

## Summary and Recommendations

### WOAH Regional Workshop on PPR in Asia and the Pacific

Qingdao, PR China 18 to 20 June 2024

#### I. Summary

WOAH Regional Workshop on PPR in Asia and the Pacific, co-organized by WOAHRAP and the China Animal Health and Epidemiology Centre (CAHEC), from 18 to 20 June 2024, aims to further enhance coordination, information sharing, and capacity building among WOAHR Members to effectively combat PPR and safeguard the livelihoods of small ruminant farmers across the region. This event was attended by representatives involved in laboratory or disease control in 13 Member Countries that are either encountering PPR outbreaks or at risks of PPR incursion, as well as invited PPR experts, WOAHR representatives, and observers.

The workshop included a series of presentations and interactive discussions including (but not limited to):

- Updates on the PPR Global Control and Eradication Strategy (GCES) and its implementation;
- Updates on the regional PPR situation and its control progress;
- Updates by the Members on their PPR status and control progress;
- Updates on PPR notification through WAHIS and associated challenges;
- Introduction to PMAT stages, the PPR epizootic approach, PPR disease detection, and vaccination and surveillance guidelines
- Updates on PPR vaccines and vaccination status, including sharing of Members experiences in implementing PPR vaccination;
- Highlights on emergency preparedness and response planning, including sharing of Members experiences;
- Highlights on WOAHR PPR activities including relevant WOAHR standards on PPR control, such as Standard Operating Procedures (SOP) and Terrestrial Code requirements for official recognition of freedom from disease and endorsement of official control programmes.

#### II. Recommendations

##### For WOAHR Members

Recommendations to WOAHR Member Countries are listed below. For each recommendation, it is clarified whether it applies to Members that have reported PPR in recent years (1 - i.e. Bhutan, Bangladesh, China, Iran, Mongolia, Nepal, Pakistan and Thailand) or to Members that have not reported PPR in recent years (2 - i.e. Laos, Maldives, Myanmar, Sri Lanka), or to both (1, 2).

1. Establish and participate in cross-border collaborations and regional coordination for the successful and sustainable control and eradication of PPR. This includes but is not limited to:
  - a) implementing cross-border surveillance (1, 2)
  - b) harmonising PPR control and eradication activities (1)

- c) sharing information on PPR situation with neighbouring countries and trading partners on a regular basis (1)
  - d) initiating joint capacity building programmes on epidemiology and laboratory diagnosis in consultation with WOAHA, FAO, and other partners (1).
  - e) conducting joint simulation exercises involving stakeholders from both public and private domains
  - f) developing a network of border control agencies to mitigate the risk for PPR incursion (2)
2. Communicate country-specific capacity development needs to the WOAHA regional and sub-regional office and relevant partners for support where possible (1);
  3. Develop evidence-based National Strategic Plans (NSP) incorporating the PPR ecosystem approach and using available guidelines and resources (e.g., Guidelines for Control and Prevention of PPR in wildlife, WOAHA guidelines on surveillance and vaccination) and share with the PPR-Secretariat (1);
  4. Establish strong sustainable (active and passive) PPR surveillance systems targeting livestock and wildlife, and explore the possibility of combining with surveillance for other TADs to optimise resource utilisation (1, 2);
  5. Establish Public-Private Partnerships (PPP) to implement and finance elements of strategic activities, including PPR vaccination and animal identification/traceability (1, 2);
  6. Advocate to policy makers on the importance of PPR control (1);
- **Disease Reporting**
7. Improve the PPR early warning system by enhancing stakeholder awareness on PPR detection and diagnosis and the importance of timely reporting and investigation of suspected cases (1, 2);
  8. Enhance regular reporting and updates of the PPR situation to the WOAHA WAHIS platform through immediate notification and six-monthly reports, as well as resolving/closing outbreaks once they have been controlled (1)
- **PMAT**
9. Annually utilise the revised PMAT (2023) to identify weaknesses and track progress in the stepwise approach, incorporating inputs from experts across all five technical elements (1);
  10. Establish mechanism for in-country stakeholder engagement to agree upon and coordinate on roles and responsibilities for the implementation of the national PPR roadmap, guided by the revised PMAT user guide (1);
- **Laboratory diagnostic capacity**
11. Enhance diagnostic capabilities for early virological detection of PPR (1);
  12. Utilise and promote existing in-house laboratory diagnostic capacity or make necessary arrangements to outsource PPR diagnosis if it is more cost effective (1);

13. Participate regularly in proficiency testing schemes for molecular and serological tests with WOAH Reference Laboratories (1);
14. Identify and share information on circulating strains of PPRV, preferably by whole genome sequencing, in a timely and regular manner (1);
15. Collaborate with WOAH Reference Laboratories for the supply of reference reagents (1);

- **Vaccination**

16. Update PPR vaccination strategies based on the epidemiological situation and target strategies to appropriate populations using the epcosystem approach, with the aim to discontinue vaccination once PPR is contained (1);
17. Members unable to produce PPR vaccines locally should explore utilising vaccines from the WOAH Vaccine Bank (1)
18. Ensure high vaccine quality by monitoring cold chain adherence and using vaccines that meet the requirements of the WOAH *Terrestrial Manual* (1).
19. Enhance stakeholders' awareness of the benefits of PPR vaccination and explore the potential for integrating vaccination efforts targeting other TADs to improve resource utilisation (1);

- **Preparedness and Response Planning**

20. Ensure adequate capacity to regularly assess risks, and review and update contingency plans to ensure swift containment in the event of PPR incursion (2);
21. Establish and/or maintain contingency funds for emergency response and compensation;
22. Ensure prompt and reliable access to high-quality vaccines in sufficient quantities to enhance preparedness for disease outbreaks, such as through vaccine banks (2);
23. In the event of loss of PPR-free status, adhere to Article 14.7.7. of the *Terrestrial Code* and associated Articles in Chapter 14.7. to recover PPR-free status (2).

- **WOAH endorsement of PPR Control Programme and status**

24. Members in Stage 3 of the PPR progressive control pathway should consider applying for the endorsement of their official PPR control programme by WOAH
25. Members that have never reported PPR or have not recently reported PPR should implement the necessary activities to comply with WOAH standards and consider applying for official recognition of their PPR free status

## **For CAHEC and PPR Laboratory Reference Network**

26. Conduct regular trainings to enhance the skills and knowledge of animal health professionals and laboratory personnel in sample collection and clinical and laboratory diagnostics;
27. Organise regular PPR proficiency testing programmes for WOAH Members in the region;

28. Develop algorithms for PPR diagnosis to facilitate the use and interpretation of diagnostic tests by Members;
29. Engage in Laboratory Twinning Programmes with interested Members;
30. Provide support for laboratory diagnosis for countries without in-house capacity;
31. Explore ways to streamline the procedure for receiving samples from Members;
32. Support Members in designing their PPR surveillance programmes, including strategies for post-vaccination monitoring (PVM).

### **For WOA and/or other Partners**

33. Conduct training workshops (in-person and virtual), on dossier submission for endorsement of official PPR control programmes and official recognition of PPR free status ;
34. Support countries in establishing, maintaining and enhancing their national epidemiological capacity (e.g., for surveillance design and epizootic identification), including by providing Training of Trainers (ToT);
35. Assist countries with laboratory proficiency testing (PT) and virus molecular characterisation;
36. Support coordinated control and eradication activities as well as emergency response interventions;
37. Prepare surveillance guidelines to assist PPR-free countries in preparing their dossiers for official recognition of PPR free status;
38. Maintain strong advocacy for PPR eradication.

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