Pilot programme for PPR-specific country assessments during PVS Evaluation or Follow-up missions

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At the beginning of April 2015, the OIE and FAO jointly launched the Peste des Petits Ruminants (PPR) Global Control and Eradication Strategy (GCES)\(^1\) at an international conference held in Abidjan, Côte d’Ivoire. The GCES was endorsed at Ministerial level by representatives from the more than 70 countries in attendance.

This was followed by the development, endorsement and publication of the PPR Global Eradication Programme (GEP) in 2016. While the principal objective of both the GCES and the GEP is to progressively control PPR infection, with the ultimate goal of global eradication by 2030, a second important goal is to strengthen national Veterinary Services, to support the eventual eradication of PPR and the effective control of other small ruminant diseases.

The strengthening of Veterinary Services is a major focus of the OIE and is incorporated into the Organisation’s Sixth Strategic Plan (2016–2020). Through the PVS Pathway and its associated tools and programmes, the OIE provides opportunities for Member Countries to undertake systematic assessments of their overall Veterinary Services, as well as of specific components, in order to identify gaps and weaknesses in relation to the OIE standards embodied in the Terrestrial/Aquatic Animal Health Codes.

The OIE/FAO PPR Working Group, which developed the GCES, also developed a PPR Monitoring and Assessment Tool (PMAT), to assess a country’s PPR disease control status and the country’s ability to move through the four stages of PPR control and eradication, namely:
1. epidemiologic assessment,
2. control,
3. eradication, and
4. post-eradication.

Successful implementation of each of these stages depends on specific capacities within the national Veterinary Services, including risk assessment, laboratory diagnostic capacity, disease surveillance, and maintenance of the vaccination cold chain, among others. Not surprisingly, then, the PMAT is built around 33 of the 47 critical competencies included in the PVS Tool, which is used during OIE PVS Evaluation missions of Member States. These 33 critical competencies are considered the most relevant to the specific goal of controlling and eradicating PPR.

This convergence of the PPR GCES and the PVS Pathway led to discussions within the OIE about the potential value of integrating a PPR assessment component into PVS Pathway missions, notably PVS Evaluation missions or Evaluation Follow-up missions. This idea was then discussed with the PPR Global Secretariat at FAO Headquarters in Rome. As a result of the interest expressed by the PPR secretariat, a meeting was organised at OIE Headquarters in Paris on 2 February 2017, with representation from the PPR secretariat and PVS and PPR experts, to discuss the feasibility and logistics of implementing PPR pilot missions in the context of PVS Pathway missions.

At the meeting, it was agreed that the idea of assessing a country’s preparedness to successfully engage in the PPR GCES in the context of a PVS Evaluation or Evaluation Follow-up Mission was a good one, given that the performance of a country’s Veterinary Services is a crucial element in carrying out the activities necessary for the successful completion of each stage of the GCES, and that the PMAT is based on the PVS Tool. However, it was also essential that the main purpose of the PVS Evaluation – namely, the broad and systematic

\(^{1}\) Global strategy for the control and eradication of PPR: [www.oie.int/PPRStrategy](http://www.oie.int/PPRStrategy)
review of national Veterinary Services, through assessment of 47 critical competencies, to determine how well these Veterinary Services comply with OIE standards – should not be compromised by adding the PPR-specific evaluation.

Once this was agreed, the participants developed a list of specific questions to be asked during the mission to assess PPR GCES preparedness. The questions were linked to the 33 critical competencies of the PVS Tool already associated with the PMAT. As an example, Critical Competency II-1A addresses the technical capacity of laboratories, while the PPR-specific question would assess the laboratory capability for specific diagnostic tests associated with PPR, such as reverse transcription polymerase chain reaction (RT–PCR) to detect PPR virus. It was also agreed that one member of the mission team would be responsible for the PPR component, as well as participating in the mission as a whole, and that at least half a day would be set aside for that team member to meet with country counterparts to discuss the PPR component in depth.

Since that meeting, two PVS Evaluation Follow-up missions which included PPR pilot missions have been conducted. The first was in Turkey, from 6 to 17 March 2017, and the second took place in Afghanistan, from 12 to 24 April 2017. The reports of these missions have not yet been finalised but debriefings indicate that there was no conflict or interference between the PPR-specific activities and the performance and integrity of the general assessment. It was also clear that the PPR exercise is useful in helping PPR-infected countries understand the challenges of effective PPR control, and the necessary elements required to advance through the four stages of the GCES, from epidemiologic assessment to post-eradication monitoring. In the mission reports, the PPR-specific assessment will be presented separately from the general PVS assessment, as an annex to the report.

Consideration is now being given to finalising guidance and documentation, based on the experiences of these two pilot missions, and to subsequent PVS Evaluation or Evaluation Follow-up missions which contain a PPR-specific component.