



## **Recommendations of the Third Regional meeting of the FMD Control Roadmap for the Middle East**

Doha, Qatar, 1-2 December 2015

*Draft (to be commented by countries by 24/12/2015)*

### **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 2012 (Cairo/2012; Amman/2014);
- The commitment of the countries from Middle-East countries to the Progressive Control Pathway for Foot and Mouth Disease (PCP-FMD) and Roadmap process;
- The importance of having a Regional Advisory Group (RAG) for the Middle East composed of three CVOs and leaders of the Epi and laboratory Regional networks (whenever established) to analyse and present the results of the assessments to the participating countries;
- 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;
- That effective Veterinary Services are indispensable for the control of FMD and that the PCP stages assessment includes reference to the performance of Veterinary Services (OIE PVS) criteria (critical competencies) relevant to FMD prevention and control;
- 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;
- Five FMDV serotypes (O, A, Asia1, SAT1 and SAT2) continue to circulate in the region and the region is exposed to threat from virus from various pools (2 and 3 in particular);
- Vaccine matching results and vaccine effectiveness studies indicate that vaccines currently used may not provide sufficient protection against all circulating viruses;
- Vaccination alone cannot prevent all outbreaks and other additional measures are crucial;

### **The nine countries here represented (Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Qatar, Saudi Arabia, UAE) agree:**

1. To validate the conclusions of the Middle East Regional Advisory Group (RAG)<sup>1</sup> as follows:

<sup>1</sup> In the Doha/2015 meeting, the RAG is composed of the following Members for a three-year period:

#### Voting Members

- CVOs: Elias Ibrahim, from Lebanon (Chairperson); Munther Al-Refai, from Jordan; Kaltham Al Kayaf, from UAE
- Faysal Bayoumi from Saudi Arabia (Leader for Epidemiology Network) and Mohamad Abd-Eldaim (Leader for Laboratory Network)

#### Non-voting Members

- GF-TADs FMD Working Group: Samia Metwally (FAO), Dr Gregorio Torres (OIE); Nadège Leboucq (OIE),
- PCP experts: Christianus Bartels;
- OIE PVS Expert: Hassan Haidaros
- FAO Regional Officer: Markos Tibbo
- OIE regional representative for ME Ghazi Yehia

	RAG Doha/2015 conclusions
Bahrain	2*
Egypt	2*
Iraq	2*
Jordan	2*
Palestine	<i>(not assessed so the Stage agree in Amman/2014 remains: 1)</i>
Kuwait	3*
Lebanon	2*
Oman	<i>(not assessed so the Stage agree in Amman/2014 remains: 2*)</i>
Qatar	3*
Saudi Arabia	2*
Syria	<i>(not assessed so the Stage agree in Amman/2014 remains 2*)</i>
UAE	2
Yemen	<i>(not assessed so the Stage agree in Amman/2014 remains 1*)</i>

2. To use the assessments of 3rd regional FMD Roadmap Meeting (Doha/2015) as a basis to update the Roadmap Table for the Middle East countries.

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

➤ **To Middle-East countries:**

1. To continue the Roadmap process for Middle-East countries to work towards the Vision of freedom from clinical FMD in the Middle-East by 2021, with an annual PCP-FMD survey (based on the self-assessment questionnaires, which should be submitted by countries before the annual meeting) and a regional meeting to monitor progress also annually if funding available; The Vision will be reassessed on a regular basis according to the context prevailing in the region;
2. That countries which have a provisional PCP-FMD stage 2 or Stage 3 submit their revised Risk-Based Strategic Plan (RBSP) or National Control Plan to GF-TADs FMD Working group ([FAO-FMD@fao.org](mailto:FAO-FMD@fao.org) and [OIE-FMD@oie.int](mailto:OIE-FMD@oie.int)) for review no later than June 2016, including the countries which did not attend the Doha meeting. The revised RBSP should have clear evidence of the programme feasibility for implementation, in accordance to the template provided by the GF-TADs FMD WG;
3. 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 Services<sup>2</sup> (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);
4. That countries continue to implement the Recommendations adopted during the second meeting of the FMD Roadmap meeting for the Middle-East (Amman, Jordan, March 2014)
5. To organise the 4<sup>th</sup> meeting of the FMD Regional Roadmap meeting for the Middle-East in Amman on 4-6 October 2016 (to be confirmed); an extraordinary RAG meeting (physically or by e-conference may take place in June-July 2016 to reassess the PCP provisional Stages;
6. That countries appoint the three national Contact Points (PCP roadmap; laboratory; epidemiology) to assist with the regional FMD roadmap; more generally, countries should make the best use of their

<sup>2</sup> Section 3 on the quality of Veterinary Services of the OIE Animal Health Code

existing national Focal Points to improve intra and inter-regional coordination (especially Focal Points on disease notification and laboratory);

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 2010) to have an updated understanding of their Veterinary Services (VS) capacity and addressed the gaps in the RBSP or National Control Program;
8. That countries consider that following prevailing FMD virus lineages circulating in the region:

- **Established lineages**

O/ME-SA/PanAsia-2

A/ASIA/Iran-05

Asia-1

- **Emerging lineages (that are present in some countries in the region)**

O/ME-SA/Ind-2001

A/ASIA/G-VII

SAT2/VII

*The most appropriate lineages for vaccines for current risks in the region and recommended for use in 2015 are provided in **Annex**.*

9. That countries consider the establishment of regional epidemiosurveillance and laboratory Networks for the Middle-East;
10. That countries consider the establishment of regional vaccine banks for FMD (and other diseases such as PPR when relevant); 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;
11. That countries consider the nomination of a regional Leading Laboratory based on the Terms of Reference provided the FMD Working Group; countries are encouraged to show interest by writing to the FMD WG within 15 days;
12. That importing and exporting countries implement OIE Terrestrial Animal health Code standards (in particular when it comes to certification and quarantine procedures) to secure and facilitate safe international trade of live animals and animal products;
13. That immediate and longer-term inter-regional technical and financial cooperation be improved (in particular with the Horn of Africa), through existing regional networks/mechanism (REMESA; GCC; network of OIE Delegates) as well as through robust public-private partnerships with the quarantine stations.

### **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 selection and deployment of these vaccines should consider the extent of these co-circulating lineages and available data from in-vitro (vaccine matching) and in-vivo (vaccine challenge and field efficacy evaluation) studies.*

*Internationally produced vaccines (used individually or in combination) that can be used in the region for current risks in the Middle-East (see recommendation 8) include:*

*PanAsia-2 including O-Tur-5-2009 (or equivalent)*

*O-Manisa*

*A-Iran-05 (A-TUR-06)*

*A22 Iraq*

*Asia-1 Shamir*

*SAT2 Eritrea (or SAT2 Saudi Arabia)*

Points to note:

- Very poor matching data was generated for the recent A/ASIA/G-VII samples collected in Saudi Arabia across a range of different candidate serotype A vaccines – including A-Sau-95 which is the closest genetic relative available from the International Suppliers. Follow up is now required to assess whether in-vivo protection can be achieved using any of these serotype A vaccines (including high potency formulations)
- Many recent field isolates from the A/ASIA/Iran-05 lineage are poorly matched (using in-vitro tests) with A-Iran-05 and A-Tur-06 vaccines. There is also now an urgent need to evaluate whether these vaccines are still providing protection in the field.
- Vaccine strains used in India (if available) may be suitable to address the emerging serotype O and A lineages from the Indian sub-continent
- 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.

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