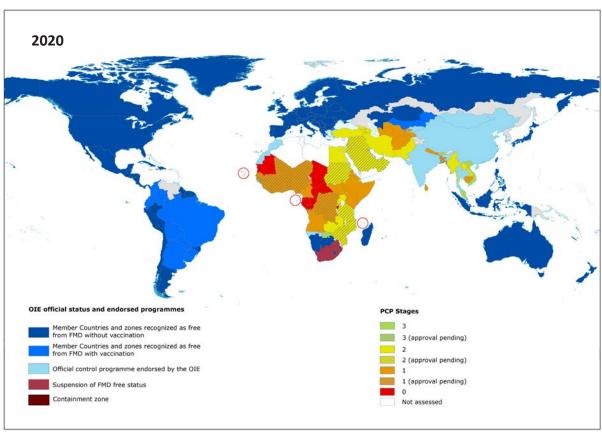
Source: UN 2021, modified with data from FAO EMPRES-I and WAHIS.

PROGRESSES ACHIEVED IN THE LAST TWO YEARS

- Currently, 80 countries are engaged in the implementation of the PCP-FMD to reduce or eliminate FMD virus circulation. Although not all regions/subregions are actively engaged, some countries have made significant progress in controlling the disease. The status of countries along the PCP in 2018 and 2020 is illustrated in Figure 2.
- Countries regularly receive technical assistance from FAO/WOAH Reference Laboratories for virus characterisation and vaccine matching to inform vaccine selection. This assistance has also benefited epidemiological investigations on relationships between the outbreaks and to identify potential sources of outbreaks. EuFMD, in coordination and collaboration with the World Reference Laboratory for Foot-and-Mouth Disease, provides diagnostic analysis and provision of laboratory proficiency test ring trials to FMD laboratories in non-EU states and to Members.
- Regional advisory groups (RAGs) convene in virtual meetings to accept national control plans for countries to advance along the PCP-FMD, updating on regional FMD virus circulation, control activities, impact of COVID-19 and future regional priorities.
- The Middle East Epidemiology and Laboratory
 Networks have been established and a two-year
 work plan was prepared. Two roadmap meetings
 were conducted, one in West Eurasia and one in East
 Africa.
- Seven zones from three countries were officially recognised as FMD free without vaccination in 2019. In 2020, five zones from two countries were recognised as FMD free with vaccination and one zone free without vaccination. The latter was previously free with vaccination. (Figures 2 and 3 show advancement in FMD control worldwide, depicting the countries in different PCP stages and WOAH endorsement of official control programmes and FMD-free status.)
- Kyrgyzstan advanced from PCP Stage 1 to WOAH status in 2020 (endorsed official control programme).

FIGURE 2: Global WOAH status and PCP stages for FMD, October 2018 and October 2020





Source: UN 2021, modified with data from roadmap meeting reports.

0 ■ 1 ■ 2 ■ 3 ■ 4 ■ OIE 2018 30 NO. COUNTY 20 28 26 10 11 0 0 0 **PCP STAGE** OIE 2020 30 COUNTRY 20 15 31 28 No. 10 10 0 0 OIE

PCP STAGE

FIGURE 3: Number of countries in each PCP stage in 2018 and 2020

Source: data from roadmap meeting reports, GF-TADs report.

- Kenya's Risk-Based Strategic Plan was reviewed by the WG and accepted by the RAG of East Africa, enabling Kenya to progress to PCP Stage 2 in 2020.
- Eight other national control plans were reviewed by the FMD WG and feedback was provided to countries for further improvements.
- The progress also concerns the WG's activities and includes:
 - updates to the PCP-FMD tools and supporting documents to facilitate understanding and usage by countries;
 - revision of the PCP-FMD Self-Assessment Tool (SAT) and translation into French and Russian;
 - development of the Tool for Review and Communication (TRAC) System, in coordination with EuFMD, for facilitating national plans submission and revision and communication between the RAGs, the WG and national authorities;
 - 11 new PCP-FMD support officers assigned to countries in Africa, West Eurasia and the Middle East to assist countries in preparing the national control plan.

- EuFMD supporting tools for the global strategy include:
 - development and establishment of Virtual Learning Centres in Southern Africa and Asia, in coordination with regional GF-TADs partners and technical networks, to build capacities for virtual training development and delivery in support of TADs control;
 - virtual courses covering FMD and various thematic areas (e.g. public-private partnership, organisation of simulation exercises, socio-economic impact assessment) delivered under the FAST programme;
 - establishment of a Public and Private Sector
 Platform for FAST disease vaccination and solutions
 to access quality and effective FMD vaccine supply
 in countries in PCP stages 1 to 3;
 - specific technical assistance provided to European neighbouring countries (Turkey, Trans-Caucasus countries, Jordan, Palestine, Egypt) for progression along PCP and/or in the development of control strategies;
 - risk mapping assistance in North African countries to improve surveillance and control strategies;

 assessment of national reference laboratory capacities and capabilities in the European neighbourhood regions and definition of training needs as part of the assistance to the laboratory networks.

CONSTRAINTS

- Resources and skills: shortage of resources at national, regional and international levels; socioeconomic, risk assessment and risk management skills
- Movement control and transparency: cross-border movement control; livestock migration patterns; timely information exchange
- Communication and information exchange within networks
- Diagnostic capacity and supplies: shipment of samples to Reference Laboratories; virus sequencing; vaccine matching and procurement
- Lack of technical expertise in vaccine and vaccination
- COVID-19 challenges: field investigations, collection and shipping of samples; reporting and early warning; equipment maintenance (laboratory); risks of incursions, transmission and spread of infection; competing priorities, vaccine supplies, vaccination campaigns and diagnostic kits
- · Political will: inadequate stakeholder engagement
- Insufficient resource/funding in FAO and WOAH to implement the strategy and follow up on progress with countries and regions

UPCOMING STRATEGIC ACTIVITIES

- Establishment of the Global Coordination Committee on FMD to:
 - share global/regional/national/organisational initiatives
 - facilitate harmonisation and alignment of FMD global and regional projects and programmes
 - provide platform for stakeholders to share progress of FMD control initiatives/synergy/ coherence
 - liaise with development partners for advocacy and resource mobilisation
- Evaluation of implementation of the Global Strategy to inform the learning agenda and work planning for the next five years
- Development and publication of guidelines on conducting socio-economics impact studies
- Revision and adaptation of RAG meeting format to ensure regular consultation on roadmap activities
- Workshop and training: preparation of national control plans (RAP, RBSP and OCP), safe trade and cost—benefit analysis
- Expansion of the list of PCP support officers, including experts from FAO and WOAH Reference Centres, and develop adequate competency and training pathway
- Continued assistance to countries in developing and implementing their control plans with support from the FAO/WOAH regional offices/FAO Emergency Centre for Transboundary Animal Diseases (ECTAD) and PCP support officers
- Alignment of the PCP and the WOAH status evaluation processes to motivate Members to join the process at any stage with the goal to eventually achieve FMD freedom

Peste des Petits Ruminants Global Eradication Programme

PPR SECRETARIAT

The FAO/WOAH Peste des Petits Ruminants Global Eradication Programme (PPR GEP) Secretariat was established in 2016 as the follow-up to the FAO 39th Conference resolution and Resolution No. 25 of the 84th General Session of the World Assembly of Delegates of WOAH in May 2016 supporting the PPR GEP. The PPR Secretariat was initially defined as a team of three senior officers from FAO and WOAH. Following the retirement of two members, Félix Njeumi (FAO) is currently the only member of the PPR Secretariat. He is supported by Camilla Benfield (FAO). Anna-Maria Baka is the contact point of the PPR Secretariat for WOAH. The Secretariat receives guidance from the GF-TADs Management Committee, the PPR Advisory Committee and the PPR Global Research and Expertise Network (PPR GREN).

BRIEF DESCRIPTION OF THE STRATEGY

The PPR Global Control and Eradication Strategy (GCES) developed by FAO and WOAH was endorsed during an international conference on PPR held in Abidjan, Côte d'Ivoire, in April 2015, with the vision of a PPR-free world by 2030. At national level, the PPR GCES promotes a stepwise approach based on four stages. A PPR Monitoring and Assessment Tool (PMAT) has been developed under the GCES with the aim to categorise countries according to these four stages and direct their activities towards eradication.

The PPR GCES has three objectives: a) eradicate PPR by 2030; b) strengthen Veterinary Services; and c) reduce the impact of other major infectious diseases of small ruminants. The GCES also contributes to fighting rural poverty, ensuring food security and nutrition, strengthening resilience and national economies and achieving the SDGs. The critical importance of small ruminants to communities globally means that the PPR GEP will make a key contribution to SDG 1 (No Poverty) and SDG 2 (Zero Hunger) while also helping to achieve SDGs 3, 5, 8, 12, 15 and 17.

In 2016, the first five-year PPR GEP was launched (2017–21) to lay the foundation for implementing the strategy.

EPIDEMIOLOGICAL SITUATION

PPR has spread in almost 70 countries throughout Africa, Asia, the Middle East and Europe. For coordination purposes, the PPR GCES identifies nine regions/subregions in the aforementioned areas.

Since 2018, only Bulgaria and Burundi have been newly infected. Globally, 198 countries aim to be recognised as PPR free by 2030. Among these, 58 countries and 1 country zone are officially recognised by WOAH as PPR free, 67 are infected and 73 have not reported PPR. Out of those 73 countries, 12 are at risk of PPR infection based on permeable national and trade boundaries and reliance on small ruminant agriculture. Therefore, the programme's target is the 79 at-risk and infected countries, which need support to achieve disease freedom. These 79 countries have engaged in regional roadmap meetings, which are organised on an annual or biannual basis to promote exchange of information between stakeholders of different countries and effective harmonisation and synchronisation of health policies and strategies. Since 2016, two rounds of roadmap meetings have been organised for all nine regions (with the exception of Southeast Asian Nations (ASEAN) countries, the People's Republic of China, Mongolia and Timor Leste, for which only one roadmap meeting has been organised) and the third round has been initiated with the organisation of the meeting for Economic Cooperation Organization (ECO) countries in August 2019 (Fig. 4).

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Amman, October 2017

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Tasilvent, August 2019

ASEAN, China, Mongolia
Congetion, April 2019

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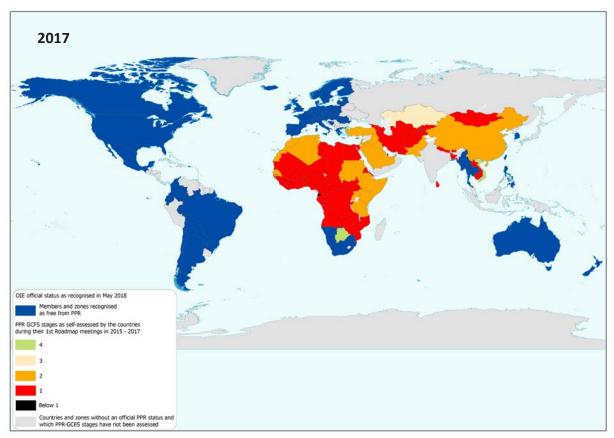
FIGURE 4: PPR regional roadmap meetings organised from 2016 to 2019

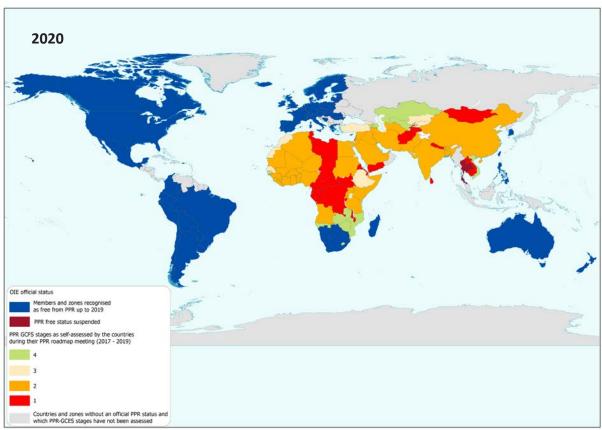
Source: data from roadmap meeting reports, GF-TADs report.

As of August 2019, 30 countries participating in the roadmap meetings were self-assessed as being in Stage 1 (Assessment Stage), 38 in Stage 2 (Control Stage), 5 in Stage 3

(Eradication Stage) and 6 in Stage 4 (Post-Eradication Stage). Figure 5 shows which countries have progressed from one stage to another over the last two years.

FIGURE 5: Maps showing countries' categorisation (self-assessment) of their stage in the PPR GCES stepwise approach





Disclaimer: The official disease status recognised by the World Organisation for Animal Health for disputed areas may not be reflected in the current map but can be consulted at the following link: https://www.woah.org/en/what-we-do/animal-health-and-welfare/official-disease-status/

PROGRESS ACHIEVED IN THE LAST TWO YEARS

Friends of PPR GEP, a group of Rome-based UN Agencies Permanent Representatives, was established and is tasked with a) advocating for the importance of the PPR GEP as a global challenge contributing to the achievement of the United Nations SDGs by 2030, b) supporting FAO and WOAH and their Joint Secretariat and 3) advocating during FAO and other United Nations statutory meetings for the achievement of PPR eradication by 2030. The group has played a crucial role in advocating during each FAO governing body meeting. Discussions for funding are ongoing with the International Fund for Agricultural Development (IFAD) and the African Development Bank. This group has helped place PPR GEP high on the FAO agenda and played an important role in the recent FAO Committee on Agriculture meeting, where the resolution for consideration by the FAO 41st Conference was discussed and endorsed.

The Secretariat is supported by an Advisory Committee and the PPR GREN, which have been meeting once per year. Partnerships have been established with global and regional organisations, the African Union's Interafrican Bureau for Animal Resources and Pan African Veterinary Vaccine Centre, the Regional Economic Communities (RECs), research institutions and relevant civil society organisations at different levels.

As the follow-up of the 4th Advisory Committee meeting, a resource partner meeting was organised and attended by IFAD, the World Bank, the African Development Bank, the European Commission's Directorate General for Development Cooperation and the Islamic Development Bank. All of them showed interest in investing in PPR but highlighted that requests to include PPR in national funding proposals need to come from affected countries themselves. A number of actions were agreed, including the sharing of resource partners' pipeline projects to enable timely engagement and follow-up bilateral discussions with them.

In line with the PPR Global Strategy, eight of the nine targeted RECs were assisted to formulate and endorse their PPR regional strategies. At national level, out of the 79 infected and at-risk countries, 68 were assisted to formulate their costed PPR National Strategic Plans (PPR NSPs). From the eight formulated regional strategies, only two (Economic Community of West African States and Intergovernmental Authority on Development) have been endorsed by their constituencies.

More than 90% of laboratories in infected and at-risk countries have the capacity to use at least the ELISA kit for PPR diagnosis. Laboratory and epidemiological networks are now established in several regions (South-East Asia; East, Central Africa and West Africa).

Sero-surveillance was carried out in several countries, with more than 50,000 sera collected and tested. More than 100 million animals were immunised, with some instances of very high seroconversion rates (e.g. 98% in Burundi, 88.27% in Kyrgyzstan, 86.88% in Mali [89.38% in Mopti, 85.63% in Timbuktu, 84.38% in Gao]) but low rates in most countries (e.g. 16.4% in the Democratic Republic of Congo, 5.9% in Ghana).

An epizone approach, in addition to a regional approach, to PPR control has been established for the coordination of PPR control and eradication efforts across regions and between countries belonging to different RECs but sharing common borders and epidemiological characteristics.

The PMAT review has started. Questionnaires were sent to 93 countries and more than 80% responded. This stakeholder involvement will ensure that PMAT, a key self-assessment tool for countries to advance along the stepwise pathway of control and eradication, is improved and adopted.

There are now convincing reports demonstrating the ability of PPR virus (PPRV) to cross species barriers and infect a wider range of hosts than previously recognised. Indeed, PPRV can infect animal species other than small ruminants, with dromedaries, pigs and cattle reportedly susceptible. One of the PPR GREN Working Groups, established in 2019, is focused on wildlife, and another on 'atypical hosts', such that the GEP can be responsive to these new research and epidemiological findings and account for them within the epizone approach in the next phase of the programme. In light of these findings, the PPR Secretariat, the WOAH Working Group on Wildlife and the PPR GREN developed the FAO/OIE Guidelines for the Control and Prevention of Peste des Petits Ruminants in Wildlife Populations to support countries in integrating wildlife into their PPR NSPs. Those guidelines are in the process of being published electronically.

CONSTRAINTS

The implementation of the PPR GEP poses a series of challenges that need to be addressed.

- Advocacy: Although NSPs were formulated in several countries, they are not mainstreamed in the national investment plan. Socio-economic studies and cost—benefit analysis of the PPR GEP need to be carried out to realistically contribute to improving long-term planning and funding.
- Funding and political will: Many of the countries where PPR is now endemic simply cannot finance an efficient, effective and sustained control/eradication programme. They will need significant support for operational costs, training and meetings in order to properly implement their plans. Even if livestock owners themselves contribute more towards the costs of vaccination, there will still be a requirement at the regional and global level for international funding to provide technical and coordination costs, as well as member state support. The current funding gap for the GEP Phase 1 is estimated at US\$ 340 million. In this context, it will be necessary to explore public-private partnerships, such as those that have proved so effective for polio, measles and malaria control, as well as crowdfunding.
- Manpower: The WOAH coordinator resigned in July 2020 but has not been replaced. In general, the Secretariat cannot support the workload requested by member countries and stakeholders as per the task sharing in Annex I.
- Partnership: Partnerships were established with several institutions but the engagement of several RECs and countries for the implementation of PPR plans is lacking. More discussion is needed so that the NSPs are mainstreamed in their national/regional investment plans. For this, the economic and societal case for PPR control and eradication must be made in a format understandable to policy-makers.
- Epidemiological understanding of PPRV: Identifying critical control points, incursion points into countries and prevalence 'hotspots' is of fundamental importance for countries to design and implement appropriate targeted interventions to support effective management of eradication. However, many countries lack capacity to conduct detailed epidemiological assessment and risk analysis in order to understand PPR prevalence and the geographical patterns of its transmission.

- PPR vaccination campaigns: Vaccination campaigns conducted by most countries are not in line with the PPR GCES as they are not really based on epidemiological assessment, with an insufficient number of vaccinated animals and inappropriate post-vaccination evaluation. As a result, several countries have been undertaking vaccination for many years without achieving eradication. In addition, the coordination of control measures between neighbouring countries is not satisfactory and the regional or epizone approach is not taken into consideration.
- Recruitment rate: The rate of recruitment of newly susceptible sheep and goats into small ruminant populations following vaccination is high, and this may require more frequent vaccinations than the annual ones that proved so successful during rinderpest eradication. Studies to investigate the levels of recruitment and to develop a proposed methodology for risk-based surveillance could be translated into useful actions such as targeted re-vaccination.
- Post-vaccination serological monitoring in the field: This could be used to assess the success rates of vaccination campaigns or to invigilate the effectiveness of individual vaccination teams. It is important to identify and remedy technical or administrative errors, or indeed administrator negligence, in order to ensure the implementation of effective vaccination campaigns and take corrective actions if needed. However, considering that - in line with the PPR GCES – several approaches can be used for that purpose (e.g. estimation of PPR incidence through outbreak reporting, sociological participatory surveys), the case for detailed serological monitoring may have to be made on a case-by-case basis. Engaging and incentivising the field operatives involved on the ground in GEP implementation will be critical, and efforts to create a 'community of practice' would likely be very beneficial in this regard.
- Laboratory: Supply of reagents is a major challenge and these countries' laboratory infrastructure and access to laboratory consumables need to be strengthened through national and regional networks.

• Movement controls: The control of animal movement, including the imposition of quarantines and other sanitary measures, is integral to most infectious disease control and eradication programmes. However, strict movement control can be counterproductive because it can actually stimulate illegal and thus uncontrolled movement of animals in order to bypass quarantines and restriction orders. To this end, movement controls must be managed based on the experience of local animal health teams that are better equipped to judge the behaviour of local owners when faced with such restrictions.

UPCOMING STRATEGIC ACTIVITIES

- PPR GEP II and review of the implementation of GCES: In a participatory manner, formulate the second phase of the programme (2022–27) and review the implementation of PPR GCES as recommended by the 2015 Abidjan conference. Learning from rinderpest experience, the new version will draw the blueprint towards 2030 with M&E.
- Epizone approach: (NB. Epizones combine regions/areas with similar epidemiology into zones and require concerted control and eradication efforts across regional borders.) Two to three epizones need to be identified for action intensification based on available resources and epidemiological situation. In this regard, a mechanism could be introduced for assigning dedicated consultants (PPR experts, including GREN experts) to countries in those epizones to provide them with concrete and tailored technical support, along with workshops/training on risk analysis and epidemiological assessment.
- On-line technologies will be used for capacity development, training and guidance for PMAT, and greater coordination/engagement of the PPR GREN, which supports the GEP.
- Manpower: The Secretariat needs to be strengthened for better engagement with countries and to increase capacity to effectively drive the GEP forward.
- Advocacy must be undertaken through communication and engagement of resource partners, RECs and countries to achieve the vision mandated to FAO and WOAH of a 2030 PPR-free world.

FAO-WOAH CURRENT TASK-SHARING SCHEME, USED FOR DAY-TO-DAY WORK:

PPR Secretariat

- coordination including Advisory Committee and GREN
- partnerships
- support to Resource Mobilisation and Marketing
- roadmap meeting and joint follow-up with the RAGs
- PMAT review and follow-up on its utilisation
- support to NSP formulation and establishment of the NSP repository
- reporting and monitoring framework
- advocacy and communication

WOAH

- PVS evaluation or PVS follow-up evaluation missions with specific content on PPR (eight PVS-PPR missions conducted so far for Turkey, Afghanistan, Nigeria, Chad, Burundi, Liberia, Iran, Mongolia)
- endorsement of PPR official control programmes/official recognition of PPR-free status
- World Animal Health Information and Analysis
 Department and continuous notification of PPR
- laboratory twinning projects for PPR
- communication
- PPR Vaccine Bank
- resource mobilisation

FAO

- surveillance, disease intelligence, risk analysis, networks and preparedness
- laboratory capacity building and networks
- socio-economic studies including cost—benefit analysis, guidelines/tools/manuals production and implementation
- PPR vaccine production, quality control and use
- communication for development and cross-border harmonisation
- resource mobilisation

Rinderpest Post-Eradication

THE FAO-WOAH JOINT RINDERPEST SECRETARIAT

The FAO-WOAH Rinderpest Secretariat and the Rinderpest Joint Advisory Committee (JAC) were established in 2012 to coordinate a post-eradication strategy for rinderpest and mitigate the risk posed by the release of rinderpest virus-containing material (RVCM). The Secretariat receives guidance from the GF-TADs Management Committee. It is composed of Samia Metwally, chair (FAO); Shija Jacob (FAO); Varun Chaudhary (FAO); and Mariana Marrana (WOAH).

BRIEF DESCRIPTION OF THE STRATEGY

Following the declaration of Global Freedom from Rinderpest in 2011, FAO and WOAH were entrusted by Members to implement precautionary measures to maintain rinderpest global freedom.

Post-eradication priorities include plans to:

- establish FAO-WOAH Rinderpest Holding Facilities (RHFs) for safe storage of the remaining RVCM stocks;
- prepare an international preparedness plan, referred to as the Global Rinderpest Action Plan (GRAP);

- continue to advocate for destruction and sequestration of RVCM in the remaining countries and reduction of RVCM holdings in RHFs, while keeping the RHF network active;
- maintain a global inventory of RVCM stored in and outside RHFs;
- establish vaccine reserves and build diagnostic capacity;
- approve essential research projects relevant to the post-eradication era;
- maintain adequate surveillance systems and follow up on suspected cases;
- communicate and advocate to strengthen awareness of rinderpest and the impacts of disease reemergence and ensure the campaign tools remain available.

EPIDEMIOLOGICAL SITUATION

The last case of rinderpest was reported in Kenya in 2001. The disease was declared eradicated in 2011.

Destroyable-equestered
Carrenson

Carrenson

Committee today (No. 1972) 2011-2020

Recharges Visco (Pro) 2011-2020

Recharges Visco

FIGURE 6: Rinderpest Virus in Laboratories of Member Countries - March 2020

Source: UN, 2021 modified with Rinderpest Virus in Laboratories of Member Countries.

Notes: Status in 2012: 36 countries storing RVCM. Status in 2020: 7 countries storing RVCM (plus RHFs).

PROGRESS ACHIEVED IN THE LAST TWO YEARS

FAO-WOAH joint activities:

- The number of countries storing RVCM outside of RHFs is reduced to seven.
- Nigeria, the Netherlands, Ethiopia and South Korea were the latest countries to destroy/sequester RVCM.
- The Pirbright Institute destroyed its historical RVCM stocks as a result of the conclusion of the Sequence and Destroy project.
- The GRAP was published in six languages
 (www.gf-tads.org/resources/publication-detail/en/c/1152427/).
- The second RHF Network meeting was convened in 2019 to advocate for the removal of the virus from countries storing RVCM and to develop the biennial RHF Network workplan.

- Research projects and vaccine production were approved with recommendation from the JAC (one each from the French Agricultural Research Centre for International Development [CIRAD] and the Pirbright Institute and two from Japan).
- Two RHFs were designated in France and the People's Republic of China, in addition to the five RHFs that were designated in 2015 in the UK, the USA, Japan and Ethiopia.
- A non-infectious diagnostic test for rinderpest was developed to make available at the RHFs.
- An FAO-WOAH co-branding agreement for communication materials was developed and is in the process of validation. The agreement covers all communication tools, to be co-branded and jointly promoted.

FAO-led activities:

- Vietnam agreed to destroy its RVCM and requested FAO's assistance (put on hold due to COVID-19).
- The FAO rinderpest vaccine seed bank was established at CIRAD.
- FAO strengthened capacity of Japan's National Institute of Animal Health in achieving a robust quality vaccine production and management system for building a rinderpest vaccine reserve (RVR) in Asia. The RVR in Japan holds 1.5 million doses of manufactured vaccine and 1 million doses of antigen concentrate.
- FAO is implementing rinderpest advocacy in Pakistan,
 Vietnam, Kenya and India, with actions including:
 - Pakistan hired a national communications
 consultant; completed needs assessment surveys
 in three districts; led an inception meeting with
 government representatives, academia and
 livestock-keepers' associations; developed the
 communications strategy for a follow-up meeting
 with stakeholders and implementation approval by
 government representatives;
- Vietnam organised an inception meeting with government representatives; hired a communications agency to implement in-country activities agreed under Global Rinderpest Post-Eradication Security: Phase II; conducted needs assessment survey in two districts with livestock keepers; preparing communications strategy for presentation at stakeholder meeting; FAO representatives visited two laboratories in Ho Chi Minh and Hanoi;
- Kenya signed FAO's Government Cooperative Programme (GCP) agreement; in the process of hiring a national consultant for dissemination of FAO e-learning course, veterinarian's pocket guide and other communication tools to veterinary professionals and laboratory personnel;
- India FAO actively communicating with government representatives regarding signing of the GCP agreement; Rinderpest Secretariat has offered to revise India's application to become an RHF.
- FAO published and launched the first-ever e-learning module on Rinderpest Disease Recognition (elearning.fao.org/course/view.php?id=528).
 The second e-learning module, modelled on the GRAP, is being developed. FAO is leading sustained promotions of the e-learning course on FAO social media, geo-tagging target countries and tagging their official Twitter accounts.

- FAO organised a divisional seminar on rinderpest for a larger technical and non-technical audience with invited speakers from RHFs, WOAH and the JAC.
- FAO led a special online event to commemorate the 9th anniversary of rinderpest eradication ('9th Rinderpest Anniversary – Lessons learnt from rinderpest eradication to be used for controlling other diseases').

WOAH-led activities:

- The Rinderpest Virus Tracking System was launched in 2017 and is hosted by WOAH, with access granted to FAO. The system received technical enhancement in 2019 based on feedback from RHF users.
- WOAH developed and disseminated the 'Never Turn Back' campaign and the rinderpest game. Two annual challenges for the game were organised in 2018 and 2019.

CONSTRAINTS

- Difficult engagement with seven countries still storing RVCM
- Lack of interest/awareness on an eradicated disease

UPCOMING STRATEGIC ACTIVITIES

- Communication opportunity: ten-year anniversary of rinderpest eradication
- Publication of the book Rinderpest and Its Eradication
- Engagement with countries still storing RVCM outside RHFs
- FAO to publish and launch the rinderpest e-learning module on the GRAP
- FAO to finalise a pocket guide for veterinarians
- FAO to finalise a book chapter on rinderpest to be included in academic curricula
- FAO leading the conceptualisation and creation of a rinderpest mobile application
- Work on the new FAO animal health website to update rinderpest webpage with resources and archives
- Development of framework between FAO and RVR for vaccine deployment in case of a global emergency
- Exploration of options for additional RVRs
- Development of strategy to minimise the number of RHFs
- Virus destruction mission in Vietnam
- NVI's (Ethiopia) facility inspection to become a vaccine manufacturer
- Annual JAC meetings

- Virtual advocacy meeting with the remaining countries storing RVCM to assist in the removal of RVCM stocks or complete their application for RHF designation
- Resource mobilisation to continue biothreat reduction and expand the number of vaccine doses in store

Follow-up on the recommendations of the action plan decided during 10th Global Steering Committee meeting

The two lead organisations, FAO and WOAH, honoured their commitment to engage more in the GF-TADs mechanism. Interaction between the two delegations of the management committee became progressively more frequent and the increase in staff of the Global Secretariat allowed time to be invested in following up on the recommendations from GSC10

(see Annex II – state of play of recommendations).

ACTIVITIES AT GLOBAL LEVEL Management Committee

The Global Framework for Transboundary Animal Diseases (GF-TADs) Management Committee (MC) is the decision-making body of GF-TADs for all final decisions regarding the GF-TADs initiatives at global and regional levels. The MC validates and follows recommendations made by the Global Steering Committee (GSC) where possible and appropriate within the overall strategy and financial possibilities. The MC also validates the workplan of the GF-TADs Global Secretariat (GS), supervises the work of the GS as guided by the GSC and reports on progress to the GSC. The global coordination of GF-TADs is coordinated by the GS under the guidance of the MC, as is liaising with governance bodies whenever necessary and with close collaboration between global and regional levels. The MC is formally chaired by the Director General of the World Organisation for Animal Health (WOAH), Dr Monique Eloit, and Deputy Director General of the Food and Agriculture Organization of the United Nations (FAO), Ms Maria Helena Semedo. Management Committee meetings are chaired by a co-chair from FAO (successively Dr Juan Lubroth, Dr Berthe Tekola, Dr Keith Sumption) and a co-chair from WOAH (Dr Jean-Philippe Dop). The MC is composed of an WOAH delegation and an FAO delegation, both consisting of three members. The two co-chairs are also delegation leaders. The GS prepares and moderates the MC meetings. Since the 10th Global Steering Committee meeting (GSC10), seven MC meetings have taken place (see Annex III – List of GF-TADs events since GSC10).

 revision of terms of reference of Regional Steering Committees (RSCs), the MC and the GS

The main outcomes of these meetings were as follows:

- standard operating procedures on labelling
- coordination on the Defense Threat Reduction Agency grant
- strengthening of the GS
- decision to designate African swine fever (ASF) as a GF-TADs global priority disease
- development of a GF-TADs Working Group for ASF
- establishment of interactions with disease working groups: regular participation in the Foot and Mouth Disease Working Group and support to the ASF Working Group
- strengthening of interactions with RCSs and Regional Secretariats (RSs)
- strengthening of the GF-TADs website.

Global Secretariat

The GF-TADs GS is hosted in FAO and works under the supervision of the MC. All the proposals made by the GS must be agreed by the MC before being implemented. Until June 2019, the GS was led by the global coordinator Dr Piergiuseppe Facelli. From November 2019 onwards, the GS was strengthened and composed of Dr Henk Jan Ormel (global coordinator, FAO, consultancy contract), Dr Alexandre Fediaevsky (regional coordinator, WOAH, seconded by France) and Dr Orr Rozov (deputy coordinator, FAO). The GS meets on a weekly basis and coordinates the day-to-day activities of GF-TADs.

Regional coordination

Since November 2019, the regional coordinator of the GS has ensured a linkage between the MC and the RSs by i) systematically sharing the agenda of the MC meeting to provide opportunities for the region to raise issues or ask for clarification on certain points and ii) providing systematic feedback from the MC meeting and informing the MC of GF-TADs activities in the region.

Following the recommendations from GSC10, the regional coordinator of the GS prepared generic models for the terms of reference of the RSCs and of the RSs as well as a frame to revise the regional strategies. These documents were discussed with the RSs in the context of the extended Management Committee of WOAH in March

2020. Generic documents were presented and adopted by the MC in April 2020 and circulated to the RSs in view of their discussion in the RSC and their adaptation to each specific regional context.

Physical meetings with the RSCs could not happen due to the COVID-19 pandemic, and occasions to develop contacts with regional stakeholders have been very limited for that reason. However, the GS had the opportunity to attend and participate in virtual meetings organised by the RSs, including both RSC meetings and more technical meetings, such as the Standing Group of Experts on ASF, which would not otherwise have been envisaged owing to travel cost and which proved to be very useful for the understanding of regional dynamics.

More efforts are needed to further improve the level of interactions between the regions and the MC and between the regions and the global disease-specific groups in order to promote better ownership of activities at regional level and to increase the support that can be provided by FAO and WOAH headquarters to address the regional disease priorities.

Updating of the website

The content of the <u>global GF-TADs</u> website has been updated, including addition of events, revision of links and development of two disease-specific sections on ASF and rinderpest (in progress).

As part of the renovation of the WOAH Regional Representation websites, the GF-TADs regional section has been updated and modernised for all regions (see links in each regional subsection).

Operating procedures have been implemented by the regional coordinator of the GS to create consistency in content between the global website and the regional websites.

ACTIVITIES AT REGIONAL LEVEL Regional section of GF-TADs for Africa

Website: GF-TADs for Africa

Following the action plan decided during GSC10, held in the margins of the 88th General Session of WOAH in May 2019, a discussion took place at management level between the African Union's Interafrican Bureau for Animal Resources (AU-IBAR), FAO and WOAH about the reactivation of the GF-TADs RSC for Africa and its chairing by AU-IBAR. The RSC has been postponed due to organisational difficulties.

In addition to institutional activities, the RS supported the organisation of subregional roadmap meetings: the 2nd Peste des Petits Ruminants (PPR) Roadmap for Southern Africa in March 2019, 2nd PPR Roadmap West Africa in March 2019, 2nd PPR Roadmap North Africa in

April 2019, 7th PPR Roadmap Eastern Africa in June 2019, 2nd FMD Roadmap West Africa in September 2019 and Epizone meeting in Lake Chad in December 2019. Some of the events that were planned as physical meetings in 2020 were reorganised as virtual meetings for the end of 2020 or beginning of 2021. Since September 2020, a regional ASF task force has been in place with the participation of AU-IBAR, FAO, the International Livestock Research Institute and WOAH to review the regional strategy against ASF and support the coordination of its implementation.

Regional section of GF-TADs for the AmericasWebsite: GF-TADs Americas

The 10th meeting of the Regional Steering Committee for the Americas (RSC10) convened in September 2019. It was the occasion for the region to adopt new terms of reference and to establish a Standing Group of Experts for ASF. Dr Jaspinder Komal, WOAH Delegate for Canada, was appointed chair of the RSC, and two vice-chairs from the private sector were appointed (Organización Iberoamericana de Porcicultura and Inter-American Institute for Cooperation on Agriculture).

The 11th meeting of the Regional Steering Committee for the Americas (RSC11), planned in April 2020 as a physical meeting, was rescheduled for June 2020 as virtual meeting. It was the occasion to discuss the impact of the COVID-19 crisis and proposed amendments to the terms of reference, to engage discussion on regional priorities and to exchange on the progress of the global initiative for the control of ASF and regional activities against ASF.

The Standing Group of Experts on ASF held a physical meeting in December 2019 (SGE ASF1) and met virtually in June 2020 (SGE ASF2). The group focused and issued recommendations on exchange of information on preparedness plans and risk assessment. Colleagues from the regional section of GF-TADs for Europe were invited to share their experience on the control of ASF.

Regional section of GF-TADs for Asia and the Pacific Website: GF-TADs in Asia and the Pacific

The 11th meeting of the Regional Steering Committee for Asia and the Pacific, planned for June 2020 as a physical meeting, was rescheduled as two virtual meetings in June 2020 and July 2020. It was the occasion for the region to discuss the proposed terms of reference for the RSC and RS, which were adopted for the first time in the region in July 2020, to initiate the discussion on regional priorities and for each region to share progress on the control of transboundary animal diseases (TADs). Dr Norio Kumagai, WOAH Delegate for Japan and President of the WOAH Regional Commission, was appointed as chair of the RSC.

The Standing Group of Experts on ASF met on four occasions: April 2019 (SGE ASF1), July 2019 (SGE ASF2), November 2019 (SGE ASF3) and virtually in April 2020 (SGE ASF4). In addition, virtual coordination meetings were organised in March 2020 for the Pacific subregion and in June 2020 for the South East Asia subregion. A series of webinars on issues related to the control of ASF were organised from April to October 2019. Colleagues from the regional section of GF-TADs for Europe were invited to share their experience on the control of ASF. The group developed a good dynamic of information exchange to follow the evolution of the situation and discussed and shared many technical recommendations on the prevention, detection and control of the disease in relation to the different stakeholders that need to be involved.

The South-East Asia and China Foot and Mouth Disease (SEACFMD) programme also organised activities with the support of the regional GF-TADs stakeholders, but these were not labelled as GF-TADs activities.

Following growing concerns over the situation of lumpy skin disease (LSD) in a number of countries of the region, the RS organised a series of webinars on LSD under the umbrella of GF-TADs from July to September 2020. The webinars allowed exchanges of information on the situation and technical discussions on diagnostic capacity and vaccination strategies. A series of online polls was conducted in which countries indicated the areas where GF-TADs could provide support in the future.

Regional section of GF-TADs for Europe

Website: GF-TADs Europe

The 9th meeting of the Regional Steering Committee for Europe was organised as a virtual meeting in November 2020.

The Standing Group of Experts for ASF met in September 2019 (SGE ASF14) and virtually in May 2020 (SGE ASF15). The groups maintained good exchange of information on the evolving disease situation and held presentations and discussions on country goals and recommendations about management of wild boars,

biosecurity and management of outbreaks.

The Standing Group of Experts for LSD met in October 2019 (SGE LSD9) and virtually in February 2020 (SGE LSD10). The group focused on the monitoring of the situation and the evolution of the vaccination strategy in South-East Europe. An LSD preparedness course was organised under the umbrella of GF-TADs.

The Standing Group of Experts on Rabies met in October 2019 (SGE RAB) and virtually in July 2020 (SGE RAB2). The group focused on the surveillance and monitoring of the oral vaccination campaigns in wild foxes in South-East Europe and allowed exchange of information between countries and adoption of recommendations on surveillance and vaccination.

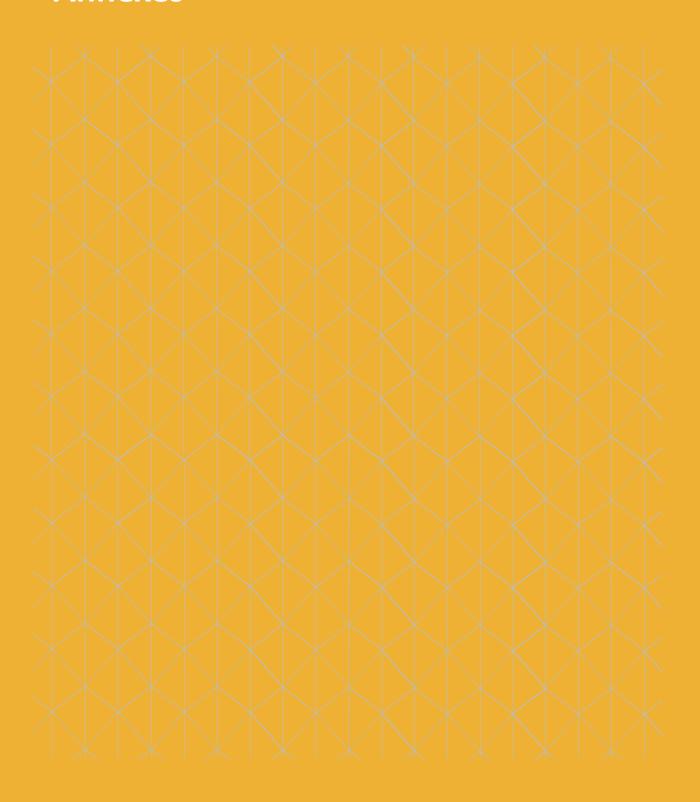
The RS also supported the organisation of regional roadmaps and laboratory and epidemiological network meetings on FMD and PPR and a meeting on Rinderpest Holding Facilities (8th Roadmap for West Eurasia in March 2019 and PPR Roadmap Eurasia in August 2019).

Regional section of GF-TADs for the Middle East Website: GF-TADs Middle East

The 7th meeting of the Regional Steering Committee for the Middle East, planned in March 2020 as a physical meeting, was rescheduled as a virtual meeting in October 2020 (RSC7). Dr Ibrahim El Qassim, Chief Veterinary Officer of Saudi Arabia and member of the Permanent Secretariat for Animal Health of the Gulf Country Council, was appointed as chair of the RSC. The meeting was the occasion for countries of the region to reactivate the GF-TADs dynamic after seven years without a meeting, to share new terms of reference and to initiate reflection on the new priorities for the region.

The RS supported the organisation of the 1st GF-TADs Middle East <u>FMD Epidemiology and Laboratory Networks</u> <u>Meeting</u> in November 2019.

Annexes



Annex I

Sources of Funding

The following sections reflect the financial contributions to the disease-specific control strategy. FAO and WOAH recognise that a number of donors and countries (Canada, the People's Republic of China, the European Commission, France, Japan, Italy, Spain) also provide significant logistic or human resource contributions that cannot be added to the table and also acknowledge the contribution of countries that host physical events.

1. FUNDING FOR ASF

The Global Initiative lists the various activities that are currently under way or are being planned under each

objective of the Global Initiative in the operational plan⁷ available on the GF-TADs website. The operational plan shows allocated funds and funding sources for each activity as well as funding gaps in view of efficient coordination. Activities that have identified the donors are shown. Although the activities are coordinated under the Global Initiative, the management of the activities and the funds is the responsibility of the relevant FAO or WOAH HQ or regional offices.

The following is a summary table of the funding available for the past two years and for the coming years on activities related to ASF.

TABLE 1. Funding to support the activities related to ASF by donor, amount, regions and period

Organisation	Donor	Amount	Beneficiary Region	Time period ending	
WOAH	Canada – CFIA-AAFC	CAN\$ 382,000	Americas	June 2023	
	Colombia	US\$ 300,000	Americas	Dec. 2020, to be extended	
	China (People's Republic of)	€ 1,459,000	AP; Global	open	
	Japan – Trust Fund	€ 150,000	AP	June 2021	
	Korea (Rep. of)	€ 40,000	AP	open	
	EU – DG SANTE	€ 80,000	Europe/Africa	Dec. 2021	
	USA – DTRA	US\$ 600,000	Global; SEA; Africa	Oct. 2022	
	Italy	€ 150,000	Global	Dec. 2021	
FAO		US\$ 371,800	Global		
	DTRA (USA)	US\$ 901,000	SEA	Sept. 2023	
		US\$ 803,500	EA		
	OFDA (USA)	US\$ 1,775,000	SEA	Sept. 2021	
	FAO	US\$ 500,000	Balkans	Oct. 2021	
	FAO	US\$ 467,000	Ivory Coast	Dec. 2020	
	FAO	US\$ 500,000	East and SEA	Dec. 2020	
	FAO	US\$ 250,000	PNG	Dec. 2020	
	FAO	US\$ 500,000	LA and Caribbean	Dec. 2020	

CFIA: Canadian Food Inspection Agency; AAFC: Agriculture and Agri-Food Canada; DG SANTE: Directorate-General for Health and Food Safety; DTRA: Defense Threat Reduction Agency; OFDA: Office of U.S. Foreign Disaster Assistance; AP: Asia Pacific; SEA: South-East Asia; EA: East Africa; PNG: Papua New Guinea; LA: Latin America.

⁷ https://app.smartsheet.com/b/publish?EQBCT=9b60eb8a78bc41feb2bcd79da955f2e

2. FUNDING FOR FMD

FAO-funded projects:

- DTRA-funded project (GCP/GLO/074/USA): March 2020 to September 2022
 - Total budget for FMD global: US\$ 259,000; for West Africa: US\$ 919,000
- control of FMD and PPR in Pakistan (UTF/PAK/139/ PAK): US\$ 36,530,335
- risk-based control of FMD in Pakistan (UTF/PAK/145/ PAK) 2019–25: US\$ 6,598,917
- support to implementation of the FMD-PCP in South Sudan (TCP/SSD/3602) 2017–20: US\$ 451,000
- emergency assistance for the control of FMD in central and western regions of Mongolia (TCP/ MON/3701) 2018–20: US\$ 300,000
- · regular programme funding

EuFMD-funded project:

 EU-funded activities (2019–23) by the European Commission for the control of FMD (GCP/GLO/026/ EC) to improve preparedness and risk reduction and sustain global strategy: € 12,253,830 of which € 2,604,456 for Pillar III Programme to sustain the FMD Global Strategy

WOAH-funded projects:

Donor	Scope	Amount	Period covered
EU-DG SANTE	Global	€ 80,000	2019–20
EU-DG SANTE	EU neighbouring countries	€ 80,000	2020–21
China	SEACFMD	€ 650,000	Open
DTRA	Global	US\$ 510,000	2020–22
NZ-MFAT	Lao PDR/ Myanmar/ SEACFMD	NZ\$ 1,493,5123	2015–22
Italy	Global	€ 150,000	Dec 2021

NZ-MFAT: New Zealand Ministry of Foreign Affairs and Trade; SEACFMD: South-East Asia and China Foot and Mouth Disease Campaign.

3. FUNDING FOR PPR

FAO: France (2017–20, US\$ 330,891), USA – DTRA (2019–22, US\$ 384,926), FAO regular funds and several trust funds at the country level.

WOAH: USA – DTRA (2019–22, US\$ 600,000, geographical scope global), World Bank Regional Sahel Pastoralism Support Project (PRAPS) (2015–21, US\$ 3,140,060 to ensure the regional coordination of the animal health component, geographical scope Sahel), German Federal Ministry for Economic Cooperation and Development (2020–24, € 2,500,000, geographical scope East Africa), EU – DG SANTE (2019–20, € 80,000, geographical scope global), Italy (December 2021, € 150,000, geographical scope global).

Note: PRAPS, which launched in 2015 (2015–21, US\$ 248 million, geographical scope Sahel), is currently under negotiation for a second phase for the period 2022–27.

4. FUNDING FOR RINDERPEST POST-ERADICATION

FAO

- DTRA (USA), September 2017 to June 2021, around US\$ 1,243,191, global
- Ministry of Agriculture, Forestry and Fisheries (MAFF) (Japan), October 2015 to November 2020, global, joint project with Emergency Management Centre (EMC) US\$ 2,500,000
- MAFF (Japan), December 2020 to 2025, global, US\$ 45,000 per year

WOAH

 DTRA (USA), starting in September 2020, two years, around US\$ 500,000, global

Annex II

State of play of follow-up on recommendations

(Last updated 15/09/2020)

1. CONCLUSIONS AND RECOMMENDATIONS FROM THE THIRD EVALUATION OF GF-TADS

The evaluation is accessible online: http://www.fao.org/evaluation/evaluation-digest/evaluations-detail/en/c/1158056/

Conclusion 1. There is a continuing **need for the GF-TADs** platform due to continuing emergence and spread of TADs and due to the unique features of the platform. There are no comparable global platforms for animal health.

Conclusion 2. A **regional approach** and organisational solutions are justified in recognition of regional differences in the needs for TAD control. Activities at country level are supported indirectly through GF-TADs regional initiatives, yet implementation at country level is beyond the capacity of GF-TADs.

Conclusion 3. Governance provided by the GSC is generally passive, weak and disconnected from the operational reality. Effectiveness at global level suffers from a lack of agreed managerial processes in the MC, limited resources, lack of staff, a lack of implementation of strategic planning and limited review of progress and activities being undertaken. The MC and the GSC are critical for the functioning of GF-TADs at the global and regional levels.

Conclusion 4. The strategic commitment of FAO and WOAH towards GF-TADs is uncertain. This is reflected in the commitment of its resources (human, financial and organisational), which is ill-defined and too limited to assure achievement of the agreed objectives. There are needs for coordination, communication and joint learning expressed by the regions that currently cannot be met.

2. RECOMMENDATIONS, ACTIONS AND STATUS

Recommendation 1. To assure relevance, effectiveness and sustainability of GF-TADs, FAO and WOAH as leading partners must reconfirm and strengthen their commitment to this collaborative instrument of strategic importance.

Action 1: To ensure proper funding and dedication of staff to core institutional activities in a sustainable manner (functioning of GS – salaries, missions, budget for website – and support to RSs).

Status: Not fully addressed yet. The number of staff has increased from one part-time staff member to two part-time staff members and one full-time staff member, but there is no sustainable funding for the core institutional activities. The Defense Threat Reduction Agency has shown interest in participating in the core activities, which is appreciated and could be very helpful for certain specific actions but does not represent a sustainable source of funding and raises questions of independence.

Action 2: To draft a proposal to ensure strengthening and sustainability of the GS and RSs, to be submitted to FAO and WOAH management.

Status: Done (GS transmitted to MC 11/12/19).

Action 3: To revise the terms of reference of the GSC, RSCs, MC and GS.

Status: Done for the MC, GS and GSC; template for RSCs and RSs; terms of reference adopted in Asia and the Pacific; in progress for the other regions.

Action 4: To reposition the FMD, PPR and rinderpest post-eradication programmes as concerning the core diseases addressed by GF-TADs and to ensure a harmonised approach to the related activities by strengthening interactions between the GS and the three programmes, clarifying the linkages between the Joint FAO/WOAH PPR Secretariat and the overall GF-TADs, and ensuring proper labelling.

Status: Partially addressed. ASF has been added as a global priority disease as recommended by the GSC and the links between the ASF and FMD programmes and the GS have been strengthened, but the interaction with the PPR Secretariat and Rinderpest Secretariat remained limited, linkages with the joint FAO/WOAH PPR Secretariat are still unclear and expectations are not shared.

Action 5: To systematically include on the agenda of the MC meetings a point for updates on WOAH and FAO projects, programmes and initiatives that might have an impact on the work of GF-TADs.

Status: Partially addressed. There is an effort for mutual information sharing, but more should be shared on the supporting tool developed by each organisation. The MC agendas have already been very loaded, and videoconferencing has created an additional constraint.

Action 6: To achieve greater engagement of senior FAO and WOAH management with GF-TADs and to raise its profile and visibility, for instance at relevant high-level events and meetings.

Status: Done at several events (Green Week, G20 Agriculture Ministers' Meeting).

Action 7: To propose AU-IBAR as president of the GF-TADs RSC for Africa.

Status: Partially addressed. The proposal has been made and accepted but following communication issues the reactivation of GF-TADs in Africa has not started.

Recommendation 2. The Global and Regional Steering Committees should review and adjust membership, processes and activities to take leadership and responsibility to ensure impact in all regions and coherence and synergies at the global level.

Action 8: To focus only on the three priority diseases and programmes (FMD, PPR and rinderpest) at global level and establish collaborative linkages with the Tripartite meeting to update and exchange information on rabies, avian influenza, Rift Valley fever and other zoonoses of global concern through the participation of the relevant Tripartite focal points in MC meetings.

Status: Partially addressed. ASF has been added as a global priority disease as recommended by the GSC. Collaborative linkages with the Tripartite are not operative or well communicated and in any case are not addressed at the level of the MC. This is also a request from regions.

Action 9: To limit the list of diseases addressed by the RSCs to the global-level TADs plus few regional priority TADs.

Status: Ongoing through the revision of the regional strategies and subsequent discussion on regional priority TADs.

Action 10: To finalise and share the prioritisation tool 'Sequential approach to identifying and prioritizing of TADs on a regional/subregional basis' within the RSCs and make it available on the GF-TADs website.

Status: Partially addressed. The tool has been provided to regions that asked for it, considering that it would support the discussion at RSC level but not necessarily support the revision of the regional strategies and subsequent discussion on regional priority TADs.

Action 11: To simplify the key performance indicator (KPI) framework in order to make it more user-friendly.

Status: Not yet addressed. During the 21st meeting of the MC (MC21) it was decided work would start on this important element with the development of the new strategy.

Action 12: To report disease situation annually using KPIs. *Status:* Same as above.

Action 13: To reassess the input of the supporting tools (the Global Early Warning System, Emergency Management Centre for Animal Health, OFFLU) and synergies with GF-TADs in an effort to better exploit them and establish coordination mechanisms and regular communication channels with these platforms (participation in MC meetings as appropriate).

Status: Not addressed. This should be a cornerstone for the new strategy, and other tools should be considered, including Performance of Veterinary Services, education and Global Burden of Animal Diseases.

Action 14: To identify/engage potential non-governmental organisations, farmers' organisations and regional organisations to be invited to technical meetings undertaken under GF-TADs.

Status: Ongoing. This has been taken into account in the list of participants to the GSC.

Action 15: To establish communication mechanisms between relevant Regional Economic Communities and GF-TADs RSs, in particular by sharing and updating information on the GF-TADs website and stimulating their active participation in RSC meetings.

Status: Addressed. Contacts are established and the GF-TADs regional websites are regularly updated.

Action 16: To encourage working groups on specific topics such as the Standing Group of Experts in Europe and Asia.

Status: Addressed. In Africa it will rely on reactivation of the RSC.

Action 17: To add a GF-TADs discussion item to the agenda of the biannual meetings of WOAH Regional Representatives with the participation of the GS.

Status: Addressed – to be continued.

Action 18: To identify and share information on success stories through relevant channels (GF-TADs website, WOAH newsletter, FAO EMPRES news, etc.).

Status: Postponed; to be implemented with the new strategy.

Action 19: To assess the relevance of regional laboratory networks and epidemiological networks established when Regional Animal Health Centres were functional and, if deemed not operational, to take action to better mobilise existing FAO structures (e.g. the Emergency Centre for Transboundary Animal Diseases, regional and subregional offices) and WOAH Representation to support GF-TADs.

Status: There are some initiatives via FMD or regional network (i.e. the Mediterranean Animal Health Network) but it is not systematic. An inventory should be prepared in view of the GSC meeting.

Action 20: To develop and implement a strong programme of engagement, communication, outreach and advocacy with donors on an ad-hoc basis for specific diseases and needs.

Status: Postponed; to be implemented with the new strategy.

Action 21: To ensure proper information is available on the GF-TADs global and regional websites and that GF-TADs partners are informed of the existence of the website.

Status: Addressed – to be continued.

Action 22: To improve communication among GF-TADs institutional bodies, the global tools and FAO/WOAH staff working on TADs.

Status: In progress. Communication has improved between the institutional bodies and the disease-specific bodies, but improvements need to be implemented in regard to the global tools and communication from disease-specific bodies and to regional levels.

Recommendation 3: The GF-TADs secretariats must be strengthened to assure responsiveness, effective operation, and improved communication and implementation of the action plans and other activities agreed at global and regional level.

Action 23: To formalise documentation (on the website), particularly at the global level, including minutes, actions and general documentation of the GSC, MC and RSCs.

Status: Partially addressed. The reports of the GSC and RSCs are published. There are doubts on the necessity to publish reports from the MC on the website but they are shared with disease-specific bodies and RSs. Future standard operating procedures to be adopted will be published.

Action 24: To plan for quarterly teleconferences between the Global and Regional GF-TADs Secretariats in order to exchange information on regional and global progress and other GF-TADs activities.

Status: Addressed. There is systematic contact between the GS and RSs before the organisation of MC meetings, and additional exchanges occur on an ad-hoc basis.

Action 25: To hold RSC meetings annually or at least biennially to promote responsiveness and relevance in association with other regional and subregional activities.

Status: Implemented in the Americas and Asia and the Pacific; planned for Europe and the Middle East; difficulties to be levered in Africa.

Action 26: To enrich content and better communicate on the existence of the GF-TADs website by referring to it on the WOAH and FAO websites.

Status: Partially addressed. Enrichment of content is an ongoing task at global and regional levels; reference to GF-TADs website from the WOAH and FAO websites needs to be improved.

Action 27: To advocate for improved gender balance in all GF-TADs committees.

Status: Improved but insufficiently addressed as some committees are far from parity in number and positions.

Action 28: To increase staffing of the GS to three.

Status: Partially addressed. Three people now.

Status: Partially addressed. Three people now contribute to the GS but not as three full-time equivalents (1.5).

Action 29: To identify relevant WOAH and FAO staff who can provide, as need be, a comprehensive portfolio of competencies (technical expertise, managerial competencies and communication skills) to the GS and more broadly to GF-TADs.

Status: Not implemented.

Action: To modify the terms of reference of the members of the MC and RSs to ensure designated time is allocated to GF-TADs activities.

Status: Not implemented. Management Committee members considered not necessary; RSs to be reviewed after adoption of rapid application development business model.

Action: To systematically include GF-TADs on the programme of the biannual meetings of the WOAH Regional and Sub-Regional Representatives in order to increase networking and exchange between RSs to support information exchange and joint learning between the secretaries.

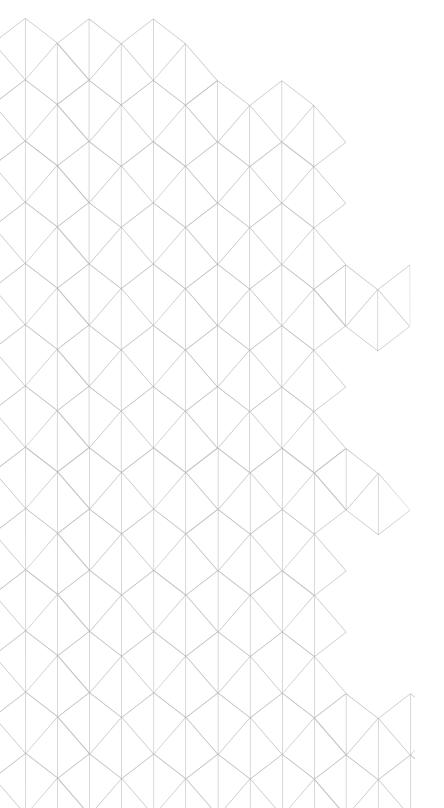
Status: Implemented – to be continued.

Annex III

List of GF-TADs events since GSC10

Event	Торіс	Date (started)	Location
GF-TADs Global			
MC19	GF-TADs	25/03/19	virtual
3rd PPR Advisory Committee (AC)	PPR	16/07/19	Nairobi (Kenya)
MC20	GF-TADs	19/09/19	Rome (Italy)
2nd PPR Global Research and Expertise Network	PPR	13/11/19	Nairobi (Kenya)
MC21	GF-TADs	13/12/19	Paris (France)
MC22	GF-TADs	22/01/20	Rome (Italy)
MC23	GF-TADs	16/04/20	virtual
MC23 – PPR	PPR	05/05/20	virtual
MC23 – ASF	ASF	06/05/20	virtual
MC23 – FMD	FMD	07/05/20	virtual
MC23 – Rinderpest	Rinderpest	07/05/20	virtual
MC24	GF-TADs	24/06/20	virtual
PPR AC4	PPR	02/07/20	virtual
MC25	GF-TADs	15/09/20	virtual
MC26	GF-TADs	08/10/20	virtual
MC27	GF-TADs	15/10/20	virtual
ASF Global call for action	ASF	26/10/20	virtual
GF-TADs Africa			
2nd PPR Roadmap Southern Africa	PPR	12/03/19	Lusaka (Zambia)
2nd PPR Roadmap West Africa	PPR	05/03/19	Abidjan, Côte d'Ivoire
2nd PPR Roadmap North Africa	PPR	02/04/19	Tunis (Tunisia)
Regional training on the OIE procedure for PPR official status recognition and endorsement of national official control	PPR	13/06/19	Nairobi (Kenya)
7th PPR Roadmap Eastern Africa	PPR	24/06/19	Naivasha (Kenya)
2nd FMD Roadmap West Africa	FMD	03/09/19	Dakar (Senegal)
'Epidemiological assessment and vaccination management in the Lake Chad epizone'	PPR	10/12/19	Yaoundé (Cameroon)
GF-TADs Americas			
RSC10 Americas	GF-TADs	17/09/19	Panama (Panama)
SGE ASF1	ASF	03/12/19	Bogotá (Colombia)
SGE ASF2	ASF	15/06/20	virtual
RSC11 Americas	GF-TADs	16/06/20	virtual

Event	Topic	Date (started)	Location
GF-TADs Asia Pacific			
SGE ASF1	ASF	15/04/19	Beijing (China)
SGE ASF2	ASF	30/07/19	Tokyo (Japan)
ASF virtual	ASF	30/04/19	virtual
12th SEACFMD Laboratory Network Meeting	FMD	04/11/19	Bangkok (Thailand)
2nd meeting of the FAO–WOAH network of Rinderpest Holding Facilities	Rinderpest	14/11/19	Tokyo (Japan)
SGE ASF3	ASF	26/11/19	Ho Chi Minh City (Vietnam)
23rd SEACFMD National Coordinators Meeting and 4th East Asia Contact Persons Meeting	FMD	06/05/20	virtual
Pacific GF-TADs workshop on ASF	ASF	26/03/20	virtual
SGE ASF4	ASF	21/04/20	virtual
RSC11 Asia Pacific	GF-TADs	16/06/20	virtual
1st ASF Coordination Meeting for SEA	ASF	18/06/20	virtual
Webinars on LSD	LSD	17/07/20	virtual
2nd ASF Coordination Meeting for SEA	ASF	10/15/20	virtual
GF-TADs Europe			
PPR Roadmap Eurasia	PPR	26/08/19	Tashkent (Uzbekistan)
Roadmap West Eurasia	FMD	04/03/19	Shiraz (Iran)
SGE ASF14	ASF	10/09/19	Sofia (Bulgaria)
SGE LSD9	LSD	16/10/19	Athens (Greece)
SGE RAB side meeting	RAB	17/10/19	Athens (Greece)
SGE LSD – update	LSD	20/02/20	virtual
SGE ASF15	ASF	13/05/20	virtual
SGE RAB2	RAB	13/07/20	virtual
GF-TADs Middle East			
Epidemiology and Laboratory Networks meeting Middle East	FMD	26/11/19	Cairo (Egypt)
RSC7	GF-TADs	05/10/20	virtual



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http://www.gf-tads.org/