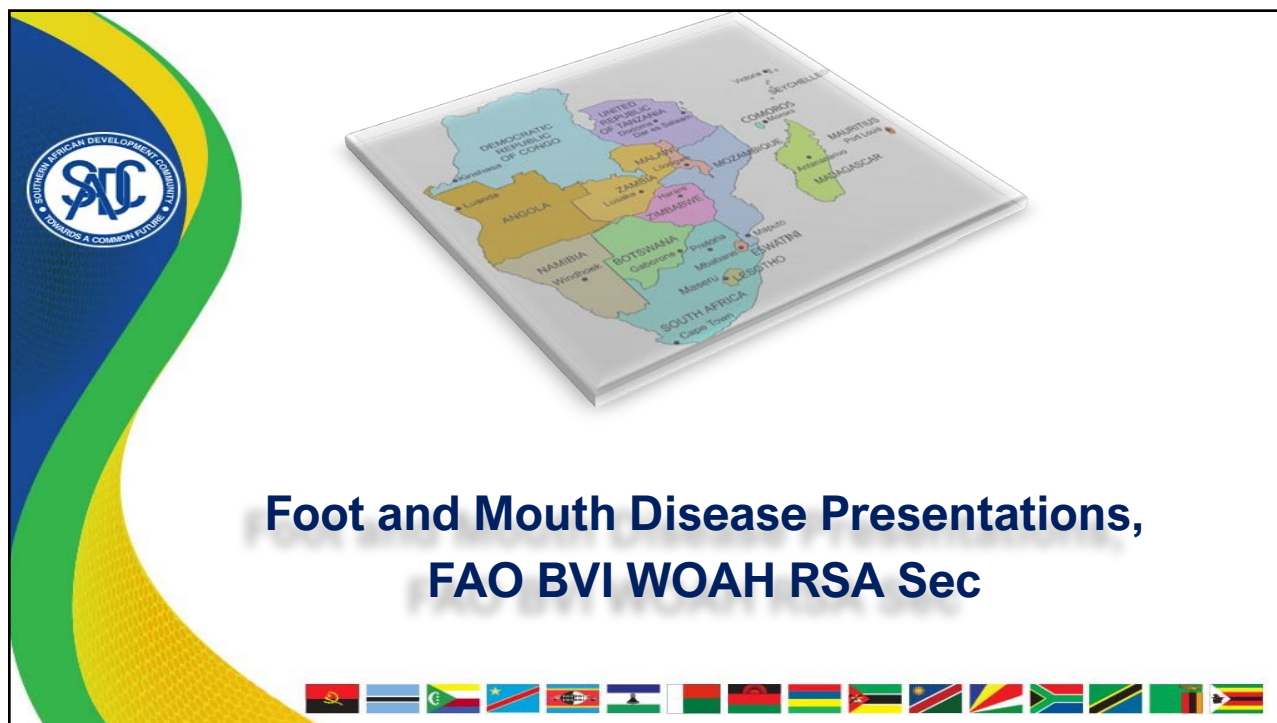
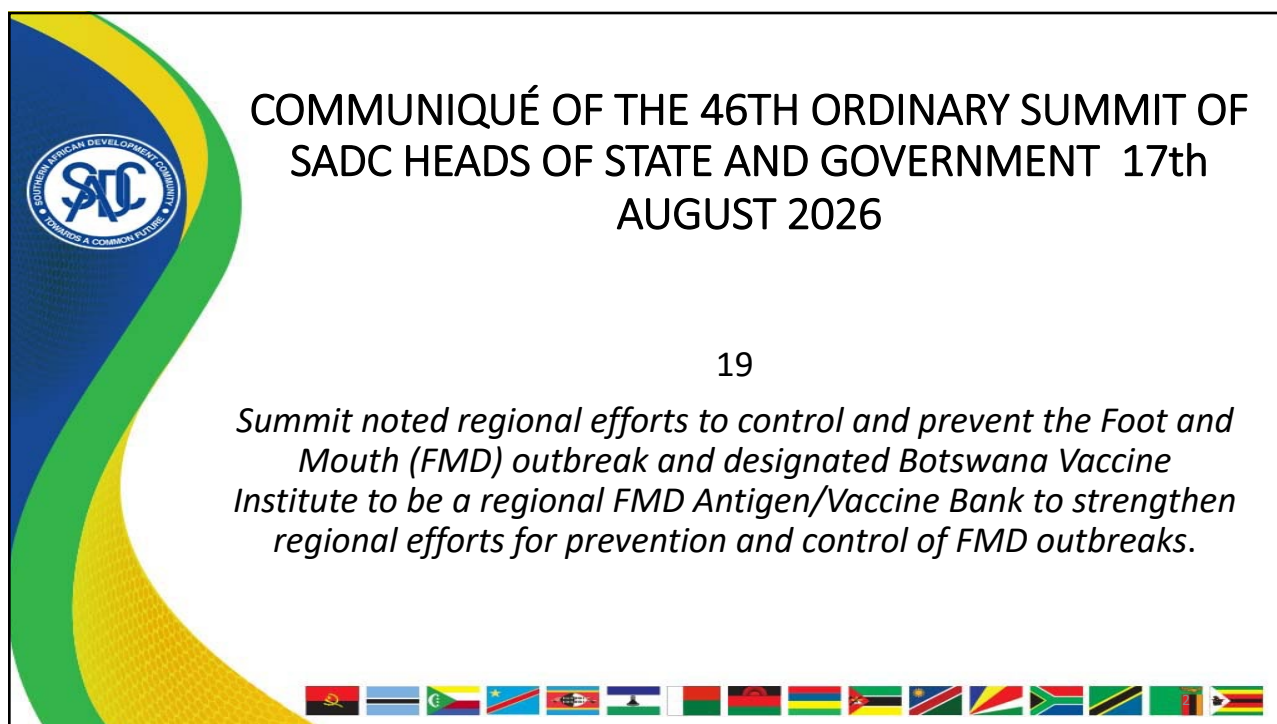
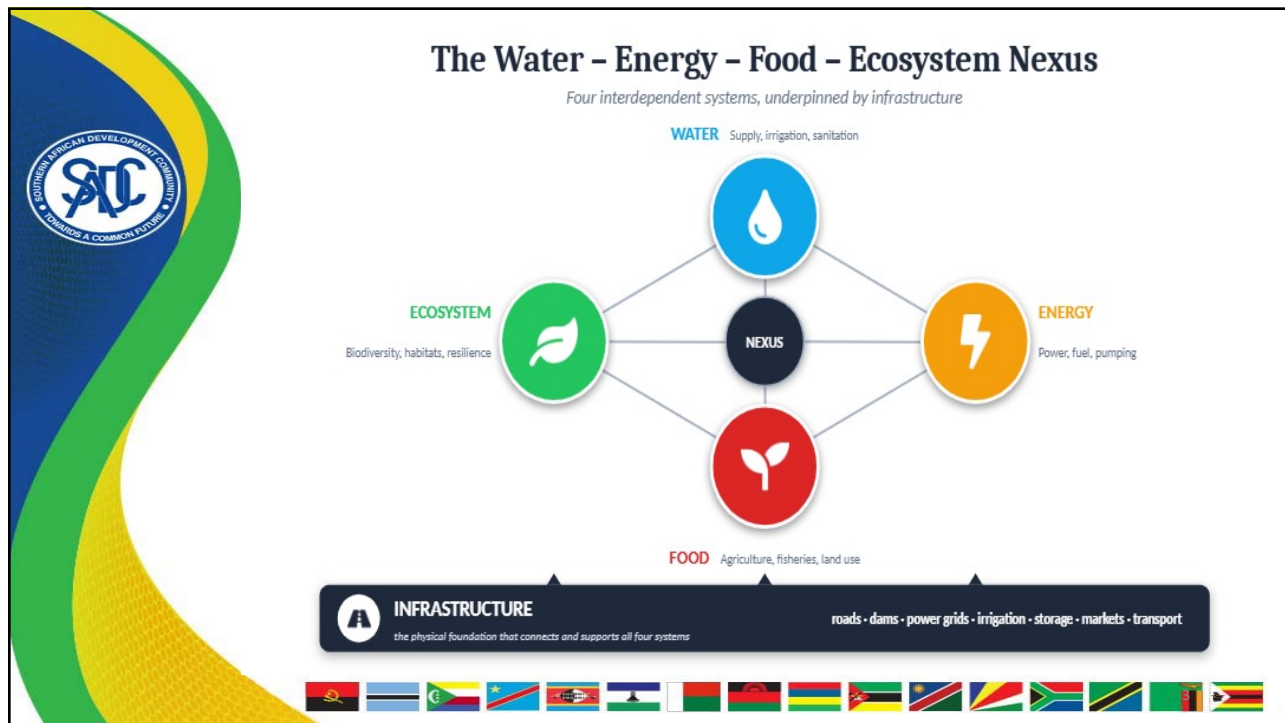




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4

FAO's ROLE

- **Global strategy implementation:** FAO promotes and monitors the Global FMD Control Strategy with WOAHA under GF-TADs, using the PCP-FMD to guide country progress.
- **Policy and regional collaboration:** With WOAHA and regional partners, FAO supports policy development and coordinated implementation of FMD control strategies.
- **Country-specific support:** Through PCP-FMD, FAO supports stepwise, risk-based approaches.
- **Risk monitoring, risk assessment and preparedness:** FAO tracks global FMD risks & develops tools to strengthen preparedness.
- **Training and capacity building:** FAO strengthens veterinary services through training, surveillance networks, and improved outbreak response capacity.
- **Vaccination and biosecurity:** FAO facilitates vaccine procurement and distribution and promotes biosecurity.
- **Emergency response and resource mobilization:** FAO provides technical support and mobilizes resources for affected countries; Mobilizes partners and resources to ensure rapid vaccine access during outbreaks.
- **FAO is already supporting SADC Member States** with practical tools and programs, including training, surveillance systems, laboratory strengthening, national control plans, risk-based strategies, and technical guidelines.

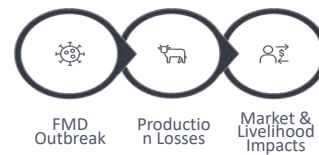


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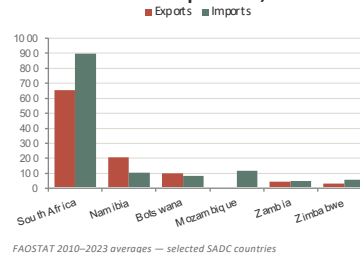
Socioeconomic Impact of FMD in Southern Africa

- FMD is a socio-economic and livelihood risk, not only an animal health problem!
- Threatens livestock-based livelihoods, food security, market access and regional economic resilience across SADC.
- Without coordinated control, FMD can undermine national livestock strategies, private-sector confidence and regional trade integration.

Three Main Impact Pathways



Average annual exports vs imports of livestock & animal products, USD million



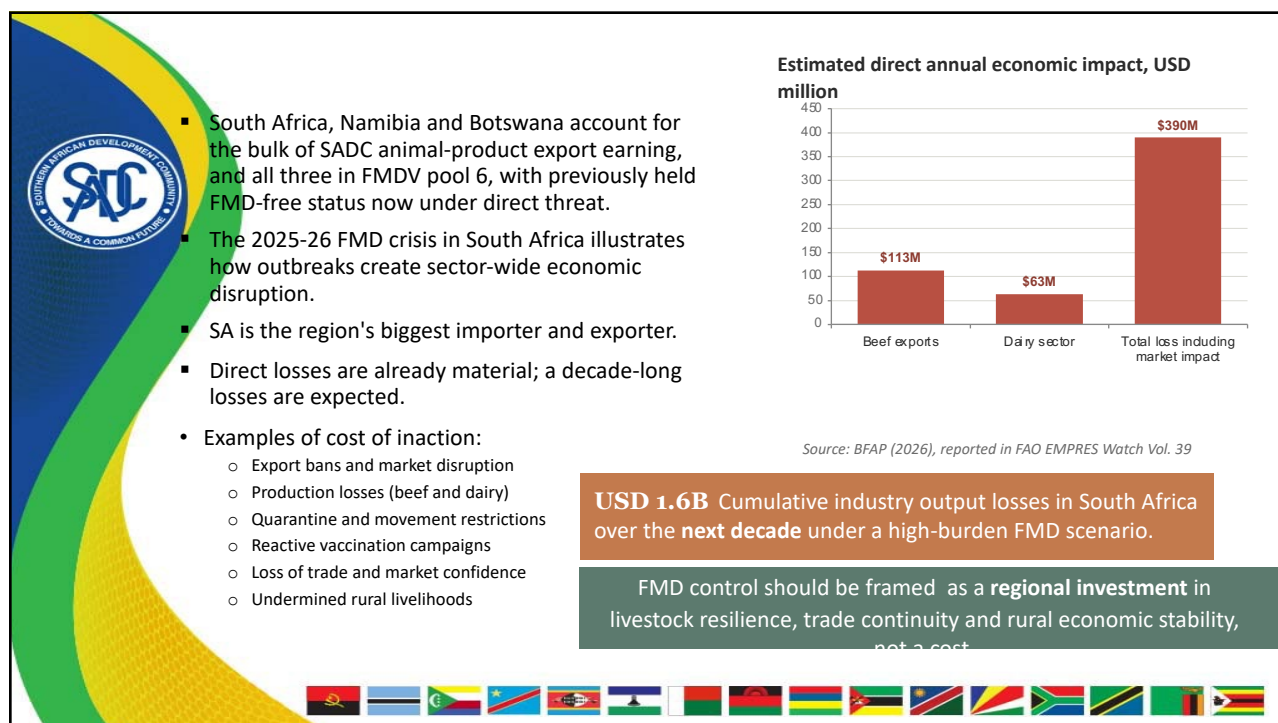
75%
Smallholder Systems
Share of SADC livestock kept under traditional & smallholder production

\$1.8B
Regional Livestock Trade
Annual legal trade in livestock & livestock products across SADC

81%
Rural Population
Share of population in Malawi that depends on livestock-based livelihoods



6



7

WOAH Standards FMD Free Status Recognition Procedure and control Program

8



(WOAH) World Organisation for Animal Health's mission is to protect animal health worldwide through the development of science-based standards on animal health which are recognized by WTO, particularly the Status recognition process.



9



TERRESTRIAL ANIMAL HEALTH CODE

- **Horizontal Chapters**
 - Disease notification (1.1.) compliance with WAHIS
 - Animal health surveillance (1.4.) surveillance
 - Import risk analysis (2.1.)
 - Evaluation of Veterinary Services (3.2.) quality of the Veterinary Services
 - Veterinary legislation (3.4.) quality of the Veterinary Services
 - Import/export procedures (5)
 - Obligations related to certification (5.1.)
- **FMD-specific: Chapter 8.8.**
 - *Recently adopted in May 2024!!*
 - General provisions, case definition
 - Safe commodities
 - Criteria for disease status: country, zone or compartment
 - Provisions for import of commodities
 - FMD surveillance
 - Endorsment of control programme



10



Official Recognition of Animal Health Status (e.g. WOAHP FMD Freedom with/without vaccination)

- **Objectives & Benefits include:**
 - Demonstration of compliance with WOAHP international standards
 - Guarantees to trading partners
 - Facilitate safe trade of animals and their products
 - Increase of economic potentialities and access to regional and international markets
 - Demonstration of the quality of Veterinary Services
 - Documented and updated evidence on the disease-free situation



11



WOAHP endorsement of disease control programmes

- **Objectives & Benefits include:**
 - To progressively improve the disease situation and eventually attain official recognition of animal health status
 - Wider access to international expertise and capacity-building activities
 - Visibility for facilitation and access to international funding
 - Increased engagement of governments in disease control and elimination
 - Opportunities for stronger coordination in disease control and elimination at regional level



12



WOAH Experience on FMD Control and eradication in South America



13



Brief History

- *From widespread endemicity to near-eradication in ~70 years, driven by coordinated regional governance, vaccination strategies, and progressive transition to FMD-free status without vaccination.*



14

Origins



- **Late 19th – mid 20th century: Introduction and continental spread**

- Introduced ~1870 via European livestock into Argentina, Uruguay, Brazil and United States
- Rapid expansion through trade routes → endemic across most of South America by mid-20th century
- Entire continent affected by the 1960s (except few isolated zones)

- **1950s–1970s: Institutionalization of control**

- Early eradication successes in North America (USA, Mexico, Canada) → disease eliminated through stamping-out and strict controls
- Launch of national control programs and regional surveillance systems (1970s)
- South American Commission for the fight of FMD (COSALFA)



15

First Steps



- **1980s–1990s: Regional strategy and accelerated control**

- Implementation of the Hemispheric Program for Eradication (PHEFA)
- Expansion of mass vaccination (oil-adjuvanted vaccines) + coordinated surveillance
- Development of 3ABC/EITB diag (Differentiate vaccination from virus circulation)
- Significant reduction in incidence and geographic restriction of endemic areas

- **2000–2002: Setbacks and system strengthening**

- Re-emergence/outbreaks (Southern Cone: Argentina, Uruguay, Brazil)
- Reinforcement of surveillance, animal movement control, and public-private governance



16



Succeeding

- **2000s–2010s: Progressive zoning and freedom recognition**
 - Rapid expansion of **FMD-free zones (with and without vaccination)**
 - Strengthening of veterinary services, laboratory networks, and risk-based surveillance
 - Establishment of high surveillance zones
 - in the southern cone (coordinated surveillance/vaccination)
- **By ~2015:**
 - No outbreaks for several consecutive years in the Americas
 - ~83% of South America recognized as FMD-free



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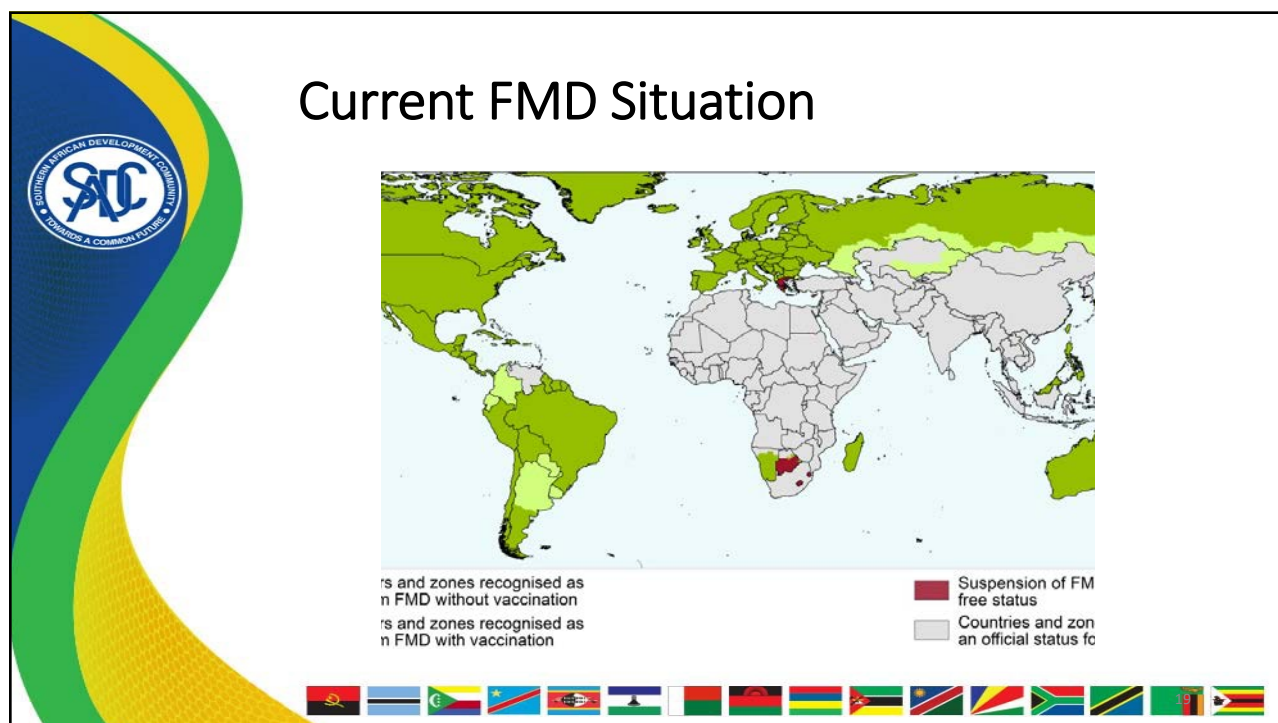
Consolidation

- **2020s: Transition toward eradication without vaccination**
 - Shift from control → **eradication and maintenance without vaccination**
 - Increasing number of countries suspending vaccination after eliminating viral circulation

From widespread endemicity to near-eradication in ~70 years, driven by coordinated regional governance, vaccination strategies, and progressive transition to FMD-free status without vaccination.



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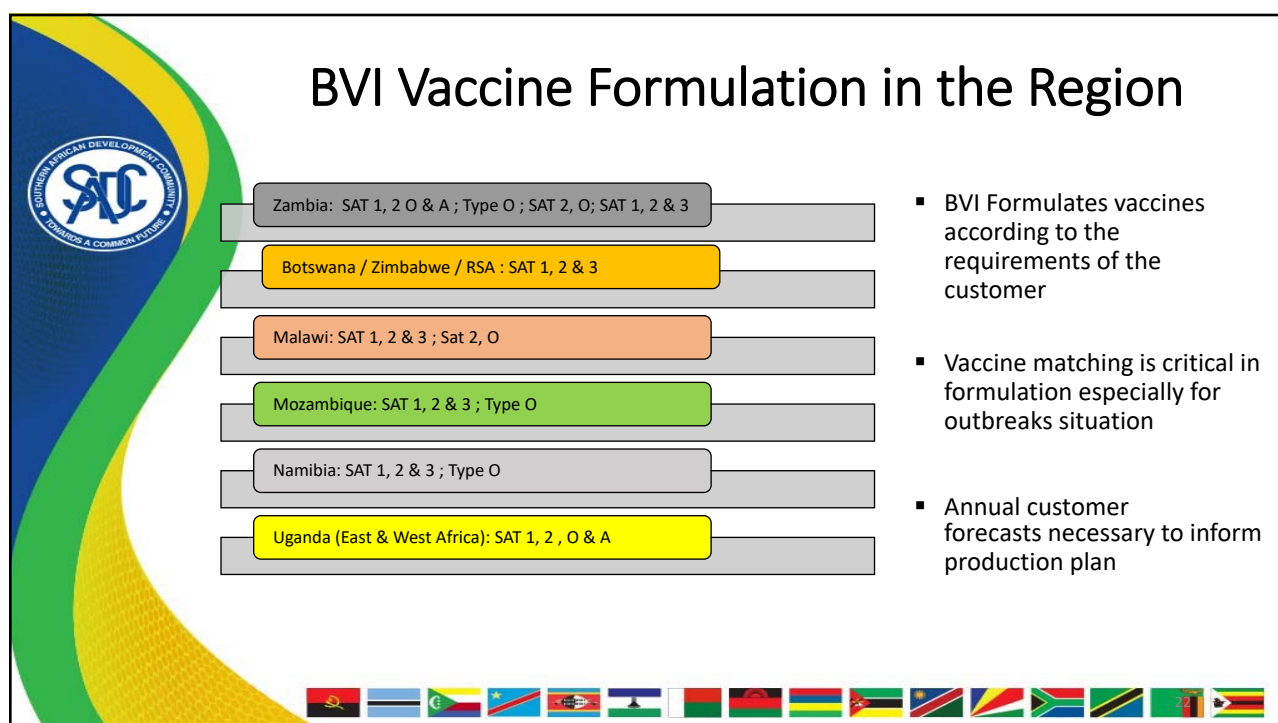
BVI - FMD VACCINES, VACCINATION AND CONSIDERATION FOR VACCINE BANK

Flags of SADC member states: Angola, Botswana, DRC, Eswatini, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, South Africa, South Sudan, Swaziland, Tanzania, Zambia, Zimbabwe.

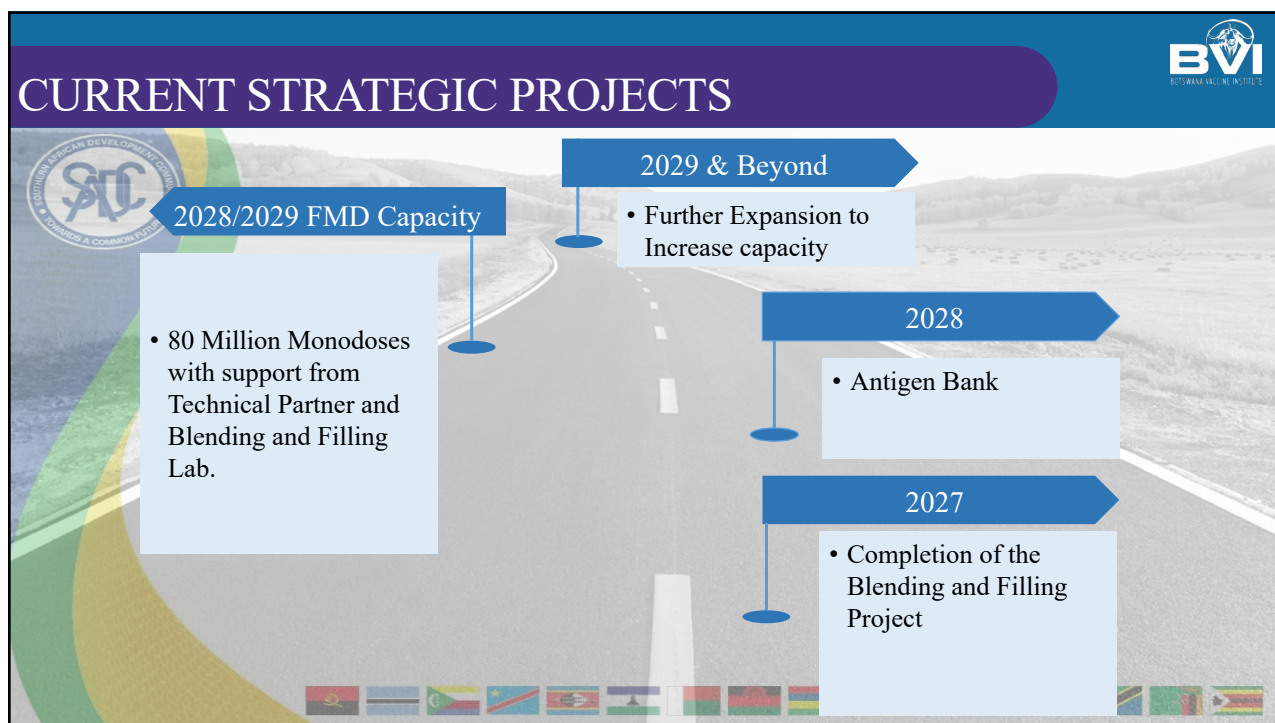
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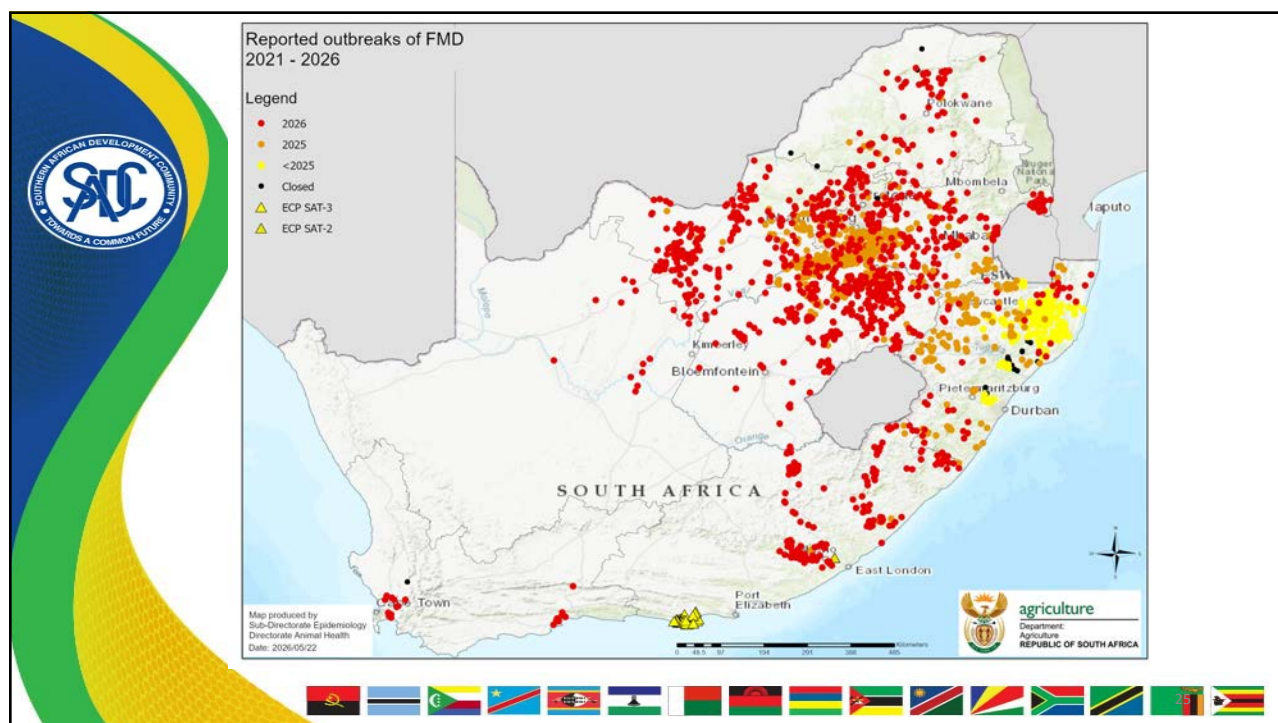
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25

PROVINCE	2 MARCH STATUS	10 MARCH STATUS	13 MARCH STATUS	20 MARCH STATUS	27 MARCH STATUS	10 APRIL STATUS	17 APRIL STATUS	24 APRIL STATUS	8 MAY STATUS	15 MAY STATUS	22 MAY STATUS
Eastern Cape	33	33	35	55	69	71	104	110	147	163	166
Free State	277	307	316	316	321	328	414	462	559	562	579
Gauteng	195	196	215	219	230	241	243	245	272	274	274
KwaZulu-Natal	202	202	222	225	225	225	257	309	333	334	334
Limpopo	23	28	36	42	46	49	55	63	72	77	79
Mpumalanga	79	81	105	108	108	140	144	159	190	191	238
North West	119	123	161	175	209	247	268	279	304	315	327
Northern Cape	1	1	2	2	2	3	4	5	7	8	15
Western Cape	3	6	10	10	13	13	13	20	21	22	22
TOTAL	932	957	1102	1152	1223	1317	1502	1642	1905	1946	2034

26



RISK-BASED VACCINATION STRATEGY

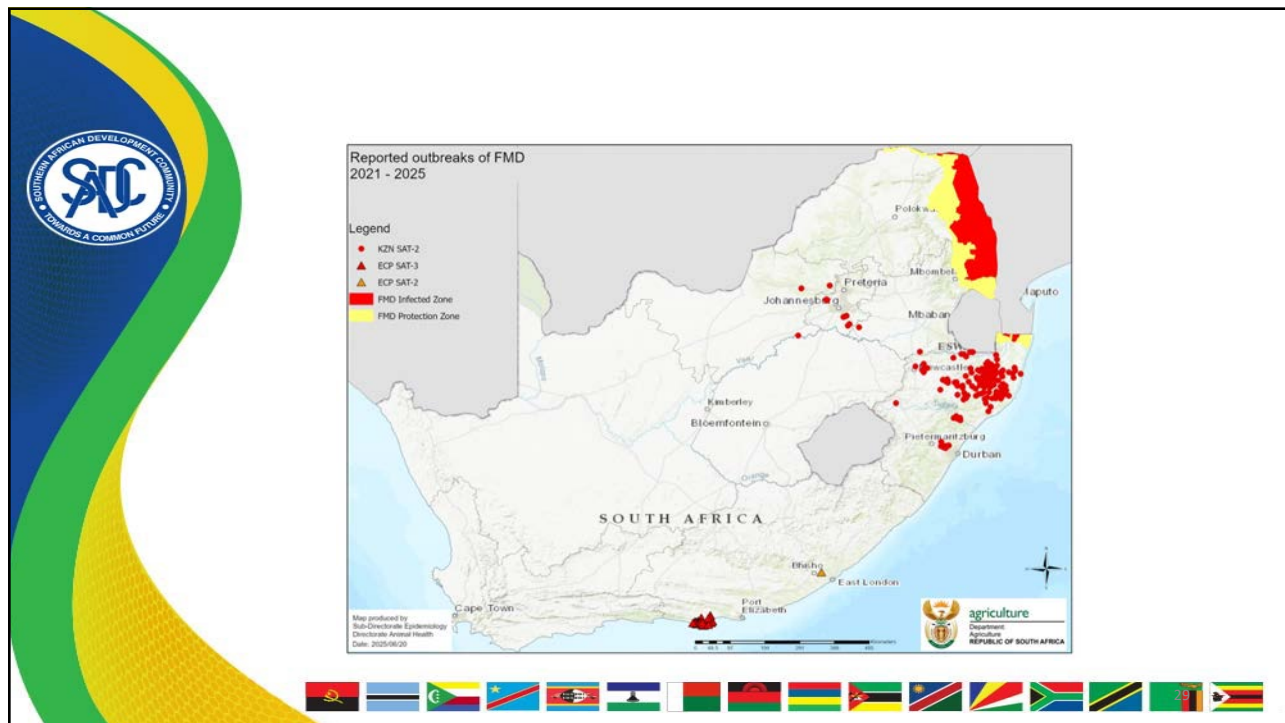
PHASE	PHASE 1	PHASE 2	PHASE 3	PHASE 4
Aim	Stabilization	Consolidation	Vaccination withdrawal in free zones	Regaining freedom without vaccination
Timeline	Years 1 – 2 (2026-27)	Years 2 – 4 (2027-29)	Years 4 – 7 (2029-32)	Years 7 – 10 (2032-36)
Actions	Intensive Vaccination.	Establish buffer zones and compartments.	Evidence-based cessation of vaccination.	National cessation of vaccination excl protection zones.
	Laboratory capacity reinforcement.	Improved trade systems especially communal areas.	NSP-based proof of freedom.	WOAH recognised freedom.
	Strengthened surveillance.	Application for freedom with vaccination for selected zones.	Freedom without vaccination achieved for certain zones.	
	Enhanced movement control.			



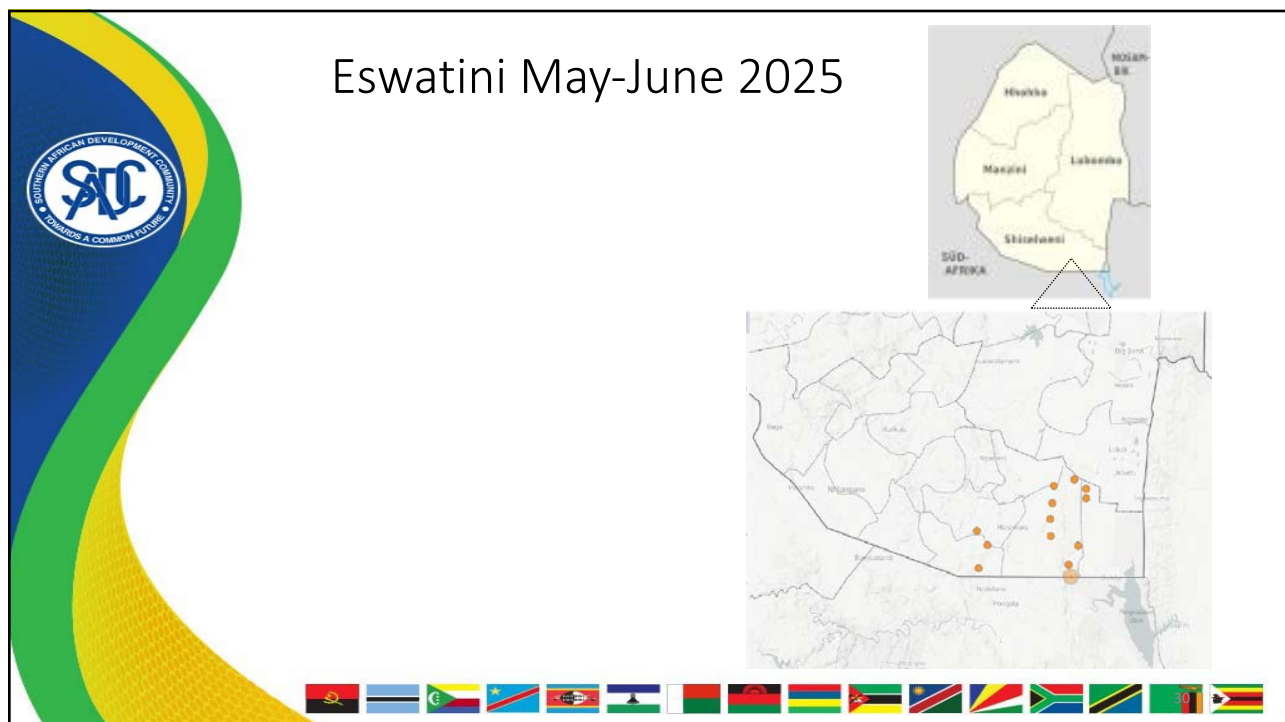
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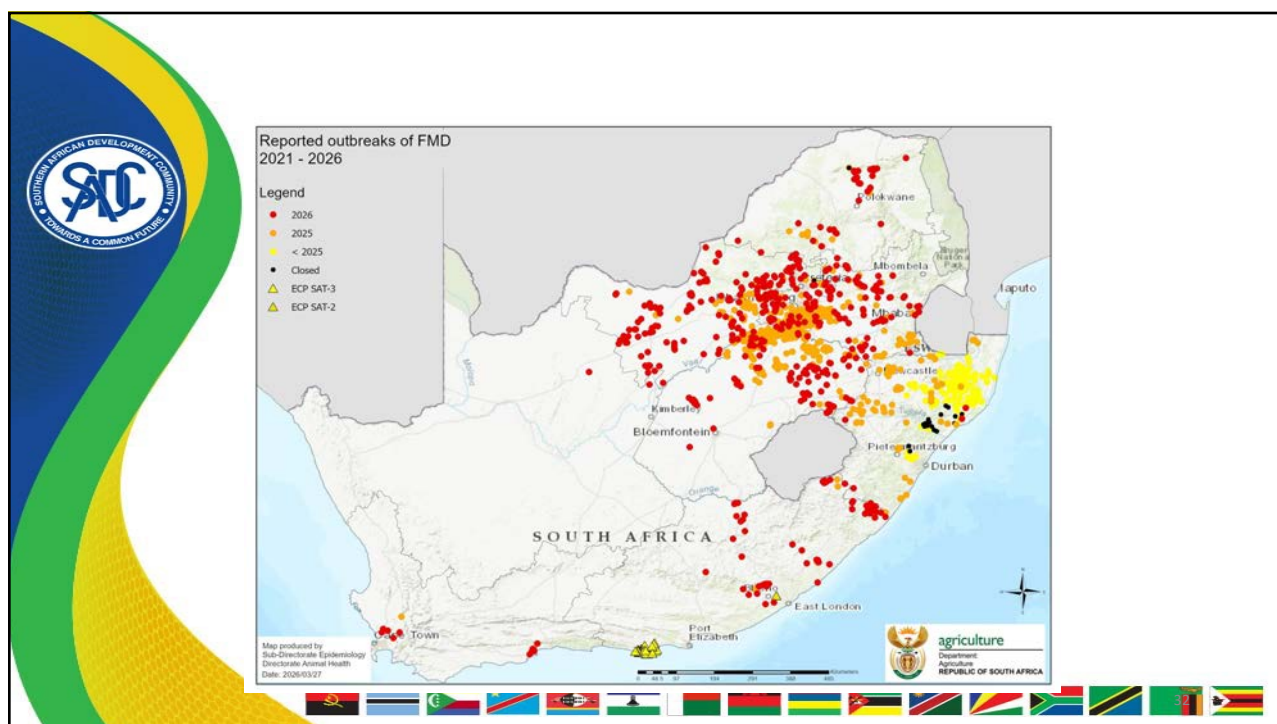
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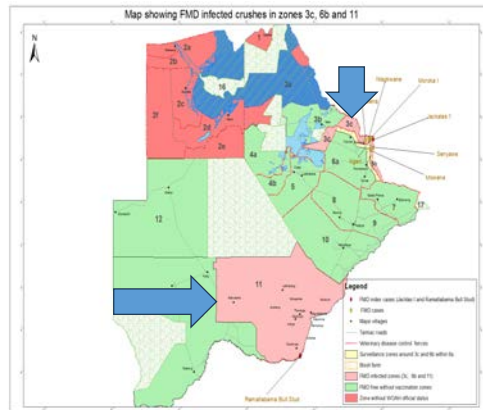


31



32

Botswana Jan-Mar 2026



35

How did we get here - Challenges

Different control measures applied by MS

- inconsistent movement control protocols during outbreaks
- inconsistent vaccination protocols
- inadequate use of epidemiological/scientific information for decision making (trace forward/back, phylogenetics, compliance to regulations and standards etc)

Different approaches to administration/management of outbreaks/emergency

- unclear roles and mandates of stakeholders (Policy makers vs Competent Authority vs Private Sector)
- unclear reporting structures
- differing strategic directions



36



How did we get here (ctnd)

Different levels of implementation of livestock Identification and Traceback Systems

Diagnostic Capacity – turn around times, human capacity?

Vaccine capacity challenges – availability, quantity and quality



37



As a result...

- Large geographic spread
- Outbreaks increasing in frequency
- Cross-border transmissions and risk
- Increased pressure on capacity of Veterinary Services, surveillance and response
- Increased pressure on vaccine capacity and availability
- **Member State can no longer control outbreaks in isolation (the same applies for provinces)**
- **Important to treat SADC as one (epidemiological) unit**



38



39



40



1. Administrative

- Formation of Regional Coordination team
- Composition
 - Steering Committee – Advisory Committee – Technical Committee?
 - OR
 - Task Force?
- ToRs



41



2. Reduce Frequency of Outbreaks

- Vaccination and vaccines
 - vaccine requirements
 - available regional vaccine capacity and deficit
 - Draft Protocol for approaches to alternatives vaccine sources – or vaccine candidates (topotypes, Panvac certification, vaccine matching, registration (mutual recognition).
 - mass vaccinations
- Harmonise Livestock Movement Protocols
- Improve Diagnostic Capacity
- PPP engagement and Information sharing



42



3. Strengthening Legislation

- MS Disease control Act updated
- Livestock Identification and traceability le
- Harmonise Policies and strategies



43



4. Compliance with Standards

- PVS
- PVS GAP ANALYSIS
- FOLLOW UPS



44



5. Improving Vaccine Capacity

- BVI and OVRI (Others?)
- Purified Vaccines
- Oil adjuvanted
- Vaccine Banks
- Regional capacity for the production, quality assurance and sustainable supply of FMD Vaccines strengthened to ensure timely availability of high quality, epidemiologically matched and purified vaccines for SADC member States.



45



6. Progressive Zoning and application for Freedom Recognition

- Establishment of high surveillance zones
- Compartmentalisation
- Creation and expansion of FMD Free with Vaccination Zones
- Creation and Expansion of FMD Free without vaccination Zones
- effective wildlife–livestock interface risk management and zoning



46



7. Transition from outbreak management to Freedom with/without vaccination

- Suspension of vaccination in areas with no viral circulation
- Shift from outbreak management to **to maintenance of FMD free with/without vaccination**
- Regular prevention vaccinations



47



Needed to succeed

- Financial Commitment and Financial Co-sharing
- Long time Political commitment
- Regional solidarity and harmonised control measures
- Legally enforced frameworks
- Public-Private-Producer-Partnerships



48

