



Food and Agriculture
Organization of the
United Nations



World Organisation
for Animal Health

8TH ANNUAL MEETING OF THE PPR GLOBAL RESEARCH AND EXPERTISE NETWORK (PPR-GREN)

25 – 27 NOVEMBER 2025 QINGDAO, CHINA



中华人民共和国农业农村部

Ministry of Agriculture and Rural Affairs of the People's Republic of China



中国动物卫生与流行病学中心
China Animal Health and Epidemiology Center

A GF-TADS initiative for
PPR control



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





AC position on PPR Eradication by 2030

BY

ADAMA DIALLO

Chair PPR Advisory Committee

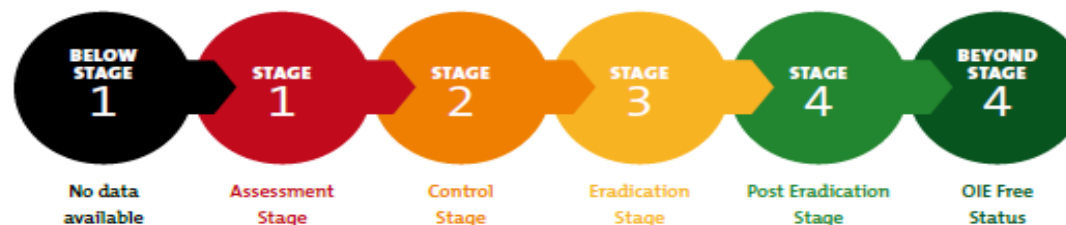
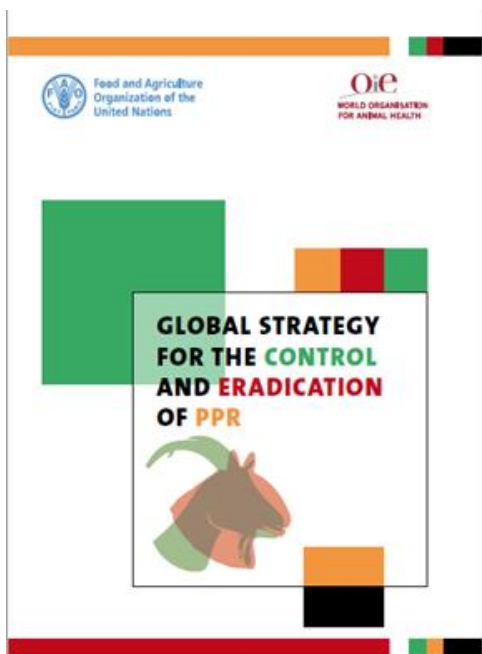
BOUNA DIOP

Former Joint FAO/WOAH PPR Secretariat Chair

PPR-GLOBAL CONTROL AND ERADICATION STRATEGY

FAO and WOAH Convened Meeting on PPR (April, 2015):

Adoption of a STRATEGY for GLOBAL **Control** and **Eradiation** of PPR by **YEAR 2030**



Stepwise Progressive Pathway for the PPR Global Eradication

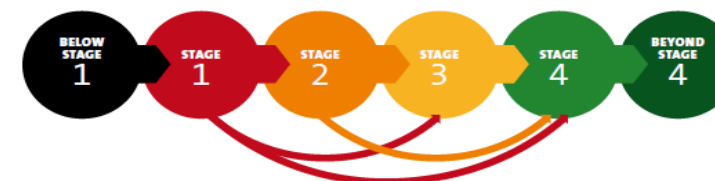
From

**Stade 1 – Country PPR
Epidemiological Situation
Evaluation**

to

**Stade 4 – No more virus circulation at zonal/or
National Level, then self declaration to the OIE
for PPR official free status request.**

With the possibility of a Fast-track procedure across the four Stages to move directly forward to two or even three Stages.





PPR-GEP RESULT

Year 2025: Results

MEMBERS RECOGNIZED FREE FROM PPR: 58 + 1 zone
All on Historical basis!!!!

Country achievements to May 2025 along the PPR eradication pathway in the comparison to the projected outcomes of the PPR-GCES timeline.

	STAGE 1		STAGE 2		STAGE 3		Stage 4	
Results in 2025	expected	actual	expected	actual	expected	actual	expected	actual
Africa	0	18	8	13	24	8	23	0
Middle East + Israel	0	5	0	1	2	5	13	1
Central Asia/West Eurasia	0	1	0	2	5	6	4	0
South Asia	0	1	0	3	3	2	3	1
East Asia + Southeast Asia + China +Mongolia	0	0	0	0	5	2	6	1
TOTAL	0	25	8	19	39	23	49	3



PPR-GEP RESULT

Stakeholders Responses To the Survey Sent out by the Joint PPR FAO/WOAH Secretariat

Major Achievements (2015 – 2025)

• **1. Vaccination and Immunity Gains:**

Mass vaccination campaigns in many countries; reduced outbreak frequency;

• **2. Institutional Strengthening:** National and regional PPR control strategies adopted; PMAT use has started but late; Veterinary services upgraded through capacity building.

• **3. Enhanced Surveillance and Diagnostics:** Expansion of laboratory networks; Virus identification improved (lineage determination); some countries are doing risk-based vaccination

Major Bottlenecks (2015 – 2025)

- **1. Financing and Resource Gaps:** A lot of financial resource constraints (inadequate funding, limited operational budgets; weak dedicated national budget)
- **2. Logistics and Field Implementation Challenges:** Insufficient vaccine stocks and difficulties in ensuring timely vaccine supply to remote areas.; weak cold-chain infrastructure; **CIVIL UNREST**, nomadic herding complicates vaccine coverage monitoring and traceability; lack of coordinated regional movement control.
- **3. Institutional and Governance Limitations:** Regional approach not implemented yet; weak intercountry coordination and enforcement of MoUs;
- **4. Technical Capacity Gaps:** Poor data quality, limited monitoring, and evaluation mechanisms.
- **5. Socio-behavioral and Environmental Factors:** Seasonal animal migrations, market movements, insecurity, and droughts affecting vaccination drives.

Feasibility of Achieving Global Eradication by 2030

Alternative Proposed Deadlines

Response	Number	%
No	42	54%
Yes	35	44%
No answer	2	3%



Alternative Proposed Deadlines

2035	25
2040	13
2050	3

AC CORE MEMBER MEETING (19/11/2025): SUGGESTION TO BE PROPOSED TO AC

- **AS Majority of Countries have suggested the extension of the objective PPR-GEP Deadline to 2035, that date has been proposed in the Draft of the Policy Paper to be sent to FAO and WOAH Managements.**
- **That Draft has been adopted by Participants at the AC Core Meeting for submission to the PPR-GEP AC for adoption or modification.**

PPR GEP IMPLEMENTATION

Main Issues to be Addressed by the end of the new deadline:

- Countries are mostly carrying out individual efforts while the whole exercise of eradication demands considerable collaboration and coordination (re-emergency of the disease)
 - Control versus eradication (no plan to exit out of vaccination activities)
- Investment/Achievements easily diluted (no contingency plans, no plan for post vaccination success)
 - Inadequate stakeholder engagement and resource mobilization
 - ✓ **limited domestic fund/budget allocation**
 - ✓ **Backing mainly on external Funding!!!!**
 - ✓ **Efficient and effective utilization of limited available resources**

AC CORE MEMBER MEETING (19/11/2025): SUGGESTION TO BE PROPOSED TO AC

- **Dramatic Intensification of Vaccination and Surveillance Activities and for that:**
- **Increased advocacy to mobilize required financial resources for PPR eradication.**

AC CORE MEMBER MEETING (19/11/2025): SUGGESTION TO BE PROPOSED TO AC

- **The extension will incorporate interim milestones as follows:**
- By 2030, most countries should have achieved PPR-free status
- For the remaining countries, the goal is to achieve and maintain **a minimum of 70% herd immunity by 2031-2032**. This would need to be supported by epidemiologically sound surveillance of all small ruminant populations.
- Vaccination **against PPR should cease by 2032** with surveillance continuing, with national and regional freedom verified by 2033-2034.

Proposed Priority Activities for the Coming Phase (2030 – 2035)

- 1. Sustainable Financing and Resource Mobilization:** Establish dedicated PPR funding mechanisms; Encourage national budget allocations and partner contributions to obtain **the total funding that is required for the PPR Eradication.**
- 2. Regional Coordination and Cross-Border Control:** Implement regional/subregional vaccination and surveillance plans; Develop buffer zones to safeguard achievements and harmonize animal movement controls.
- 3. Strengthen Surveillance, Diagnostics, and Laboratories:** Upgrade laboratories and train personnel; Improve real-time surveillance and reporting system.
- 4. Mass Vaccination and Community Engagement:** Intensify campaigns to close immunity gaps; Strengthen community awareness and participation.
- 5. Governance and Multi-sectoral Collaboration:** Integrate PPR into One Health frameworks; Improve coordination between veterinary and livestock departments.



• **THANKS for Your ATTENTION**

