



Food and Agriculture
Organization of the
United Nations



World Organisation
for Animal Health
Founded as OIE

OVERVIEW OF THE PLAN OF ACTION

PESTE DES PETITS RUMINANTS GLOBAL ERADICATION PROGRAMME II & III

Together for Peste des Petits Ruminants Global Eradication by 2030

Blueprint



Acknowledgements

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The GF-TADs Partnering and Financing Panel are thanked for reviewing the Blueprint.



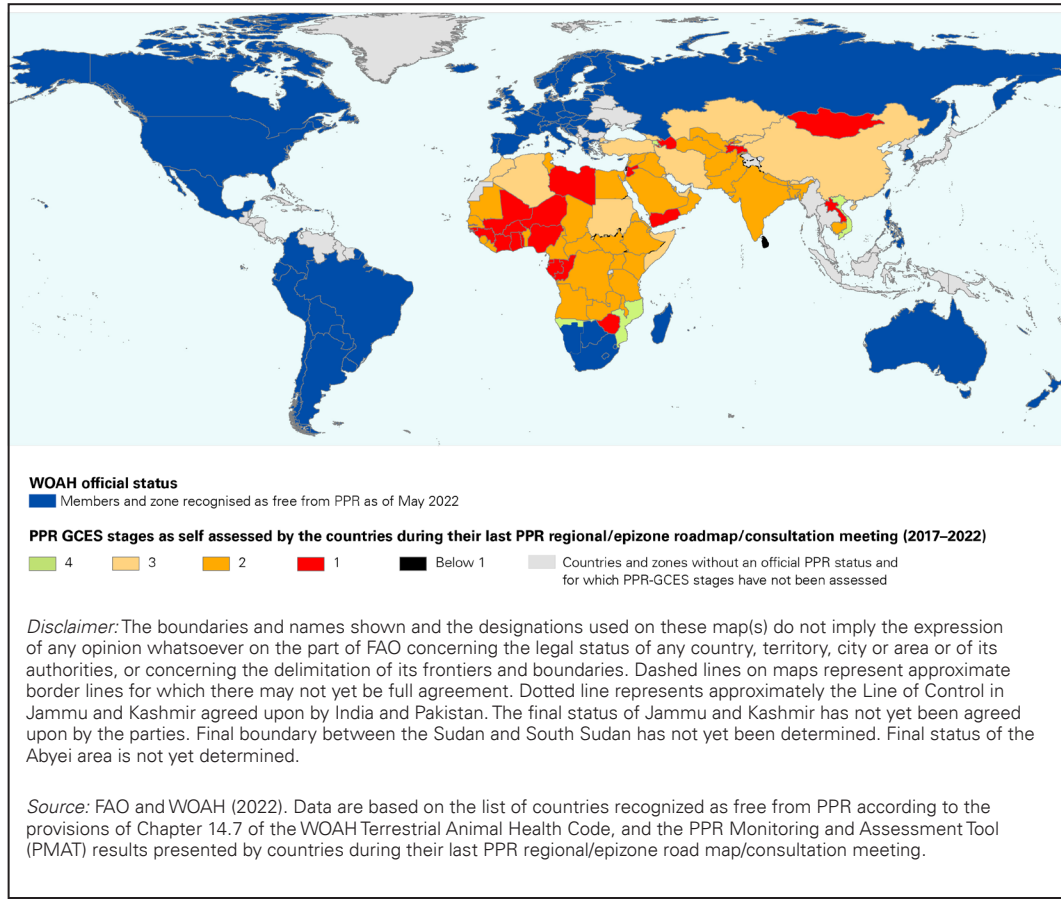
OVERVIEW OF THE PLAN OF ACTION ("BLUEPRINT")

Peste des petits ruminants (PPR) is a devastating viral disease that affects sheep and goats and severely impacts livestock-dependent communities in Africa, Europe, the Middle East and Asia. Working together we can stop the needless loss, by eradicating infection once and for all, through a coordinated programme of vaccination and biosecurity measures. Together we can consign PPR to history, as we did with rinderpest in 2011, and break the vicious cycle of epidemics. Achieving eradication will be an enormous and lasting good for animal health in that it will immensely contribute to the socioeconomic well-being of the vulnerable small ruminant keepers (particularly the women and the youth) and associated livestock traders as well as to the restoration of biodiversity that is under threat from this disease. Together, we can do more than achieve this and develop a programme that will leave behind lasting benefits in the delivery of vaccines and other primary animal health services in the most marginalized, currently PPR-ravaged communities.

In 2015, the Food and Agriculture Organization of the United Nations (FAO) and the World Organisation for Animal Health (WOAH, founded as OIE) made PPR a priority for global eradication with the intention of achieving this by 2030. The overall approach to this goal is developed in the PPR Global Control and Eradication Strategy and is planned through three phases of Global Eradication Programmes (PPR GEP). The progress made, lessons learned and experience of partners in the first five years of the operational phase (PPR GEP I, 2017–2021) have been thoroughly reviewed in coming up with the operational guide, "Blueprint for PPR eradication by 2030". The present document summarizes the viewpoint of FAO and WOAH on key elements of strategy and partnering to achieve the objective of eradication. To achieve the primary goal of eradication, improved access to vaccination and other primary animal health services will be critical, and the strategy thus pays attention to capturing the full long-term benefits of eradication through sustainable animal health services, from the primary, community level through to strengthened veterinary services able to reach and maintain PPR-free status once vaccination programmes are suspended, hopefully by the end of 2027.

Building on the solid foundations of Peste des Petits Ruminants Global Eradication Programme I (2017–2021)

The first five-year phase of the programme aimed at engaging every country (non-official PPR-free and infected or suspect) in the PPR pathway to eradication and to date 59 countries and one zone of a country are officially recognized as PPR-free. By 2022, 68 of the 76 target countries had developed PPR National Strategic Plans (NSPs) to assess, control and eventually eradicate PPR. To monitor national progress on implementation, the PPR Monitoring and Assessment Tool (PMAT), with four control stages, was used, evaluated and updated in 2022 for use in the second operation phase of the programme (PPR GEP II). Strong partnering with all relevant regional organizations (ROs) and regional economic communities (RECs) was largely achieved, leading to regional or subregional road maps to eradication being developed and, in the majority, endorsed by the relevant RECs. As not all countries within each region have implemented their NSPs, and political commitment could wane with the success of preventing epidemic losses, these regional bodies will play a pivotal role in safeguarding progress against a loss of national

Figure 1: **Peste des Petits Ruminants Global situation up to June 2022**

commitment or failure to hit the key milestones and indicators, and in the final drive to eliminate pockets of persistence. In 2022, information based on regional consultative meetings, road map meetings and reported outbreaks in the most recent two years suggests a discontinuous presence of infection across the zones of Africa, the Middle East and Asia which may provide the basis for focused efforts to separate infected and at-risk populations, and target control on the populations maintaining these localized virus reservoirs (“episystems approach”).

Partnering for Peste des Petits Ruminants eradication

Eradicating PPR can be made possible by 2030 through the combined, coordinated actions of affected and at-risk countries, who form the principal actors, investors and beneficiaries of the programme. Supporting these country-led, voluntary eradication efforts is the key work and contribution of the regional partners, RECs and ROs, such as the African Union. Not all the RECs/ROs have shown equal engagement towards PPR control and eradication in the first phase, and so a major effort to secure their commitment, contribution and regional leadership will be needed for the second and third phases. The RECs/ROs will be assisted in their work by FAO and WOAH, which have been mandated as the global trustees for GEP, and which provide the secretariat to lead global and interregional coordination. The role of the civil society organizations as stakeholders and champions must not be underestimated, and the voice of these will be important in the process of change in the delivery of primary animal health services in ways that could be self-sustaining long after 2030. Similarly, resource partners play a vital role as key stakeholders in the provision of the financial resources required to effectively implement the programme. Nationally owned and stakeholder-driven, targeted vaccination programmes in 2022–27 are expected to reduce virus circulation down to a point where vaccination programmes

can safely cease. Better control of animal movements and the emergency management and coordination capacities to be established by 2027 should enable the remaining pockets of virus persistence to be identified and eliminated. The role of the key partners will be to ensure no effort is spared to bring an end to PPR circulation everywhere, and afterwards to ensure the virus cannot re-emerge or return through a consistent and scientifically based recognition and maintenance of PPR-free status.

Table 1: Countries within each of the PPR Global Control and Eradication Strategy regions

Region	RECs/ROs	Countries
Central Africa (8 countries)	Economic Community of Central African States	Cameroon, Central African Republic, Chad, Congo, Democratic Republic of the Congo, Equatorial Guinea, Gabon, São Tomé and Príncipe
Eastern Africa (10 countries)	East African Community; Intergovernmental Authority on Development	Burundi, Djibouti, Ethiopia, Eritrea, Kenya, Rwanda, Somalia, South Sudan, Sudan, Uganda
Northern Africa (5 countries)	Arab Maghreb Union	Algeria, Libya, Morocco, Mauritania, Tunisia
Southern Africa (16 countries)	Southern African Development Community	Angola, Botswana, Comoros, Eswatini, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, United Republic of Tanzania, Zambia, Zimbabwe, Democratic Republic of the Congo
Western Africa (15 countries)	Economic Community of West African States	Benin, Burkina Faso, Cabo Verde, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Nigeria, Niger, Senegal, Sierra Leone, Togo
Middle East (14 countries)	Gulf Cooperation Council; Arab Organization for Agriculture Development	Bahrain, Egypt, Iraq, Israel*, Jordan, Kuwait, Lebanon, Qatar, Oman, Palestine, Saudi Arabia, Syrian Arab Republic, United Arab Emirates, Yemen
West Eurasia (11 countries)	Economic Cooperation Organization	Armenia*, Azerbaijan, Georgia*, Iran, Kazakhstan, Kyrgyzstan, Russian Federation*, Tajikistan, Türkiye, Turkmenistan, Uzbekistan
South Asia (8 countries)	South Asian Association for Regional Cooperation	Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka
South-East Asia (11 countries)	Association of Southeast Asian Nations	Brunei Darussalam, Cambodia, Indonesia, Lao People's Democratic Republic, Malaysia, Myanmar, Philippines, Singapore, Timor-Leste, Thailand, Viet Nam
East Asia (5 countries)		China, Democratic People's Republic of Korea, Japan, Mongolia, Republic of Korea

Note: *Israel, Armenia, Georgia, and the Russian Federation do not belong to any of the above RECs but were placed in the Middle East (Israel) and western Eurasia (Armenia, Georgia, and the Russian Federation) regions based on the current epidemiological understanding of the disease and are often invited as observers to the Regional Roadmap meetings.

Source: PPR GEP Secretariat.

Global Eradication Programme II and III – Outcome and objectives

By eradicating PPR and managing other priority small ruminant high-impact infectious diseases – which together result in a significant loss of animal assets and productivity in over 76 countries in the world – principal and substantial contributions will be made to the achievement of the Sustainable Development Goal (SDG) 1 (no poverty), SDG 2 (zero hunger) and, through the programme's emphasis on the sustained improvement of primary animal health services, to multiple other SDGs, including gender equality (SDG 5), decent work and economic growth (SDG 8), climate action (SDG 13), life on land (SDG 15) and partnerships for the goals (SDG 17).

Long-term outcome: a substantial contribution to the achievement of the SDGs through improved livelihoods, food and nutritional security, well-being and resilience of livestock-dependent communities, while protecting biodiversity.

Locking in long-term benefits – an approach to ensure sustained benefits of eradication.

The first five years of the programme identified the critical issue of access to preventive animal health services to achieve the vaccination rates required to progressively control and ultimately eradicate PPR at every level. Improving access to these services is therefore central to achieving the strategy that carries the potential for long-term benefits and, through changes in policy at the national and community levels, to sustaining primary services, as appropriate to achieving the goal of eradication. In addition, it contributes to the outcome of enhanced access to animal health services and the benefits of better health status for livestock markets, food and nutritional security for livestock-dependent communities. Benefits will also be observed for gender equality since female empowerment and engagement will be vital to achieving control via vaccination in many of the regions where PPR is most persistent. In addition, long-term benefits result from gender equitable policies made to achieve access to animal health services, and from the benefits of health and productivity in assets owned or managed by women. The strategy, therefore, has the primary objective of eradication by 2030, along with three other (intermediate) outcomes essential to achieving the first objective, to set the path towards long-term benefits.



Theory of change (ToC) for GEP II and GEP III. The first level objective (*Intermediate Outcome 1* in the ToC) is *PPR global eradication by 2030 achieved, and effects of other high-impact threats and zoonotic infectious diseases of small ruminants reduced.*

The second level outcomes with long-term benefits are:

- *Intermediate Outcome 2: Enhanced access of all stakeholders, including women and the rural poor, to livestock and livestock product markets*
- *Intermediate Outcome 3: Enhanced access to animal health value chain markets, including the strengthening of public-private community partnerships*
- *Intermediate Outcome 4: Enhanced coordination and delivery of animal health programmes within the context of human, animal and environmental health*

Key control strategies towards eradication by 2030

To achieve eradication by 2030, the plan of action is based upon the following key control strategies and milestones:

1. To stop virus circulation by the end of 2027, through:

- **Coordinated and escalated efforts in ten subregions** in 2023–25 for the implementation of NSPs, so that the 76 countries currently in PMAT stages of assessment (Stage 1) and control (Stage 2) move into at least Stage 3 by 2027, enabling the process of demonstrating absence of PPR virus circulation (PMAT Stage 4) by 2030 to achieve official recognition of PPR-free status by WOAHA.
- **Targeting of national (and transboundary) programmes upon preventing virus transmission through application of the “episystem” approach** in 2023–26 to identify and address the primary reasons for PPR virus circulation, thereby to optimize vaccination programmes on a risk basis and, at the same time, identify solutions for sustained public and private service access for stakeholders to sustain control, to achieve and go beyond eradication phases and maintain favourable situations by improved movement control.
- **Accelerated efforts in the next 2–4 years by national programmes to stop virus circulation through vaccination and other measures, with a strengthened role for ROs and RECs** in maintaining commitments, providing technical support and in safeguarding against a deterioration of national or regional efforts.

2. By 2027, strengthened and functioning national and international PPR epidemic risk management capability, supported and involving the ROs/RECs to:

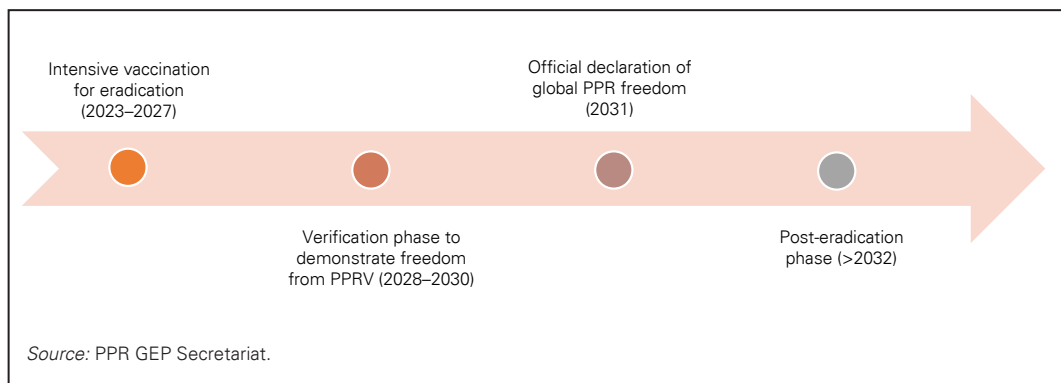
- Safeguard the progress of territories and populations achieving PPR control (reduce outbreaks, stop circulation or obtain official PPR-free status).
- Evaluate and manage risks to achieving and sustaining progress in control key episystems (populations sustaining virus circulation) for countries and regions at risk.
- Ensure long-term benefits from this emergency management capacity (e.g. for SDG 1.5.1, national disaster risk reduction) for national resilience and response to epidemic threats.

3. By 2028, no more PPR outbreaks and cessation of PPR field control activities, significantly increased access to animal health services through greater reach of public-private partnerships with delivery of community-focused animal health services to:

- Improve value chain of small ruminants and their markets to increase the benefits of smallholders and their engagement in the management of animal health.

- Develop economically self-sustainable animal health services delivery under the supervision of veterinary authorities.
 - Channel movements of small ruminants at a community-based level and improve capacity of control of transboundary movements.
4. **By the end of 2030**, countries to have completed activities and collected the evidence to demonstrate freedom for PPRV for at least two years and set up such assurance systems to safeguard PPR virus (PPRV) freedom to apply for the official recognition of their PPR-free status by WOA. Activities regarding virus sequestration should also have been implemented following procedures similar to those which the two organizations have developed to safeguard continuing rinderpest global freedom.

Figure 2: **Phases and milestones in the pathway of Global Eradication**



Implementing the second and third phase of Peste des Petits Ruminants Global Eradication Programme – Principles and operational guidance

The eradication of PPR is a global priority programme for FAO and WOA under the Global Framework for the Progressive Control of Transboundary Animal Diseases (GF-TADs) agreement. The two partners commit to implement the programme in consistency with the GF-TADS Strategy¹ for 2021–2025 and governance and in accordance with their Basic Texts. The GF-TADs Strategy's ToC, relevant to PPR GEP, is that the influence and ultimate impact will be best achieved through working together in three areas ("P-C-P"):

- **Prioritization:** a clear focus on PPR in national strategies and livestock development planning, and in the role of the ROs/RECs in the ten regions; and through the episystems approach, prioritize actions for effective, rapid control of PPR, including in transboundary episystems.
- **Capacity development:** supporting national and regional capacity to develop and optimize PPR control measures, to monitor progress, to manage risks associated with transboundary episystems and risks of re-emergence; and to develop investment plans and policies to achieve long-term access to animal health and to markets and other benefits.
- **Partnering:** giving full recognition and support to the role of the ROs/RECs in the ten regions/subregions; and to the role of public-private partnerships in delivery and access to animal health services, in order for these services to provide inclusive post-eradication benefits to animal health.

¹ <https://www.fao.org/3/cb6800en/cb6800en.pdf>

The Blueprint has been developed to guide the implementation of the programme which outlines the detailed rationale, key actions, roles, responsibilities, regional and episystem working groups, science and advisory groups and key tactics required to support the national parties and regional partners, and ensure progress monitoring and reporting. This guide will be progressively operationalized and regularly adjusted to the needs.

Risk mitigation plan

The eradication of PPR by 2030 is possible but challenging for several reasons that are recognized by FAO and WOAHP and must not be underestimated or fail to be addressed during implementation.

The principal risks are:

1. **Insufficient national resources and technical capacities** to achieve control of PPR by vaccination and other control measures. This risk is considered **high** in most countries that are still between PMAT Stage 1 (assessment) and PMAT Stage 2 (control). **Risk mitigation** will be achieved through a) advocacy for political commitment, via the regional ROs/ RECs, b) well-targeted technical and financial support to reduce the cost and duration of vaccination campaigns to the minimum required for success and c) support to monitoring national progress, enabling risks of virus circulation to be countered by additional measures and support.
2. **Persistent reservoirs of infection in episystems characterized by insufficient access to PPR vaccination and preventive health services of pastoralists and other animal keepers moving** frequently across national borders (“episystems”). This risk is considered **moderate to high** in countries with PMAT Stage 2 or PMAT Stage 3, or neighbouring countries at lower stage. **Risk mitigation** will be achieved through a) review and revision of plans (national, and between countries) to address this risk (“episystems focused plans”) and b) targeted policy efforts to achieve community-led and supported PPR vaccination and preventive animal health services and their greater economic integration in national planning.
3. **Failure of national vaccination campaigns to eliminate virus circulation.** This risk is considered **high** in countries at PMAT Stage 2 when there is an insufficient epidemiological assessment and risk analysis to understand the PPR prevalence and geographical patterns of its transmission. **Risk mitigation** will be achieved through a) the “episystems” approach, b) revision of national plans on the basis of animal demographics, movements and disease incidence to design appropriately targeted interventions and c) adapting vaccination campaigns (and community-supported animal health policies and services) to the specific characteristics of the local epidemiological context and small ruminant population dynamics to optimize allocation of limited resources and increase the likelihood of success of vaccination campaigns.
4. **Failure to meet milestone dates in the eradication programme.** The programme assumes that sufficient, simultaneous engagement from countries from now until 2027 on vaccination will occur to enable vaccination to cease. This risk is considered **high**, principally relating to those countries in PMAT Stage 1 or just accessing PMAT Stage 2. **Risk mitigation** will be achieved by retaining flexibility to adjust the end date (2030) while ensuring the health gains are not lost at national and regional level (no “backsliding” with re-emergence of PPR). Central to this will be the role of the RECs to ensure and support their members’ collective capacity to retain the gains and implement final eradication efforts.

Funding and financing of the plan

The overall cost of the PPR GEP II and GEP III programmes was estimated based on the activities included in the Blueprint document. The estimated overall cost, including human resources and other investment costs related to the activities to be completed for the five-year GEP II programme is USD 1 697 billion, while for the three-year GEP III programme it is USD 234 million. Consequently, the most likely cost for the combined GEP II and GEP III programmes is estimated to be **USD 1 931 billion**. Considering uncertainties, the total cost may vary from a minimum of USD 1 201 billion to a maximum of USD 2 652 billion. Results of a sensitivity analysis showed that any reduction in the delivery of vaccines cost as well as the vaccination coverage of the small ruminant population could substantially reduce the total programme cost. In contrast, it is envisaged that any increase in the vaccine purchase price or needs will substantially increase the total cost of the programme.

It is estimated that the cost of technical PPR global eradication activities will account for about 62 percent of the total estimated cost. Enhancing access of all stakeholders to markets and enhancing access of target communities, women, youth and the rural poor to animal health value chain markets, their inputs and services, are expected to account for 32 percent of the estimated cost. Coordination on delivery of animal health programmes within the context of human, animal and environmental health is expected to account for 6 percent of the total cost.

By allocating the total cost of the programme to each geographical region based on the proportion of the small ruminant population, Asia and Africa will account for 55 percent and 45 percent of the total programme cost, respectively. Considering the fact that countries such as China, India, Bangladesh, Iran and Morocco fully fund the implementation of their NSPs, while others such as the Mano River Union countries in western Africa partially fund the implementation of their NSPs, it is expected that about 48 percent of the estimated total cost of PPR GEP II and GEP III will be covered through the national budgets of the countries, while the rest (52 percent) will be based on finances provided by donors and other philanthropic and international organizations.

Concluding statement

Through a coordinated, time-bound programme, we can stop the needless losses in animal life, human livelihoods and food security caused by PPR, and eradicate the infection once and for all. Together we can do more than achieve this and build a programme that leaves behind lasting benefits in the delivery of vaccines and other primary animal health services for the most marginalized, currently PPR-ravaged communities. The GF-TADs partners, FAO and WOA, are committed to working together to achieve and ensure lasting benefits from eradication, which include strengthened regional leadership and capacity in emergency management and, most of all, the socioeconomic benefits to small-scale small ruminant keepers or traders, as listed in the ToC Intermediate Outcomes 1–4.

Such capacities, which will ensure PPR re-emergence can be swiftly controlled, are also central to managing epidemics of zoonotic disease – and here, PPR eradication will assist to build the pandemic PPR capacity – that is, in prevention, preparedness and response (also called PPR). The achievement of PPR eradication should ensure the animal health services have a greater capacity to prevent future zoonotic pandemics, among the other lasting benefits of eradicating this deadly animal disease.

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<http://www.gf-tads.org/ppr/ppr/en/>
PPR-Secretariat@fao.org



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