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4th GF-TADs Eastern Africa Roadmap meeting for **Foot-and-Mouth Disease**

Short report of the virtual meeting
29–31 March 2022



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Contents

VISION FOR THE EASTERN AFRICA ROADMAP FOR FOOT-AND-MOUTH DISEASE CONTROL	iv
ACKNOWLEDGEMENTS	v
ABBREVIATIONS	vi
BACKGROUND	1
UPDATED MEMBERSHIP OF THE REGIONAL ADVISORY GROUP FOR EASTERN AFRICA	2
OVERVIEW OF GLOBAL AND REGIONAL FMD SITUATION AND VACCINE RECOMMENDATIONS	3
NATIONAL STRATEGIES AND COUNTRY REPORTS	5
VALIDATED AND PROVISIONAL FMD EASTERN AFRICA ROADMAP FOR 2022–2026	6
REPORT OF THE SURVEY ON FMD VACCINATION PROGRAMMES	8
MEETING RECOMMENDATIONS	10

VISION FOR THE EASTERN AFRICA ROADMAP FOR FOOT AND MOUTH DISEASE CONTROL

|| *Regional cooperation among African countries for the progressive control of foot-and-mouth disease, leading towards freedom from clinical disease by 2027, for regional economic development, food security and poverty alleviation.* ||



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Abbreviations

ANSES	Agence nationale de sécurité sanitaire de l'alimentation, de l'environnement et du travail/French Agency for Food, Environmental and Occupational Health & Safety
AU-IBAR	African Union-International Bureau for Animal Resources
AU-PANVAC	Pan African Veterinary Vaccine Center of African Union
BVI	Botswana Vaccine Institute
CVO	Chief Veterinary Officer
EAC	Eastern African Community
EAREN	Eastern Africa Regional Epidemiology Network
EARLN	Eastern Africa Regional Laboratory Network
ECTAD	Emergency Centre for Transboundary Animal Diseases
EuFMD	European Commission for the Control of Foot-And-Mouth Disease
FAO	Food and Agriculture Organization of the United Nations
FMD	Foot and mouth disease
FMD WG	FMD Working Group
GALVmed	Global Alliance for Livestock Veterinary Medicines
GF-TADs	Global Framework for the Progressive Control of Transboundary Animal Diseases
IGAD	Intergovernmental Authority on Development
ICPALD	IGAD Centre for Pastoral Areas and Livestock Development
MOU	Memorandum of Understanding
NVI	Ethiopian National Veterinary Institute
OCP	Official Control Programme
OIE	World Organisation for Animal Health (now WOAHA)
PCP	Progressive Control Pathway
PPR	Peste des petits ruminants

PVM	Post-vaccination monitoring
PVS	Performance of Veterinary Services
RAG	Regional Advisory Group
RAHN	Regional Animal Health Network
RAP	Risk assessment plan
RBSP	Risk-based strategic plan
RECs	Regional Economic Communities
SAT	PCP–FMD Self-Assessment Tool
SMP	Standard methods and procedures
TADs	Transboundary animal diseases
ToRs	Terms of Reference
WOAH	World Organisation for Animal Health (founded as OIE)
WRL–FMD	World Reference Laboratory for FMD, Pirbright Institute, United Kingdom (UK)



Background

Foot-and-mouth disease roadmap meetings are organised under the umbrella of the FAO/WOAH Global Framework for the Progressive Control of Transboundary Animal Diseases (GF-TADs), by its FMD Working Group, with technical support from the FAO European Commission for the Control of FMD ([EuFMD](#)). Participants include Chief Veterinary Officers (CVOs)/WOAH Delegates and national laboratory, epidemiology and PCP-FMD Focal Points (experts) engaged in FMD control programmes; FAO regional and national representatives; WOAH regional and sub-regional representatives; representatives from regional bodies; and representatives from the WOAH/FAO Reference Laboratory [Network for FMD](#). This is one of several initiatives to implement the [Global FMD Control Strategy](#) and to encourage countries to progressively control FMD, using the [Progressive Control Pathway for FMD](#) (PCP-FMD) at the country level, with efforts coordinated at the regional level.

Three FMD roadmap meetings for the Eastern Africa (EA) region have been held previously, in 2012, 2014 and 2018. The EA roadmap region belongs to FMD virus (FMDV) Pool 4 ([map here](#)).

Ten countries (Burundi, Djibouti, Eritrea, Ethiopia, Kenya, Uganda, Rwanda, Somalia, South Sudan, and Sudan) of the EA roadmap region participated in the meeting, while Tanzania and the Democratic Republic of Congo attended as Members of the EA Community. The meeting adopted the proposed agenda ([link here](#)) and proceeded accordingly. The key highlights of the meeting are described in this report.

Updated membership of the Regional Advisory Group for Eastern Africa

Participants elected the following three CVOs and two experts as voting members of the Regional Advisory Group (RAG) for Eastern Africa:

- Fabrice Ndayisenga, CVO/Delegate Rwanda (Chairperson of the RAG)
- Moussa Ibrahim Cheik, CVO/Delegate Djibouti
- Elamir Gaafar Saad, CVO Sudan
- Yismashewa Wogayehu, leader of the EA Regional Epidemiology Network (EAREN) from Ethiopia
- Elijah Wamalwa, leader of the EA Regional Laboratory Network (EARLN) from Kenya.

Non-voting RAG members are as follows:

- The FMD–WG Members
- FAO and WOAHA Regional Representatives
- The World Reference Laboratory for FMD (WRLFMD) representative.

Overview of the global and regional FMD situation and vaccine recommendations

[D. King/Pirbright Institute on behalf of WRLFMD]

An overview of the regional FMD situation and vaccine recommendations was provided by Donald King from the WRLFMD (Pirbright, UK). This presentation summarised data collated from the WOA/FAO FMD Laboratory Network (www.foot-and-mouth.org), and partner laboratories were thanked for sharing data that were included in the presentation. Based on these data, we know that viruses within four FMDV serotypes (O, A, SAT 1 and SAT 2) circulate within two overlapping ecosystems in the

region (see Table 1). Countries located in the northern part of Eastern Africa experience field outbreaks caused by three FMDV lineages (O/EA-3, A/AFRICA/G-IV and SAT 2/VII) that are also present in West Africa, highlighting the east-west inter-regional connectivity via livestock-dense regions south of the Sahara. These FMD viral lineages are distinct from those circulating in countries in southern parts of the region, where O/EA-2, A/AFRICA/G-I, SAT 1/I and SAT 2/IV predominate.

TABLE 1: Distribution of FMD virus lineages in East African countries within two overlapping ecosystems

For each country, the coloured boxes denote samples that have been characterised in the last 10 years for each of 8 FMD virus lineages (where dates define the most recent FMD outbreak reported). Grey text represents older samples collected before 2012. NB: Only those FMD outbreaks in domesticated species are shown (SAT lineages 1–3 are also present in buffalo populations)

Country	O			A/AFRICA		SAT 1	SAT 2	
	EA-2	EA-3	EA-4	G-I	G-IV	I	IV	VII
Eritrea		2017			2018			2019
Djibouti	No samples/sequences submitted for analyses							
Sudan	2017				2018			2017
S. Sudan	2017							
Ethiopia	2019	2019		2018	2019	2007		2018
Somalia	2007							
Uganda*	2020		2017	2016		2016	2016	2017
Kenya	2021		2010	2021		2020	2017	
Rwanda	2004							
Burundi	2003			2016		1999	2016	
Tanzania	2018			2017		2017	2018	
DRC	2021			2011				
Comoros	2019							

*SAT 3 detected in Uganda in Ankole cattle during 2013; DRC: Democratic Republic of Congo; S. Sudan: South Sudan

The WOA/FAO Reference Laboratories recommend that Veterinary Services ensure that the vaccines used are appropriate for the viruses circulating in the region and are in line with WOA/FAO standards. A range of FMD vaccines from other commercial suppliers (such as Biopharma, KEVEVAPI, ME-VAC or BVI) are used in the region although there is very little vaccine matching data available to support the use of these vaccines for Eastern African field isolates. As an alternative to vaccine matching, the presentation highlighted the role that could be played by heterologous serology testing of the final formulated product, using regionally relevant FMDV antigens (www.wrlfmd.org/node/2096/). This simple approach, which does not require access to live vaccine strains from the companies, has been employed for testing post-vaccination sera collected from a recent study conducted in Uganda (presented at this meeting by Susan Kerfua).

In summary, the presentation highlighted gaps in our current knowledge regarding the complex epidemiology of FMD virus lineages that circulate in Eastern Africa, as well as a lack of empirical evidence for the selection and use of vaccines in the region. Therefore, it is recommended that countries:

- Increase FMD surveillance, sampling and shipment of samples to reference laboratories to identify circulating strains and for vaccine-matching analyses. The meeting was reminded that WRLFMD and other laboratories in the WOA/FAO Network can support the submission of samples; in the first instance, please contact donald.king@pirbright.ac.uk for further information;
- Request that vaccine manufacturers provide evidence to confirm the efficacy of their products against the circulating FMD virus lineages in the target host species (either as individual monovalent components, or after formulation of a multivalent product sold to the market).

National strategies and country reports

During days 1, 2 and 3, the delegation of each country presented a report, sharing their national FMD situation. At the end of days 1, 2 and 3, closed meetings were organised with countries to review their FMD situation, control activities and PCP–FMD stage (based on the self-assessment tool, presentation outcomes

and control plan), and to discuss the way forwards. Two interview panels, comprised by the non-voting members of the RAG and relevant technical experts, met with representatives of ten EA Members: Burundi, Djibouti, Eritrea, Ethiopia, Kenya, Uganda, Rwanda, Somalia, South Sudan, and Sudan.

Validated and provisional FMD Eastern Africa Roadmap for 2022–2026

TABLE 2: PCP-FMD stages for countries in the Eastern Africa Roadmap between 2012 and 2022, as well as the expected progression for 2023–2026

Country	Validated Stages											Provisional Stages			
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Burundi	1	1	1	1	1	1	0	0	0	0	0	–	–	–	–
Djibouti	1	1	1	1	1	2					1*	4	4	4	4
Eritrea	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2
Ethiopia	1	1	1	1	1	1	1	1	1	1	1	1	2	2	3
Kenya	1	1	1	1	1	1	1	1	1	2	2	2	2	3	3
Rwanda	1	2	2	2	2	2	2	2	2	2	2	–	–	–	–
Somalia	1	1	1	1	1	1	1	1	1	1	1*	2	2	3	3
South Sudan	0	1	1*	1*	1*	1*	1	1	1	1	1	–	–	–	–
Sudan	1	2	2*	2*	2*	2*	2*	2*	2*	2*	2*	2	2	2	3
Uganda	1	1	1	1	2	2	2	2	2	2	2	–	–	–	–

Legend:

PCP-FMD stages					
0	1	2	3	4	WOAH

Caption:

– Information not provided

* Provisional status given to the country. Attribution of provisional PCP-FMD stages is limited to a maximum period of 6 months. Countries have 6 months to provide additional information, including their FMD Control Plan/Programme. If not, they will be downgraded to the previous PCP-FMD stage



Report of the survey on FMD vaccination programmes

The survey was completed by six out of ten countries that are in different stages of the PCP–FMD (Table 3).

TABLE 3: Countries that completed the vaccination survey, by PCP–FMD stage

2021 PCP–FMD stage	Countries
0	Burundi
1 (provisional)	Somalia
1	Ethiopia
2	Kenya, Rwanda, Uganda

VACCINATION POLICIES

- All six countries reported vaccinating in both 2020 and 2021, either targeted vaccination (n = 4) or emergency vaccination (n = 5);
- Two out of six countries reported their vaccination coverage:
 - Large ruminants: 6%
 - Small ruminants: 3% to 10.2%;
- Two countries reported vaccinating pigs;
- Two countries targeted vaccination to border areas.

IMPLEMENTATION OF VACCINATION

- **Vaccination schedule**
 - Four countries reported their campaign interval as being every six months;
 - No country reported taking their neighbours' vaccination schedules into account to plan their own vaccination programme.
- **Months when FMD vaccination is practised (two countries):**
 - April and September;
 - July and December.
- Vaccine is administered by the National State Veterinarian (in four countries); the local state veterinarian (in six countries); veterinary paraprofessionals (in four countries); and local private veterinarians (in four countries).
- Livestock owners do not administer the vaccine in any of the countries that replied to the survey.
- In two countries, the government covers all costs of vaccination; in two countries, the cost is shared between the government and livestock owners.

- Five countries indicated that funds in the national budget are not sufficient for FMD vaccines and vaccination.
- Two countries replied that 100% of vaccine costs are covered by development partners.
- The reported cost per dose was USD 2.50 per animal for quadrivalent vaccine.

VACCINES USED, VACCINE MATCHING AND POST-VACCINATION MONITORING

- **Vaccines used:**
 - Fortivax-Kevevapi (four countries);
 - IMUNAFT-Biopharma (one country);
 - NVI (one country).
- **FMDV serotypes used in vaccines:**
 - A, O, SAT 1, SAT 2 (five countries);
 - A, O, SAT 2 (one country).
- **Vaccine matching:**
 - Two countries submitted samples for vaccine matching to WRL–FMD;
 - One country shared the results of its vaccine matching:
 - o Ok77/88, Ak5/80, SAT 1T155/71, SAT 2K52/84;
 - Two countries reported doing potency tests on the vaccine before use.
- **Post-vaccination monitoring:**
 - One country reported conducting vaccine effectiveness studies (PVM) – but the results were not shared;
 - One country reported outbreaks in vaccinated animals.

FMD SEROTYPE C STATUS

- Six out of six countries confirmed **not** having serotype C included in the vaccines used or registered nationally.
- Two countries confirmed maintaining live serotype C stocks for research, diagnosis or vaccine-manufacturing purposes.
- One country reported unknown status regarding maintaining live serotype C stocks.

LABORATORY DIAGNOSIS OF FMD

- Two countries use national laboratories for FMD confirmation;
- Four countries use both national and international laboratories;
- Four countries reported using enzyme-linked immunosorbent assay (ELISA) and reverse transcription polymerase chain reaction (RT-PCR).

PUBLIC-PRIVATE PARTNERSHIP

- Three countries reported using public-private partnerships in vaccination campaigns.

IMPACT OF COVID-19

- Four out of six countries indicated that COVID-19 had had an impact on disease surveillance, vaccination campaigns, the supply of vaccines and reagents, and the shipment of samples.

SUMMARY

- The majority of livestock in responding countries are not protected.
- There is either no or very poor vaccine coverage:
 - Vaccines including serotypes O, A, SAT 1 and SAT 2 are used in the region. However, more information is needed about the specific strains included.
- More surveillance is needed!
 - To monitor the most common circulating strains (collecting samples and submitting them to reference laboratories);
 - To determine **how well the vaccines protect** against these strains (vaccine matching, post-vaccination monitoring).

Meeting recommendations

CONSIDERING

- The adoption of the FAO–WOAH Global Strategy for the Control of FMD (Bangkok, June 2012) with its three inter-related components: control of FMD, reinforcement of Veterinary Services and combined control of FMD with the control of other animal diseases;
- That FMD is endemic in the Eastern Africa region, and the importance of regional coordination for controlling FMD due to its high contagion rate and important socio-economic impact on food security, trade and sustainable development of the livestock sector;
- The importance of having a Regional Advisory Group (RAG) for Eastern Africa to provide leadership for countries to engage in and advance along the Progressive Control Pathway for FMD (PCP–FMD) and advocate FMD control at a regional level to countries, the private sector and donors, emphasising the importance of investing in FMD control and prevention;
- The results of previous FMD regional roadmap meetings for Eastern Africa held in 2012, 2014 and 2018;
- That many countries have inadequate financial resources to enable optimal implementation of the PCP–FMD;
- The existence of the Eastern Africa Regional Laboratory Network and the Eastern Africa Regional Epidemiology Network to support the regional and national FMD control effort;
- The possibility offered by EuFMD and FAO of providing specific support for countries through the PCP Support Officer (PSO) system
- The ongoing efforts made by IGAD and EAC to facilitate a cross-border MOU, providing a development and implementation framework to undertake joint disease surveillance, control and reporting, were acknowledged as valuable, leading to a useful tool to which all stakeholders can subscribe to achieve coordinated TADs control in the region;
- The challenges faced in the region in the use of multivalent FMD vaccines that provide effective protection for vaccinated animals;

- The recommendations for safe international trade provided in the WOA *Terrestrial Animal Health Code* chapter on FMD;

The 12 participating countries: Burundi, the Democratic Republic of Congo, Djibouti, Eritrea, Ethiopia, Kenya, Rwanda, Somalia, Sudan, South Sudan, Tanzania and Uganda, agree:

- to update the membership of the RAG for the Eastern Africa region for a three-year term (2022–2025), with voting members comprising:
 - the CVOs of Djibouti, Sudan and Rwanda (the latter as Chair);
 - the Coordinators of the Eastern Africa Regional Epidemiology and Eastern Africa Regional Laboratory Networks.
- to use the information presented during this virtual FMD roadmap meeting (2022) as a basis for establishing the provisional 2022–2026 Roadmap for Eastern Africa Countries.

THE PARTICIPATING COUNTRIES MADE THE FOLLOWING RECOMMENDATIONS FOR BETTER IMPLEMENTATION OF THE GLOBAL FMD CONTROL STRATEGY IN THE EASTERN AFRICA REGION

That countries:

1. Be encouraged in, supported and committed to progress along the roadmap, in accordance with the principles of the progressive control of FMD (PCP–FMD) and the need for competent Veterinary Services. This includes:
 - a. Conducting a self-assessment (PCP–FMD SAT) and using the outcomes to strengthen and submit their risk assessment plan (Stage 1), risk-based strategic plan (Stage 2) or Official Control Programme (Stage 3) to the FMD–WG, to allow them to advance to the next stage;
 - b. Requesting and making use of **PCP Support Officers (PSOs)**, when assigned by the FMD–WG, to assist their progress along the PCP–FMD and to identify and train national and/or regional experts to become PSOs;

- c. Appointing and empowering National PCP–FMD, epidemiology and laboratory Points of Contact (experts), preferably within the existing national animal health network, to regularly **monitor the implementation** of control strategies, and **share information** with other countries who are following the same Roadmap.
2. To improve regional coordination by:
 - a. Strengthening the Eastern Africa Regional Epidemiology and Laboratory Networks through active participation in coordinated FMD activities, including sharing risk information, good practices and lessons learnt, and building capacity in the countries of the region;
 - b. Participating in the development of a regional FMD control strategy.
 3. To improve knowledge about the epidemiology of FMD in the region by:
 - a. Identifying and **sharing relevant information** (e.g. on vaccines and vaccination campaigns, circulating strains, animal mobility, etc.), possibly through the creation of a regional database and/or Group for Vaccination Advice, Guidance and Consultation (GVA) and regular communication within the Eastern Africa Epidemiology and Laboratory Networks, as well as in the Regional Animal Health Network (RAHN) of CVOs;
 - b. Ensuring **reporting and field investigations** of suspected FMD outbreaks, including submitting samples to national and/or regional laboratories for confirmation and to the FAO/WOAH FMD Reference Laboratories for virus characterisation and vaccine matching.
 4. To strengthen capacities to implement the Global FMD Control Strategy by:
 - a. Encouraging national laboratories to participate in the proficiency tests organised by FAO and WOAH reference laboratories (organised by the World Reference Laboratory, Pirbright Institute);
 - b. Requesting specific **laboratory capacities and surveillance system assessments** through FAO’s laboratory mapping tool and surveillance evaluation tool assessments, developing progressive improvement/action plans, and using these to mobilise resources for improvements in capacity;
 - c. Engaging in the WOAH PVS by requesting an initial evaluation or WOAH PVS follow-up mission (if the initial PVS evaluation was carried out before 2014); a PVS for veterinary legislation support programme and on sustainable laboratories to update the country’s understanding of its Veterinary Services capacity; and guidance on investments into veterinary systems. This will assist in building capacity in response to any identified gaps (Component 2 of the Global FMD Control Strategy).
 5. To implement effective control measures, making best use of the resources available by:
 - a. Conducting studies to assess the socio-economic impact of FMD on different stakeholders;
 - b. Periodically assessing the risks of FMD entry and spread, and using this information to target interventions;
 - c. Ensuring that vaccine selection is appropriate, given the FMD virus serotypes and topotypes circulating in the region, and improving empirical data to demonstrate adequate performance of the FMD vaccines used and their regional relevance, as well as prioritising work to assess heterologous post-vaccination responses;
 - d. Using the FAO–WOAH guidelines to conduct PVM studies regularly, in order to continue assessing the impact and quality of the vaccine and vaccination programme in reducing the FMD burden, and to determine the cost benefits;
 - e. Implementing small-scale immunogenicity studies, as recommended by the FAO–WOAH Post-Vaccination Monitoring Guidelines, and sharing the results to assess and evaluate immune response to the different vaccines used in the region. Laboratory protocols should be harmonised to facilitate the comparison of results;
 - f. Sharing experiences and best practices in public–private partnerships for disease control, thereby increasing private-sector investment in FMD control and prevention;
 - g. Exploring the feasibility of implementing regionalisation principles (i.e. zoning and compartmentalisation) as a trade-facilitation tool, as well as FMD control management strategies;

h. Prioritising internal and cross-border controls on livestock movement.

6. To seek to combine the prevention and control activities for FMD with those of other livestock diseases, such as PPR, African swine fever and contagious bovine pleuropneumonia, which are considered high-priority diseases in the region (Component 3 of the Global FMD Control Strategy).
7. To promote responsible and prudent use of antimicrobials when they are used for clinical treatment of secondary bacterial infection in FMD cases, considering the growing concern over antimicrobial resistance.

Technical partners:

The FAO and WOAHA GF-TADs FMD Working Group and EuFMD:

8. To engage with countries and the regional organisations (EAC, IGAD) to develop a **regional FMD control strategy**, supported by the Regional Epidemiology and Laboratory Networks.
9. To provide regional training courses, online courses and Webinars on the PCP-FMD principles and surveillance processes, including risk assessment, socio-economic impact assessment, early detection, outbreak investigation, sample collection and shipment.
10. To undertake activities to improve epidemiological surveillance and laboratory capacity to advance in FMD control, in collaboration with relevant regional and global partners and the WOAHA/FAO Reference Laboratories.

11. To assist countries in developing FMD control strategies and contingency plans.

The supporting global and regional organisations:

12. To continue committing appropriate resources to support the development of a regional FMD control strategy.
13. To encourage Member Countries to use AU-PANVAC for quality assurance before purchasing vaccines, in line with the AU decision.
14. To encourage public and private initiatives supporting the development and uptake of high-quality FMD vaccines tailored to meet the needs of Eastern Africa, including a harmonised authorisation process for FMD vaccines.
15. For RECs to continue advocating at the highest political level and provide support to Member States for the preparation, revision, signing and effective implementation of MoUs for joint and coordinated cross-border movement and TADs control.

The meeting agreed that material presented at the roadmap meeting, including country reports and meeting reports, be published on the GF-TADs websites.



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