Food and Agriculture Organization of the United Nations

World Organisation for Animal Health

GF-TADs Eastern and Southern Africa
regional roadmap meeting for foot-and-mouth disease

Short report

10–13 September 2024
Dar es Salaam, United Republic of Tanzania

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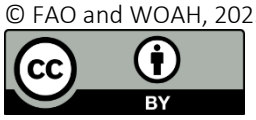

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Abbreviations

AU-IBAR	African Union – InterAfrican Bureau for Animal Resources
BVI	Botswana Vaccine Institute
CVO	Chief veterinary officer
DTRA	Defense Threat Reduction Agency, United States of America
EA	Eastern Africa
EAREN	EA Regional Epidemiology Network
EARLN	EA Regional Laboratory Network
ECTAD	Emergency Centre for Transboundary Animal Disease
EuFMD	European Commission for the Control of Foot-And-Mouth Disease
FAO	Food and Agriculture Organization of the United Nations
FAO RAF	FAO Regional Office for Africa
FAO SFS	FAO Subregional Office for Southern Africa
FMD	Foot-and-Mouth disease
FMDV	Foot-and-Mouth Disease Virus
FMD WG	Foot-and-Mouth Disease Working Group
GF-TADs	Global Framework for the Progressive Control of Transboundary Animal Diseases
PCP-FMD	Progressive Control Pathway for Foot-and-Mouth Disease
PSO	PCP-FMD Support Officer
PVM	Post-Vaccination Monitoring
PVS	Performance of Veterinary Services
RAG	Regional Advisory Group
SADC	Southern African Development Community
SADC EIS	SADC Livestock Technical Committee, Epidemiology and Informatics sub-committee
SADC LS	SADC Livestock Technical Committee, Laboratory sub-committee
SAT	Self-Assessment Tool
TADs	Transboundary Animal Diseases
VLC	The FAO Virtual Learning Center
WAHIS	World Animal Health Information System
WOAH	World Organisation for Animal Health (founded as OIE)
WRLFMD	World Reference Laboratory for Foot-and-Mouth Disease, The Pirbright Institute, United Kingdom

Acknowledgements

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FAO and WOAH also acknowledge the technical support of the European Commission for the Control of Foot-and-Mouth Disease (EuFMD) experts to the meetings.

Finally, FAO and WOAH would like to express their deep appreciation to all member countries of the Eastern and Southern Africa roadmaps for FMD and the African Union – InterAfrican Bureau for Animal Resources (AU-IBAR) for their commitment and contributions over the years.

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Background

Foot-and-Mouth disease (FMD) severely affects the productivity of livestock, disrupting regional and international trade in animals and animal products. The most significant impact of the disease in low and middle-income countries is losses in production, utility, and income, which together affect livelihoods and impact food security and nutrition of farmers. To reduce the FMD burden, the Food and Agriculture Organization of the United Nations (FAO) and the World Organisation for Animal Health (WOAH founded as OIE) developed a 15-year Global FMD Control Strategy in 2012.

Since the Global FMD Control Strategy was endorsed, several initiatives were identified to establish an enabling environment to make FMD control a feasible option. One of these initiatives is to encourage countries to progressively control FMD using the Progressive Control Pathway for FMD (PCP-FMD) at country level, with control efforts coordinated at regional level. Around 80 countries in the world are currently engaged, at various levels (PCP-FMD dashboard), in the implementation of the PCP-FMD to reduce or eliminate FMD virus (FMDV) circulation. For effective implementation of the Global FMD Control Strategy and to address some of the anticipated challenges, regional FMD roadmap platforms have been successfully established to assess progress in FMD control.

The Eastern African countries are in pool 4 where serotypes O, A, SAT 1 and SAT 2 predominantly circulate. The Southern African countries are in pool 6 where serotypes SAT 1, SAT 2 and SAT 3 circulate, whilst serotypes O and A, identified in northern Zambia and United Republic (the) of Tanzania, are considered a spill-over from pool 4.

To date, four FMD roadmap meetings for the Eastern Africa region have been held (in Kenya 2012, Rwanda 2014, Uganda 2018 and virtually in 2022) while three regional roadmap meetings (2012, 2017, 2020) have been held for Southern Africa region. The meeting reports are available at GFTADs website (https://www.gf-tads.org/fmd/events/en/).

The joint Meeting of the FMD Regional Roadmaps for Eastern (5th) and Southern Africa (4th) was organized under the GF-TADs umbrella, by the FMD Working Group (FMD WG) with the logistical support from the FAO Sub-regional offices for Eastern and Southern Africa, WOAH Sub-Regional office for Eastern Africa and the FAO Virtual Learning Centre (VLC) in Dar es Salaam, United Republic of Tanzania (the) from 10-13 September 2024. Opening remarks were provided by the Deputy Permanent Secretary, Ministry of Agriculture, Livestock and Fisheries, United Republic of Tanzania (the), the FAO Representative, United Republic of Tanzania (the), Country Team Leader, ECTAD, United Republic of Tanzania (the) and WOAH sub-regional representative for Eastern Africa. The dignitaries emphasized the impact of FMD on food security and livelihoods, and the importance of its control.

The following 22 countries participated in the meeting (in alphabetical order):

Eastern Africa (EA) Roadmap: Burundi, Djibouti, Eritrea, Ethiopia, Kenya, Uganda, Rwanda, Somalia, South Sudan and Sudan.

Southern Africa (SA) Roadmap: Angola, the Democratic Republic of Congo, Eswatini, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Seychelles, United Republic of Tanzania (the), Zambia and Zimbabwe.

The specific objectives of the meeting were to:

1. share and review information on changes in risk related to the circulation of FMD viruses within and between the EA and SA FMDV ecosystems to support recommendations for the implementation of effective control measures, including vaccination strategies;

2. strengthen understanding of the PCP-FMD principles and facilitate the application of the PCP-FMD toolkit, including the Self-Assessment Tool (SAT-v2), to assist and guide countries in the development, implementation and monitoring of national strategies;

3. review the implementation of the recommendations formulated at the previous FMD Roadmap meetings;

4. assess progress in FMD control by reviewing the results of ongoing national control activities.

5. strengthen the capacity of the RAGs to monitor and follow up on the recommendations of the regional FMD roadmap;

6. update the FMD roadmaps in EA and SA until 2027, using the principles of the PCP-FMD;

7. identify the support needed by countries from development partners, to address FMD and strengthen their surveillance systems and laboratory capacity;

8. promote epidemiology and laboratory networks;

9. strengthen control measures and push for progress in controlling FMDV circulation in the region.

Updated membership of the Regional Advisory Group for Eastern and Southern Africa

Participants elected the following three CVOs and two experts from EAREN and EARLN as voting members of the RAG for Eastern Africa:

- Dr Anna Rose Ademun Okurut, CVO Uganda (Chair of the RAG);
- Fabrice Ndayisenga , CVO Rwanda;
- Dr Ibrahim Moussa Cheik, CVO Djibouti;
- Dr Getahun Bahiru, leader of the EAREN from Ethiopia;
- Dr Abraham Sangula, leader of the EARLN from Kenya.

Participants elected the following three CVOs and two experts from SADC Epidemiology and Informatics Sub-Committee and SADC Laboratory Sub-Committee as voting members of the RAG for Southern Africa:

- Dr Benezeth Malinda Lutege, CVO United Republic of Tanzania (the) (Chair of the RAG);
- Dr Charles Chinyemba Maseka, CVO Zambia;
- Dr Julius L. Chiwanga Chulu, CVO Malawi;
- Dr Sihle Mduli, leader of the SADC EIS from eSwatini;
- Dr Chenai Majuru, leader of the SADC LS from Zimbabwe.

Non-voting RAG members are as follows:

- FMD Working Group members;
- FAO and WOAH regional representatives;
- the World Reference Laboratory for FMD (WRLFMD) representative

Overview of the global and regional FMD situation and vaccine recommendations

[D. Paton on behalf of WRLFMD]

The talk summarized work conducted at the World Reference Laboratory for FMD and partner laboratories within the WOAH/FAO FMD Reference Laboratory Network. Connections between African virus pools and subdivisions within them are revealed by the genetic characterization of FMD virus isolates (See Tables 1 and 2). Recent years have seen the emergence and spread of SAT lineages: SAT 2 XIV in The Middle East, SAT 2 V in North Africa, SAT 1 in Kenya, Uganda and Comoros, SAT 3 in Mauritius and all three SAT serotypes in South Africa. Serotype O-EA2 has extended its range into southern Africa, through Zambia and into Namibia, Mozambique and Malawi. Incursions of new serotypes can be associated with severe disease and rapid spread due to lack of immunity from prior infection or relevant vaccination. Virus persistence and circulation within endemic livestock populations and African buffalo reservoirs provide a continuous challenge for maintaining free countries and zones and the free status of South Africa has not been recovered. Situational awareness of FMD in some countries remains incomplete due to a combination of within-country under-reporting and investigation, sporadic reporting of outbreaks to WOAH and infrequent submission of outbreak samples to reference laboratories. This is even though most countries are at PCP-FMD Stage 1 or higher at which point knowledge of circulating serotypes and strains should be available.

Vaccine matching studies confirm the greater antigenic diversity of serotypes A and SAT 2 compared to O, but not all local vaccines are tested, and the impact of vaccine potency should also be considered during vaccine selection. Measuring how well vaccine-specific antisera can neutralize relevant field viruses is a way to test vaccine suitability taking account of antigenic match and potency. It does not require vaccine strains to be available and can be used to evaluate final products including multivalent vaccines. WOAH twinning projects have sought to improve the capacity for vaccine evaluation in Eastern Africa. Recent collaborative studies on the immunogenicity of vaccines produced for sale in Eastern and Southern Africa reveal considerable variability in potency and breadth of likely antigenic protection. Continued efforts are needed to monitor the quality of the vaccines and their effectiveness after use, along with measures of the coverage and timeliness of vaccination campaigns. Vaccination strategies should take account of quality and supply issues. The importance of collecting and characterizing outbreak samples was stressed. Testing of the samples by reference laboratories is available free of charge and help with shipment to reference laboratories can be requested.

Table 1. Distribution of FMDV lineages in Eastern African countries (ordered from North to South)

Country	O			A/AFRICA		SAT1		SAT2			
	EA-2	EA-3	EA-4	G-I	G-IV	I	VII	IV	VII	XIII	XIV
Eritrea		2017			2018				2019		
Djibouti											
Sudan		2020			**2022**				2017		
S. Sudan		2017									
Ethiopia		**2022**	**2020**	2018	**2022**	2007			**2022**	2020	**2023**
Somalia		2007									
Uganda*	**2024**		2017	2019		2016	**2023**	2016	2017		
Kenya	**2023**		2010	2023		**2023**		**2022**			
Rwanda	2004										
Burundi	2003			2016		1999		2016			

Note: Coloured boxes denote samples that have been characterized within each of these six FMDV lineages (dates define most recent FMD outbreak reported, where samples have been submitted for sequencing).
NB: Only those FMD outbreaks in domesticated species are shown (SAT 1-3 are also present in buffalo populations).
*SAT 3 detected in Uganda in Ankole cattle during 2013.
Source: Author's own elaboration with data from the WOAH/FAO Reference Laboratory Network for FMD (https://www.foot-and-mouth.org/).

TABLE 2. Distribution of FMDV lineages in Southern African countries

Country	O		A/AFRICA	SAT1			SAT2					SAT3		
	EA-2	Ind-01	G-I	?	I	VII	?	I	II	III	IV	?	I	II
DRC	2021		2011											
United Republic of Tanzania	2021		2017		2021						2016			
Angola							2015							
Seychelles														
Malawi	**2022**				2021			2020	**2023**		2004			
Comoros	2019				**2023**									
Madagascar														
Mozambique	**2022**							2015	**2022**				2017	
Zambia	2021		2018		2017			2019		2021	2021			2018
Zimbabwe						2017			**2022**	**2022**				
Namibia	2021					2015				**2022**				2019
Botswana						**2023**			**2022**	2018				
Mauritius		2021											**2024**	
South Africa				**2024**			**2024**	2021				**2024**	2006	
eSwatini														
Lesotho														

Note: Coloured boxes denote samples that have been characterized within each of these six FMDV lineages (dates define most recent FMD outbreak reported, where samples have been submitted for sequencing).

NB: Only those FMD outbreaks in domesticated species are shown (SAT 1-3 are also present in buffalo populations).

Source: Author's own elaboration with data from the WOAH/FAO Reference Laboratory Network for FMD (https://www.foot-and-mouth.org/).

National strategies and country reports

Prior to the meeting, participating countries submitted information concerning the FMD situation and any FMD vaccination undertaken in the last two years. Countries also completed new version of the PCP-FMD Self-Assessment tool (PCP-FMD SAT v2) to understand how well their country is progressing on the PCP-FMD. Each country's responses were discussed during the dedicated meetings between country delegations, the non-voting members of the RAG and relevant technical experts held during 10-12 September 2024. The SAT results were analyzed and presented in the meeting (see Table 3).

Of the 17 countries that shared information regarding their FMD situation (9 from EA and 8 from SADC), all countries detected FMD outbreaks in 2022–2023 except for Djibouti and Angola. Six countries reporting FMD outbreaks could not report on the serotype(s). The risk factors reported were common across both regions and included trade routes, informal and illegal movements, porous border, transhumance and seasonal grazing, gathering points, loose wildlife-livestock interface, risk periods in the year, lack of biosecurity and biosafety, weak surveillance systems, poor access to Vet Services, points of entry, noncompliance to export/import standards and insecurity.

Twenty-one countries responded to the vaccine and vaccination survey (8 from EA and 13 from SA). Fourteen countries practiced mass vaccination for cattle in 2023-2024, 11 countries described emergency vaccination in cattle, while 4 countries reported no vaccination against FMD in any species. Different combinations of serotypes A, O, SAT1, SAT2 and SAT3 are included in the vaccine formulations. Information about the specific vaccine lineages was not available. Seven countries reported doing post-vaccination monitoring, and four countries had (vaccine-matching) results in 2023-2024.

TABLE 3. Relative areas of strengths and gaps in the PCP-FMD indicators in Eastern (n=8) and Southern (n=9) African countries as determined by the PCP-FMD SAT v2 completed by 17 countries

	Livestock sector	Surveillance and diagnostics	Prevention and control	Veterinary services
Strengths	Livestock population & distribution –Susceptible species	Passive surveillance Case definition	Border control Animal movement	Regulating vaccines
Gaps	Socio-economic impact Value chain mapping Stakeholder engagement	Active surveillance Outbreak investigation Data analysis Risk assessment	Early Warning PVM Vaccine matching Animal ID Monitoring and evaluation	Budget Manpower and resources

Source: Author's own elaboration.

Eastern Africa roadmap for FMD

	Validated stages													Planned progression		
Country	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027
Burundi	1	1	1	1	1	1	0	0	0	0	0	0	0	-	-	-
Djibouti	1	1	1	1	1	1	1	1	1	1	1*	1*	1*	2	3	4
Eritrea	1	1	1	1	1	1	1	1	1	1	1	1	1	-	-	-
Ethiopia	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2
Kenya	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2
Rwanda	1	1	2	2	2	2	2	2	2	2	2	2	2	-	-	-
Somalia	1	1	1	1	1	1	1	1	1	1	1*	1*	1*	2	3	3
South Sudan	0	0	1*	1*	1*	1*	1	1	1	1	1	1	1	1	2	3
Sudan	1	1	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	*NA*	2	3*	3
Uganda	1	1	1	1	2	2	2	2	2	2	2	2	2	2	3	3

Legend: *Information not provided.*

PCP-FMD stages

0	1	2	3	4	WOAH

Southern Africa roadmap for FMD

	Validated stages													Planned progression		
Country	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027
Angola	1	1	1	1	1	1	1	1	1*	1*	1*	1*	1*	1	2	2
Botswana (Northern region)						3	3	3	3*	3*	3*	3*	4	-	-	-
Botswana (Southern region)	WOAH	WOAH	WOAH	WOAH	WOAH	WOAH	WOAH	WOAH	WOAH	WOAH	WOAH	WOAH	WOAH	-	-	-
Comoros*							1	1	1*	1*	1*	1*	NA	-	-	-
The Democratic Republic of Congo	1	1	1	1	1	1*	1*	1*	1*	1*	1*	1*	1*	1	2	2
Eswatini						WOAH	WOAH	WOAH	WOAH	WOAH	WOAH	WOAH	WOAH	-	-	-
Lesotho						WOAH	WOAH	WOAH	WOAH	WOAH	WOAH	WOAH	WOAH	-	-	-
Madagascar						WOAH	WOAH	WOAH	WOAH	WOAH	WOAH	WOAH	WOAH	-	-	-
Malawi	3	3	3	3	3	2*	2*	2*	2*	2*	2*	2*	2*	2	2	3
Mauritius*														-	-	-
Mozambique	2	2	2	2	2	2*	2*	2*	1	1	1	1	1	2	3	3
Namibia (Northern region)	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	WOAH
Namibia (Southern region)	WOAH	WOAH	WOAH	WOAH	WOAH	WOAH	WOAH	WOAH	WOAH	WOAH	WOAH	WOAH	WOAH	-	-	-
Seychelles	5	5	5	5	5	5	WOAH	WOAH	WOAH	WOAH	WOAH	WOAH	WOAH	-	-	-
South Africa							susp	susp	susp	lost	-	-	-	-	-	-
United Republic of Tanzania	1	1	1	1	1	2*	2*	2*	2*	2*	2	2	2	3	3	4
Zambia	2	2	2	2	2	2	2	2	2*	2*	2*	2	2	2	3	3
Zimbabwe	1	1	1	1	1	2*	2*	2*	2*	2*	2*	2*	2*	2	2	2

Legend: **Comoros and Mauritius did not attend the meeting and the previous PCP-FMD Stage was maintained by default. Information not provided.*

PCP-FMD stages

0	1	2	3	4	WOAH

Meeting recommendations

CONSIDERING:

- There are low budgetary allocations, persistent lack of investments and limited resources to strengthen animal health systems and prevention and control of TADs including FMD in Eastern and Southern Africa;
- That surveillance information is required to quantify the impact of FMD in the regions and to identify circulating FMD strains for vaccine matching;
- That FMD outbreak hotspots have been identified in most of the countries;
- That with one exception, no Eastern Africa countries have progressed on PCP-FMD for more than a decade, while few countries in Southern Africa progressed to the next stage on the PCP-FMD;
- The introduction and spread of FMDV serotypes exotic to the SADC region (types A & O);
- The importance of having a Regional Advisory Group (RAG) to provide leadership and encourage countries to mobilize resources and engage in and progress along the PCP-FMD;
- That information sharing, multistakeholder coordination and collaboration are critical to achieve FMD control through innovative strategies and effective resource management and that this can be supported by epidemiology and laboratory networks.

THE 22 COUNTRIES ATTENDING, FROM EASTERN AFRICA (Burundi, Djibouti, Eritrea, Ethiopia, Kenya, Rwanda, Somalia, South Sudan, Sudan and Uganda) AND FROM SOUTHERN AFRICA (Angola, Democratic Republic of Congo, eSwatini, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Seychelles, United Republic of Tanzania (the), Zambia and Zimbabwe) AGREE TO:

Elect the RAGs for their respective regions for a 3-year term (2024-2027) as follows:

  - Eastern Africa: CVOs Uganda (chair), Rwanda, and Djibouti, Epidemiology Network Leader (Ethiopia), and Laboratory Network Leader (Kenya)
  - Southern Africa: CVOs United Republic of Tanzania (the)(Chair), Malawi and Zambia, and leaders of the EIS (eSwatini) and LS (Zimbabwe)

- Include members of GF-TADs FMD Working Group, representatives from WOAH and FAO Sub-regional offices for Southern and Eastern Africa and PCP-FMD experts as non-voting Members;
- Use the assessments of the regional FMD Roadmap Meeting (2024) as a basis to update the FMD Roadmaps 2024-2027 for the Eastern and Southern Africa Members.

The participants of the FMD Roadmap meeting identified the following recommendations.

To foster an enabling environment for FMD control and emergency management:

1. Advocate for increased investment in FMD prevention and control, effectively communicating to decision makers through policy briefs and other means, supported by socio-economic studies when key evidence gaps are identified.

Who: Regional Advisory Group (RAG), countries, RECs (SADC, AU-IBAR, EAC, IGAD), research organizations and international organizations

2. **Develop and validate a regional strategy for FMD prevention and control** (Eastern Africa) **and update** on the level of implementation of the **SADC regional strategy** to enhance coordination, facilitate joint actions, share information and develop best practices.

   Who: REC with countries and international organizations.

3. **Evaluate and increase the awareness** of stakeholders along the value chain (including livestock owners, transporters, traders and consumers) about FMD and its control. This is needed to develop private-public partnership (PPP) to enhance disease reporting, strengthen biosecurity measures and ensure compliance with control measures.

   Who: Countries, with RECs and international organizations.

4. Continuously **improve capacity** in technical expertise (surveillance, laboratory, epidemiology, economic analysis, emergency management) at national and regional levels; through trainings and virtual platforms such as VLC and others.

   Who: Countries, with REC and international organizations.

5. **Harmonize systems across countries** including health certification systems (cross-border movements and trade), laboratory protocols, epidemiological methods and vaccination to enhance compliance, streamline procedures and improve understanding of results.

   Who: Countries, with REC and international organizations.

6. **Develop and test contingency plans** through simulation exercises, to prepare for an incursion of FMD or a surge in outbreaks.

   Who: Countries, especially those with a recognised FMD free status.

To achieve effective and sustainable vaccination

7. Implement a **vaccine procurement and quality assurance system** that functions throughout the vaccine value chain, including developing best practices for tender processes, development/maintenance of a panel of representative antigens for the region, securing the cold chain and a regional system for prequalifying vaccine suppliers.

   Who: Countries, FMD Reference Laboratories, regional organizations, international organizations

8. **Conduct immunogenicity studies and post-vaccination monitoring**, which are crucial to ensure that the investment in vaccination is optimized and obtaining the expected results. Technical support is available from Reference Laboratories, vaccine manufacturers and PANVAC.

   Who: Countries, laboratories, AU-PANVAC and manufacturers

9. **Empower private sector actors** in coordination with governments to participate in purchasing and delivering prophylactic vaccination where FMD is endemic and government funds cannot sustain vaccination. Where the private sector is unable to contribute, governments will need to foster this capacity. Governments should ensure that quality vaccines, matched to the circulating viral strains, are available for purchase.

   Who: Countries

To enhance surveillance to provide the information needed to control FMD

10. Investigate the constraints to **sample collection and shipment** and develop solutions to facilitate the collection and transport (national and international), of samples to laboratories for laboratory confirmation of outbreaks and virus characterization. Countries are encouraged to work with the Reference Laboratories, which have resources to assist with samples shipment.

    Who: Countries with support from Reference laboratories for FMD, epidemiology and laboratory networks and international organizations

11. Develop mechanisms to enable accurate and timely testing of FMD samples, and reporting of results including improving the availability of reagents, strengthening regional leading laboratories and participation in proficiency testing

    Who: Countries, Reference Laboratories for FMD, national laboratories, epidemiology and laboratory networks, international organizations

12. **Develop or adopt a platform to analyse and timely disseminate information** about outbreaks, including circulating serotypes and strains for veterinary services, vaccine manufacturers, and veterinary laboratories.

    Who: RECs, countries, epidemiology and laboratory networks, Reference Laboratories for FMD, international organizations

To improve FMD control through strong biosecurity and movement control

13. Develop **biosecurity best practices** for farms, livestock markets and transporters, and encourage their adoption, following the FAO Progressive Management Pathway for Terrestrial Animal Biosecurity (FAO-PMP-TAB);

    Who: Countries with support from RECs and international organizations

14. Improve awareness and understanding to **reduce the risks of uncontrolled and informal animal movements at regional level** by consolidating existing movement maps and strengthening cross-border collaborations (for example, through Memorandums of Understanding, wider engagement of stakeholders);

    Who: Countries with support from RECs

15. Improve livestock identification and traceability systems to **enable traceability** which will facilitate movement controls and post-vaccination monitoring.

    Who: Member Countries, regional organizations, laboratories for FMD, epidemiology and laboratory networks and international organizations

The 13th of September 2024 (validated on the 2nd of October 2024)

Agenda

DAY 1- Tuesday 10 September 2024		
Time (local time)	**Topics**	**Speaker**
8:30 – 9:00	Arrival and registration	
9:00 – 9:30	Welcome remarks and opening session	GF-TADs RSc (AU-IBAR) FAO-R United Republic of Tanzania WOAH-SRR EA Permanent Secretary, Ministry of Agriculture, Livestock and Fisheries (Prof Riziki Shemdoe) *Moderator: Stella Kiambi, FAO ECTAD TZ*
9:30 – 9:40	Meeting objectives, climate setting	M.Sirdar, FMD-WG
9:40 – 10:10	Group Photo and Health break	
Session 1. FMD virus situation at global and regional levels Chair: CVO United Republic of Tanzania		
10:10 – 10:30	Overview of global and regional FMD situation, circulating serotypes and topotypes (incl. Eastern, Western, Central and Southern Africa)	D. Paton, WRL-FMD
10:30 – 11:00	Discussion session: Epidemiological status of FMD in Eastern Africa, and southern Africa, factors and risks affecting progress in FMD-PCP	Facilitator / N. Mapitse, FMD WG Co-Chair
11:00 – 11:15	Summary outcomes of the review of the Global FMD Control Strategy and next steps	N. Mapitse, FMD WG Co-Chair
11:15 – 11:45	Recap of PCP-FMD implementation in EA and SADC (previous meetings, recommendations and progress)	N. Mapitse, FMD WG Co-Chair
11:45 – 12:00	Discussion/questions for presenters	All
12:00 – 12:30	Report on regional support from the Eastern Africa Regional Epidemiology Network (EAREN) and SADC Sub-Committee for Epidemiology and Informatics	EAREN, SADC LTC Epi
12:30 – 13:00	Report on regional support from the Eastern Africa Regional Laboratory Network (EARLN) and SADC Sub-Committee for Laboratories	EARLN, SADC LTC Lab
13:00 – 13:30	Discussion/questions for presenters	All
Lunch Break (13:30 – 14:30)		
Session 2. Country updates and Coordination of Control Interventions Chair: Dr Chulu, CVO Malawi		
14:30 – 15:00	Presentation on results of the FMD situation and SAT v2	M. Arshed, FMD-WG
15:00 – 16:15	Panel discussion 1: coordination, information sharing and joint activities for control of risk of FMD and other TADs in the region	AU-IBAR IGAD-ICPALD WOAH

		FAO Facilitator: D. Paton, WRL-FMD
	END OF DAY 1 PLENARY SESSIONS	
16:30 – 18:00	Closed meeting with countries to assess countries' PCP-FMD stages and recommendations	GF-TADs FMD WG + PSOs + Regional representatives

DAY 2 - Wednesday 11 September 2024		
Time (local)	**Topics**	**Speaker**
08:30 – 09:00	Debrief of day 1	B. Bedane, FAO SFS
Session 3. Vaccine selection, vaccination strategies and post-vaccination monitoring Chair: Dr Kwai, CVO South Sudan		
09:00-09:30	Setting the scene: Presentation on FMD vaccine and vaccination questionnaire and work of serotype C taskforce	P. Compston and M. McLaws, FMD WG
09:30 – 09:50	Quality control of FMD vaccines and vaccination in Africa	E. Chitsungo PANVAC
09:50- – 10:10	The contribution of WOAH/ FAO FMD Reference laboratories in the control of FMD in Africa	L. Health, ARC-OVI
10:10-10:30	Presentation on the AgResults Project and activities in support of FMD control in Eastern Africa	B. Maulidi, GALVmed - AgResults
10:30-11:00	Discussion/questions for presenters	All
11:00 – 11:30	Health Break	
11:30-13.00	<u>Panel Discussion 2</u> Sample submissions, vaccine matching and selection, vaccine access and security, and activities of the WOAH/ FAO FMD Reference laboratories Network	Panel: Boehringer Inghelheim & MEVAC GALVmed-AgResults ARC-OVI PANVAC WRL-FMD Facilitator: P. Compston, EuFMD
Lunch Break (13:00 – 14:30)		
Session 3. Vaccine selection, vaccination strategies and post-vaccination monitoring (continued) Chair: Dr Maseka, CVO Zambia		
14:30-14:45	Recap from morning session and introduction of afternoon discussion session	P.Compston, EuFMD
14:45 – 16:30	Break out group discussion session 1: Planning Vaccination, selection, sourcing vaccines, PVM and recommendations for Eastern and Southern Africa	Breakout groups to formulate SMART recommendations Lead: P.Compston, EuFMD
	END OF DAY 2 PLENARY SESSIONS	
16:45 – 18:00	Closed meeting with countries to assess countries' PCP-FMD stages and recommendations	FMD WG + PSOs + Regional representatives

DAY 3 - Thursday 12 September 2024		
Time (local)	**Topics**	**Speaker**
08:30 – 09:00	Debrief of day 2	N. Mapitse, WOAH SRR EA
Session 4. Regional and country experience in FMD control Chair: Dr Ahmed, CVO Sudan		
09:00-09:30	Presentation on the groups' recommendations on vaccines, vaccination strategies and PVM	Group rapporteurs Facilitator: Chair
09:30 – 09:50	What can we learn from SEAC-FMD campaign	B. Purevsuren, FMD WG (online)
09:50 – 11:00	Experiences from countries on FMDV SAT2 and exotic Serotype O preparedness and response	Represntative from United Republic of Tanzania, Rwanda, Namibia and Zambia
11:00 – 11:30	Health Break	
Session 5. Implementing FMD control: Measures, Capacity Building Resource Mobilization Chair: Dr Philo, CVO Seychelles		
11:30 – 11:40	Introduction to session	M. McLaws, FMD WG Co-Chair
11:40 – 13:00	Break out group discussion session 2: **Surveillance:** laboratory and epidemiology aspects **Movement control**, border controls, zoning and compartmentalisation. **Biosecurity** (disinfection, virus inactivation etc), contingency planning, **Emergency Management**: planning and response to increase in outbreaks	Breakout groups to formulate SMART recommendations on each topic Lead: M. McLaws, FMD WG Co-Chair
13:00-13:30	Feedback to plenary on discussion sessions	All
Lunch Break (13:30 – 14:30)		
14:30 – 16:00	<u>Panel discussion 3:</u> the development and implementation of national and regional FMD control strategies: challenges, solutions and support available	Introduction, M.Arshed, FMD WG Panel: AU-IBAR B. Bedane, FAO SFS C Lubaba, WOAH SRR SA Uganda, MZ (ZW), Kenya Facilitator: T.K-Jones, ILRI
	END OF DAY 3 PLENARY SESSIONS	
16:30 – 17:30	**Closed meeting** with countries to assess countries' PCP stages and recommendations	FMD WG + PSOs + Regional representatives
17:30 – 18:30	**Closed meeting**: RAG –WG Discussion on recommendations	RAG & FMD WG + Regional representatives

DAY 4 - Friday 13 September 2024		
Time (local)	**Topics**	**Speaker**
08:30 – 09:00	Debrief of day 3	FAO SFS (WC)
Session 6. Updating regional roadmap, prioritization of activities and next steps **Chair: Dr Cheik, CVO Djibouti**		
09:00-09:30	Presentation of EA and SADC roadmaps based on the Regional Advisory Group assessment	RAG Chairs
09:30-10:00	Presentation of draft regional priorities and recommendations	M. McLaws, FMD WG Co-Chair P.Compston, EuFMD
10:00-10:30	Discussion on the draft regional recommendations and roadmaps for Eastern Africa and Southern Africa and date/format of next roadmap meeting	Co-chairs FMD-WG
10:30-11:00	Presentation of the RAGs ToRs Election of the RAG [**breakout** room for CVOs/Delegates]	FMD WG
11:00 – 11:30	Health Break	
Session 7. Updating regional roadmap, prioritization of activities and next steps **Chair**: Dr Shoopala, CVO Namibia		
11:30 – 13:00	Parallel Action Planning sessions for implementation of national and regional priorities in the coming 2 years: • Update of the Epidemiology networks workplan – Eastern and Southern Africa. *Group rapporteurs: Network Leaders* *Facilitator: MML, MS, VC, PC* • Update of the Laboratory networks workplan – Eastern and Southern Africa *Group rapporteurs: Network Leaders* *Facilitator: DP, MJA, CL, ARC-OVI* • CVO meetings	GF-TADs RSCs FMD WG Epi and Laboratory Networks CVOs and representatives
Lunch Break (13:00 – 14:00)		
14:30-15:00	Feedback to plenary on plans and priorities in the next 2 years	
15:00 – 15:30	Closing Remarks	FAO WOAH AU-IBAR Host country
End of the meeting		

COUNTRY MEETINGS

Country	Panel 1
Burundi	Neo Mapitse (WOAH) – Lead Polly Compston (EuFMD) – Rapporteur to the RAG
Djibouti	
Rwanda	
Somalia	
Eritrea	

Country	Panel 2
Sudan	Muhammad Javed Arshed (FAO) – Lead and rapporteur to the RAG) Viola Chemis (WOAH SRR EA) David Paton (EuFMD)
Ethiopia	
S. Sudan	
eSwatini	
Uganda	
Kenya	

Country	Panel 3
DRC	Mohamed Sirdar (WOAH) – Lead and rapporteur to the RAG) Wilmot Chikurunhe (FAO SFS)
Angola	
Madagascar	
Malawi	
Seychelles	

Country	Panel 4
United Republic of Tanzania	Melissa McLaws (FAO) – Lead Cesar Lubaba (WOAH SRR SA) Berhanu Bedane (FAO SFS)
Zambia	
Mozambique	
Lesotho	
Zimbabwe	
Namibia	

Botswana and South Africa delegations were met virtually on day 3.

List of participants

Country/Organization	Title/Position	Name
Burundi	CVO	Désiré Ntakirutimana
Burundi	PCP-FMD POC	Serge Nkurunziza
Djibouti	CVO	Moussa Ibrahim Cheik
Djibouti	PCP-FMD POC	Abdi Mahamoud Elmi
Eritrea	Epi POC	Mesghun Kefle Uqbazghi
Eritrea	PCP-FMD POC	Hailemichael Teklemariam
Ethiopia	Lab POC	Derara Birassa
Ethiopia	PCP-FMD POC	Meron Megos
Kenya	PCP-FMD POC	George Njogu
Kenya	Lab POC - Head FMD lab	Mbain Abraham Kiprotich Sangula
Sudan	CVO	Osama Muzamil Abdel Rasoul Ahmed
Sudan	Epi POC	Dr. Hanan Yousif Mohamed
Rwanda	PCP-FMD POC	Manzi Maximilian
Rwanda	Lab POC	Eric Iradukunda
Somalia	FMD expert	Amir Muse Osman
South Sudan	CVO	Agol Kwai
South Sudan	PCP-FMD POC	Matur Alembany Goljok
Uganda	CVO/WOAH Delegate	Stella Atim
Uganda	PCP-FMD POC	Ben Ssenkeera
Angola	Epi POC	Samo Daniel
Angola	TBC	Samuel Tomas Mateia
eSwatini	WOAH-D	Patrick Mduduzi Dlamini
Lesotho	WOAH-D	Relebohile Lepheana
Lesotho	PCP-FMD POC	Mookho Ntiea
Madagascar	WOAH-D	RamahefasoaBettelhein
Madagascar	Lab POC	Randriamora Nirharosoa de Borgia
Malawi	CVO	Julius L. Chiwanga Chulu
Malawi	Epi POC SADC	Gladson Kamwendo
Mozambique	PCP-FMD POC	Zacarias Elias Massicame
Namibia	CVO Rep	Simeon Elago
Namibia	PCP-FMD POC	Reinhold Haimbodi
United Republic of Tanzania	WOAH -D	Benezeth Malinda Lutege
United Republic of Tanzania	PCP-FMD POC	Daniel Pius Mdetele
Zambia	PCP-FMD POC	Cornelius Mundia
Zimbabwe	PCP-FMD POC	Reverend Mooregood Spargo
DRC	Lab POC	Ezechiel Bushu Mulinda
DRC	PCP-FMD POC	Roger Madiamba Mponda
Seychelles	CVO	Rodney Philo
Seychelles	Vet Officer	Talysa Francesca RuthAzemia

Country/Organization	Title/Position	Name
	GALVMED - AgResults	Badi Maulidi
	ARC-OVI	Livio Heath
	MEVAC	Abdelmanem Islam Hisham
	Boehringer Inghelheim	Mohamed Alnahrawy
	Boehringer Inghelheim	Nicolas Denormandie
	DTRA	Emily M'Onyancha
	AU-PANVAC	Ethel Chitsungo
	BVI	Mmolotsi Dikolobe
	ILRI	Theo Knight-Jones
	SACAU Sec	Timoth Mmbaga
	GF-TADs FMD Working Group (FAO)	Melissa McLaws
	GF-TADs FMD Working Group (WOAH)	Neo Mapitse
	GF-TADs FMD Working Group (FAO)	Muhammad Javed Arshed
	GF-TADs FMD Working Group (WOAH)	Mohamed Sirdar
	EuFMD	Polly Compston
	EuFMD - WRLFMD	David Paton
	FAO - SFS	Berhanu Bedane
	FAO - SFS	Wilmot Chikurunhe
	FAO - SFS	Priscilla Bukhwele
	FAO - United Republic of Tanzania	Stella Kiambi
	FAO - United Republic of Tanzania	Nyabenyi Tipo
	FAO - United Republic of Tanzania	Alice Maro
	WOAH SRR-EA	Viola Chemis
	WOAH SRR-SA	Caesar Lubaba
	WOAH SRR-EA	Ann Loko

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