



REGIONAL FMD WEST EURASIA ROADMAP MEETING

Almaty, Kazakhstan
28-30 April 2015

Final Report



In collaboration with the
European Commission for the control of Foot-and-Mouth disease (ECFMD)
and the European Commission



Vision for the West Asia Roadmap for FMD Control

Regional cooperation among Eurasian countries for the progressive control of FMD leading towards freedom of clinical disease by 2025 for regional economic development, food security, and poverty alleviation.

Видение Дорожной карты по контролю ящура в Западной Евразии

Региональная кооперация между Евразийскими странами в целях прогрессивного контроля ящура ведет к свободе от клинического проявления болезни к 2025 г. для экономического развития и снижения уровня бедности.

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Finally, FAO and OIE would like to express their deep appreciation to all countries of the West Eurasia FMD Roadmap for their commitment and contributions over the years.

Abbreviations

CVO	Chief Veterinary Officer
EC	European Commission
EUFMD	European Commission for the Control of Foot-And-Mouth Disease (an Inter-Governmental Commission based in the FAO)
FAO	Food And Agriculture Organisation of the United Nations
FMD	Foot and mouth disease
GF-TADs	Global Framework for the Progressive Control of Transboundary Animal Diseases
OIE	World Organisation for Animal Health
PCP	Progressive Control Pathway
RAG	Regional Advisory Group
SAT2	Southern African Territories Type 2 Strain of FMD
TAHC	OIE <i>Terrestrial Animal Health Code</i> , 2014 version
WELNET	West Eurasia Laboratory Network
WG	Global GF-TADs FMD Working Group
WRLFMD	The World Reference Laboratory for Foot and Mouth Disease

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Summary

❖ Introduction - storyline

1. The 6th FMD West Eurasia Roadmap Meeting (hereafter often referred to as '2015 Almaty meeting') was held in Almaty, Kazakhstan on 28-30 April, 2015. Earlier meetings of the Roadmap included Istanbul 2009, 2010, 2012; Baku 2013; Astana 2014; the 'founding' meeting was held in 2008 in Shiraz, when the sub-regional Vision was discussed and agreed: **'West Eurasia region free of clinical FMD by 2025'**¹.
2. The 2015 Almaty meeting was held in the framework of the FAO-OIE Global Framework for the Progressive Control of Transboundary Animal Diseases (GF-TADs), with the collaboration and support of the European Commission for the Control of FMD (EuFMD) and the Kazakhstan government. The OIE Sub-Regional FMD Coordination Unit Office in Central Asia, newly established (October 2013) in Astana, was in charge of the local organization, while the Global GF-TADs FMD Working Group (WG) and EuFMD were dealing with the technical aspects, prior to and during the meeting.
3. Out of the 14 countries members of the West Eurasia FMD Roadmap, 13 countries attended the meeting (Afghanistan, Armenia, Azerbaijan, Georgia, Iran, Kazakhstan, Kyrgyzstan, Pakistan, Syria Tajikistan, Turkey, Turkmenistan and Uzbekistan); only representatives from Iraq were not able to attend for visa issues. Representatives from Russia attended the meeting as Observers, as recommended during the 2013 Baku meeting, as well as representatives of donors and private firms. The Vice-Minister of Agriculture, Mrs Gulmira Issayeva, the Member of Parliament Dr Kuanysh Aitahanov, officials from Kazakhstan and representatives of FAO and OIE attended the meeting. The list of participants is provided in [Annex 2](#).
4. As for the previous meetings, the objectives of the 2014 Astana meeting were to (see agenda in [Annex 1](#)):
 - a. Review the progress along the Regional Roadmap towards the Vision identified at the Shiraz Meeting in 2008 (and revised in 2013) of a "West Eurasia region free of clinical FMD by 2025";
 - b. Share information on FMD virus circulation within the West Eurasia FMDV ecosystem to assist planning of vaccination and other preventive measures in the short-term;
 - c. Support countries to prepare national project proposals for investment in FMD control in view of the regional context.
 - d. Update the 'member countries' of the West Eurasia FMD roadmap, country obligations and discuss the way forward for countries that, because of their geographical location, may belong simultaneously to two adjacent roadmaps or sub-clusters.
5. An important output of the meeting is the annual assessment of the PCP-FMD Stages for all countries, following a now-well-established five step PCP assessment process: (i) preliminary assessment by the WG with the support from EuFMD experts, based on the results of questionnaires and supporting evidence sent by the countries prior to the meeting; (ii) presentation of the country's report in plenary session during the meeting; (iii) country interviews during the meeting, conducted jointly by the WG with the assistance of PCP-FMD experts; (iv) preliminary discussions among the Roadmap Advisory Group, the WG and EuFMD experts; (v) final assignment (GF-TADs Acceptance) proposed by the West Eurasia Regional Advisory Group (RAG) and agreed in plenary session.
6. The composition of the Regional Advisory Group had to be renewed due to the replacement of CVOs the past year. 2015 elected members of RAG are: Dr Irfan Erol, CVO of Turkey (Chair); Dr Samat

¹ The Vision timeline was expanded from 2020 to 2025 during the 2013 Baku meeting as the 2020 deadline was not achievable for all countries

Tyulegenov, CVO of Kazakhstan; Dr Tamilla Aliyeva, Head of the State Scientific-Control Institute for Veterinary Preparations representing the Delegate of Azerbaijan; Dr Naci Bulut from Turkey (lead of WELNET Network); and Dr Zurab Rukhadze from Georgia (lead of the Epi-Network).

7. The progress in the implementation of the Astana 2014 recommendations (cf. annex 4) as well as more generally, the progress of FMD control since 2014 were reviewed. A provisional revised Roadmap to 2025 was developed for the 13 participating countries.

❖ Outcomes

8. After careful consideration, it was found that 34% of the recommendations from the 2014 Astana meeting have been implemented and 66% of them are on-going/currently being implemented. Also, all attending countries of the FMD West Eurasia Roadmap but one (12/13 attending) have submitted their questionnaires to the Working Group in preparation for the 2015 Almaty meeting. Many countries also met the deadline to provide their control plan by May 2014 as requested during the 2014 Astana meeting. This demonstrates that countries remain fully committed and active in-between two Roadmap meetings, through follow-up actions.
9. **The progress in the fifth year is considered to be acceptable.** Of the 13 countries participating in the 2015 Almaty meeting:

	a. Four countries remain in Stage 1 (stable stage): Tajikistan, Turkmenistan, Uzbekistan, Afghanistan;	These countries cannot endlessly remain in Stage 1, since in the absence of control measures and unknown epidemiological situation, they can potentially jeopardize efforts deployed by neighbouring countries.
★	b. Three countries remain in provisional Stage 2 (stable stage): Armenia, Azerbaijan, Kyrgyzstan;	These countries have to provide evidence of a robust risk-based strategic plan by October 2015 to move to Stage 2; otherwise they have to be downgraded to Stage 1.
	c. Three countries moved to Stage 2: Georgia, Iran, Pakistan;	These countries have provided excellent risk-based strategic plans.
	d. One country remains in Stage 2: Turkey (Anatolia);	Turkey (Anatolia) is continuing progression within Stage 2.
	e. Syria was interviewed but was not assessed	It will be assessed by the Middle East RAG.
	f. Kazakhstan was not assessed	Kazakhstan has decided not to participate in PCP assessment since the country is in the process of submitting a dossier to OIE to attain free status with vaccination in the southern oblasts.

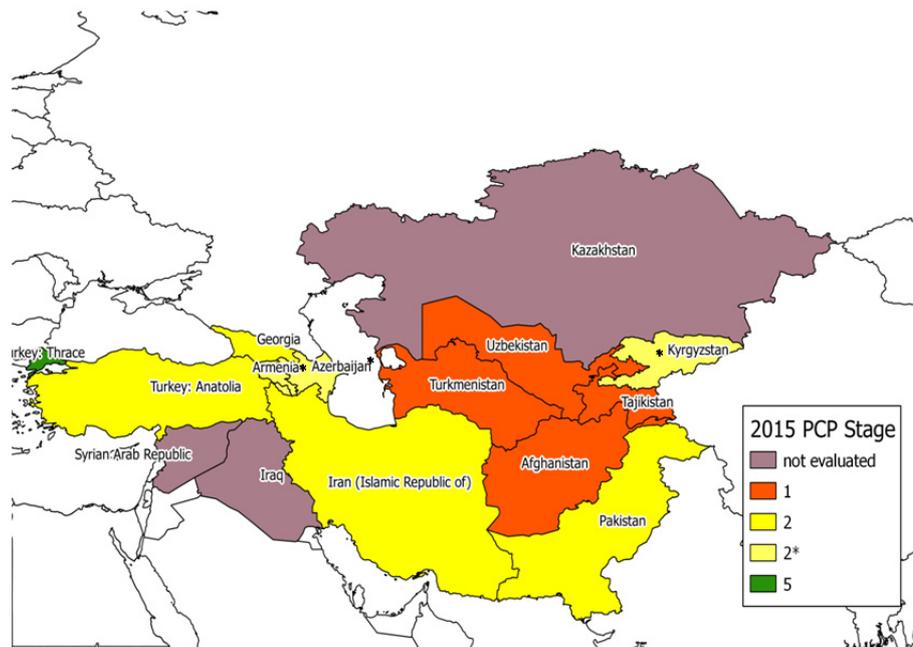


Figure 1 – PCP-FMD Stages granted during the 2015 Almaty meeting

10. Overall, FMD situation in West Eurasia and neighbouring countries has improved over the past year since (i) Kazakhstan is now (May 2015) applying for an official OIE status free for FMD without vaccination in the Northern zone of the country, and is planning to apply in the near future for the OIE recognition of its zonal FMD free status with vaccination for its Southern zone; and (ii) China and India, both bordering West Eurasian countries, should be added to the list of countries with OIE endorsed FMD Control Programme in May 2015, which indicates that they have engaged significant control efforts with a view to acquiring an official free status in the coming years. However, Kyrgyzstan experienced re-emergence of FMD in 2014 (immediate notification on 26/08/2014) after an absence of outbreaks since the second semester 2013.
11. The progress in developing the ‘enabling environment’ for PCP-FMD specific activities, namely the progressive reinforcement of the Veterinary Services capacity, was part of the assessment and acceptance process. Very few countries have demonstrated activities for their reinforcement — such activities should be fully included as part of the risk-based strategic plan activities — and therefore, efforts should be made in this area in the coming months.
12. Countries with a ‘provisional’ Stage 2 — namely Armenia, Kyrgyzstan and Azerbaijan — have to submit their national risk-based strategic plan by October 2015 to the GF-TADs FMD Working Group, otherwise they will revert back to Stage 1. **The 2015 PCP-FMD Stage acceptance will therefore be finalized by the end of 2015.**
13. **Overall, the 2015 PCP-FMD Stage Acceptance shows that the Roadmap remains on track to achieve the sub-regional vision by 2025.** In 2016, all countries expect to move to Stage 2, except Afghanistan.

Next steps for 2015-2016:

14. The OIE sub-regional Unit Office for FMD in Central Asia will act as the West Eurasia FMD Roadmap Secretariat for 2015-2016 and therefore, will play a pivotal role in monitoring the implementation of the 2015 Almaty recommendations and the progression of the countries along the PCP-FMD over the next year.

15. **Final acceptance of 2015 PCP-FMD Stages and 2025 Roadmap will be provided by the RAG by the end of 2015**, after analysis of additional requested evidence to be received from Armenia, Kyrgyzstan and Azerbaijan. This could be done via an e-consultation.
16. For countries currently belonging to two regional Roadmaps (Afghanistan, Pakistan, Iran, Iraq and Syria), (i) Iraq and Syria will be evaluated by the RAG Middle-East during the Middle-East FMD Roadmap meeting expected to be held by the end of 2015; and (ii) Iran, Afghanistan and Pakistan will decide by which roadmap RAG they want to be assessed — a SAARC FMD roadmap could be established in the coming months—. In any case, **all 14 countries in the West Eurasia roadmap will remain invited to the West Eurasia Roadmap meetings, not only as “observers” but as participants, but without RAG PCP assessment when attached to another roadmap.**
17. (New) Countries in PCP-FMD Stage 2 will need to invest heavily in FMD vaccination programmes. Therefore, effective use of vaccine, including regular assessment of vaccine matching with local field strains, will be extremely important. The establishment of a regional vaccine bank — both for emergency and prophylactic vaccination — will be explored by the regional Secretariat of the Roadmap, using existing models; a first step will be to draft the bank terms of reference, which will clarify (i) who will hold/administrate the bank; and (ii) the indicative number for vaccine doses, based on country needs (depends on populations to vaccinate and vaccination strategies). The estimations made for the cost of the FAO-OIE Global Strategy for the control of FMD could be used as a basis if no more recent data can be pulled out. In the meantime, the countries should continue normal planning for purchase and use of FMD vaccines according to their national risk-based strategic plan.
18. FAO and OIE, in collaboration with EuFMD and the WELNET and EPI-NET regional networks, will provide support to countries, in particular to the four countries remaining in PCP-FMD Stage 1. Any country that remains in Stage 1 is potentially putting neighbouring countries at risk and jeopardising the efforts that they have been deployed in the last years. Countries cannot stay Stage 1 indefinitely and therefore, they should receive active and targeted support from the GF-TADs FMD WG to complete PCP-FMD Stage 1 activities. The RAG (new) members should also receive a specific training on the PCP-FMD to get familiar with the process and make fully informed decisions during roadmap meetings.
19. The three Points of Contact (FMD roadmap: laboratory; epidemiology) per county are still to be identified in most West Eurasian countries; the GF-TADs FMD Working Group will prepare Terms of Reference for each Point of Contact to facilitate their nomination.
20. Funding remains an issue as there is no specific funds earmarked to FMD Roadmaps; however, with the adoption of the FAO-OIE global strategy for the control and eradication of Peste des Petits Ruminants in April 2015 for which there seems to be significant budget, it is proposed that, in the future, organisation of back to back meetings for FMD and PPR Roadmaps be explored if justified.

Recommendations of the meeting



Recommendations of the 6th Regional meeting to review progress West Eurasia FMD Control Roadmap 2025 Almaty, Kazakhstan, 28-30 April, 2015

Considering:

- The adoption of the FAO-OIE Global Strategy for the control of FMD (Bangkok, June 2012) with its 3 inter-related components respectively on the control of FMD, the reinforcement of Veterinary Services and the combined control of FMD with other animal diseases;
- The importance of controlling FMD at regional level and the results of previous FMD regional Roadmap meetings which took place since 2008 (Shiraz/2009; Istanbul/2010; Istanbul/2012; Baku/2013; Astana/2014);
- The commitment of the countries from Western EurAsia to the Progressive Control Pathway for Foot and Mouth Disease (PCP-FMD) and Roadmap process;
- The added value to organise the peer review of the PCP stage assessments and of the control programmes which includes the presentation of the results of such assessments during the regional roadmap meetings;
- The importance of having a Regional Advisory Group (RAG) for West EurAsia composed of three CVOs and leaders of the Epi and laboratory Regional networks to analyse and present the results of the assessments to the participating countries;
- That many countries of the region are in Stage 1 or 2 of the PCP-FMD and that, for moving into Stage 2, countries are required to present a comprehensive risk-based strategic plan;
- That progression along the PCP-FMD requires a comprehensive understanding of FMD, including epidemiology, virological and socio-economic aspects, and the practical application of this knowledge to develop a control strategy;
- Although FMD situation seems to be similar in the region/sub-regions, the control programmes are different, and this justifies a need for considering national control strategies in the context of regional and global approaches;
- The need to strengthen Governments' capacity to prepare their national control programmes and project proposals to be presented to the national decision makers and donors, in line with OIE standards on FMD;
- That effective Veterinary Services are indispensable for the control of FMD control strategies and that the PCP stage assessment includes reference to the relevant performance of veterinary services (PVS) criteria (critical competencies) related to the prevention and control of diseases;
- That socioeconomic impact assessment of FMD in livestock production, livelihoods and food security and cost/benefit analysis of FMD control options have to be undertaken and used when preparing national control programmes and financial project proposals;
- That countries have requested support to improve their capacity particularly in epidemiology and risk assessment;
- Three FMDV serotypes (O, A and Asia1) continue to circulate in the region and the region is exposed to threat from virus from pool 1 (SEACFMD) and less so from SAARC (PanAsia 15 years back) , and ME (O Ind 2001 currently circulating)

- Vaccine matching results and vaccine effectiveness studies indicate that vaccines currently used are not protective against all circulating viruses, and higher potency vaccines (≥ 6 PD50) are expected to provide better protection;
- Precise vaccination schedules/protocols are to be described and implemented and vaccine matching results and vaccine effectiveness studies are needed;
- Vaccination alone cannot prevent all outbreaks and other additional measures are crucial;
- The possible benefits of regional vaccine banks in terms of (i) vaccine pricing; (ii) vaccine quality; (iii) vaccine availability, quantity; (iv) simpler logistical procedures; (v) circumventing administrative burden linked to procurement and delivery; etc
- The recent adoption of the FAO-OIE Global strategy for the control and eradication of Peste des petits ruminants (Ivory Coast, March 2015);
- The establishment of the OIE sub-regional FMD Coordination Unit in Astana / Kazakhstan, and its role in the implementation of the recommendations of the West Eurasia FMD control roadmap, in collaboration with FAO;
- The fact that countries must be assessed by one Regional Advisory Group (RAG) only;

The 13 countries here represented (Armenia; Azerbaijan; Georgia; Kazakhstan; Kyrgyzstan; Tajikistan; Uzbekistan; Afghanistan; Iran; Pakistan; Syria; Turkey and Turkmenistan) agree:

1. To validate the conclusions of the West Eurasia Roadmap Advisory Group (RAG)² as follows:

	RAG Almaty/2015 conclusions
Armenia	Provisional PCP-FMD Stage 2
Azerbaijan	Provisional PCP-FMD Stage 2
Georgia	PCP-FMD Stage 2
Kyrgyzstan	Provisional PCP-FMD Stage 2
Tajikistan	PCP-FMD Stage 1
Turkmenistan	PCP-FMD Stage 1
Uzbekistan	PCP-FMD Stage 1
Afghanistan	PCP-FMD Stage 1
Pakistan	PCP-FMD Stage 2
Iran	PCP-FMD Stage 2
Turkey	PCP-FMD Stage 2

* Iraq and Syria will be assessed by the RAG Middle East

** Kazakhstan has decided not to be since the country entered the OIE status recognition pathways (official free status)

*** For countries with provisional Stage 2, they will have to provide their risk-based control plan within 6 months

2. To use the assessments of 6th regional FMD Roadmap Meeting (Almaty/2015) as a basis to update the Roadmap Table for the West Eurasia countries.

The countries recommend, for a better implementation of the Global FMD Control Strategy at regional level:

➤ **General:**

² In the Almaty meeting (2015), the RAG was composed of:

Voting Members

- CVOs: Dr Irfan Erol, CVO/Delegate of Turkey (Chairperson); Dr Samat Tyulegenov, CVO/Delegate of Kazakhstan; Dr Tamilla Aliyeva, the head of the State Scientific-Control Institute for Veterinary Preparations, Azerbaijan
- Dr Zurab Rukhadze (Epidemiology network) and Dr Abdulnaci Bulut (Laboratory network)

Non-voting members

- GF-TADs FMD Working Group: Dr Joseph Domenech (OIE), Dr Nadège Leboucq (OIE), Dr Samia Metwally (FAO), Dr Julio Pinto (FAO), Dr Laure Weber-Vintzel (OIE)
- PCP experts: Dr Christianus Bartels; Dr Melissa McLaws; Dr Keith Sumption

1. To continue the Roadmap process for West Eurasia countries to work towards the vision of freedom from clinical FMD in West Eurasia by 2025, with an annual survey (based on the self-assessment questionnaires) and a regional meeting to monitor progress (if funding available); the next meeting is proposed to be held in April 2016 recognizing the proposals from Kyrgyzstan and Iran (to be confirmed);
2. That the possibility to hold the 7th West-Eurasia FMD roadmap meeting back to back with the first West-Eurasia PPR roadmap meeting be explored, to save efforts and funding;
3. That the OIE sub-regional Office for FMD control in Astana be considered as the current Secretariat of the West Eurasia FMD Roadmap to prepare the 7th regional FMD West Eurasia roadmap meeting, the follow up of the Almaty recommendations and to support countries for moving along their PCP-Stages, in close collaboration with FAO and EuFMD;

➤ **To West Eurasia countries:**

4. That countries which currently - or in the near future - belong to two Roadmaps be ready to willingly decide which RAG to assess their PCP-FMD Stage. Nevertheless, they will remain as 'participating countries' in the second Roadmaps whenever relevant to present their national situation and provide inputs to gain a better understanding to regional risks;
5. That countries which have a provisional PCP-FMD stage 2 submit their revised risk-based strategic plan (RBSP) to GF-TADs FMD Working group (FAO-FMD@fao.org and OIE-FMD@oie.int) for review no later than October 2015. The revised RBSP should have clear evidence of the programme feasibility for implementation, in accordance with the template provided by the GF-TADs FMD WG. FAO and OIE will provide feedback and recommendations on the RBSP to countries within three months of its submission for effective implementation in coherence with the PCP-FMD guidelines;
6. That the new or revised RBSP should focus not only on FMD specific activities but also include activities on the reinforcement of their Veterinary Services in line with OIE standards on the quality of Veterinary Services³ (as part of the Enabling Environment to FMD specific activities) and the possible combination of FMD and other animal disease control activities, in line with the FAO-OIE Global Strategy for the control of FMD disease (components 2 and 3, respectively);
7. That countries consider requesting an OIE PVS initial evaluation or OIE PVS follow up mission (if the initial PVS evaluation was carried out before 2012) to have an updated understanding of their Veterinary Services (VS) capacity and address the gaps in the RBSP in particular for the OIE PVS critical competences relevant to PCP-FMD Stage 2;
8. That countries consider that following prevailing FMD virus lineages circulating in the region:

Active outbreaks

- O/ME-SA/PanAsia-2
- A/ASIA/Iran-05
- Asia-1 (Sindh-08 lineage)

Sporadic incursions (in countries bordering China)

- O/ME-SA/PanAsia (from Pool 1)
- A/ASIA/Sea-97 (from Pool 1)

New emerging risks from the Middle East and North Africa

- O/ME-SA/Ind2001
- SAT 2 (for countries in the south of the region)

The most appropriate vaccines for current risks in the region and recommended for use in 2015 are provided in the annex Page 14.

Nota bene: countries should make greater use of the vaccine matching services offered by the World Reference Laboratory at Pirbright and other OIE/FAO Reference Centres (such as ARRIAH/Russia);

³ Section 3 on the quality of Veterinary Services of the OIE Animal Health Code

9. That countries consider the establishment of a regional vaccine bank using the existing OIE FMD antigen/vaccine banks or other efficient regional vaccine banks as models, – for emergency and/or prophylactic vaccination. This mechanism, at the service of the countries, is principally for the emergency situations faced at national or regional level and should not pre-empt countries from the continuation of their normal preventive programmes for vaccination but will provide additional opportunities to obtain quality assured vaccines in a timely manner: The Secretariat will work on a possible modus operandi of the regional vaccine bank;
10. That countries develop their FMD vaccination schedule taking into account and possibly aligned with their neighbouring countries vaccination plans;
11. That FAO and OIE investigate the possibility of establishing an independent quality control vaccine centre in Asia to stimulate production of quality vaccines at national level and by commercial manufacturers;
12. That countries, when implementing an FMD simulation exercise, systematically take into account the simulation exercises of its neighbouring countries and align it whenever possible (cross-border dimension); early notification to the OIE⁴ of simulation exercise can help regional coordination (for countries at stage 3 or beyond Stage 2);
13. That countries, when developing their control strategy, consider meat price as an important 'risk factor' linked to possible increased movements of animals within and between countries; setting up a system or mechanisms - or improving the use of available data from such already existing systems - to monitor livestock prices (live animals and meat) at national or better at regional level, could allow anticipating these movements and put in place the proper measures such as for instance increased control at borders and coordinated border management. For instance the use of new tools such as the use of mobile devices can support the collection of FMD outbreak information from farmers, slaughterhouses or animal markets together with livestock prices can be explored;
14. That countries conduct socio-economic impact assessment studies and cost benefit analyses to provide evidence of the impact and to estimate the costs and benefits of FMD control or eradication. These studies can be supported by experts from FAO/OIE;
15. That countries better document, including through surveys if needed, movement of animals including illegal movements, and define appropriate actions to be implemented – with the support of the GF-TADs FMD Working Group if needed. While illegal movements are not preventable, these could made be safer with intervention with an appropriate vaccination regimen, value chain studies; I&R requirements for countries >3;
16. That countries fully comply with their reporting obligations to the OIE with regards to FMD - and other OIE listed diseases - epidemiological situation (obligation to report FMD clinical disease and infection⁵); and use other information systems or platforms such as FAO EMPRES-i and the West Eurasia data collection to improve information sharing within the region;
17. That countries with (or near to achieving) free zones ensure that they have written and exercised contingency plans according to OIE obligations to ensure rapid detection and response to any incursion of FMD in the free-zone;

➤ **To the GF-TADs FMD Working Group and PCP experts:**

⁴ OIE dedicates a specific webpage to disseminate announcement received from Member Countries on disease introduction simulation exercises taking place in their countries (<http://www.oie.int/en/animal-health-in-the-world/the-world-animal-health-information-system/simulation-exercises/2015/>)

⁵ Reporting obligations to the OIE laid down in Chapter 1.1. (general) and Chapter 8.8 (for FMD) of the OIE *Terrestrial Animal Health Code*

18. That they finalize the templates for risk assessment plan (to enter Stage 1), RBSP (to enter stage 2) and national eradication strategy (to enter Stage 3) by including Component 2 (strengthening of Veterinary Services) and 3 (combined disease control) according to the FAO-OIE Global Strategy for the control of FMD;
19. That they provide further guidance on the possible combination of vaccination protocols between FMD and other diseases in the near future;
20. That they provide capacity building activities and tools to countries; in particular, (i) EuFMD webinars (in English and Russian); (ii) E-learning tools (training topics should include in epidemiology and PCP); (iii) GF-TADs FMD socio-economic guidelines (under development); and (iv) support to countries to finalize their control strategy is also expected; (v) FMD surveillance programs;
21. That they develop terms of reference for the regional leading Laboratory, regional epidemiology and laboratory networks as well as the Epi-network and WELNet coordinators (it is recommended that at least 2 co-leaders per Network will be nominated) and circulate to countries for comments before the next regional FMD roadmap meeting – where they will be discussed and adopted accordingly; (Pakistan, Iran, Kazakhstan expressed their interest to be part of the two networks);
22. That they develop terms of reference for the three national Contact Points (PCP roadmap; laboratory; epidemiology) and circulate them to countries for comments before the next meeting of the regional FMD roadmap meeting – where they will be discussed and adopted;
23. That they assist the EPI-Network and WELNet networks to secure funds for network activities, if requested;
24. That they, in collaboration with the EPI-network, identify or further develop a suitable information system for data gathering which may complement the existing global systems (WAHIS and EMPRES-i systems and the joint FAO-OIE-WHO GLEWS+ Platform) to allow the sharing of information relating to FMD outbreaks, preparedness and control activities, as well as an early warning system for significant epidemiological events;

➤ **Specifically to EPI-Network and WELNET**

25. That the relevant OIE/FAO reference laboratories (such as WRL or ARRIAH) prepare an annual proficiency test panel for the fourteen countries in the region to ensure accurate performance and harmonization of ELISA (and other lab diagnostic test) test results; to seek external support for WRL (to ship material);
26. That the leaders of the regional laboratory and epidemiology networks setup an annual work plan based on priority needs for the region, including at least one regional workshop. The international organizations, donors, EuFMD and/or a leading country in the region assist in securing funds for the implementation of the work plan.

Annex – Vaccines recommendations

OIE/FAO Reference Labs recommend that Veterinary Services ensure that the vaccines used are appropriate for the viruses circulating in the region. The most appropriate vaccines for current risks in the region and recommended for use in 2015 are:

For O/ME-SA/PanAsia-2

O TUR/5/2009 (or equivalent), or O 3039 (in combination with O1 Manisa).

Notes:

[1] Vaccine matching data suggest that some circulating strains have poor match with O1 Manisa

[2] Where tested, these vaccines have also been recommended for use against the O/ME-SA/Ind2001 lineage from the Indian sub-continent that has caused recent outbreaks in the Middle East and North Africa

[3] For countries bordering China, it is advisable to consider addition vaccine components that cover O/ME-SA/PanAsia and O/SEA/Mya-98 in the vaccine formulation

For A/ASIA/Iran-05

A TUR/06 (or equivalent) or **A Iran 05**

Notes:

[1] For countries bordering China, it is advisable to consider addition vaccine components that cover A/ASIA/SEA-97 in the vaccine formulation

For serotype Asia 1

Asia 1 (Sindh-08) or closely related strains or **Asia 1 Shamir** at high potency.

Notes:

[1] Asia 1 Samir only has poor in-vitro antigenic match against the current circulating Sindh-08 lineage. However, in-vivo experiments indicate that poor antigenic match can be compensated by high potency formulations (>6PD50).

Other vaccines may be suitable for use in the region, but advice should be sought from the OIE/FAO Reference Laboratories regarding their use. The OIE/FAO Laboratories also recommend that greater use should be made of the vaccine matching services offered by the World Reference Laboratory at Pirbright and other FAO/OIE Reference Centres; in particular, that the countries seek technical advice from the FAO/OIE Reference Centres for careful consideration when selecting vaccine strains against A Iran 05 sub-lineages.

Report of the Meeting by Session

❖ Session 1: FMD Situation and Regional Roadmap

➤ **Overview of global and regional FMD situation [D. King/WRL]**

The World Reference Laboratory (WRL) for FMD is located in the Pirbright Institute in the UK. A new high containment laboratory has just been opened (Jan 2015) and houses Reference Laboratories for FMD, bluetongue, peste des petits ruminants, African swine fever, African horse sickness and Capripox.

Between October 2013 and March 2015, the WRL received 874 FMD samples from 34 countries. Reports for all samples can be found at www.wrlfmd.org.

In West Eurasia, active outbreaks have been caused by O/ME-SA/PanAsia-2, A/ASIA/Iran-05 and Asia-1 (Sindh-08 lineage). Kazakhstan has had sporadic incursions from Pool 1 (E. Asia) of O/ME-SA/PanAsia and A/ASIA/Sea-97. Countries in this region should be aware of possible emerging risks posed by O/ME-SA/Ind2001 (Pool 2) and SAT 2 (Pool 4). O/ME-SA/Ind2001 is normally restricted to the Indian subcontinent but is causing outbreaks in North Africa and the Middle East at the time of writing.

Relating to O/ME-SA/PanAsia-2, two important sublineages are ANT-10 and FAR-09. These lineages appear to co-circulate and sequence data suggests that these viruses have moved from east to west.

Nine sublineages have been detected for A/ASIA/Iran-05 in the past four years. There have been some samples with poor match to the tested vaccines, which may indicate an antigenic shift.

A wide spectrum of vaccines is required to cover all of the different viral threats posed to West Eurasia. In order for vaccines to confer protection, it is important to consider many factors, including the antigenic match, potency, vaccination regime and the extent of vaccination coverage. A number of tools are available to assess the protection conferred by vaccines, including (in order of increasing cost and time required) in vitro vaccine matching, pilot field trials, in vivo potency cross-protection and vaccine efficacy studies.

Link to the presentation:

http://www.fao.org/fileadmin/user_upload/eufmd/Roadmap_2015/WestEurAsia_Roadmap_Kazakhstan_April_2015_Don_King.pdf

➤ **Quick report of the 5th West-Eurasia Roadmap meeting and implementation of the Recommendations [N. Leboucq/OIE]**

Eighteen (18) recommendations were agreed in Astana/Kazakhstan in 2014. These recommendations have served as guidelines for countries and FAO and OIE (under the GF-TADs umbrella) to further progress towards achieving the regional Vision by 2025, and thereby, implementing the FAO/OIE Global Strategy for the control of FMD in the West Eurasia region. The Global GF-TADs FMD Working Group was in charge of monitoring the proper implementation of these 2014 recommendations over 2014-2015.

Out of the 18 recommendations, 6 (recommendations 1; 3; 12; 14; 15; and 18) are considered as **fully implemented/completed**; 12 (recommendations 2; 4; 5; 6; 7; 8; 9; 10; 11; 13; 16; and 17) as **on-going**; None of them were not **implemented/completed at all** (see [Annex 4](#))

Commendable achievements over the past year include:

- The continuation of the Roadmap process, based on self-assessment carried out by the countries on an annual basis: (i) 92% of the countries belonging to the FMD West Eurasia Roadmap submitted their questionnaires to the Working Group in preparation to the 2015 meeting; (ii) out of the 8 countries in PCP-FMD provisional Stage 2, 6 countries provided their revised risk-based Strategy before May 2015; the quality of some risk-based strategic plans was excellent;

- Technical assistance to countries is growing: the GF-TADs FMD Working Group, with the support of EuFMD, has developed (i) Templates to assist countries with developing their risk-based strategic plan; (ii) socio-economic guidelines (under development) for countries to conduct FMD impact assessment and cost-benefit analysis in line with each PCP-FMD Stage targeted activities; and (iii) WELNET is currently drafting guidelines to improve sampling practices in countries;
- Operational assistance to countries is also increasing: (i) EuFMD provided targeted support to several countries in the region (particularly EuFMD member states Georgia and Turkey) over the past year, notably to provide technical assistance with development of their risk-based strategic plan; (ii) EuFMD has developed capacity building tools (e-learning training material) [see Practical Epidemiology for Progressive Control and other e-training resources at: <https://prezi.com/m1uxrlwgvjka/practical-epi-for-progressive-fmd-control-course/>]; and (iii) EuFMD is organizing regular webinars for west-Eurasian countries (and others); seven have been taking place over the past months, covering the topics of surveillance, outbreak investigation and vaccination;
- Coordination with other Roadmaps is ensured through the cross-participation of West-Eurasian and Middle-East country representatives and experts in respective FMD Roadmaps.

Several recommendations are on-going, ready to be completed in the coming weeks:

- Countries have not identified FMD Roadmap, laboratory and epidemiology Points of Contact yet, as recommended; these Points of Contact are intended to facilitate the communication and the implementation of relevant activities in between two regional roadmap meetings; the preparation of ToRs for each of these Point of Contact will facilitate their nomination (see Session 5);
- The progressive reinforcement of Veterinary Services along the PCP-FMD⁶ needs further consideration by countries; specific capacity building activities aimed at reinforcing the VS need to be fully integrated to the national risk-based strategic plan required to enter Stage 2;
- Regional coordination and collaboration is key when addressing FMD; this is why further efforts should be deployed by countries when designing their strategic plan, organising simulation exercises and sharing information, including FMD reporting (transparency);
- Recommendations to use adequately matched vaccine strain are increasingly followed; there is however still a need to conduct proper vaccine matching to ensure the optimal efficiency of vaccination campaigns.

The ‘on-going’ recommendations were included as part of the recommendations of the 6th meeting of the FMD West Eurasia Roadmap meeting (Almaty, 2015).

Link to the presentation: See [Annex 4](#)

➤ ***Presentation of provisional roadmap for 2015 based on self-assessment questionnaires [J. Domenech/OIE, M. McLaws/EuFMD, S. Metwally/FAO]***

The provisional 2015 West Eurasia Roadmap was presented, based solely on the information provided by the self-assessment questionnaires. During the meeting, this provisional Roadmap was revised based on information presented (country presentations and interviews) and input from the Regional Advisory Group (RAG). The final Roadmap is included in Section 7 below. Guiding criteria were a) countries that did not submit any documentation remained at the same stage as the previous assessment and b) countries for which additional evidence is required to allow an informed assessment, must present this information within 6 months.

Two countries (Syria and Iraq) that have been evaluated in both the Middle East Roadmap and the West Eurasia Roadmap will now be assessed only in the Middle East Roadmap, whilst remaining full participants in the West Eurasia Roadmap. Kazakhstan has entered the OIE official disease status recognition

⁶ According to the correspondence table between the PCP Stages and the compliance level required for each of the PVS Critical competencies relevant to FMD control, presented page 25 of the FAO-OIE Global Strategy for the control of FMD

procedure and was not evaluated in the West Eurasia Roadmap this year (also refer to Session 4 on procedures aspects).

According to the preliminary assessment, based solely on the information provided by the self-assessment questionnaires, there were no changes in the country PCP Stages from 2014. Of ten countries assessed, four remain in PCP Stage 1 (Afghanistan, Tajikistan, Turkmenistan, Uzbekistan) and six are fully or provisionally recognised in PCP stage 2 (Armenia, Azerbaijan, Georgia, Iran, Pakistan, Anatolian part of Turkey).

Countries	2009	2010	2011	2012	2013	2014	2015
KAZ	1					2**	
KYR	0	0	0			2**	2*
TAJ	1					1	1
TURKMEN	1					1	1
UZBE	0					1	1
SYRIA	1					2**	
IRAQ	1					2**	
AFG	1					1	1
IRAN	2					2	2
PAK	1					2**	2
TURKEY Anat	2					2	2
ARM	2					2**	2**
AZER	2					2**	2**
GEOR	1					2**	2

LEGEND:
COUNTRIES THAT:
 * have not submitted their questionnaire
 ** in Stage II but ovide additional documentation
 *** have entered the OIE status protocols (official free status)
 **** will be assessed by the RAG ME

Link to the presentation:

❖ Session 2: Country reports

A 10 minute presentation on the FMD situation in their country was given by a country representative. The information presented is summarized in [Annex 3](#). Country presenters were: SAH Qanee (Afghanistan), S. Kharatyan (Armenia), T. Aliyeva (Azerbaijan), Z. Rukhadze (Georgia), D. Abdollahi (I.R. Iran), S. Tyulegenov (Kazakhstan), A. Jusupov (Kyrgyzstan), M. Akram (Pakistan), M. Dib (Syria), I. Andamov (Tajikistan), N. Bulut (Turkey), A. Mammaev (Turkmenistan) and S. Durdiyev (Uzbekistan). Additionally, Dr. A. Mischenko presented about the FMD situation in the Russian Federation.

Nota bene: country information presented in Annex 3 also includes the outcomes of the self-assessment questionnaires.

❖ Session 3: Regional vaccine bank and Epi and Lab networks

➤ **Need for a regional vaccine bank [N. Leboucq/OIE]**

The OIE has developed a concept of regional Vaccine Bank which creates virtual rolling stocks: the supplier (vaccine production companies selected through international calls for tender based on international standards) produces the vaccines when needed or a limited physical stock of vaccines remains with the supplier at its own risk and are renewed on a rolling basis under terms and conditions contractually defined with the OIE. This concept enables the rapid supply of emergency stock of vaccines to infected countries in order to vaccinate animal populations at risk and to progressively achieve eradication wherever possible. The concept can also serve the purpose of delivering quality vaccine for the annual control programmes, in a non-emergency situation.

The OIE concept is very flexible as it can accommodate one or several suppliers, one or several donors (in cash or in kind), and the number of beneficiary countries – belonging or not to the same region – can vary a

great deal. Other flexible parameters include the speed of vaccine delivery, the size of vials and the number of possible strains depending of the virus.

The first OIE regional vaccine bank was established in 2006 for Highly Pathogenic Avian Influenza, initially for African countries but a few years later, all countries were eligible. As far as FMD is concerned, OIE established a regional vaccine bank for South East Asian countries under an EC funded programme (the Highly Pathogenic and Emerging and Re-emerging Diseases Programme) with, as of April 2015, over 3 million doses of FMD polyvalent vaccines delivered to countries.

The main benefits for such a regional vaccine banks include (i) the assurance of quality vaccines used (both for emergency and prophylactic use), in addition matching the circulating strains in the region; (ii) the timely dispatch of emergency stocks in line with field needs; (iii) the limited and facilitated procurement procedures; and (iv) a cost reduction per vaccine unit. Finally, a regional vaccine bank can (v) encourage a greater harmonisation and coordination of control programmes at regional level. Countries that benefit from such a regional vaccine bank also have some 'obligations' to fulfil, notably with regards to providing documented data on the use of vaccines (vaccination campaign period; number of vaccines used; number of animals vaccinated; vaccination schedule implemented; geographical area covered; information on post-vaccination surveillance).

The need for a regional vaccine bank for FMD (and possible other animal diseases) for West Eurasian countries, using the OIE model or any other recognized model, was discussed in Working Groups (see Report of Session V on page 23).

Link to the presentation:

[http://www.fao.org/fileadmin/user_upload/eufmd/Roadmap_2015/Almaty_meeting_April2015 - regional vaccines banks-N.Leboucq.pdf](http://www.fao.org/fileadmin/user_upload/eufmd/Roadmap_2015/Almaty_meeting_April2015_-_regional_vaccines_banks-N.Leboucq.pdf)

➤ **Report from WELNET Leader [N. Bulut/SAP Institute Ankara]**

- **Vaccine potency review**

FMD vaccines are routinely evaluated by determining the fraction of the standard dose of vaccine that would protect 50% of challenged cattle, this is called the PD₅₀. Vaccine potency tests use only a small group of animals, leading to intrinsic statistical variability. This variation means that a 10 PD₅₀ vaccine may actually range from approximately 4.5 to 22 with 90% confidence limits.

For routine vaccination programmes in countries and zones recognised as free from FMD with vaccination or in FMD endemic areas a 3 PD₅₀ (minimum) potency level is required (OIE *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals 2006*). However, the latest revisions of OIE *Manual* states that 6 PD₅₀ per cattle dose is preferred.

For an FMD vaccine batch to be eligible for use in emergency situations within the European Member States, the PD₅₀ content must be greater or equal to 6 (Council directive 2003/85/EC).

Compared to 3 PD₅₀ vaccines, higher potency vaccines can be expected to induce a higher level of antibody response and a rapid onset of immunity (within 2-3 days post-vaccination). They also confer better protection against heterogeneous strains. For these reasons, high potency vaccines are preferred; however their use would significantly reduce the number of doses available worldwide, given the limited production capacity globally.

3 PD₅₀ potency vaccines are recognized as fit-for-purpose when consistently used in endemic settings in view of controlling clinical disease. Oil-adjuvanted vaccines are the most used worldwide but, in order to maintain sufficient levels of immunity to suppress occurrence of clinical disease, re-vaccination must be carried out every 6 months. After multiple doses of vaccines in older animals, vaccination frequency could be decreased to once a year, provided that no new strains not covered by the vaccine formulation emerge or are introduced (Mattion N.)

Disease control managers have responsibility to establish a board to develop regulations and authorize vaccines on the market. Potency tests should be conducted for each batch of vaccine, either by challenge or an acceptable serological test.

In West Eurasia there is an important gap between the size of the ruminant population (especially small ruminants) and the number of vaccinated animals. Mechanisms and efforts of increase vaccination coverage should be supported.

- **Sample Transport**

The international transport for infectious materials is regulated by the International Civil Aviation Organization (ICAO) and the International Air Transport Association (IATA), based upon the Recommendations of the United Nations Committee of Experts on the Transport of Dangerous Goods (UN). This presentation described the classification of biological substances and the associated regulations about their transport, in light of shipment of FMD-related samples. It was recommended that Standard Operating Procedures be developed for FMD sample transport, and that countries in the region reach an agreement regarding what standards are acceptable for shipping FMD samples within the region.

Link to the presentations:

http://www.fao.org/fileadmin/user_upload/eufmd/Roadmap_2015/vaccinepotencyrequirements.pdf
http://www.fao.org/fileadmin/user_upload/eufmd/Roadmap_2015/sampletransportationBulut.pdf

➤ **Report from EPI-network [D. Abdollahi/I.R Iran]**

Since the 2014 Roadmap meeting in Astana, a webinar series has been established involving expert presentations on technical topics to members of the epidemiology and laboratory networks. This has been a successful activity, and is recommended to continue. Webinars and e-learning can also be valuable to provide training on such practical activities as performing outbreak investigation and using the results in a case-control study to determine risk factors for FMD introduction and spread. This was done in Iran with good success.

Further, results from the information systems questionnaire demonstrated that countries request convenient and practical data information and sharing systems that include a way to notify neighbours of important epidemiological events. A sustainable, meat price monitoring system would be beneficial to give early warning of changes in animal movement patterns, with may alter the risk of entry of new virus strains.

➤ **Summary of vaccination and information systems questionnaire [M. McLaws and G. Ismaylova/EuFMD]**

The vaccination survey demonstrated a large variation in FMD vaccination practices in West Eurasia. The majority of respondent countries reported that they conduct vaccination campaigns including both small and large ruminants. In most countries, vaccination is performed and paid for by the state. In countries that reported campaign vaccination, the reported coverage ranged from approximately 30% to 100%. Fifteen different vaccine suppliers were named as used by different countries in the region. The vaccine strains used were coherent with the recommendations from the 2014 Roadmap meeting in Astana.

West Eurasia countries have started development and use of veterinary information systems; however, most of them are still in initial stage. All countries surveyed consider that a common regional disease information system would be very useful. Information related to FMD considered to be useful to share within the region included FMD outbreak locations, laboratory results, vaccination location and doses, serosurveillance information.

Link to the presentation: A full report of the surveys is available in [Annex 4](#).

❖ **Session 4: Procedures aspects**

➤ **Update on countries participating in West Eurasia roadmap and other roadmaps [J. Domenech/OIE; S. Metwally/FAO]**

There is now a general agreement on the following key principles inherent to a FMD Roadmap:

1. A country cannot be assessed by two different Roadmap Regional Advisory Groups (RAGs) for the reason that it might be conducive to discrepancies in country PCP stage;
2. Countries are free to decide by which Roadmap RAG they want to be assessed; however, there are objective geographical or epidemiological rationale for countries to belong to a given Roadmap, and these should be preferably considered;

Additional elements of context were brought to the attention of the participants:

- A. It is very likely that a FMD Roadmap meeting for the Middle-East will be organized by the end of 2015 (the previous one was held in March 2014);
- B. It is very likely that a FMD Roadmap meeting for SAARC countries will be set up within one year.

As a result of these principles and context, it was decided that:

- **Syria (and Iraq)’s** dossiers will be analyzed by the GF-TADs FMD experts and discussed with the country representatives during the interviews. The RAG will not be requested to give its official position on their PCP stage and it will not present any position for formal acceptance to the meeting participants. Their PCP ranking will be formally discussed during the next FMD Roadmap/ RAG meeting for the Middle-East (point A);
- **Iran** will be assessed by the RAG West Eurasia; this is the country decision (principle 2) as Iran has officially proposed to leave the OIE Regional Commission for the Middle-East to belong to the OIE Regional Commission for Asia and the Pacific only;
- **Pakistan and Afghanistan** were assessed by the RAG West Eurasia; however, these 2 countries may decide to stay on West Eurasia road map or to join the SAARC FMD Roadmap in the future (point B and principle 2) when established and fully operational;
- **Kazakhstan** presented their country situation during the plenary session and were interviewed by the GF-TADs Experts; however, since they should acquire an official OIE status free from FMD without vaccination for the Northern zone during the OIE 83rd General Session in May 2015 and since they are willing to submit, in the near future, a dossier for the OIE official recognition of a status free from FMD with vaccination for the Southern zone, Kazakhstan decided to withdraw itself from the assessment in Almaty (their Risk-based Strategic Plan to enter Stage 2 is no longer relevant to the current situation).

However, it is very important to note that all 14 countries will remain invited at the West Eurasia Roadmap meetings, not only as “observers” but as participants, but without RAG PCP assessment when attached to another Region/Sub Region.

➤ **Re-election of RAG members due to change of membership status [Plenary]**

During the Fifth meeting of the FMD Roadmap meeting for West Eurasia countries (Astana, April 2014), the composition of the West Eurasia FMD RAG was as follows:

RAG 2014		
2014 Voting Members	Function and countries	Comments
Dr Irfan Erol (Chairperson)	CVO of Turkey	
Dr Mereke Taitubaev	CVO of Kazakhstan	No longer CVO in 2015
Dr Mikheil Sokhadze	CVO of Georgia	No longer CVO in 2015
Dr Rasouli Beirami Naser	Head of the regional Epidemiosurveillance network	
Dr Bulut Abdalnaci	Head of the regional Laboratory network	
2014 Non-voting Members	Function and countries	Comments
Dr Joseph Domenech, Dr Nadège Leboucq, Dr Laure Weber-Vintzel	OIE / GF-TADs FMD Working Group	
Dr Samia Metwally, Dr Julio Pinto, Dr Giancarlo Ferrari	FAO / GF-TADs FMD Working Group	
Dr Keith Sumption and Dr Melissa McLaws	PCP-FMD experts	

Due to the fact that (i) Dr Taitubaiev and Sokhadze were no longer CVO in 2015, and (ii) Dr Rasouli Beirami Naser was not present in the meeting, a new composition of the RAG was adopted by the participants during Session IV on Day 2, following a proposal made by the Chairman of the Session, Dr K. Lukauskas. The 2015 RAG composition is as follows:

RAG 2015		
2015 Voting Members	Function and countries	Comments
Dr Irfan Erol (Chairperson)	CVO of Turkey	
Dr Samat Tyulegenov	CVO of Kazakhstan	
Dr Tamilla Aliyeva	Head of the State Scientific-Control Institute for Veterinary Preparations, representing the Delegate of Azerbaijan	
Dr Zurab Rukhadze	Head of the regional Epidemiology network	
Dr Bulut Abdalnaci	Head of the regional Laboratory network	
2015 Non-voting Members	Function and countries	Comments
Dr Joseph Domenech, Dr Nadège Leboucq, Dr Laure Weber-Vintzel	OIE / GF-TADs FMD Working Group	
Dr Samia Metwally, Dr Julio Pinto	FAO / GF-TADs FMD Working Group	
Dr Keith Sumption, Dr Chris Bartels and Dr Melissa McLaws	PCP-FMD experts	

The Members of the RAG are elected *personae intuitae* for a 3 year mandate, renewable. The Terms of Reference of the RAG are recalled in the text box below; the new RAG Members will be trained to their responsibilities as RAG Members within the next 12 months by the GF-TADs FMD Working group, if time and budget permits.

- To review self and external assessment of the PCP stages at the roadmap meeting
- To guide FMD training and capacity development activities to support regional and national strategies
- To provide advice on the status of PCP assessments including the analysis of PVS evaluations for Critical Competences
- To support technical review and implementation of national risk-based strategic control plans
- To advise on issues or factors preventing effective progress of the FMD roadmap
- To support countries in the preparation of applications to OIE for endorsement of their FMD national official control programme, if requested

Text box 1 – Terms of Reference of the RAG (main responsibilities)

❖ Session 5: breakOUT groups

The participants were dispatched in three groups, to discuss and debate on four topics similar to all groups:

(i) Regional priorities for 2015-16

General:

- Be in Stage 2 by 2016 for all countries: it is indeed critical that all countries in the region gained a clear understanding of their situation (PCP-FMD Stage 1) and start implementing risk-based control measures; any country that remains in Stage 1 is potentially putting neighbouring countries at risk and jeopardising the efforts that they have been deployed in the last years. **It is highly recommended that countries should not spend more than 3 years in Stage 1 and that they request targeted support to the GF-TADs FMD Working Group to assist them in Stage 1 activities.**

- Identify a Regional Leading Laboratory (RLL) for the region by 2016 (see point ii below).

Specific:

- Improve information sharing among West Eurasia countries;
 - Improve surveillance and early detection for responses as rapid as possible; in particular, tests should be sent to a diagnostic laboratory as soon as there is a suspicion;

- Adopt a risk-based strategic plan in all countries of the region, based on the outcomes of Stage 1 (this is linked to the first general priority above); the control plan should include vaccination plan, compensation in case of culling for FMD control purposes, culling strategies and sero-monitoring (virus circulation + post-vaccination evaluation and monitoring) and be harmonized with neighbouring countries;
- Harmonize vaccination with neighbouring countries (time; strains);
- Improve sampling procedures;
- Control illegal movement of animals;
- Improve regional networks (laboratory; epidemiosurveillance);
- Conduct socio-economic impact assessment of FMD at country and regional level (should be done under Stage 1);
- Raise farmer awareness about FMD control;
- Organize proficiency tests between national laboratories and WRL in the regional;

All these priorities will be carefully considered by the GF-TADs FMD Working Group within the next months and concrete activities to address them will be proposed during the next meeting of the West Eurasia FMD Roadmap and when urgent and feasible, implemented ASAP. Tailored support to all countries still in Stage 1 should be considered as a priority.

(ii) Regional Leading Lab

Background - There is currently no OIE or FAO Reference Laboratory for FMD in West Eurasia who could play the role of Regional Leading Laboratory for virus pool 3. Countries currently send their samples to FGI-ARRIAH/Russia or WRL Pirbright/UK for confirmation.

All countries supported the idea of a Regional Leading Laboratory for West Eurasia. During the breakout Group session, there was not enough time to discuss a possible mechanism to select the RLL in the region; however, as a first step, countries requested the WG to develop Terms of Reference for the RLL which should include not only diagnostic capacity but also capacity building/training activities for national laboratories. For consistency, the RLL should be the Head of the Regional Laboratory Network so the SAP institute in Ankara/Turkey was indicated as a possible good candidate to become RLL. It was proposed that this question be raised again during the next meeting, once the ToRs are developed and shared with countries.

(iii) Roles of the FMD roadmap, epidemiosurveillance and laboratory national Points of Contact

Background: On December 2014, FAO and OIE sent a joint letter to all countries of the FMD Roadmap for West Eurasia to ask the nomination of three Points of Contact per country who will play a crucial role for timely communication and coordination on FMD. Few countries have nominated those 3 persons so far.

Countries indicated that it was difficult to nominate Points of Contact without indication of what their tasks will be. There was therefore a general consensus that Terms of Reference should be developed by the WG (see *2015 Almaty Recommendation n° 21*) and annexed to the letter to be sent again to all countries. Countries also indicated that the persons to be nominated should not be subject to a rapid turnover.

(iv) Needs for a regional vaccine bank

Countries expressed a strong interest for a regional vaccine bank for FMD (and other animal diseases), essentially for emergency response but also for prophylactic use. They requested the WG to develop Terms of Reference/Modus Operandi for such a regional vaccine bank (see *2015 Almaty recommendation n°9*) and on this basis, to call for donor interest. The ToRs should clarify (i) who holds/administrates the bank; and (ii) the indicative number for vaccines, based on country needs (depends on populations to vaccinate and vaccination strategies). The estimations made for the cost of the FAO-OIE Global for the control of FMD could be used as a basis if no more recent data can be pulled out.

In the meantime, the countries should continue normal planning for purchase and use of FMD vaccines according to their national risk-based control plan.

❖ Session 6: National FMD Control Programmes and project proposals and OIE official submissions

➤ **Introduction [Joseph Domenech/OIE]**

The GF-TADs FMD global Working Group with the support of EuFMD is currently developing Templates to assist countries in the preparation of their Control Plans which are required to enter Stage 2 (control vision) and Stage 3 (elimination vision) of the PCP-FMD. To ensure the continuum across the PCP-FMD until Stage 5, all Control Plans/Programmes required should somehow embrace the same structure and list of information, only the general objective of the Plan – and therefore subsequent activities - should differ according to the Stages. As a result, consistency with the requirement of the OIE TAHC (for an endorsed control programme or free status) will be considered when developing the Templates.

The proposed Templates will also include in a specific Chapter guidelines to design a Technical Assistance Plan, aiming for international donors community support for the implementation of the Control Plans.

➤ **OIE procedure for endorsement of National Control Programmes for FMD [Laure Weber-Vintzel/OIE]**

Preamble - The focus of this presentation was on the endorsement of national control programme for FMD since all countries – except Kazakhstan and Turkey-Thrace – are in PCP-FMD Stages below 3; however, the requirements to apply for an OIE free status with or without vaccination were also presented briefly as it is an objective for most of the countries of the region.

Since 2012, a new procedure related to the **endorsement of a national control programme for FMD by OIE** was adopted by the World Assembly of Delegates and included in the OIE TAHC (such a procedure also exists for PPR and CBPP) The rationale behind this new procedure was to provide an official recognition of the efforts engaged by some countries to sustainably control FMD on their national territory (the control programme is applicable to the whole country even if certain measures are directed towards defined zones only), and to progressively move towards an official OIE FMD free status with or without vaccination (for the whole country or a zone only). Articles 8.8.39 and 1.6.10 of the OIE TAHC provide standards specifically addressing OIE endorsed FMD official control programmes. As for official status, endorsement of national control programmes for FMD is subject to the adoption by the OIE World Assembly of Delegates and an annual reconfirmation is needed from the countries.

To date (April 2015), five countries have an official FMD control programme endorsed by the OIE, namely Bolivia, Ecuador, Venezuela, Algeria and Morocco. In May 2015, during the OIE 83rd General Session, China, India and Namibia will also be included to the list of countries with an endorsed official control programme for FMD⁷ (see map below for Europe, Asia, the Middle-East and Africa). For the West Eurasia FMD roadmap, it is encouraging to note that 2 bordering countries, China and India, have been making significant efforts to control FMD. In the next FMD Roadmap meetings for West Eurasia countries, it will be interesting to get feedback from these 2 countries on their FMD experience.

With regards to the PCP-FMD, a country should logically request an OIE endorsed programme for FMD once in PCP-FMD Stage 3, as there is a vision to eliminate FMD circulation and then ask for an official status at the end of Stage 4, when there is documented evidence that FMD virus is no longer circulating. This was emphasized during the FAO-OIE global conference on FMD control (Bangkok, June 2012) as recommendation n°5 of the conference encourages countries to ‘use the possibility of the OIE-officially-endorsed FMD control programmes at Stage 3 of the PCP-FMD’⁸.

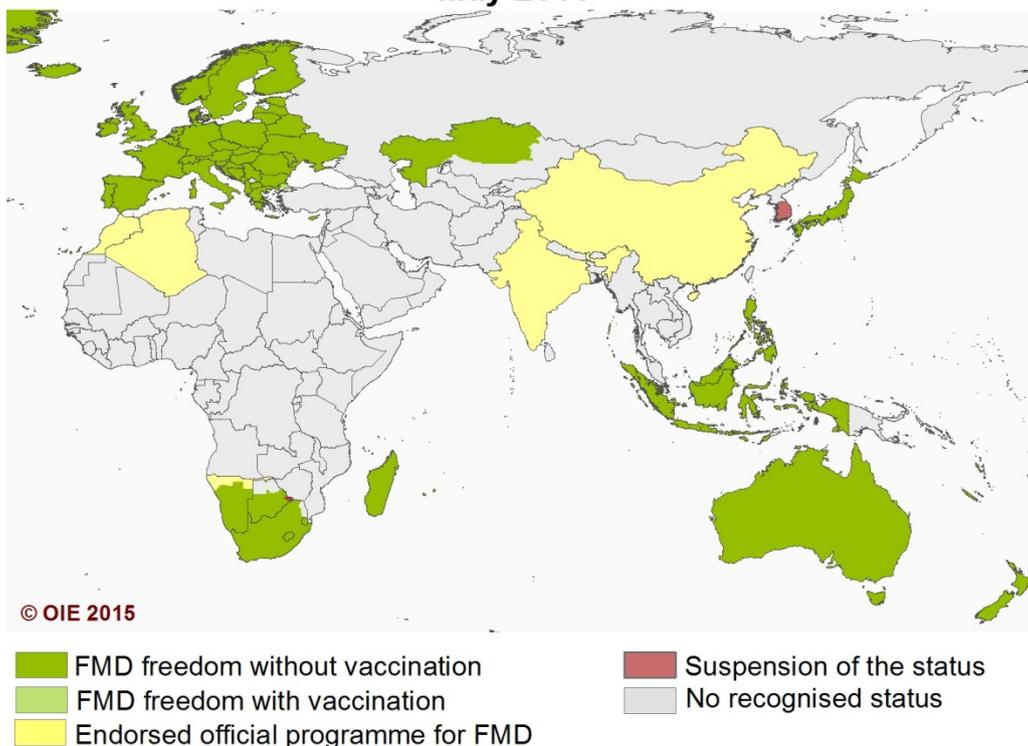
As a result, the Control Plan required to enter Stage 3 should be consistent with the requirements of the OIE dossier to apply for an OIE endorsed control programme; more generally speaking and to ensure the continuum across the PCP-FMD, all Control Plans required should somehow embrace the same structure, only the general objective of the Plan should differ according to the Stages (principle of the Templates -

⁷ <http://www.oie.int/en/animal-health-in-the-world/official-disease-status/fmd/fmd-official-control-programme/>

⁸ http://www.oie.int/fileadmin/Home/eng/Conferences/Events/docs/pdf/recommendations/A_FMD_Recommendations_Bangkok_2012.pdf

under preparation and finalisation - to assist countries with the elaboration of their Control Plans to enter Stage 2 and 3).

OIE pathway for endorsement of official control programme and recognition of FMD free status May 2015



Evidence of the capacity of the Veterinary Services to design, implement and monitor the control Programme is an integral part of the dossier to apply for an OIE control programme. This is consistent with the FAO-OIE global Strategy for the control of FMD, which proposes a combined approach of vertical activities related to FMD (component 1) and horizontal activities related to the reinforcement of Veterinary Services in line with Section 3 of the OIE TAHC on the Quality of Veterinary Services (component 2). The links/complementarities between PCP-FMD and the OIE Tool for the evaluation of the Performance of Veterinary Services (OIE PVS tool)⁹ were presented in detail during the previous Roadmap meeting (refer to the 2014 Astana Report).

To raise countries awareness on the Endorsement Procedure and possibly assist them in the future preparation of their dossier, OIE organized a Workshop on the OIE procedure for the official recognition of Member Countries disease status and for the endorsement of official national control programme with regard to FMD, in Astana, Kazakhstan on 26-27 March 2015. Ten countries participated, most of them belonging to the West Eurasia FMD Roadmap (Armenia, Azerbaijan, Belarus, Georgia, Kyrgyzstan, Russia, Tajikistan, Turkey, Turkmenistan, and Uzbekistan).

Link to the presentation:

http://www.fao.org/fileadmin/user_upload/eufmd/Roadmap_2015/LWV_OIE_Status_and_off_controlle_prgm_6thWest_Eurasia_Roadmap_metting_Almaty_Apr_2015.pdf

❖ Session 7: Roadmap conclusions and next steps

- **Presentation of roadmap based on post-assessment by the Regional Advisory Regional Advisory Group**

⁹ <http://www.oie.int/en/support-to-oie-members/pvs-evaluations/oie-pvs-tool/>

Based on the RAG decisions and comments for the 2015 PCP-FMD Stage ranking (see Table below) and on the prospect of progression expressed by the countries themselves, the following progression timeline could be produced (to be confirmed during the RAG Fall meeting):

Country	RAG Acceptance 2014	Review (SAQ, Presentation, Interview)	RAG Acceptance 2015	Evolution since 2014	Actions for country agreed by RAG
Tajikistan	1		1	→	Ensure that delegate is informed and aware of PCP-FMD and the objectives of the roadmap meeting To address important risk with Afghanistan (shared border, market, grazing) Support needed to develop RBSP
Turkmenistan	1	Control strategy exists but does not seem aligned with PCP-FMD Did not attend last year	1	→	Ensure PCP-FMD progress in the next year Familiarize with PCP-FMD and RBSP
Uzbekistan	1	Modification of vet law 2014 favours FMD control Existing control strategy does not seem to be aligned with PCP-FMD	1	→	Familiarize with PCP-FMD and RBSP
Afghanistan	1	Motivated to progress Started Japanese project to progress to Stage 2 Target vaccination on dairy farms and increase awareness with Kuchi to reduce cross border transmission	1	→	Provide project progress on project next year
Armenia	Prov 2		Prov 2	→	Submit RBSP in October 2015
Azerbaijan	Prov 2	Busy on RBSP (Ch 1, 2, 3); Ready to submit soon	Prov 2	→	Submit RBSP in October 2015
Kyrgyzstan	Prov 2	No info received prior to meeting Control plan is endorsed by government This plan was submitted, reviewed positively Supports request for vaccine bank	Prov 2	→	Submit documentation (RBSP) revised including modifications by October 2015
Turkey	2	Task Force is meeting based on monitoring and evaluation system Double vaccination of animals prior to movements	2	→	Refinement: further development of monitoring (including outbreak investigation) system such as persistence of outbreaks such as Asia1 and impact of booster vaccination.
Georgia	Prov 2	RBSP evaluated positively	2	↗	Complete strengthening the Veterinary Services and include budget
Iran	2	Good system of reporting Monitoring impact is missing serological data	2	→	Structure monitoring (and evaluation) with your risk-based plan on implementation and impact for refinement of RBSP (effectiveness of vaccine used, virus circulation) Need for NSP serosurveillance; vaccine quality assessment Progress on sharing data for Empress-i: vaccine coverage data, outbreaks
Pakistan	Prov 2	Very good example of RBSP From project to institutionalization	2	↗	Shift from developing to implementing – need for mechanism of M&E

	validated stages								provisional stages (not validated)									
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Afghanistan	0	1	1		1	1	1	1	1	1	2	2	2	2	3	3	3	4
Armenia	2	2	2		2	2	2*	2**	2	2	3	3	3	3	3	4	4	4
Azerbaijan	2	2	2		2	2	2*	2**	2	2	3	3	3	4	4	4	4	5
Georgia	2	1	1		1	1	2*	2	2	3	3	3	4	4	4	4	4	5
Iran	2	2	2		2	2	2	2	2	2	2	3	3	3	3	3	4	4
Kazakhstan	1	1	1		1	1	2*	***										
Kyrgyzstan	1	0	0		1	1	2*	2**	2	2	2	3	3	3	4	4	5	5
Pakistan	0	1	1		1	1	2*	2	2	2	2	3	3	3	3	3	4	4
Tajikistan	0	1	1		1	1	1	1	2	2	3	3	3	4	4	5	5	5
Turkey Thrace									4	4	4	5	5	5	5	5	5	5
Turkey Marmara-Aegean									2	3	3	4	4	4	4	4	5	5
Turkey (Anatolia)	1	2	2		2	2	2	2	2	2	2	2	2	3	3	4	4	4
Turkmenistan	0	0	0		1	1	1	1	2	2	3	3	3	4	4	5	5	5
Uzbekistan	0	1	1		1	1	1	1	2	2	3	3	3	4	4	5	5	5

PCP-FMD stages of WestEurasia countries as of May 2015

*indicates a provisional status given to the countries in 2014

** indicates provisional status (countries have till October 2015 to provide additional information including a Control Plan; if not, they will be downgraded to the previous stage)

***indicates that country have entered the OIE pathway for recognition of an FMD-free zone without vaccination

Annex 1 – Meeting Agenda



Background

The West Eurasia Regional Roadmap was launched back in 2008 in Shiraz (Iran). Over time and following the FMD Global Strategy, the targeted region has been further divided into two different clusters of countries. The first cluster included at that time: Afghanistan, Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Iran, Iraq, Pakistan, Syria, Tajikistan, Turkey, Turkmenistan and Uzbekistan. The second cluster is made of countries of the Arabian Peninsula. Countries of both clusters belong to FMD virus pool 3.

This meeting will be the 6th Regional Roadmap of countries belonging to cluster 1. Since 2008, evidence has been built on how FMD virus can easily spread from countries closer to South Asia (namely Afghanistan and Pakistan) to Iran and Turkey. Since 2012, some changes have occurred and several of those countries are now lacking international support in continuing their efforts to combat FMD as some of the international projects that supported activities have come to an end. There is a need to assess where countries are in their PCP-FMD stages progress and stimulate formulation and implementation of harmonized national and regional programmes and activities. The issue of a possible modification of the list of countries to be attached to the West Eurasia region will have to be discussed (see below).



Objectives

- Share information on FMD virus circulation within the West Eurasia FMDV ecosystem, on major gaps and on the different strategies conducted by the countries of the region;
- Assess the progress of each country along the Regional Roadmap towards the vision first identified at the Shiraz Meeting in 2008, later redefined, of a “West Eurasia region free of clinical FMD by 2025”;
- Assist countries preparing national FMD control programmes, project proposals for increased investment on FMD control and submissions to the OIE for control programme endorsement and possible FMD status recognition for countries and zones;
- To update the country composition of West Eurasia roadmap meetings, country obligations and discuss the way forward for countries that, because of their geographical location, may belong simultaneously to two adjacent roadmaps or sub-clusters.



Outcomes and outlook

- The Meeting should clarify the current regional FMD situation and the progress made in FMD control;
- The discussion should also assist the countries to better prepare and improve their national control programmes and project proposals and to plan FMDV preventive measures in 2015-2016;
- The outcomes of the discussion should also assist in preparing mid or long term action plans which would include possible submissions to the OIE for control plan endorsements and country or zones status recognitions;
- The Meeting should improve the time-line (1-2 years) to define supportive actions in the coming years;
- The Meeting should identify gaps of international support to be addressed in the coming year and assist additional donors/partners to co-ordinate and programme their actions, in line with the Progressive Control Pathway/Roadmap.



Organization

The meeting will be held under GP-TADs umbrella.

The Workshop will be hosted by the Ministry of Agriculture of Kazakhstan with organizational support from the OIE Sub-Regional FMD Coordination Office in Astana, the FAO and OIE Headquarters and the GP TADs FMD Working Group, with technical support from EuFMD.

Meeting Venue

Ramada Plaza hotel
27/1 Baitursynov Str.
corner Kazybek In Str.
050000 Almaty
Kazakhstan

Tel: +7 727 344 99 99

Fax: +7 727 345 01 57

<http://www.ramadaalmaty.com>

Day 1. 28 April 2015

Regional FMD West Eurasia Roadmap Meeting

Chair / Facilitators / Speaker

08:00-08:30	Registration	
08:30-09:30	Opening / Welcoming Remarks – Representative of Republic of Kazakhstan – International Organisations (FAO, OIE) – Objectives and Adoption of Agenda	Officials Kazakhstan K. Lukauskas (OIE)/A. Morkaban (FAO) J. Domenach (OIE)/S. Makhally (FAO)
09:30-10:30	Session 1: FMD Situation and Regional Roadmap – Overview of global and regional FMD Situation – Quick report of the 5th West-Eurasia Roadmap meeting and Implementation of the Recommendations – Presentation of Provisional Roadmap based on Self-Assessment Questionnaires	Chair: Kazakhstan WBL N. Loboucq (OIE) J. Domenach/S. Makhally/ C. Barletts (GF-TADs)
10:00-10:30	Break	
10:30-12:30	Session 2: Country reports 15 minutes presentation and 5 minutes question and answers per country (justify PCP Stage assessment, as per template provided) – Group 1: Armenia, Azerbaijan, Georgia – Group 2: Afghanistan, Pakistan – Group 3: Turkey, Iran	Chair: Delegate of Turkey and S. Makhally (FAO)
12:00-14:00	Lunch	
14:00-15:30	Session 3: Regional vaccine bank and Epi and Lab Networks – Need for a Regional vaccine bank – Report from WELNET – Report from EPI-network – Summary of vaccination questionnaire – Round Table discussion on needs for epi and lab support for the countries and the region	Chair: K Sampson (EuFMD) N. Loboucq (OIE) WELNET Leader EPINET Leader M. McLaws Pienary (all)
15:30-16:00	Break	
16:00-17:30	Closed sessions: Interviews with countries to review their PCP-FMD questionnaires and control activities (30 min per country, three interview panels; for the 7 countries who reported in the morning, session 2)	Parallel session for not interviewed countries , (technical discussions, where appropriate (illustrated with EuFMD videos))
17:30	Closure of day 1	

Day 2. 29 April 2015

Regional FMD West Eurasia Roadmap Meeting		Chair / Facilitators / Speaker
8:30-8:30	Session 4 – Update on countries participating in West Eurasia roadmap and other roadmaps – Re-election of RAG members due to change of membership status	Chair: Representative of Azerbaijan J. Domenech (OIE)/Samia Muewally (FAO) Plenary (all)
9:00-10:30	Session 5: Breakout groups (3) – The 4 topics will be discussed by the 3 Groups: (i) regional priorities for 2015-16, (ii) regional Leading Lab; (iii) roles of the FMD roadmap, opl and lab national contact points; (iv) needs for a regional vaccine bank – Reports from breakout groups (10 min per group)	Moderator Group 1: C. Barilals Moderator Group 2: J. Piro Moderator Group 3: J. Domenech Rapporteurs
10:20-10:40	Coffee-break	
10:40-10:50	Session 2: Country reports (cont'd) 15 minutes presentation and 5 minutes question and answers per country (justify PCP Stage assessment, as per templates provided) – Group 1: Turkmenistan, Uzbekistan – Group 2: Kazakhstan, Kyrgyzstan, Tajikistan – Group 3: Iraq, Syria	Chairs: Delegate of Georgia and J. Domenech (OIE)
13:00-14:00	Lunch	
14:00-15:30	Session 6: Seminar on National FMD Control Programmes and project proposals and OIE official submissions – Introduction – Country experience (Pakistan) – OIE procedure for endorsement of National Control Programmes for FMD – Zoning: examples of Turkey and Kazakhstan – Roundtable discussion: viewpoints from countries	Chair: S. Muewally (FAO) J. Domenech (OIE) Pakistan L. Weber (OIE) Turkey, Kazakhstan All participants
15:30-16:00	Coffee-Break	
16:00-17:30	Closed sessions: Interviews with countries to review their PCP-FMD questionnaires and control activities (30 min per country, three interview panels; for the 7 countries who reported in the morning, session 2)	Parallel session for not interviewed countries (technical discussions, where appropriate illustrated with EuFMD videos)
18:30-19:30	Closed Session: Regional Advisory Group meeting	

Day 3. 30 April 2015

9:00-11:00	Session 7: Roadmap conclusion – Presentation of roadmap based on post-assessment by the Regional Advisory – Roundtable discussion: viewpoints from countries	Chair: K. Lukauskas (OIE) Regional Advisory Group All participants
11:00-11:30	Coffee-break	
11:30-12:30	Session 8: Final Discussions and Report – Recommendations of the 6th Roadmap meeting	Chairs: OIE and FAO Plenary (all)
12:30	Closure of meeting	



Country Reports and Interviews Agenda

Day 1. 28 April 2015

Country Reports (session 2)

1.	10:30 – 10:50	Group 1 - Armenia,
2.	10:50 – 11:10	Group 1 - Azerbaijan
3.	11:10 – 11:30	Group 1 - Georgia
4.	11:30 – 11:50	Group 2 - Afghanistan
5.	11:50 – 12:10	Group 2 - Pakistan
6.	12:10 – 12:30	Group 3 - Turkey
7.	12:30 – 12:50	Group 3 - Iran
8.	12:50 – 13:10	Russia

Country interviews (closed session Day 1) – meeting rooms TBD

	Group 1 (S. Mahdavi; N. Leboucq; C. Bartels)	Group 2 (J. Pinto; M. McLaws; L. Weber-Vintzoi)	Group 3 (J. Domenech; K. Sumption)
16:00 – 16:30	Armenia	Afghanistan	Turkey
16:30 – 17:00	Azerbaijan	Pakistan	Iran
17:00 – 17:30	Georgia		

Day 2. 29 April 2015

Country Reports (session 2 – con't)

9.	10:40 – 11:00	Group 1 - Turkmenistan
10.	11:00 – 11:20	Group 1 - Uzbekistan
11.	11:20 – 12:40	Group 2 - Kazakhstan
12.	11:40 – 12:00	Group 2 - Kyrgyzstan
13.	12:00 – 12:20	Group 2 - Tajikistan
14.	12:20 – 12:40	Group 3 - Iraq
15.	12:40 – 13:00	Group 3 - Syria

Country interviews (closed session Day 2) – meeting rooms TBD

	Group 1 (S. Mahdavi; N. Leboucq; C. Bartels)	Group 2 (J. Pinto; M. McLaws; L. Weber-Vintzoi)	Group 3 (J. Domenech; K. Sumption)
16:00 – 16:30	Turkmenistan	Kazakhstan	Iraq
16:30 – 17:00	Uzbekistan	Kyrgyzstan	Syria
17:00 – 17:30		Tajikistan	

Annex 2 - List of Participants

Member Countries		
No	Country	Name, Last name
1.	Kazakhstan	Tyulegenov Samat
2.		Tursyn Kabduldanov
3.	Armenia	Ara Poghasyan
4.		Satenik Kharatyan
5.	Azerbaijan	Tamilla Aliyeva
6.		Eldar Hasanov
7.	Iran	Darab Abdollahi Biron
8.		Mohammad Rashtibaf
9.	Syria	Mazen Dib
10.		Mohammad A.A.
11.	Turkmenistan	Mammaev A
12.		Kemal Shadyev
13.	Tajikistan	Ismoil Andamov
14.		Turdiev Shamsullo
15.	Turkey	Veli GÜLYAZ
16.		Irfan EROL
17.		Bulut Abdalnaci
18.	Georgia	Zurab Rukhadze
19.	Uzbekistan	Shakir Durdiev
20.		Shaymardon Shodiev
21.	Kyrgyzstan	Ashirbai Zhusupov
22.		Zholdoshbek Dadybaev
23.		Murat Abdyraev
24.	Kyrgyzstan (private sector)	Joldoshbek Kasymbekov
25.	Pakistan	Khawaja Rashad Munir
26.		M. Akram
27.		M. Afzal
28.		Manzoor Hussain
29.		M. Aftab
30.	Afghanistan	S.Abol Hussain
31.		Azizi Zarghona
Observer Country		
No	Country	Name, Last name
32.	Russia	Lebedev Nikita
33.		Karaulov Anton
34.		Mischenko Alexey
35.		Kozlova Anne
International organisation		

№	Organisation	Name, Last name
36.	FAO	Julio Pinto
37.		Samia Metwally
38.	OIE	Nadège Leboucq
39.		Djahne Montabord
40.		Joseph Domenech
41.		Laure Weber
42.		Kazimieras Lukauskas
43.		Mereke Taitubayev
44.		Assylbek Kozhmuratov
45.		EuFMD
46.	Keith Sumption	
47.	Melissa Mclaws	
48.	Gunel Ismayilova	
49.	WRL Pirbright	Donald King
50.	USA	Jeanne Fair
51.		Dawn Defenbaugh
52.	Merial	Labib Bakkali Kassimi
53.		Stéphane Imbert
Kazakhstan Official		
№	Function	Name, Last name
54.	MP, member of the Committee on Agriculture, Environment and Rural Affairs of the Senate of the Parliament of the Republic of Kazakhstan	Dr.Kuanysh Aitahanov
55.	Vice Minister of Agriculture	Dr. Gulmira Issayeva
56.	Deputy Chairman of the veterinary inspection and supervision committee	Dr. Murat Shaimov
57.	Director General of the Republican Veterinary Laboratory	Dr. Ibragimov P.
58.	Director of the Republican State Institution "Republican antiepzootic squad"	Dr.Shyndos Omarov
59.	Head of the division on integration in veterinary	Dr. Amina Akhmetzhanova
Kazakhstan Observers		
№	Function	Name, Last name
60.	Kazakhstan	Dr. Taskyn Kyzaibayev
61.		Dr. Manatbek Itenov
62.		Dr. Omirserik Kydyrbaiev
63.		Dr. Farkhat Bekbayev
64.		Dr. Beisen Rimbayev
65.		Dr. Batyrbek Aitzhanov
66.		Dr. Ersin Zamishev
67.		Dr. Zhandos Zhidebayev
68.		Dr. Orazbek Batyrkhanov
69.		Dr. Eraly Orazbekov

70.	Dr. Bolat Taumakhanov
71.	Dr. Tldabek Seilbekov
72.	Dr. Askar Kaltayev
73.	Dr. Dautbek Baubek
74.	Dr. Baibolat Ospanov
75.	Dr. Temirhan Kunakbayev
76.	Dr. Kabyltai Kisikov
77.	Dr. Gaukhar Amirova
78.	Dr. Saltanat Abylkasymova
79.	Dr. Stella Akhmedova
80.	Dr. Erbol Kamsayev
81.	Dr. Daulet Ganiev
82.	Dr. Manat Abdrahmanov
83.	Dr. Almagul Ahtanova
84.	Dr. Murat Abilmazhinov
85.	Dr. Asemniaz Bisenov
86.	Dr. Baurzhan Imashev
87.	Dr. Ruslan Zhanaliev
88.	Dr. Kamila Kulekina
89.	Dr. Zhandos Bekenov

Annex 3 - Summary of contents of country reports

Afghanistan

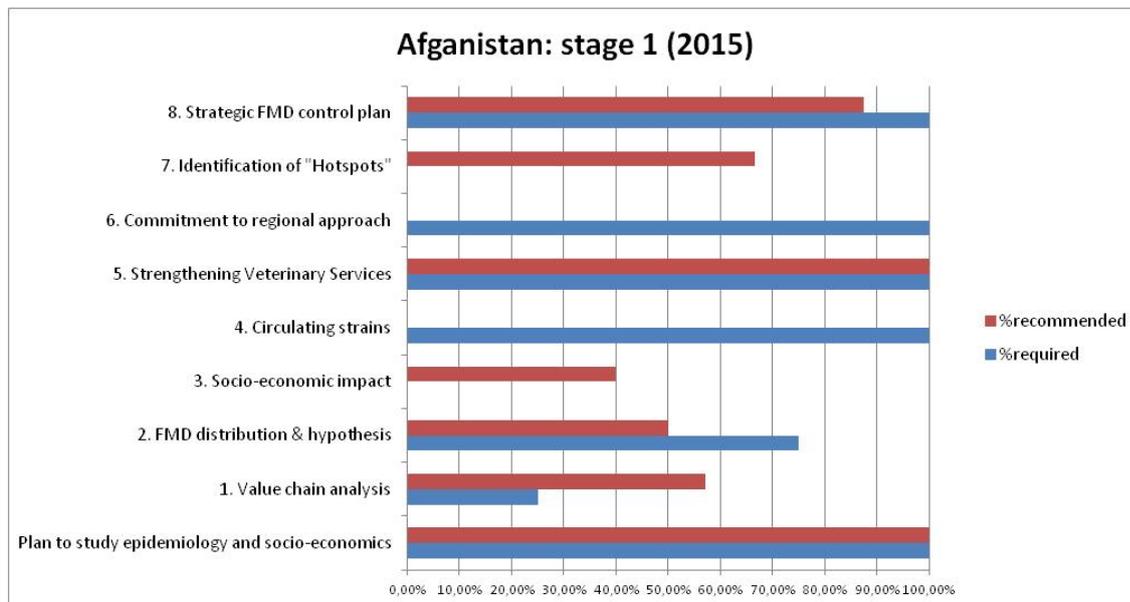


PCP-FMD Stage	
2014	1
2015	1
OIE PVS evaluation	/

Provisional Roadmap 2015

	validated stages									provisional stages (not validated)									
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
Afghanistan	0	1	1		1	1	1	1	1	1	2	2	2	2	3	3	3	4	

Achievement of required and recommended outcomes for the PCP Stage 1:



FMD outbreaks & surveillance:

- 142 confirmed outbreaks in 2014 and 142 in 2015
- 382 samples tested from 19 provinces
- Serotypes A, O and Asia-1 detected, mainly serotypes O and Asia 1
- Mainly passive surveillance

FMD Control Measures:

- Risk-based vaccination of LR and SR, using imported, purified vaccine

Other notes and priorities for the future:

- A three year project addressing FMD and PPR has been recently formulated and launched (funded by the Government of Japan and implemented by FAO). The objective of the project (in relation to FMD component) is to bring Afghanistan in PCP stage 2 in two years time
- Plans to extend the coverage for passive and active surveillance to all 34 provinces of Afghanistan and implement serological surveys to better understand distribution of FMD in the country;
- Initiate a preventive vaccination program targeting the dairy sector and particularly the cooperative farms of the Dairy Union

Armenia



PCP-FMD Stage	
2014	2*
2015	2**
OIE PVS evaluation	2007

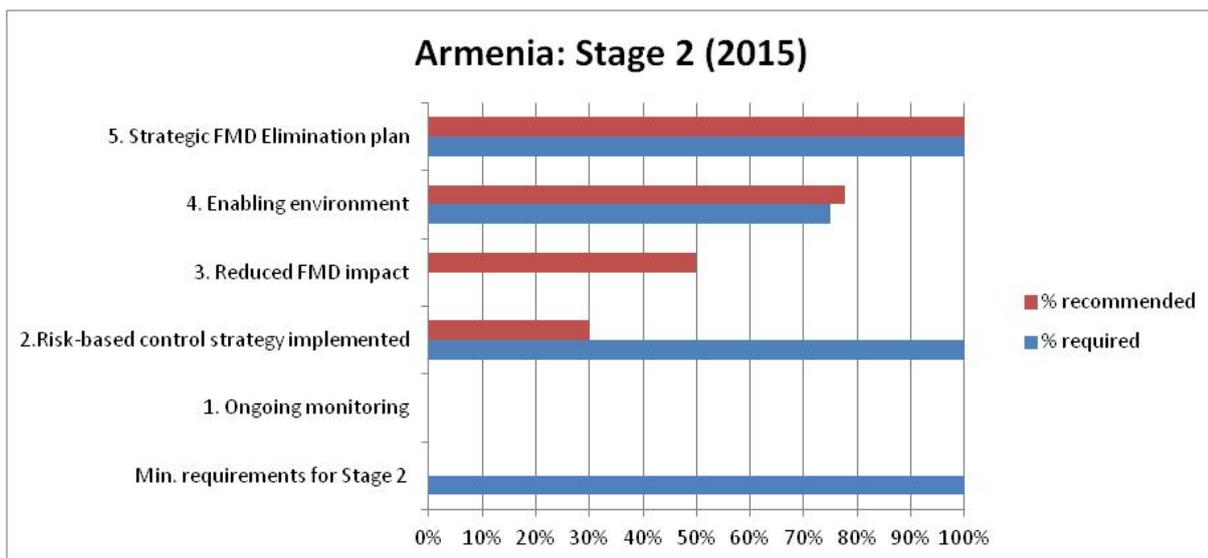
Provisional Roadmap 2015

	validated stages								provisional stages (not validated)									
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Armenia	2	2	2		2	2	2*	2**	2	2	3	3	3	3	3	4	4	4

*indicates a provisional status given to the countries in 2014

** indicates provisional status (countries have till October 2015 to provide additional information including a Control Plan; if not, they will be downgraded to the previous stage)

Achievement of required and recommended outcomes for the PCP Stage 2:



FMD outbreaks & surveillance:

- No outbreaks reported
- NSP serosurveillance was carried out randomly in 2014 on LR for export, (~2.7% NSP positive)

FMD Control Measures:

- Mass Vaccination using trivalent high potency vaccines (≥ 6 PD50), including A/Iran 2005, O/PanAsia 2, Asia-1/Georgia2001 strains
- 2014 vaccination coverage estimated to be 100% for LR and 58% for SR
- FMD risk assessment and analyses

Other notes and priorities for the future:

- The National Risk Based Strategy plan to be finalized by October 2015
- FMD risk assessment and analyses, evaluation of the international epizootic situation, the presence of outbreaks in neighboring countries
- Implementation of animal (LR) identification and registration
- Improvement of control on animal movement, including control on animal health in seasonal pastures and veterinary-sanitary measures for slaughtering
- Finalization of veterinary legislation harmonization in accordance with international requirements.

Azerbaijan



PCP-FMD Stage	
2014	2*
2015	2**
OIE PVS evaluation	2015

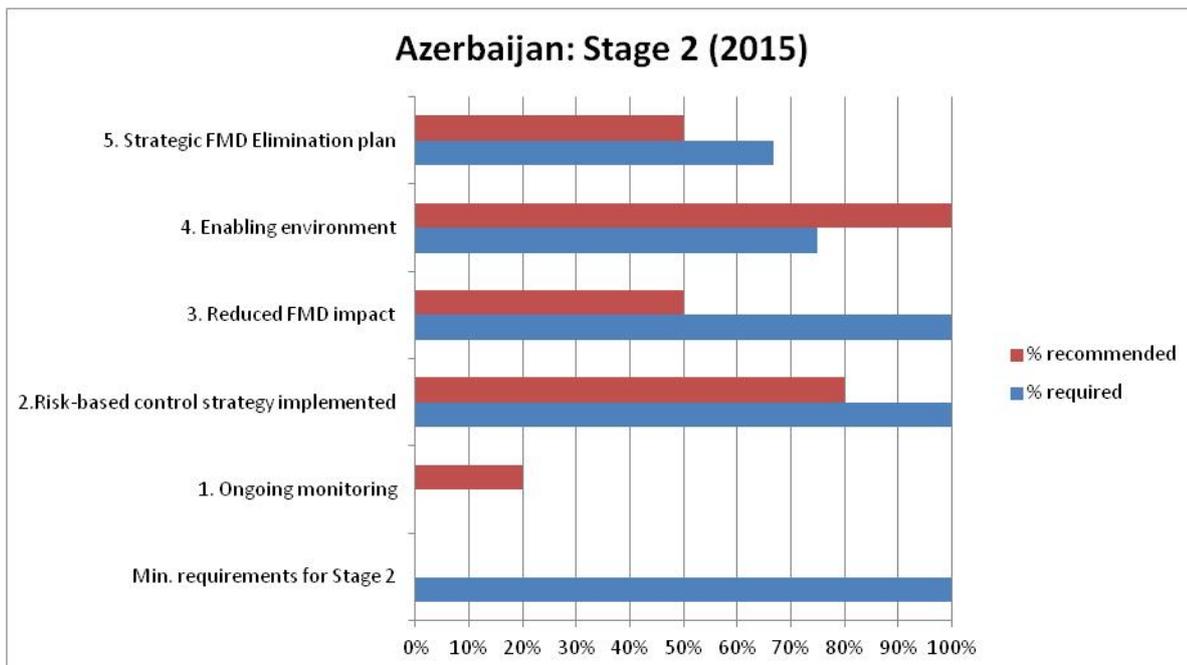
Provisional Roadmap 2015

	validated stages									provisional stages (not validated)									
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
Azerbaijan	2	2	2		2	2	2*	2**	2	2	3	3	3	4	4	4	4	5	

*indicates a provisional status given to the countries in 2014

**indicates a prolonged provisional status (countries have till October 2015 to provide additional information including a Control Plan; if not, they will be downgraded to the previous stage)

Achievement of required and recommended outcomes for the PCP Stage 2:



FMD outbreaks & surveillance:

- No outbreaks reported
- NSP and SP serosurveillance is planned to be carried out in May 2015

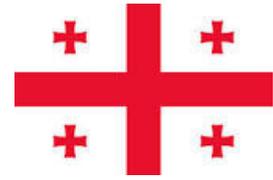
FMD Control Measures:

- Mass vaccination using trivalent high potency vaccines (≥ 6 PD50), including A/Iran 2005, O/PanAsia 2, Asia-1 Shamir
- 2014 vaccination coverage 94.5% for LR and 46.4% for SR
- Animal movement and border controls
- Improve biosecurity, raise awareness

Other notes and priorities for the future:

- The National Risk Based Strategy plan to be finalized by October 2015
- Finalization of reconstruction of the national laboratory system; International accreditation of the national veterinary laboratories
- Development of animal identification and registration system
- Development of national information reporting system (AzVET and EIDSS)
- Development of controlled and regulated animal slaughter system
- Development of private veterinary services
- Development of continuous professional education. Regional trainings of the veterinary specialists in epidemiology, clinical analysis, laboratory diagnostics and informational systems

Georgia



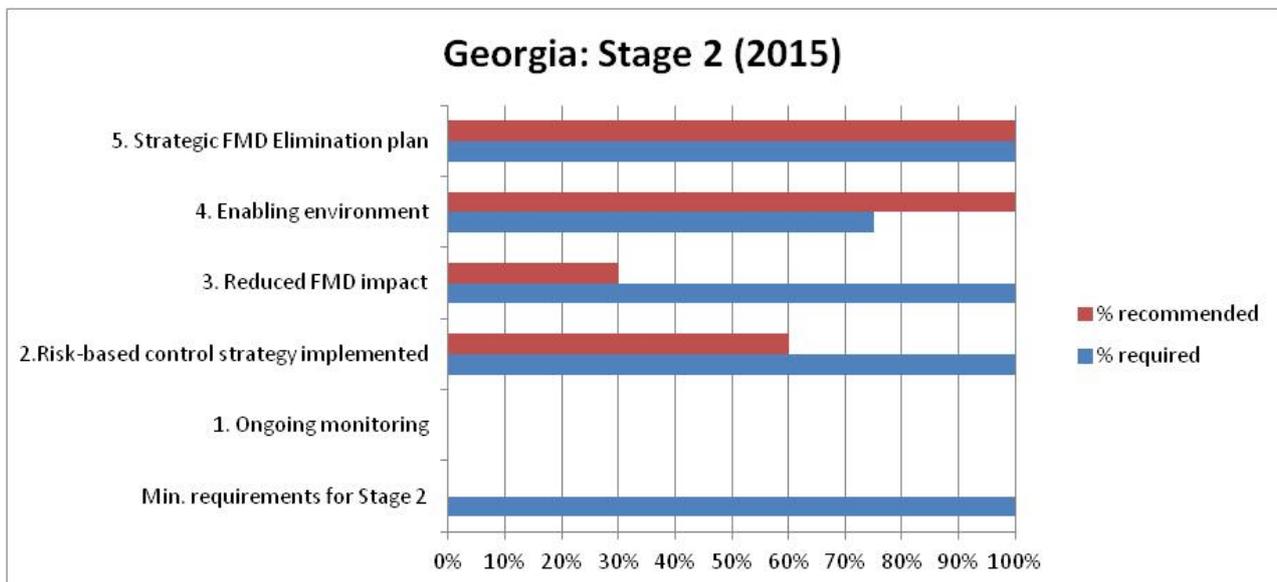
PCP-FMD Stage	
2014	2*
2015	2
OIE PVS evaluation	2009

Provisional Roadmap 2015

	validated stages								provisional stages (not validated)									
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Georgia	2	1	1		1	1	2*	2	2	3	3	3	4	4	4	4	4	5

*indicates a provisional status given to the countries in 2014

Achievement of required and recommended outcomes for the PCP Stage 2:



FMD outbreaks & surveillance:

- No outbreaks reported
- NSP and SP serosurveillance carried out in 2014, results are pending

FMD Control Measures:

- Mass vaccination LR and SR using high potency vaccine
- Implementation of LR identification and registration
- Risk based strategic plan is developed
- Rehabilitation of animal migration routes and improving animal migration control

Other notes and priorities for the future:

- Risk based strategic plan is developed
- Increased vaccination coverage in 2014 in comparison to 2013 (vaccination coverage more than 80% for LR and SR)
- Risk communication and management division was created.
- Established FMD vaccination and serosurvey organization-coordination group
- Improve FMD epidemiological and surveillance system – Specific SOP-s for FMD surveillance, sample collection to be designed and adopted
- Strengthen laboratory capacity – Laboratory will be involved in proficiency testing;

Islamic Republic of Iran

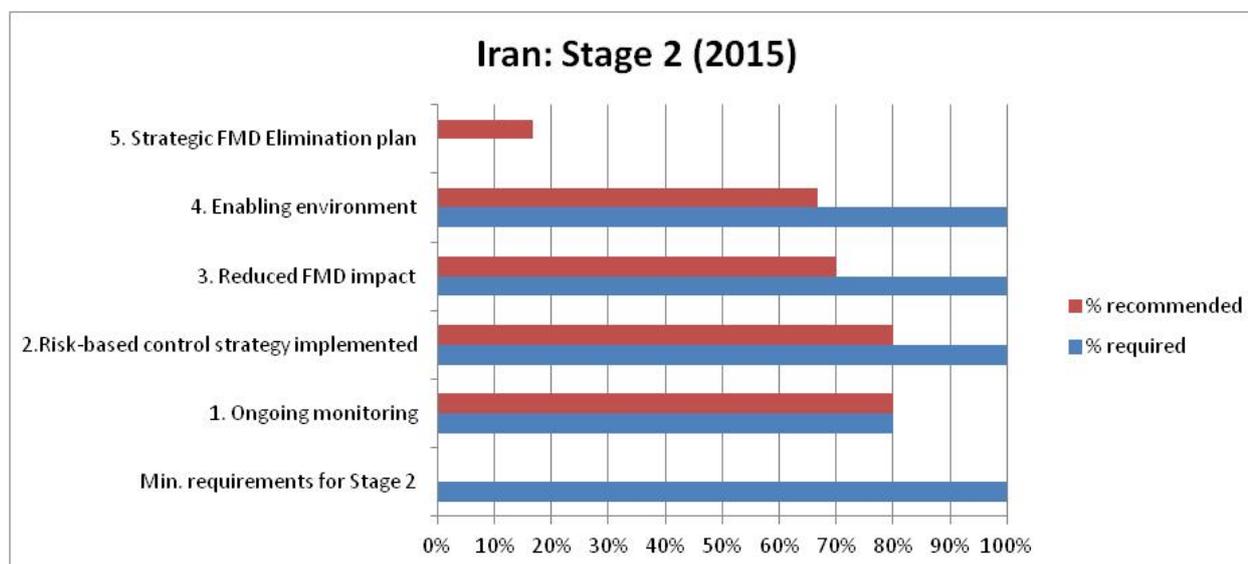


PCP-FMD Stage	
2013	2
2014	2
OIE PVS evaluation	/

Provisional Roadmap 2015

	validated stages									provisional stages (not validated)									
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
Iran	2	2	2		2	2	2	2	2	2	2	3	3	3	3	3	4	4	

Achievement of required and recommended outcomes for the PCP Stage 2:



FMD outbreaks & Surveillance:

- 1,381 outbreaks in April 2014-March 2015 (1067 in cattle and 314 in sheep and goats)
- Outbreaks are widespread throughout the country
- 42% of outbreaks sampled
- Serotypes O, A, Asia 1 identified
- Serosurvey not performed

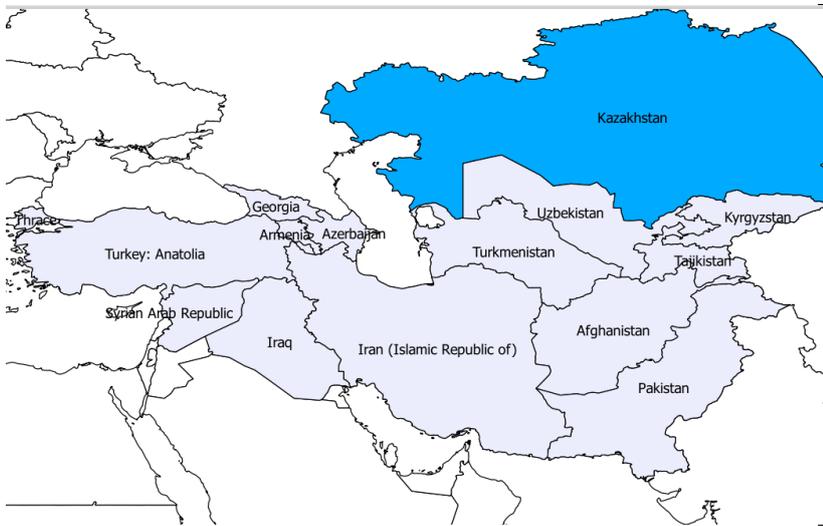
FMD Control Measures:

- Risk-based control plan has been developed to reduce the impact of clinical FMD
- Mass vaccination of LR and SR
- Animal movement control and reduce the risk posed by animal markets
- Ring vaccination with monovalent or high potent vaccine around the outbreaks

Other notes and priorities for the future:

- Emphasis on ensuring the quality and potency of local vaccines. Importation of high potency vaccine in 2015.
- Contribution of the Farmer Cooperative union and veterinary association to vaccination program, reporting and animal movement control.
- Integrated quarantine system will be connected to Intelligent Transportation System
- Case – control studies showed important role of animal markets, dealers and butchers in FMD spread

Kazakhstan



PCP-FMD Stage	
2014	2*
2015	Not assessed
OIE PVS evaluation	2011

Country has entered the OIE pathway for recognition of an FMD-free zone without and with vaccination.

Kyrgyzstan



PCP-FMD Stage	
2014	1
2015	2*
OIE PVS evaluation	2007

Provisional Roadmap 2015

	validated stages									provisional stages (not validated)									
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
Kyrgyzstan	1	0	0		1	1	2*	2**	2	2	3	3	4	4	4	5	5	5	

*indicates a provisional status given to the countries in 2014

**indicates a provisional status (countries have till October 2015 to provide additional information including a Control Plan; if not, they will be downgraded to the previous stage)

FMD outbreaks & surveillance:

- 25 outbreaks in 2014
- No outbreaks reported in first 4 months of 2015

FMD Control Measures:

- Vaccination in cattle with trivalent vaccine twice a year (A-Iran-05, O/PanAsia and PanAsia 2, Asia-1 Shamir)

Other notes and priorities for the future:

- National budget covering only 35-40% of requirement of the state veterinary service and untimely financing of procurement of veterinary preparations by the government complicates implementation of planned control measures
- Program and strategy for prevention and control of FMD in farm animal for 2011-2015 was developed jointly with FAO
- Memorandums on joint seromonitoring in bordering area with Kazakhstan and Tajikistan were signed
- The contract with OIE for 5 years assistance in veterinary education, the legislation is developed

Pakistan

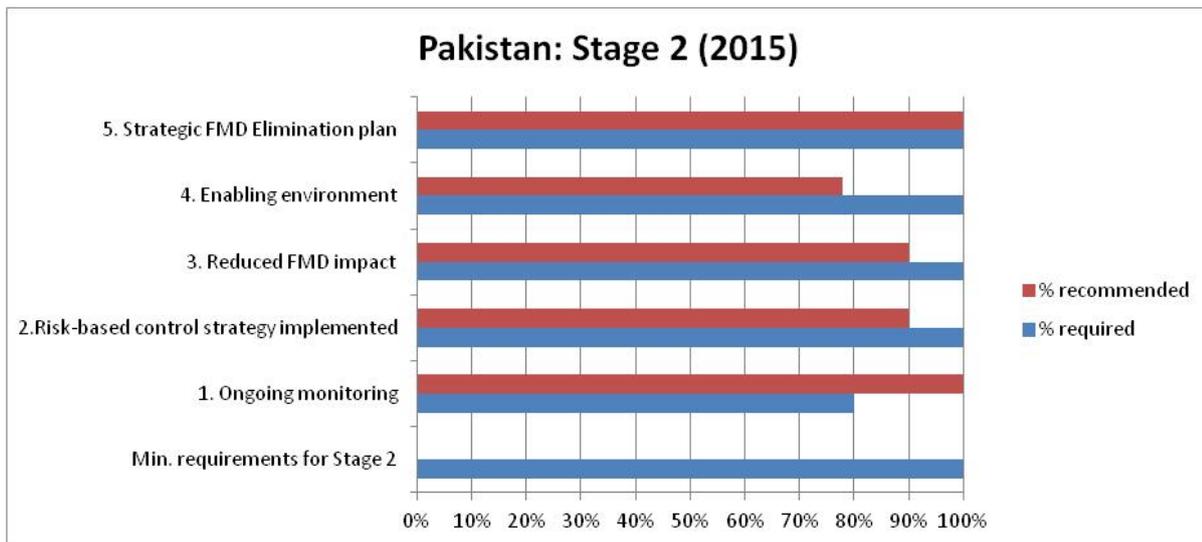


PCP-FMD Stage	
2014	2
2014	2
OIE PVS evaluation	2015

Provisional Roadmap 2015

	validated stages								provisional stages (not validated)									
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Pakistan	0	1	1		1	1	2*	2	2	2	2	3	3	3	3	3	4	4

Achievement of required and recommended outcomes for the PCP Stage 2:



FMD outbreaks & surveillance:

- 2813 FMD outbreaks detected in 2014 (1629 serotype O, 188 serotype A, 196 serotype Asia1, 119 mixed) 350 outbreaks detected in 1st 3 months of 2015 (serotype: 91 O, 134 A, 29 Asia 1, 36 mixed)
- NSP serosurvey: seropositivity varied according to area and production system (4-50% positive)

FMD Control Measures:

Vaccination on farmer demand using trivalent high potency vaccines (≥ 6 PD50), including A/Turkey 06, O/ PanAsia 2, Asia-1 Sindh 08

Training to raise farmer awareness. Public awareness raise using awareness material and documentary on FMD

Institutionalization of the control efforts such as emergency vaccination, availability of good quality vaccine and establishing lab and epi networks

Other notes and priorities for the future:

- Risk-based strategic plan for FMD control is developed and National Program Coordination Unit established
- A baseline socio-economic study has been completed
- A web-based central information system is established at Federal level
- The Laboratory Information Management System established and nucleic acid sequencing started
- A harmonized model legislation framework at federal and provincial level is developed.
- 47 training workshops for field and laboratory veterinarians (1378 vets)
- Future priorities: Serotyping and genotyping of circulating FMD strains; Establishment of vaccine production facility in the country; quality control of FMD vaccine

Syria



PCP-FMD Stage	
2014	1
2015	Not assessed
OIE PVS evaluation	2008

The 2015 PCP Stage for Syria will be assessed as part of the next Middle East Roadmap meeting

FMD outbreaks & surveillance:

- No outbreaks reported in 2014-2015 to date

FMD Control Measures:

- Prevent incursion of FMDV through: import controls; veterinary quarantine and disinfection at border crossing; slaughterhouses control and immediate notification of any suspected cases; early warning system; risk assessment; quarantine measures and movement control in case of outbreak
- Annual NSP and SP serosurveys
- Compulsory, mass vaccination, twice annually for LR, once annually for SR
- Trivalent vaccine (OPanAsia2, A Iran05, Asia1). Vaccination covers all Syrian areas.

Other notes and priorities for the future:

- Animal husbandry very important in the Syrian economy, generates 18.6% of national income
- Syria participates annually in WRL (Pirbright) Proficiency Tests
- Civil society, private vets and veterinary syndicate support and help in vaccination campaigns
- Attention to areas of livestock-wildlife interaction
- Study of socio-economic impact and value chain
- Optimization of resources use for FMD control

Tajikistan

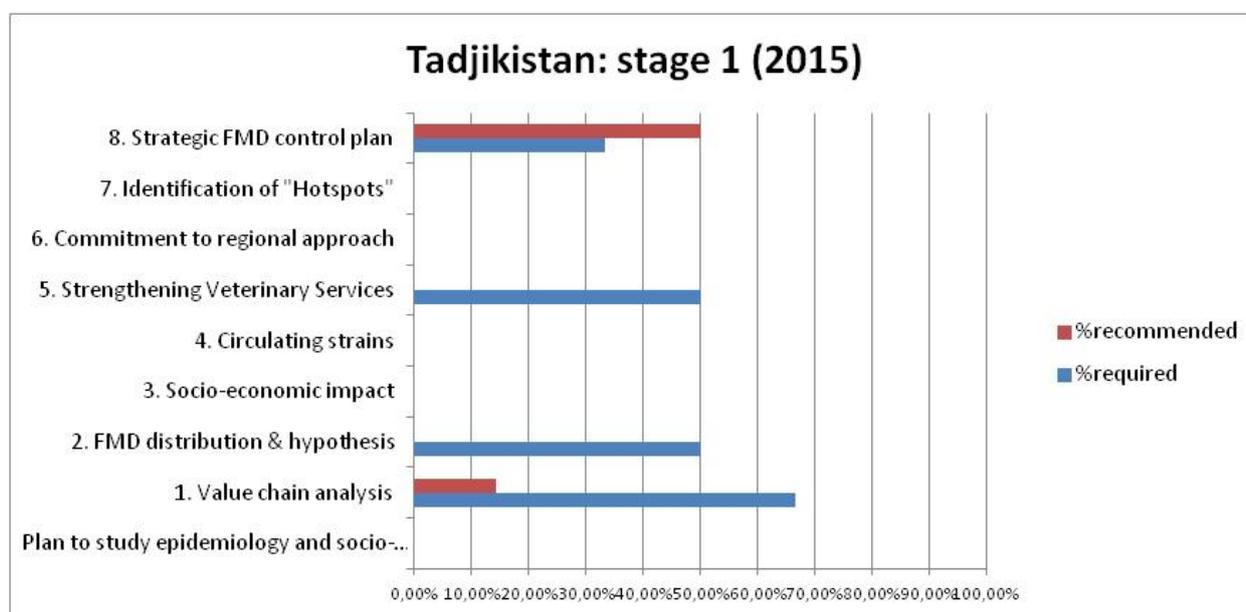


PCP-FMD Stage	
2014	1
2015	1
OIE PVS evaluation	2009

Provisional Roadmap 2015

	validated stages								provisional stages (not validated)									
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Tajikistan	0	1	1		1	1	1	1	2	2	3	3	3	4	4	5	5	5

Achievement of required and recommended outcomes for the PCP Stage 1:



FMD outbreaks & surveillance:

- No outbreaks reported since 2011
- Serosurvey not performed in 2014-2015

FMD Control Measures:

- Vaccination with bivalent and trivalent vaccines produced by ARRIAH (Russia), Raksha (India) and Razi (Iran).
- 19.2% vaccination coverage reported

Other notes and priorities for the future:

- Existing only the National program for FMD control in 2004-2010 in Tajikistan, not updated
- Gaps identified include lack of funds, diagnostic kits, reagents and equipment, lack of skill development and transportation of samples to a reference laboratory

Turkey (Anatolia)

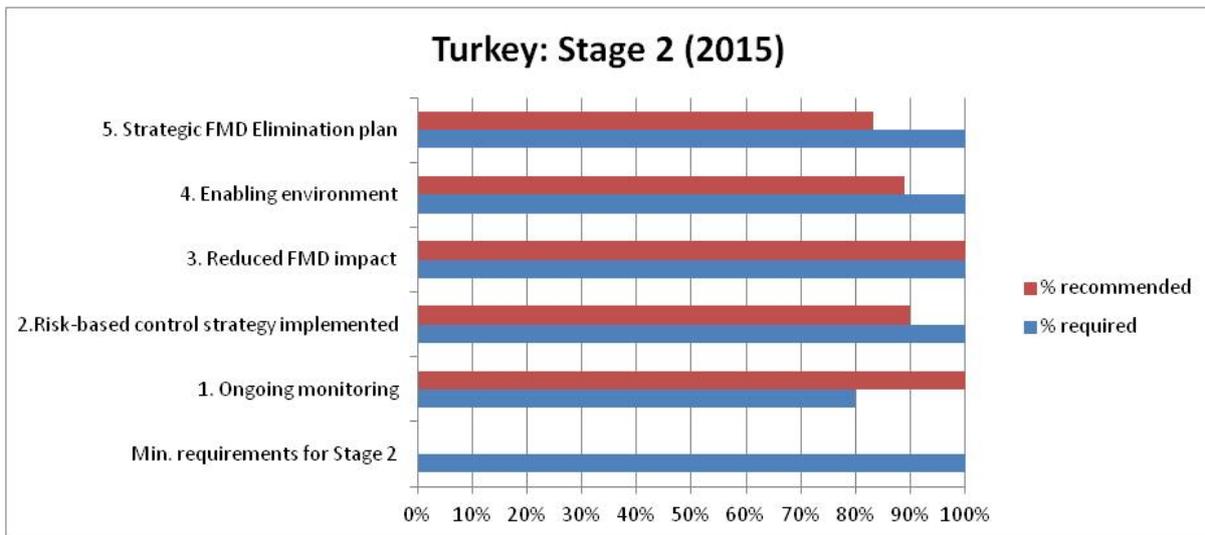


PCP-FMD Stage	
2014	2
2015	2
OIE PVS evaluation	2007

Provisional Roadmap 2015

	validated stages									provisional stages (not validated)									
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
Turkey Marmara-Aegean								2	2	3	3	4	4	4	4	4	5	5	
Turkey Rest of Anatolia	1	2	2		2	2	2	2	2	2	2	2	2	3	3	4	4	4	

Achievement of required and recommended outcomes for the PCP Stage 2:



FMD outbreaks & surveillance:

- 253 outbreaks in 2014, 50 in 1st 3 months of 2015
- Current circulating strains are: O PanAsia2, A Iran 05, Asia1/Sindh08
- All outbreaks are serotyped, genetic analysis of sufficient number to understand disease dynamics, vaccine matching
- Number of outbreaks has been decreased since beginning of 2014
- NSP serosurveillance completed in beginning of 2014, next serosurveillance is planned to be conducted in 2015
-

FMD Control Measures:

- Mass vaccination twice annually
- Autumn 2014 and Spring 2015 campaign used trivalent vaccine (OTur07, ATur14, Asia1SINDH08), 6 PD50 potency with booster dose for calves in western Anatolia
- Outbreak response (biosecurity, quarantine, ring vaccination)
- Control of animal movements and markets
- Training veterinarians, Raise awareness

Other notes and priorities for the future:

- Risk-based strategic plan for FMD developed
- Vaccine production capacity increased by >6PD50/Ongoing research and development studies for improvement of vaccine production
- Ongoing vaccine effectiveness studied

Turkmenistan

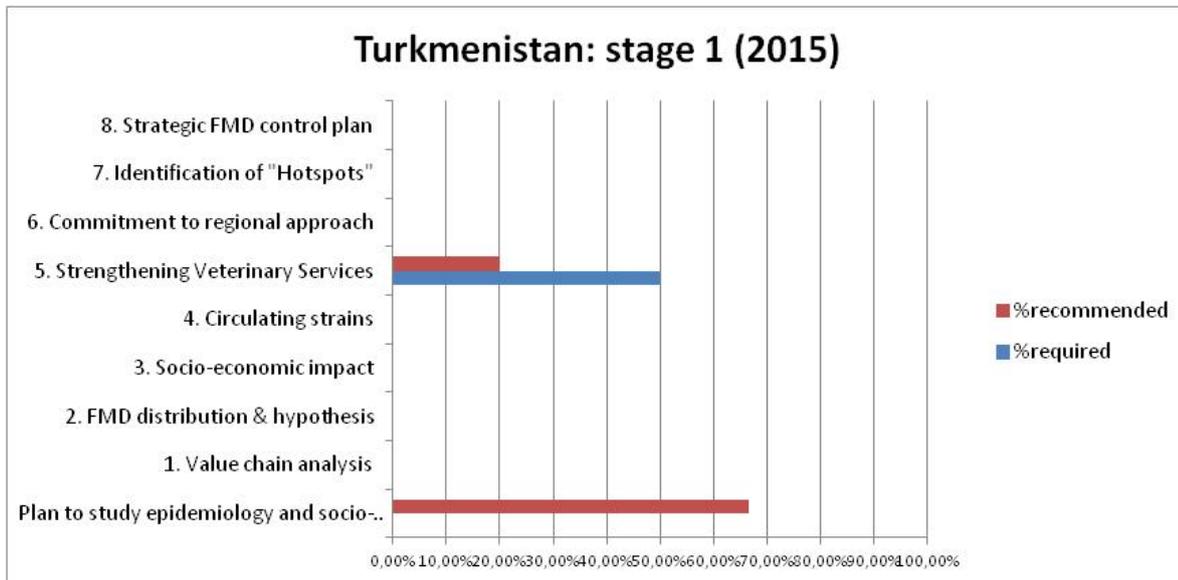


PCP-FMD Stage	
2014	1
2015	1
OIE PVS evaluation	2013

Provisional Roadmap 2015

	validated stages								provisional stages (not validated)									
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Turkmenistan	0	0	0		1	1	1	1	2	2	3	3	3	4	4	5	5	5

Achievement of required and recommended outcomes for the PCP Stage 1:

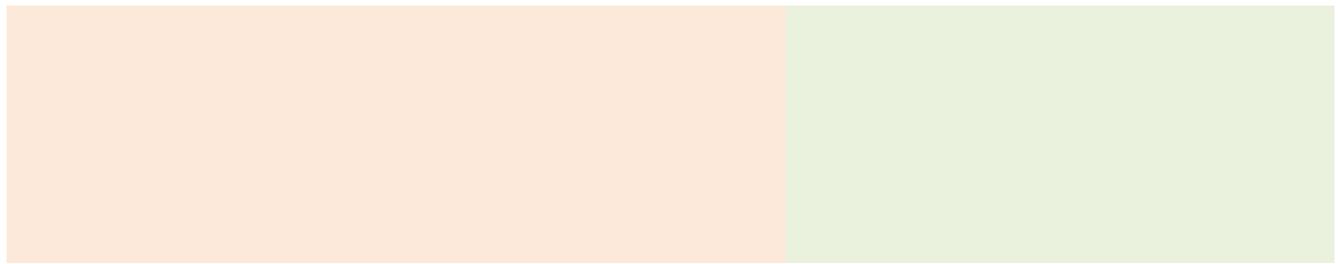


FMD outbreaks & surveillance:

- No outbreaks reported since 1999

FMD Control Measures:

- Vaccination in buffer zones with trivalent vaccine including serotypes A, O and Asia1) in small and large ruminants
- Raising awareness
- Veterinary border control points



Other notes and priorities for the future:

- National FMD Action Plan 2014-2016 is developed
- Need of practical laboratory trainings and procurement of laboratory equipment for five rayon veterinary laboratories.

Uzbekistan

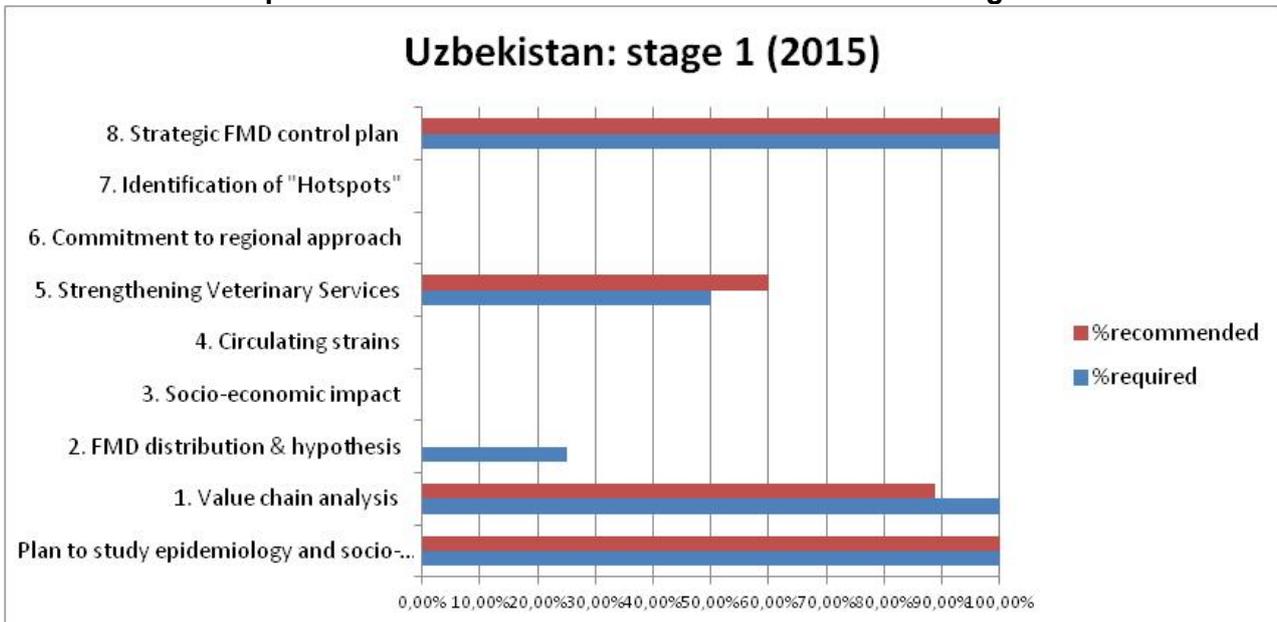


PCP-FMD Stage	
2014	1
2015	1
OIE PVS evaluation	2007

Provisional Roadmap 2015

	validated stages									provisional stages (not validated)									
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
Uzbekistan	0	1	1		1	1	1	1	2	2	3	3	3	4	4	5	5	5	

Achievement of required and recommended outcomes for the PCP Stage 1:



FMD outbreaks & surveillance:

- No information provided

FMD Control Measures:

- Preventive vaccination (mono- and multi-valent vaccines including serotypes A, O and Asia1) in small and large ruminants
- Raising awareness
- Veterinary border control points

Other notes and priorities for the future:

- State veterinary control plan approved annually, includes preventive measures for FMD

Annex 4 – State of implementation of the 2014/Astana Recommendations

The countries recommend, for a better implementation of the Global FMD Control Strategy at regional level:

Completed
 On-going
 Not completed

5 th meeting Recommendations (2014)	Status	State of implementation (2015)
1. To continue the Roadmap process for West Eurasian countries, with an annual survey (based on the self-assessment questionnaires) and meeting to monitor progress (if funding available);		Done - Almaty meeting with survey based on self-assessment questionnaire one year after Astana (April 2014). Currently, funding is coming from FAO, OIE and EuFMD core budget (no dedicated budget for FMD activities). Funding is unpredictable but idea to combine FMD and PPR roadmap meetings in the future
2. That countries which have a provisional PCP-FMD Stage 2 submit the revised risk-based strategic plan for review no later than October 2014 with evidence of the feasibility for implementation; control plans should be submitted to the GF-TADs FMD Working Group (FAO-FMD@fao.org and OIE-FMD@oie.int) to provide feedback and recommendations to countries on their risk-based strategic plans for effective implementation in coherence with the FMD-PCP guidelines;		Only 5 countries out of 8 (having a provisional stage 2) have submitted their risk-based control plan; these were reviewed and commented by the GF-TADs FMD WG. For the other countries, as clearly indicated in the recommendations and report of the Astana meeting, they will be downgraded to PCP-FMD Stage 1 in the Almaty meeting
3. That countries be provided with the necessary assistance and training to develop FMD control plans; in particular, FAO/OIE with the support of the experts from EuFMD are requested to :		
<ul style="list-style-type: none"> – further develop the guidance on PCP-FMD project proposals that could assist national authorities to obtain national and international investment on FMD control; 		- templates for the plan to move from PCP Stage 0 to 1 (RAP), PCP 1 to 2 (RBSP), and PCP Stage 2 to 3 are all developed (NCP). RBSP template and guidance document are published on EuFMD website.
<ul style="list-style-type: none"> – provide guidelines and support countries to conduct socioeconomic impact assessments of FMD in livestock production, livelihoods and food security and to conduct cost/benefit analyses of FMD control options; 		- Socioeconomic guidelines (GF-TADS) are being developed and to be finalized by end of 2015. An expert meeting took place in Rome on 8-10 April 2015 to define how socio-economic guidelines could support the PCP-FMD process. This initiative is led by FAO in collaboration with OIE and EuFMD.
4. That each country identify a specialist for PCP-FMD, a specialist for laboratory and a specialist for epidemiology to facilitate communication and coordination in matters related to PCP-FMD questionnaires, national control plans and the laboratory and epidemiology networks;		An official letter was sent from FAO and OIE on 19/12/2014 to ask countries to nominate 3 contact persons per country. Most countries have provided those 3 contact persons. For those who have not done, they are encouraged to do so ASAP (even during the Almaty meeting)
5. That countries be actively involved in the OIE PVS Pathway to improve their compliance with the OIE international standards on quality of Veterinary Services and that Governmental		All countries but Iran, Iraq and Afghanistan have undertaken an OIE PVS evaluation mission (Pakistan was the last one to do so, in November 2014).

<p>Authorities support the development of an 'Enabling Environment', of which the reinforcement of Veterinary Services is an integral component;</p>		<p>Countries whose PVS evaluation is older than 2010 are encouraged to request a PVS follow up mission to have an updated evaluation of the capacity of their VS to combat FMD (and other diseases). Countries are also encouraged to conduct a Gap Analysis mission to have a 5 year costed plan (including FMD control if put as a national priority). RBCP templates need to be finalised to include Component 2 (VS strengthening) of the Global FMD strategy</p>
<p>6. That countries consider reciprocal and regular communications with neighbouring countries to assess and mitigate risk across borders, and can seek assistance from FAO and OIE to facilitate if deems necessary;</p>		<p>This point should be discussed during the meeting to seek input from countries on their communication with their neighbours. No requested submitted to FAO and OIE in this regards.</p> <p>The Japanese funded project (OSRO/AFG/402/JPN) in Afghanistan has a specific component to support bilateral meetings among Tajikistan, Iran and Pakistan to exchange and monitor reciprocal progress.</p> <p>OIE encourages countries to conduct simulation exercises and notify them in advance to the OIE for general information – neighbouring countries can therefore be informed and ask for joint FMD simulation exercises with their neighbours, if relevant</p>
<p>7. That Veterinary Services ensure that the vaccines used are appropriate for the viruses circulating in the region. The most appropriate vaccines for current risk in the region and recommended for use in 2014 are:</p>		
<ul style="list-style-type: none"> – For type O: PanAsia2 (O Tuk 5/2009), or O1 Manisa in combination with O 3039. Vaccine matching data suggest that some circulating strains have poor match with O1 Manisa; 		<p>Vaccination survey implemented, results will be presented during the meeting</p>
<ul style="list-style-type: none"> – For type A: A Tur06 or A Iran 05 (sublineage SIS10). For countries bordering China, it is advisable to add A SEA-97 in their vaccine; 		<p>As above</p>
<ul style="list-style-type: none"> – For type Asia 1; Asia 1 (Sindh-08) or closely related strains or Asia 1 Shamir at 13 PD50 or greater. 		<p>As above</p>
<ul style="list-style-type: none"> – That greater use should be made of the vaccine matching services offered by the World Reference Laboratory at Pirbright and other FAO/OIE Reference Centres; in particular, that the countries seek technical advice from the FAO/OIE Reference Centres for careful consideration when selecting vaccine strains against A Iran 05 sublineages; 		<p>As above</p>
<p>8. That vaccines used by countries in the region comply with the OIE <i>Manual of Diagnostic Tests and Vaccines for Terrestrial Animals</i> and in particular, the potency of the vaccines should be selected based on a consideration of the level of protection required</p>		<p>As above</p>

against the main circulating viruses;		
9. That countries receive technical support and assistance from FAO, OIE and EuFMD in the design of serosurveillance, identification of risk hotspots, effective vaccination strategy and post vaccination monitoring, when requested;		<p>EuFMD has provided technical support in country for its MS on request as per the EuFMD workplan.</p> <p>A West Eurasia webinar series has been established (4 in EN; 3 in RU) which has provided information on some of these topics for all countries in the region, following the Astana Recommendations (e.g.; disease control outbreak; Is my vaccination working? PVM).</p> <p>Webinars are available on the EuFMD e-learning webpage</p> <p>E-learning material is under development on these issues.</p>
10. That more effort be made to achieve the rapid sharing of laboratory information (transparency) on FMD virus circulation between countries of the region through support to the WELNET and to reference laboratories providing vital services to the Roadmap;		<p>There has been no progress; samples have not been received from endemic countries.</p> <p>Survey on information systems to understand current situation and scope regional interest in sharing information relating to FMD outbreaks and control. Results will be presented during the session.</p>
11. That the GF-TADs FMD Working Group support countries, when requested and, if funding available, for preparing project proposals to convince governments and donors for more investments in preventing and controlling FMD;		<ul style="list-style-type: none"> - In 2014, FAO has secured long term funding for Afghanistan (OSRO/AFG/402/JPN) to embark on FMD and PPR control. - FAO has an on-going project for FMD control in Pakistan which enabled them to progress to PCP stage 2 (guidance was provided through several missions to develop a national control program to progress along the PCP-FMD and seek donors' contribution) - Kyrgyzstan requested from FAO for establishment of the Private Veterinarians Association. Formulation of this project under technical cooperation program is in final stage (component 2 of GS)
12. That the West Eurasia Roadmap programmes be well articulated with other regional control programmes such as in the Middle East;		<p>Countries can participate in different PCP-FMD roadmaps to ensure coordination. This is the currently the case of Iran, Iraq and Syria who also attend the FMD ME roadmap. In the future, it is expected that a FMD roadmap for SAARC countries be launched and Pakistan and Afghanistan may consider joining it. However, when it comes to RAG assessment, a country can be assessed only by the RAG of the roadmap they primarily belong to and attend the other roadmap as 'participating countries'.</p>
Specifically regarding the Epi-Network and WELNET		
13. That the Epi-Network encourage countries to harmonise their animal health information system and support the interoperability between existing national and regional systems (such as the West Eurasia FMD database) and with WAHIS to facilitate the country's obligation for disease reporting;		<p>Survey on information systems to understand current situation and scope regional interest in sharing information relating to FMD outbreaks and control. Results will be presented during the session.</p>
14. That webinars are offered to WELNET and Epi-Network members to connect experts and provide training on technical topics such as designing and monitoring vaccination programs and outbreak investigation;		<p>A webinar series has been established, with 7 webinars held since the last session (4 in English, 3 in Russian).</p>

<p>15. That countries be provided with the necessary training to ensure that there is capacity to monitor the impact and implementation of national strategic FMD control plans; this will include training in descriptive epidemiology, risk analysis, value chain analysis and data management;</p>		<p>EuFMD has provided technical support in country for its MS on request as per the EuFMD workplan.</p> <p>EuFMD has held training in outbreak investigation, both in a field course (Turkey, Azerbaijan, Armenia, Georgia, Kazakhstan, Moldova, Ukraine) and via e-learning (Azerbaijan, Armenia, Georgia, Belorussia, Moldova, Ukraine, Russia, Kirgizstan). Experts from ARRIAH provided technical support for the e-learning course.</p>
<p>16. That a pilot project be undertaken in cooperation with Epi Network members to monitor the prices of live animals and meat in different countries, as an indicator to predict large-scale animal movement patterns;</p>		<p>Through WELNET, a questionnaire was sent to member countries on meat prices (only 6 responses received). Results will be presented during the session.</p>
<p>17. That the WELNET thoroughly review the minimum potency requirements for vaccines for use in West Eurasia and provide a recommendation to the next meeting. This analysis should take production capacity and costs into account;</p>		<p>Through WELNET, a questionnaire was sent to member countries (only 6 responses have received). Results will be presented during the session.</p>
<p>18. That the WELNET develop guidelines on the selection of samples for further characterization by genotyping and vaccine matching, support should be provided to send virus samples from WELNET member states to the SAP Institute, Pirbright and ARRIAH for detailed characterization and rapid result reporting, and to proficiency testing and improved networking and communication.</p>		<p>Guidelines have been prepared – they will be presented during the meeting</p>

Annex 5 - Survey on vaccination conducted in the context of the West Eurasia ROADMAP MEETING

Ten countries responded to the survey. Of these, only 4 countries reported FMD outbreaks in 2014/2015 (Turkey, Iran, Pakistan and Afghanistan). All of these countries detected serotypes O, A and Asia1.

Vaccination Policies

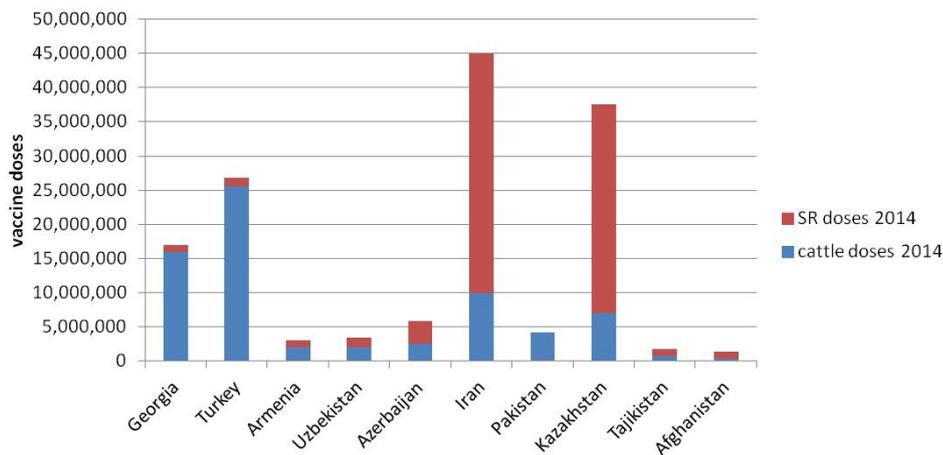
- FMD vaccination is compulsory in 6/9 countries for both large and small ruminants
- 7 out of 10 countries report that they do vaccination campaigns for large ruminants, either 3 times per year (2 countries), twice per year (5 countries) or once per year (1 country)
- 7 out of 10 countries report that they do vaccination campaigns for small ruminants, either, twice per year (2 countries) or once per year (5 countries)
- 8 out of 10 countries report that they vaccinate large and small ruminants as part of their response to outbreaks
- The State pays all of the costs of vaccination in 6 countries, 2 countries have cost sharing and the owner bears all the costs in 1 country
- State veterinarians perform all of the vaccination in 5 countries and they work together with private veterinarians in 3 countries. Private veterinarians do all the vaccination in 1 country.
- 4 out of 10 countries report that they consider their neighbour's vaccination schedule when they set their own. The 2014 vaccination schedule for respondent countries is shown below:

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Kazakhstan												
Tajikistan												
Turkey												
Armenia												
Georgia												

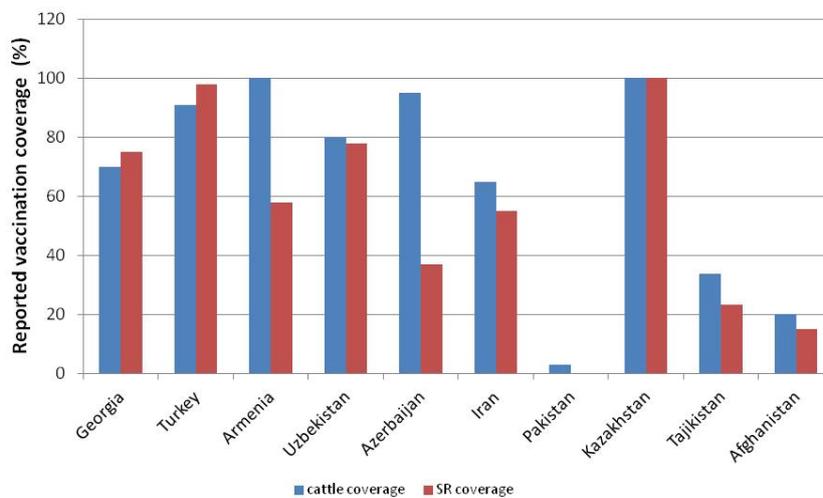
Vaccine used

- There is a wide range in the reported number of doses of vaccine used by each country, as shown in the chart below
- There is also a wide range in the reported coverage achieved. However, methods of measuring vaccination coverage may vary.
- 7 out of 7 reporting countries use high potency vaccine (≥ 6 PD50 vaccine only or as well as unknown potency (1 country) or 3PD50 (1 country)
- Fifteen different vaccine producers were reported to supply vaccine for the region
- The reported strains in the vaccine are in line with the recommendations from the 2014 Roadmap meeting

Vaccine doses in 2014



Reported Vaccination coverage: 2014



Vaccine strains reported used

Serotype 0	Serotype A	Serotype Asia1
O PanAsia2	A Iran05	Sindh08
O Tur07	A TUR 2006	Shamir
		Georgia2001

Monitoring Vaccination

- 6/8 countries report that they monitor vaccination program effectiveness
- Methods reported for monitoring vaccination were: serological surveys (5 countries), records (1 country), outbreak investigation (1 country)
- 4/10 countries report having vaccine matching results from circulating field strains
- 2 countries reported detecting outbreaks in vaccinated animals

Annex 6 – Survey on veterinary information systems conducted in the context of the West Eurasia ROADMAP MEETING

Information systems development in West Eurasia (2014- early 2015)

(replies received from 9 out of 14 countries , namely Afghanistan, Armenia, Azerbaijan, Georgia, Iran, Kazakhstan, Uzbekistan, Tajikistan and Turkey)

Results

West Eurasia countries have started development and use of veterinary information systems; however, most of them are still in initial stage. The overview of existing information systems and their development stage are described in Table 1.

Table 1: Existing information systems and their development stage

Country	National Animal Disease Information System (NADIS)	Development Stage (NADIS)	Laboratory information management system (LIMS)	Development Stage (LIMS)	Animal Identification and Registration system (AI&RS)	Development Stage AI&RS	Integration
Afghanistan	Epi-info	In use	LIMS	In use	-	-	Epi-info/ LIMS
Armenia	Tad info	-	-	-	ANIPAS	In use	-
Azerbaijan	EIDSS/AZVERT	In use/ improvement stage	EIDSS	In use/ improvement stage	-	In development	EIDSS
Georgia	EIDSS	In use/ improvement stage	EIDSS	In use/ improvement stage	AI&RS	In development	EIDSS
IR of Iran	Iran Gis Vet	In use	LIMS	In use	-	-	-
Kazakhstan	EIDSS	In development	-	In development	FAIS	In use	EIDSS/FAIS
Tajikistan	-	-	-	-	-	-	-
Turkey	TURKVET	In use	TURKVET	In use	TURKVET	In use	TURKVET
Uzbekistan	-	-	-	-	-	-	-

Most of the reporting countries are using or have started to develop National Animal Disease Information systems, except Uzbekistan and Tajikistan, whereas Armenia is using FAO TAD INFO system for this purpose. Kazakhstan, Georgia and Azerbaijan are using the same system (EIDSS), developed with the support of US Government (DTRA). Azerbaijan and Georgia have proposed to DTRA experts to create a capability of data exchange on diseases and conducted anti-epizootic activities in the form of reports directly within the EIDSS environment.

All countries surveyed consider that a common regional disease information system would be very useful. Information related to FMD considered to be useful to share within the region: FMD outbreak locations, laboratory results, vaccination location and doses, serosurveillance information.

Conclusions:

- Most of the West Eurasia countries have started the development and use of veterinary information systems.
- Development of the regional information systems would improve information exchange between countries. It is supported by all surveyed countries

Possible solutions for information exchange on FMD and other dangerous infectious diseases:

- Development of common regional systems for important animal diseases notification for West Eurasia countries (similar to ADNS)
- Development of the system for collection, storage and analysis of information about FMD outbreaks (similar to EU-BTNet)
- Use of already existing information systems common for some countries (EIDSS Georgia, Azerbaijan, Kazakhstan)
- Improvement of EMPRES-I database and inclusion of other West Eurasia countries