GF-TADs Africa

GLOBAL FRAMEWORK FOR THE
PROGRESSIVE CONTROL OF
TRANSBOUNDARY ANIMAL DISEASES

Food and Agriculture
Organization of the
United Nations

World Organisation
for Animal Health
Founded as OIE

African
Union

RSC 13

Accelerating PPR eradication in West Africa

Closing the gaps in coastal countries and cross-border episystems

Progress, persistent risks and priority actions toward 2030

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GF-TADs for Africa Regional Steering Committee XIII · Abuja, Nigeria · 10–12 November 2026

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Three key messages

1 PPR remains endemic

- Notifiable in all 15 ECOWAS countries, endemic in 14.
- No ECOWAS country is yet on the WOAH PPR-free list (May 2026).
- Cabo Verde: no detection despite serosurveillance since 2022.

2 Coastal countries are connected

- Linked to Sahelian production zones by trade, livestock markets, transhumance and supply chains.
- National action alone will not interrupt transmission.

3 Doses are not immunity

Vaccine availability has improved, but verified coverage, measured immunity, surveillance sensitivity and predictable financing remain insufficient.

Up to 90% of an exposed flock can be infected

30–70% of infected animals may die

1 dose confers long-lasting immunity

Eradication protects small producers, women and youth.

Sources: ECOWAS Regional Coordinator inputs (Oct 2026); WOAH PPR-free list (May 2026); FAO PPR background.

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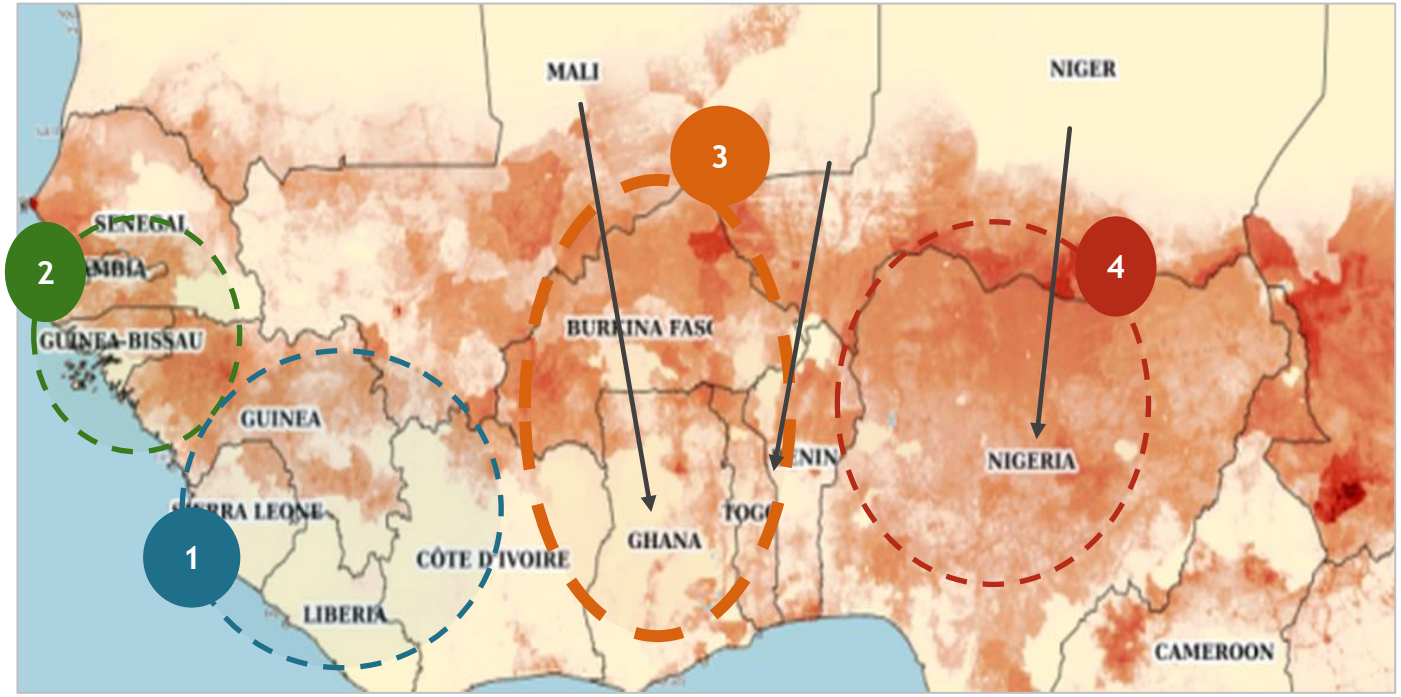
Risk map and priority cross-border episystems



Shading: small-ruminant density (FAO Hand-in-Hand Geospatial Platform, 27 Oct 2026, CC BY-ND 4.0). Ellipses and arrows are indicative; corridors, markets and border points to be mapped with country data.

The designations employed and the presentation of material in this map do not imply the expression of any opinion whatsoever on the part of FAO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

1 Mano River Basin

Guinea, Sierra Leone, Liberia, Côte d'Ivoire

2 Senegambian-Atlantic

Senegal, The Gambia, Guinea-Bissau, Guinea

3 Central Sahel-coast

Côte d'Ivoire, Ghana, Togo, Benin ↔ Burkina Faso, Mali, Niger

4 Nigeria and neighbours

Nigeria, Benin, Niger (+ Cameroon, inter-regional)

Burkina Faso, Mali, Niger: source and transit countries.
Cabo Verde: island system, no detection.

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Coastal countries: where each stands

Country	PMAT stage ECOWAS / PAPS		Lineages (reported)	Vaccination (reported)	PVE sero-conversion	Main gap
Cabo Verde	4	HF	No detection	Not applicable	—	Dossier sent for evaluation
Senegal	2	2	II and IV	To complete	71%	Documentation, surveillance
The Gambia	2	1	II and IV	To complete	98.5%	Study size and protocol
Guinea-Bissau	2	1	Not reported	To complete	To complete	Surveillance, laboratory
Guinea	2	1	IV	Doses mobilised	To complete	Deployment, reagents
Sierra Leone	2	1	Not reported	Doses mobilised	To complete	Reporting, PVM
Liberia	1	1	Not reported	Doses mobilised	To complete	NSP adoption, workforce
Côte d'Ivoire	2	1	II and IV	86% coverage	92%	Verification, surveillance
Ghana	2	1	II and IV	60% coverage	93%	Data harmonisation
Togo	2	1	Not reported	9.45% (2025); stock	To complete	Stock use, coverage
Benin	2	2	IV	5% coverage	To complete	Insufficient coverage
Nigeria	1	1	II and IV	37% coverage	To complete	Scale, states, financing

PMAT stages are country-reported assessments subject to validation; they are not WOAH-recognised status. ECOWAS and PAPS tables diverge for 8 of 12 countries. Coverage and sero-conversion are country-reported; dates, methods and denominators to be confirmed. HF: historically free. Recent sequencing confirms lineage IV in Côte d'Ivoire, Ghana, Guinea and Senegal (see notes).

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Coastal countries are not epidemiological endpoints

Sahelian production zones
Burkina Faso, Mali, Niger, northern Nigeria

→

Markets and transit
Collection and border markets, transhumance

→

Coastal terminal markets
Abattoirs and large coastal cities

→

Festive demand peaks
Mass movements before Tabaski

What this means for PPR control

1. **Destination markets:** infection can be imported continuously from Sahelian zones.
2. **Connected value chains:** movements link production zones, markets, abattoirs and cities.
3. **Unsynchronised vaccination:** campaigns not aligned along a corridor displace the risk.
4. **Borders ≠ episystems:** administrative boundaries do not match how the virus circulates.
5. **Shared weak points:** a surveillance gap in one country reduces the security of all its neighbours.

Evidence: herd movements in Senegal follow market prices and the religious calendar (Sci Rep 2023, doi:10.1038/s41598-023-40715-3); small-ruminant mobility mapped in northern Nigeria (PLoS ONE 2025, doi:10.1371/journal.pone.0311030).

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Surveillance and diagnostics: foundations exist, sensitivity is limited

4 countries report a surveillance plan	**12** countries identified hotspots	**14** countries report ELISA
11 countries report RT-PCR	**7** in inter-laboratory testing	**18,480** AU-PANVAC bELISA tests

- Surveillance mostly passive; active surveillance and feedback uneven.
- Surveys completed in Togo and Benin; Nigeria analysis ongoing.
- Constraints: reagents, power, calibration, sample referral (Guinea, Liberia). Nigeria used 3,024 of a 7,040-test AU-PANVAC kit capacity.

Coastal-country priorities

- Active surveillance in markets and corridors
- Harmonised case and outbreak definitions
- Rapid cross-border sample shipment
- Continuous availability of reagents
- Inter-laboratory quality control
- Sequencing of recent outbreaks
- Feedback to field agents

Evidence: lineage IV spreading in West Africa, co-circulating with lineage II in Burkina Faso, Côte d'Ivoire and Guinea (Animals 2023, doi:10.3390/ani13071268); first lineage IV in Senegal, 2020 (Viruses 2024, doi:10.3390/v16020305).

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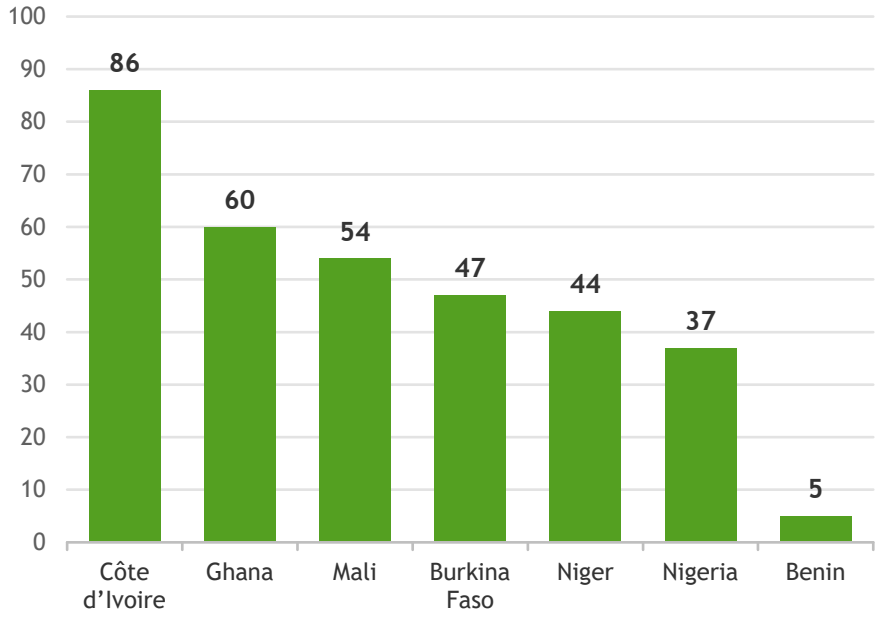
Vaccination: from counting doses to demonstrating immunity

Doses mobilised → Doses delivered → Animals vaccinated → Verified coverage → Sero-conversion → Fewer outbreaks

Where most reporting stops today

What must be demonstrated by 2030



Reported administrative coverage (%), not measured immunity.

What the data show

- **Coverage** 86% (Côte d'Ivoire) to 5% (Benin).
- **Sero-conversion** 25% to 98.5%; dates, protocols and sample sizes to document.
- **Vaccines shelf life:** doses wasted.
- **Côte d'Ivoire:** FAO-supported doses under verification.

Vaccine availability alone does not guarantee immunity: microplanning, cold chain, timely deployment, accountability and PVM are equally critical.

Evidence: vaccination must be coordinated between neighbouring countries and backed by post-vaccination sero-monitoring (Zhao et al., Viruses 2021, doi:10.3390/v13010059).

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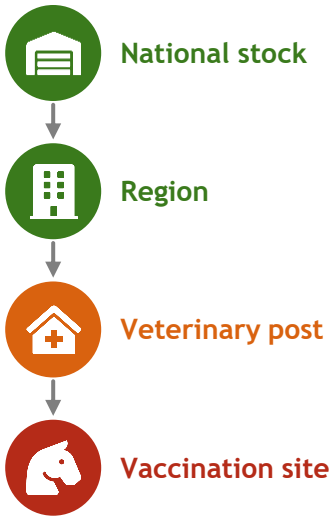
Cold chain: a critical link for PPR vaccination

Even when vaccines are available, getting them to livestock areas at the right temperature remains difficult. FAO-SFW studies in Senegal and Guinea point to four vulnerabilities.



Weakest link: storage to animal

1. Transport

- Senegal: 56.7% motorcycles, 35.1% non-adapted light vehicles; 2 functional refrigerated trucks
- Guinea: 96.1% of public services use motorcycles; no refrigerated truck at importing wholesalers

2. Energy and equipment

- Senegal: power supply (36.7%), electricity cost, faulty equipment, heat, cost of ice
- Guinea: power supply 53% and equipment 25% of reported difficulties

3. Temperature monitoring

- Mostly manual; excursions rarely recorded (Senegal)
- Guinea: manual records (60%), no SOPs, low traceability

4. Vaccine quality

- Senegal: 13% titre loss in vaccine remnants; some posts lose >15% of vaccines
- Guinea: vaccine losses estimated at ≈15%

13–15%

vaccine losses or titre loss (Senegal, Guinea)

2

functional refrigerated trucks for all of Senegal; none at Guinea's importing wholesalers

FAO support: Senegal and Guinea: cold-chain assessments and costed national action plans (Senegal 2026–2030, FCFA 2.745 bn; Guinea 2026–2028, USD 3.24 M); Guinea: 2 M FAO vaccine doses. The Gambia: [TO COMPLETE].

Protect vaccine potency to the last mile and the last animal.

Sources: FAO-SFW veterinary vaccine cold-chain studies, Senegal (Dec 2025) and Guinea (Dec 2025); ECOWAS inputs (Oct 2026) for doses.

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Mano River Basin: a regional demonstrator for the episystem approach

750,000
small ruminants: programme target by IBAR

Guinea, Sierra Leone, Liberia, Côte d'Ivoire

- Concept notes ready, memos approved in Guinea, Liberia, Sierra Leone.
- Côte d'Ivoire: 1,500-sample baseline survey designed in 15 regions.



PPR vaccination, West Africa

Country	AU-IBAR / EU doses	Other support (doses)
Guinea	188,300	FAO 2,000,000; domestic 1,000,000
Sierra Leone	161,000	Not provided
Liberia	114,500	FAO 500,000
Côte d'Ivoire	285,900	FAO: under verification

Proposed operating model

Monthly coordination	Joint costed plans	Harmonised calendars
Pre- and post-vaccination surveillance	Priority markets and border points	Quarterly dashboard

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Five main obstacles to eradication by 2040

1	**Non-harmonised data**	PMAT stages, populations, coverage and sero-conversion differ across sources.
2	**Passive surveillance**	Limited capacity to demonstrate absence of virus circulation.
3	**Unsynchronised campaigns**	National campaigns not aligned along cross-border corridors.
4	**Irregular financing**	Government PPR allocations often absent or unreleased, including recurrent laboratory, logistics and staff costs.
5	**Slow progression**	Few countries can yet document interruption of circulation or prepare a status dossier.

NSP costs reported for the 15 countries total about 417.4 million; currency, costing periods and population reference years require confirmation.

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Key actions to consider for West Africa

1 Episystem approach

Endorse costed, multi-country PPR plans for the Mano River Basin and other priority coastal–Sahelian corridors, with quarterly review of coverage, measured immunity and corrective actions.

2 Data and monitoring

Support ECOWAS countries to reconcile PMAT stages and establish a harmonised dashboard: outbreaks, vaccination, PVM and laboratory performance.

3 Financing

Advocate for dedicated, predictable national budget lines for costed NSPs, complemented by coordinated partner financing for cross-border gaps.

4 Acceleration toward PPR-free status

Targeted support to countries with realistic prospects of Stage 3, Stage 4 or WOAH recognition, beginning with Cabo Verde.

From fragmented national activities to coordinated, risk-based action across episystems.



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