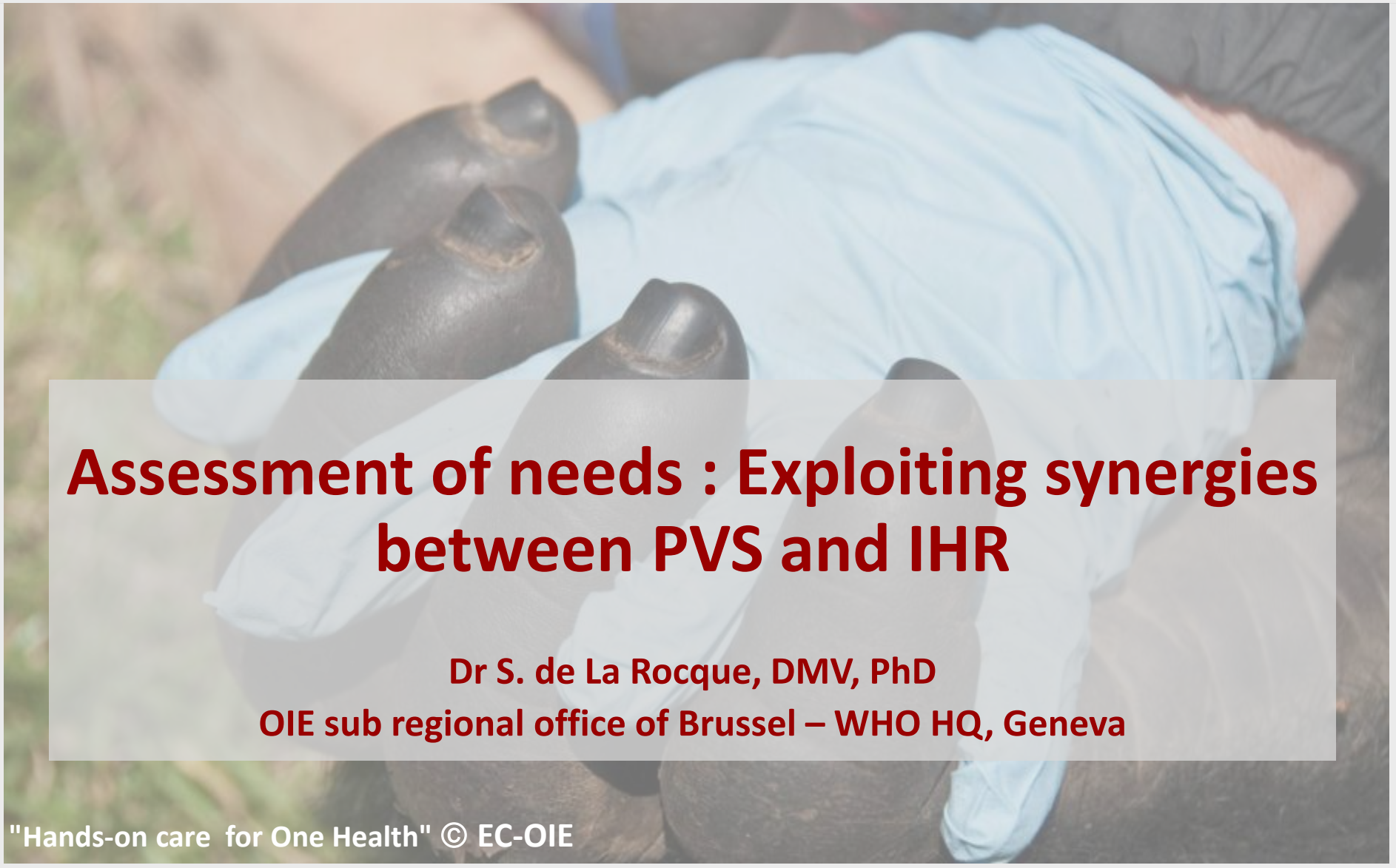
GLOBAL CONFERENCE ON
BIOLOGICAL THREAT REDUCTION
Building cooperation for efficient health and security systems worldwide
30 JUNE – 2 JULY 2015
MAISON DE LA CHIMIE, PARIS



Assessment of needs : Exploiting synergies between PVS and IHR

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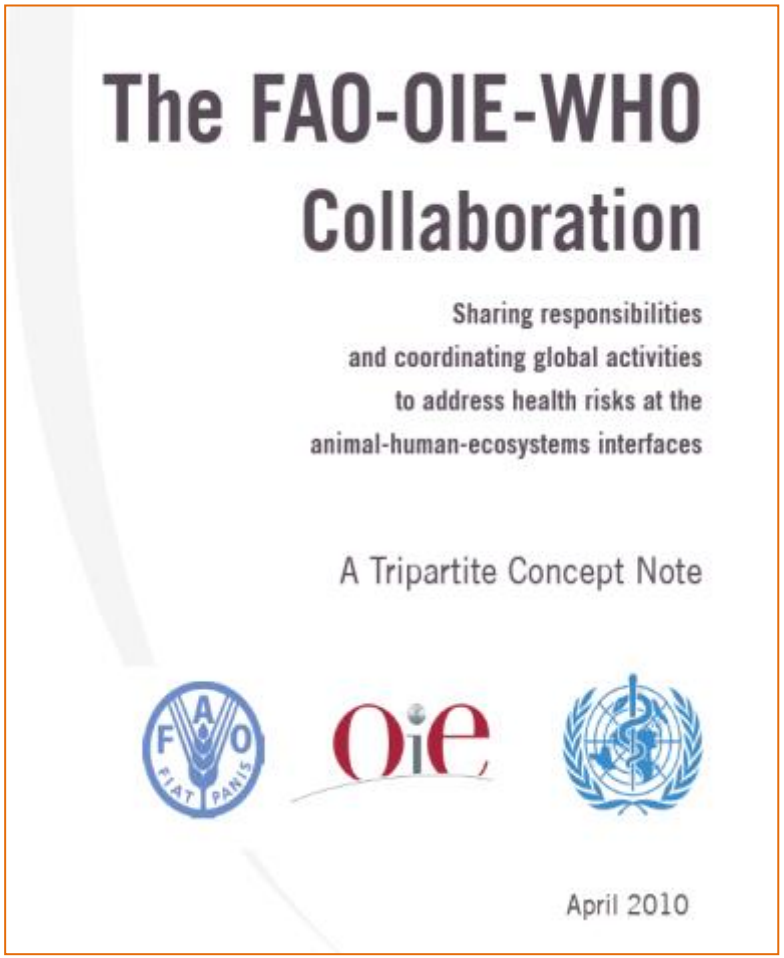
"Hands-on care for One Health" © EC-OIE



Strong collaboration based on shared principles

- Prevention and control of emerging infectious diseases are **public goods**
- **Support for national services** and building on **existing structures**

  Shifting the focus - towards good governance and national health systems strengthening instead of short-to-medium-term *ad hoc* interventions.
- Reference to internationally adopted **standards and references**

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The United Nations and One Health: the International Health Regulations (2005) and global health security

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The views and opinions expressed in this article are those of the authors and are not necessarily the official views of the World Health Organization or the World Organisation for Animal Health

Summary

The One Health approach encompasses multiple themes and can be understood from many different perspectives. This paper expresses the viewpoint of those in charge of responding to public health events of international concern and, in particular, to outbreaks of zoonotic disease. Several international organisations are involved in responding to such outbreaks, including the United Nations (UN) and its technical agencies; principally, the Food and Agriculture Organization of the UN (FAO) and the World Health Organization (WHO); UN funds and programmes, such as the United Nations Development Programme, the World Food Programme, the United Nations Environment Programme, the United Nations Children's Fund; the UN-linked multilateral banking system (the World Bank and regional development banks); and partner organisations, such as the World Organisation for Animal Health (OIE). All of these organisations have benefited from the experiences gained during zoonotic disease outbreaks over the last decade, developing common approaches and mechanisms to foster good governance, promote policies that cut across different sectors, target investment more effectively and strengthen global and national capacities for dealing with emerging crises. Coordination among the various UN agencies and creating partnerships with related organisations have helped to improve disease surveillance in all countries, enabling more efficient detection of disease outbreaks and a faster response, greater transparency and stakeholder engagement and improved public health. The need to build more robust national public human and animal health systems, which are based on good governance and comply with the International Health Regulations (2005) and the international standards set by the OIE, prompted FAO, WHO and the OIE to join forces with the World Bank, to provide practical tools to help countries manage their zoonotic disease risks and develop adequate resources to prevent and control disease outbreaks, particularly at the animal source. All these efforts contribute to the One Health agenda.

Keywords

Emerging disease – Governance – International Health Regulations (2005) – One Health – One World, One Health – United Nations – World Organisation for Animal Health

IHR (2005): a multi-hazards overarching scope

IHR (2005): Capacity to detect, assess, report and response to all Emergency Event of International Concern

Human infectious pathogens

Zoonotic pathogens

Food safety

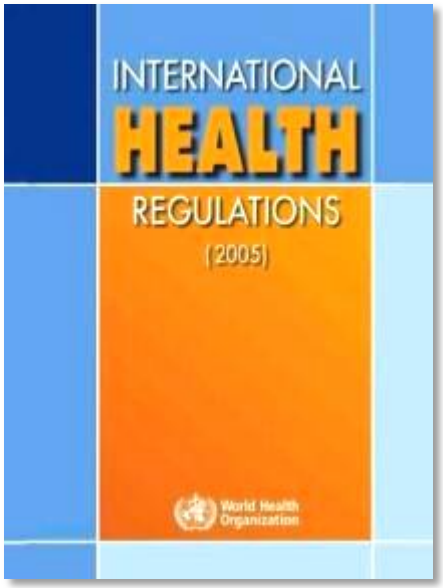
Radio nuclear hazards

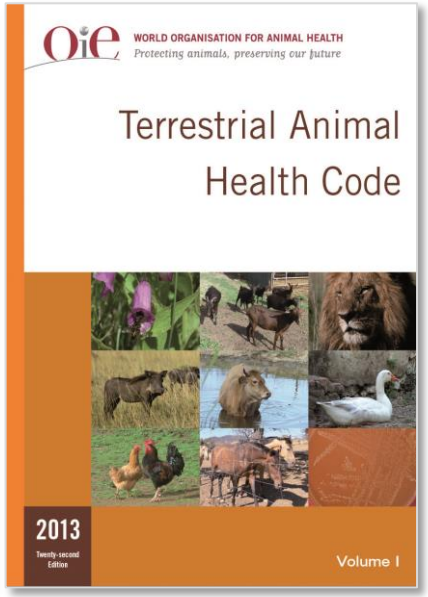
Chemical hazards

- Legislation and Policy
- Coordination
- Surveillance
- Response
- Preparedness
- Risk Comm.
- Human Resources
- Laboratory

Through the IHR, WHO has a dual mandate:

1 - maintain an effective global system that helps countries to be informed in a timely manner on unusual events, assess public health risks and respond appropriately;

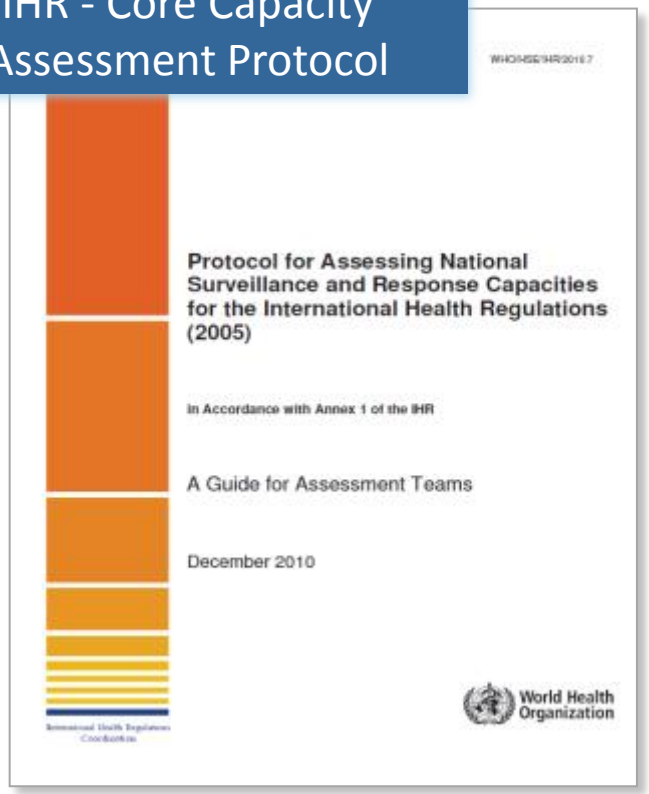




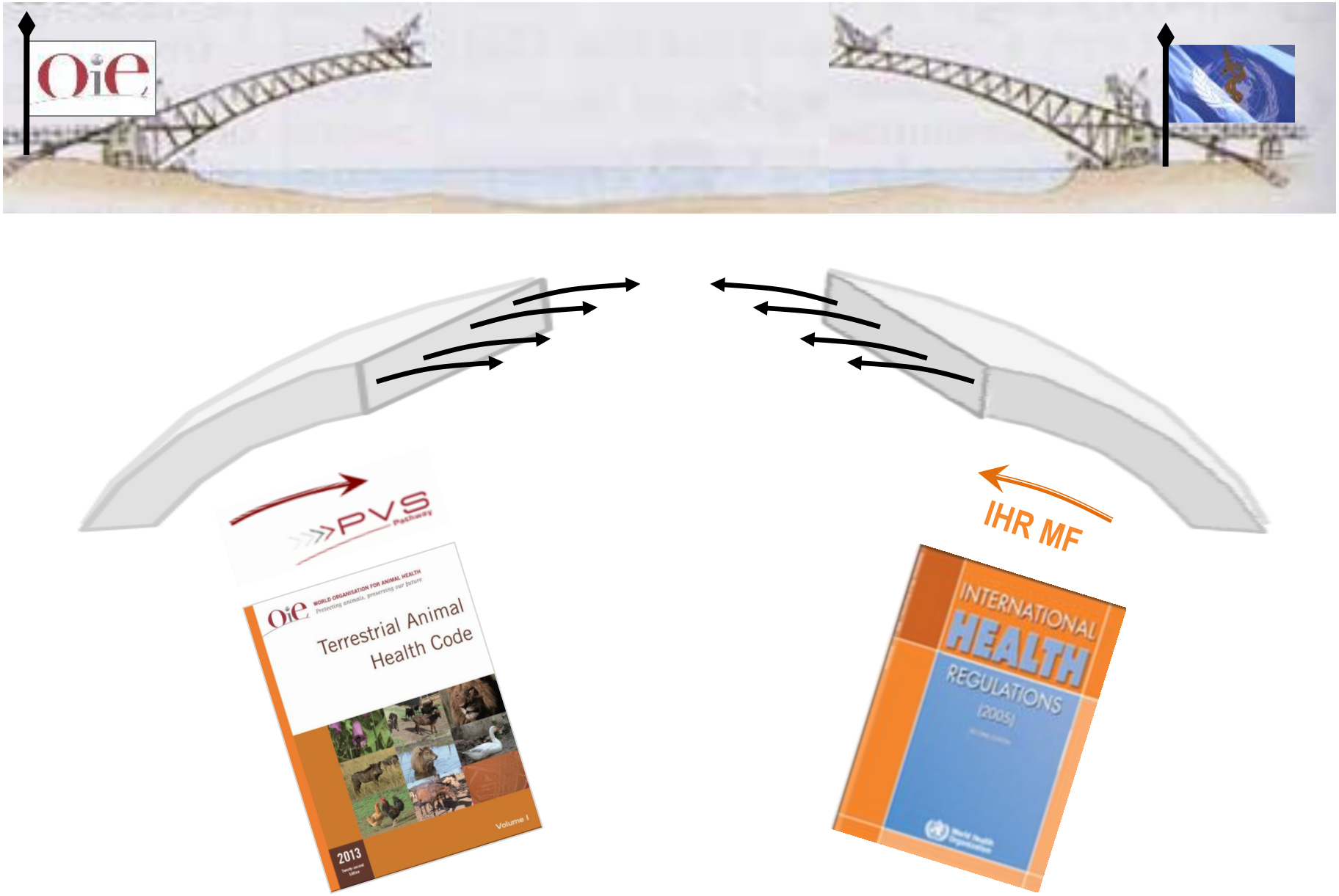
Through the IHR, WHO has a dual mandate:

2 - provide support to countries to strengthen capacities for detection, reporting, assessment and response to health events and to prevent international spread, as specified in the IHR

IHR - Core Capacity Assessment Protocol



IHR – Indicators and checklist


PVS Pathway
Terrestrial Animal Health Code
2013
Volume I
IHR MF
INTERNATIONAL HEALTH REGULATIONS (2005)

Core Capability	10	Zoonotic Events
Component	10.1	Capacity to detect and respond to zoonotic events of national or international concern
Indicator	10.1.1	*Mechanisms for detecting and responding to zoonoses and potential zoonoses are established and functional

NOTE: Before you begin, please review the general instructions for completing the questionnaire. Mark one appropriate value (Yes, No, or Not Known) for each of the questions below. A 'Not Known' value will be statistically equivalent to a 'No' value. If a question is not applicable for your country context please indicate this in the comment box below.

- **10.1.1.1** Does coordination exist within the responsible government authority (ies) for the detection of and response[90] to zoonotic events?

-
Yes
No
Not Known

10.1.1.2 Is there a national policy, strategy or plan in place for the surveillance and response to zoonotic events?

- **10.1.1.3** Have focal points responsible for animal health (including wildlife) been designated for coordination[91] with the MoH and/or IHR NFP [92]?

- **10.1.1.4** Have functional mechanisms[93] for intersectoral collaborations that include animal and human health surveillance units and laboratories been established?

- **10.1.1.5** Is a list of priority zoonotic diseases with case definitions available?

- **10.1.1.6** Is there systematic and timely collection and collation of zoonotic disease data?

- **10.1.1.7** Is there timely[94] and systematic information exchange between animal surveillance units, laboratories, human health surveillance units and other relevant sectors regarding potential zoonotic risks and urgent zoonotic events?

- **10.1.1.8** Does the country have access to laboratory capacity, nationally or internationally (through established procedures) to confirm priority zoonotic events?

IHR – indicators of Core Capacities

IHR (2005) - Country Profile 2010: [redacted]

In accordance with IHR Article 54 and WHA resolution 61.2, all IHR States Parties and WHO are required to report to the WHA on a yearly basis on their implementation of the Regulations. This country profile provides an overview of the progress achieved as reported by this State Party in achieving selected elements of the core public health capacities required by the International Health Regulations (2005) in the context of the International Health Regulations (2005) Annex 1.

Useful Contacts and further information

IHR CONTACT:
National Focal Point
[redacted]

WHO Country Office
[redacted]

Country Indicators (MDG)
Population (in thousands) total: [redacted]
Life expectancy at birth (years): [redacted]
Infant mortality rate: [redacted]
Maternal mortality ratio: 000 [redacted]
Physicians/10 000 population: less than [redacted]

[redacted]

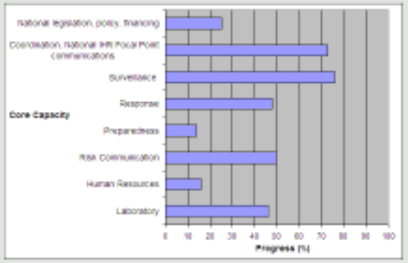
National Capacity Assessment

All IHR States Parties are required to develop or maintain certain core public health capacities for surveillance and response as specified in the IHR; to achieve this objective, they must develop and implement a plan of action designed to ensure that these capacities will be present and functioning throughout their territories by 2012.

The International Health Regulations monitoring framework* for these core capacities involves the assessment of **eight core capacities** through a checklist of **20 indicators**:

- of the eight core capacities,
- at Points of Entry, and
- of the four IHR-related hazards (biological (including infectious, zoonotic and food safety), radio-nuclear, and chemical events).

EIGHT CORE CAPACITIES IMPLEMENTATION STATUS



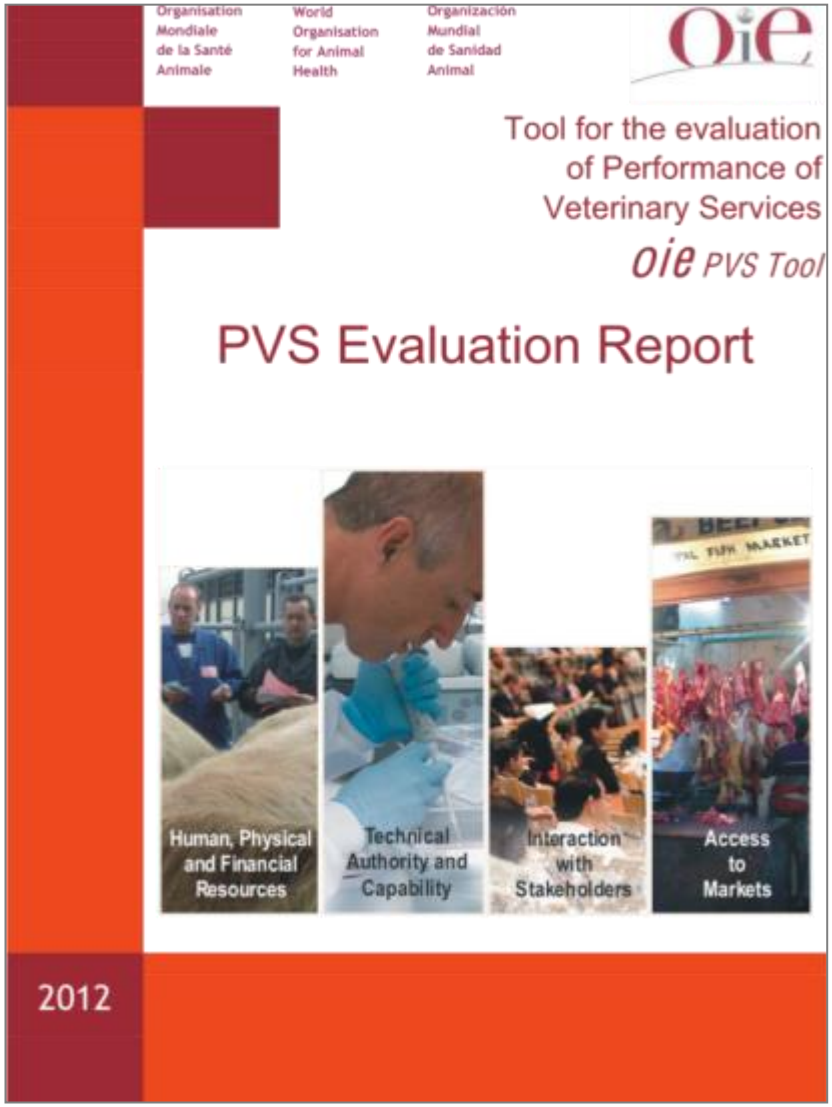
National legislation and Policy — Progress: 25%

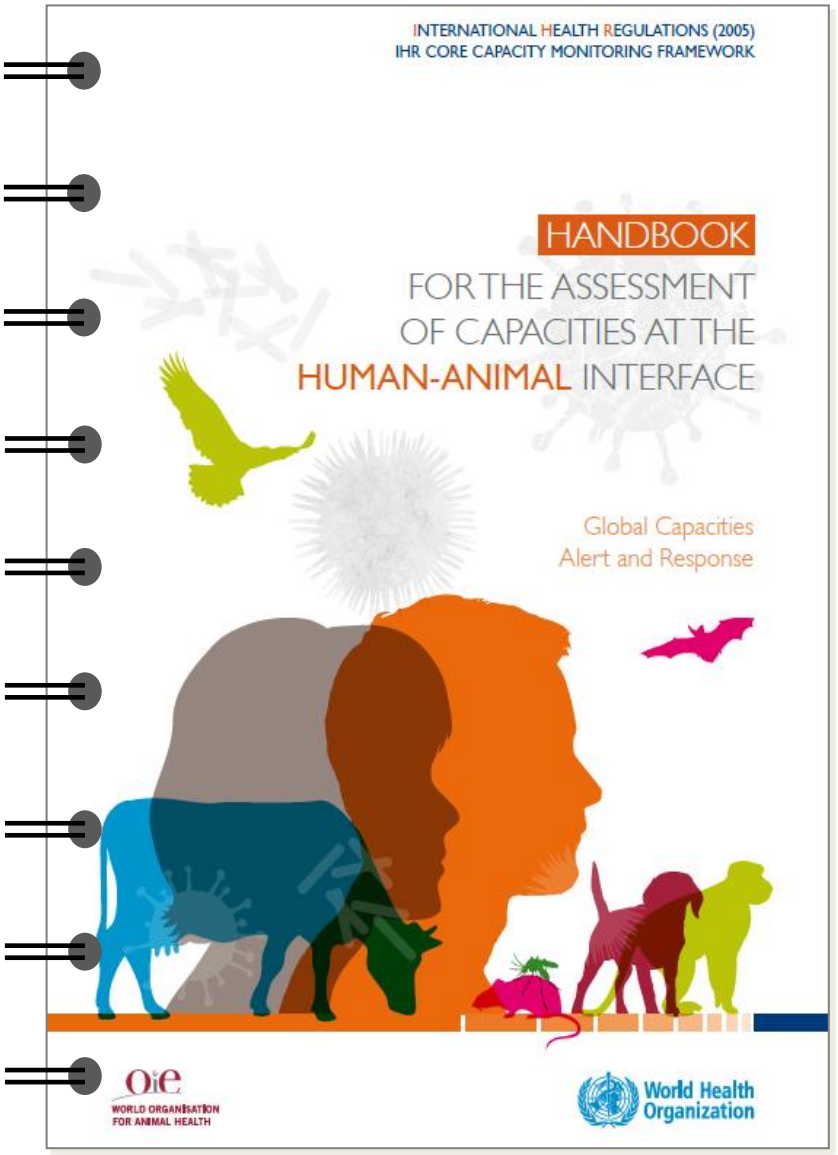
Indicator 1: Laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of obligations under the IHR.

	Progress
Coordination	
Indicator 2: A mechanism is established for the coordination of relevant sectors in the implementation of IHR.	66%
Indicator 3: IHR NFP functions and operations are in place as defined by the IHR (2005).	80%
Surveillance	
Indicator 4: Indicator based (Routine) Surveillance has early warning function for early detection of Public Health events.	83%
Indicator 5: Event Based Surveillance has been established.	69%
Response	
Indicator 6: Public health emergency response mechanisms are established.	77%
Indicator 7: Infection prevention and control (IPC) is established at national and hospital level.	20%

* http://www.who.int/ihr/IHR_Monitoring_Framework_Checklist_and_Indicators.pdf

PVS - indicators of Critcal capacities

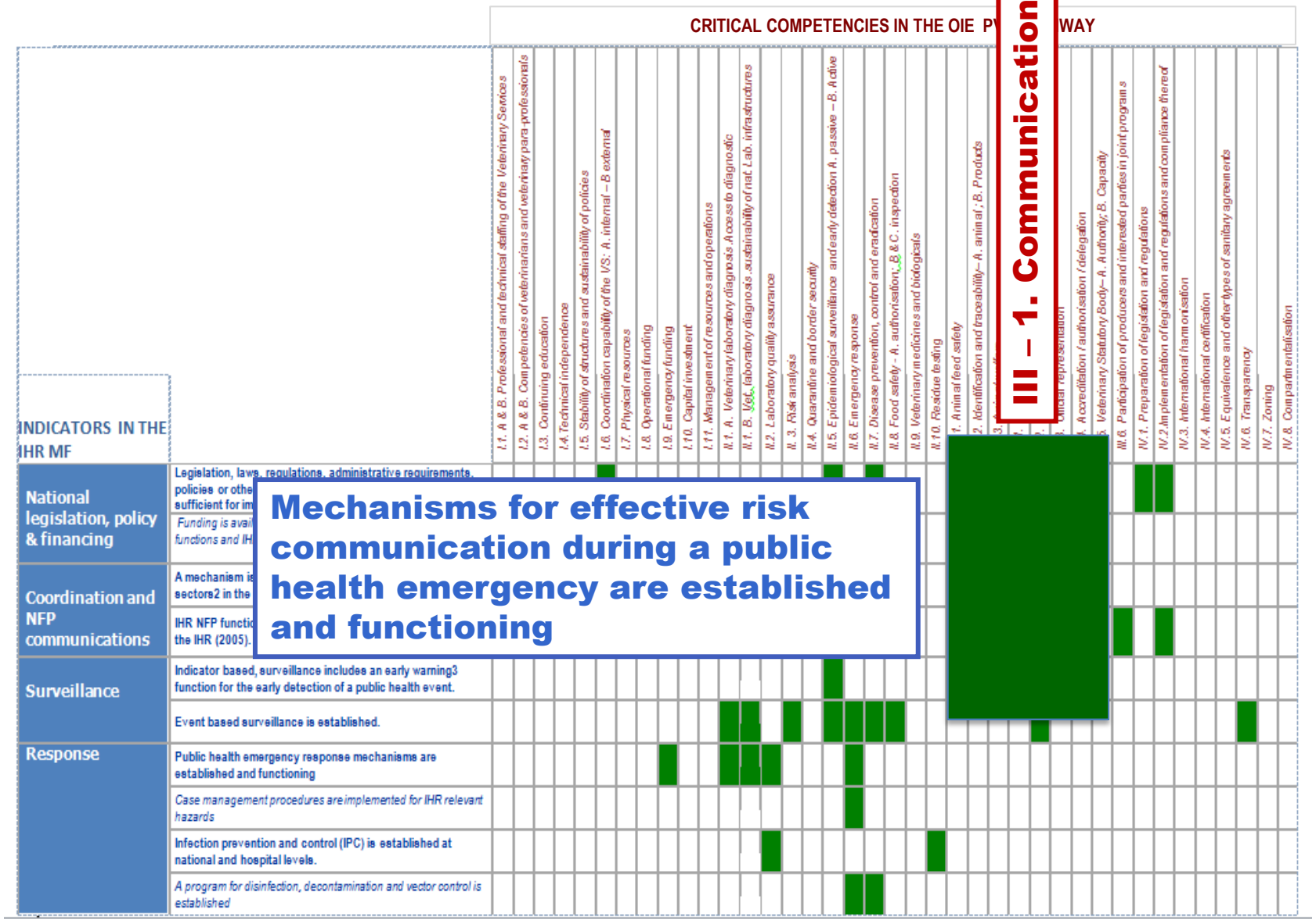




QUESTIONS IN THE IHR MONITORING FRAMEWORK QUESTIONNAIRE	PVS CRITICAL COMPETENCY	DESCRIPTION
1.1.1.1. Has an assessment of relevant legislation, regulations, administrative requirements and other government instruments for IHR implementation been carried out? *Veterinary Services (VS) have an active role in the development of the legal and regulatory framework for the prevention and control of animal diseases including zoonoses, food safety, medicines, and several other areas under their mandate[10]. The main issues to consider here are: i) the involvement of the VS in the review of existing legal, and the regulatory and administrative instruments covering the core functions defined in the IHR (2005), ii) the description of synergies, overlapping or possible conflicting areas between the legal, regulatory and administrative frameworks developed in the human and animal sectors for the core functions defined in the IHR (2005).*	IV-1. Preparation of legislation and regulations	This CC reviews the authority and capability of the VS to actively participate in the preparation of national legislation and regulations in domains that are under their mandate, in order to guarantee its quality with respect to principles of legal drafting and legal issues and its accessibility, acceptability, and technical, social and economical applicability. This competency involves collaboration with relevant authorities, including other ministries and Competent Authorities, national agencies and decentralised institutions that share authority or have mutual interest in relevant areas. The CC reviews *inter alia:* - The legislative and regulatory framework of the veterinary domain and the mandate of the Veterinary Authority; - The coordination of the VS with relevant authorities in the development of legislation and regulations regarding areas of joint or shared responsibility; - Evidence that national legislation identifies the VS' roles and responsibilities related to activities where there is shared authority with other Competent Authorities

Questions in the IHR Monitoring Framework	PVS Critical Competency cards																													
	I-1-A	I-1-B	I-2-A	I-2-B	I-3	I-5	I-6-B	I-7	I-8	I-9	I-10	I-11	II-1-A	II-1-B	II-2	II-3	II-4	II-5-A	II-5-B	II-6	II-7	II-8-A	II-8-B	II-8-C	II-9	II-10	II-12-B
Core capacity 1: National legislation, policy and financing																														
1.1.1.1.																				X	X									
1.1.1.3.							X											X	X											
1.1.1.4.							X											X	X											
Add Q.CCI									X	X	X																			
Core capacity 2: Coordination and NFP communication																														
2.1.1.1.							X																							
2.1.1.2.							X					X																		
2.1.1.3.							X													X										
2.1.1.4.A							X					X																		
2.1.1.4.B							X					X																		
2.1.1.5.							X																							
2.1.1.6.																														
2.1.2.5.							X																							
2.1.2.6.							X											X	X											
2.1.2.7.A							X																							
2.1.2.7.B							X																							
2.1.2.8.							X																							
Core capacity 3: Surveillance																														
3.1.1.1.																		X	X	X										
3.1.1.7.																		X	X		X									
3.2.1.3.																X				X			X							
3.2.1.4.																X		X	X											
3.2.1.5.																X		X	X											
3.2.1.9																		X												
3.2.1.11																		X	X											
Core capacity 4: Response																														
4.1.1.1.										X										X										
4.1.1.4.																				X										

Mapping of overlapping



Mechanisms for effective risk communication during a public health emergency are established and functioning

Joint Communication: Madagascar, Apr. 2008

Milaza ho mahafehy ny aretin' omby ny fanjakana

Nivoaka tamin'ny fahanginany ny fitsaohana malagasy nanaloana ny fihanaky ny aretin'omby "Arbovirose". Na teo aza ny omby sy olona marim-po aretina io, dia milaza ho mahafehy ny fihonaky ny aretina ny fanjakana.

Niara-nanome antoka ny mpanolotsa sy ny mpiompy ny ministra Ramoncelina Panja Armand sy ny ministra Jean Louis Robinson omaly telsy Ambohidahy. Samy nanamafy izao tompon'andraikitra roa lehibe ao amin'ny governemanta ireto fa voafehy tanteraka ny aretin' omby "Fièvre de la Vallée du Rift" ao anatin'ny karazan' ilay aretina "Arbovirosa" a min'izao fotoana izao. "Aloka mitovana han'omby am-pitonana ny mpanjifa", hoy ingahy ministry ny Fahasalamana. "Na izany koa aza dia aoka isika ho hery sy ho masaka foana

Vidiny : 100 ariary

Ao raha

Gazety mivoaka isan'andro

Alakamisy 15 May 2008 Laharana 0823

FAHASALAMANA

Milaza ho mahafehy ny aretin'omby ny fanjakana

P 4

TAFAVERINA I AHMAD

Nivoaka sempotra ny baolina kitra

L'EXPRESS DE MADAGASCAR DU JEUDI 15 MAI 2008 - PAGE 9

SELON JEAN LOUIS ROBINSON

Risque levé sur la viande de bœuf

Le ministère de la Santé et celui de l'Agriculture soutiennent qu'on peut manger de la viande de bœuf en toute tranquilité. L'annonce a été faite, hier, à Ambohidahy.

« La fièvre de la Vallée du Rift (FVR) est maîtrisée. On peut maintenant consommer de la viande de bœuf. » Cette déclaration ...ent du ministère ...de l'Agriculture, ...la pêche, hier, ...conférence de ...lahy. Cela après ...ultats des ana... par un comité ...ppuyé par des ...nationaux dont ...ion mondiale de ...Atlanta (Centre ...maladies) et ... Cette équipe ...mmencé son ...puis le mois de ...on vue d'end... ...dagascar. ...tosamiminana, ...anté animale et ...SAPS) rencontrent ...la recherche de ...ir de la viande ...vateurs fait per... ...sabilités. « Nous ...cours d'un atelier ...sur la formation ...de viande, ainsi

Le ministre Jean Louis Robinson (à g.) montrant le chemin à son collègue Armand Panja Ramanoelina, hier.

...viandes vendues en dehors de ...Tana », souligne-t-il.

La résurgence de la FVR est toutefois à craindre, et cela d'un moment à l'autre. Le ministre de la Santé Jean Louis Robinson se joint à la mise en garde du docteur Pierre Formenty de l'OMS. Ils s'accordent tous deux à dire qu'« il faut rester vigilant ». Le ...Armand Ramanoelina, quant à lui, conseille que le meilleur moyen d'éviter la maladie de la FVR est de bien cuire la viande de bœuf et de bien bouillir le lait.

La déclaration officielle rafit les bouchers qui ont enduré les conséquences de la maladie. « J'espère que mes plus gros clients vont reprendre leurs com...

Etienne Ramanandray, propriétaire d'un abattoir à Ampasika. Par contre, de nombreux consommateurs demeurent encore réticents. « Je n'ose pas encore acheter de la viande de bœuf malgré cette nouvelle. La maladie est encore récente et j'attends que les bouchers changent d'attitude en termes d'hygiène », ...anoo, prudente, Antoinette Manarave, une ...ère de famille qui vient d'effectuer sa provision de la semaine à Anosibe.

Nora Haingo Rakotoseheno

Relation de cause à effet

Questionné sur la mort de dix-sept personnes, le ministre de la Santé, Jean Louis Robinson, évite de lier leur disparition à la FRV. Ces personnes sont décédées en parallèle avec 700 boeufs, de février à mars. Quant au ministre de l'Elevage, il veut couper court aux rumeurs qui veulent que la FVR soit arrivée en même temps que les chèvres importées. « La maladie a existé depuis le mois de novembre alors que les chèvres sont arrivées ...

LE QUOTIDIEN

Quotidien d'information de langue française - Site web : www.lequotidien.mg N° : 12100 Prix : 200 Ar Jeudi 15 Mai 2008

SANTE PUBLIQUE

FIÈVRE DE LA VALLÉE DU RIFT : EPIDÉMIE MAÎTRISÉE. LA VIGILANCE RESTE DE MISE

FOOTBALL

CHAMBRE ADMINISTRATIVE DE LA COUR SUPRÊME : LA FMF OBTIENT GAIN DE CAUSE

FAO/HPA simulation exercise in Croatia, 2011

Operational Framework on Good Governance of human and animal heath services

www.who.int/ihr/publications/WHO-OIE_Operational_Framework/en/

www.oie.int/for-the-media/onehealth/

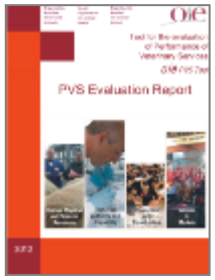
World Health Organization

OIE WORLD ORGANISATION FOR ANIMAL HEALTH

WORLD BANK GROUP

World Health Organization

Gaps identified



GF-Tad

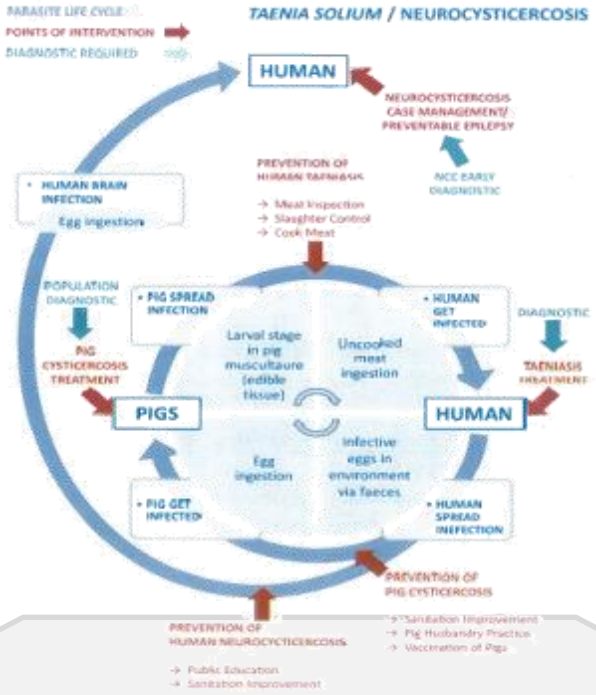
Disease-specific
Control Program

Capacity building
Technical support

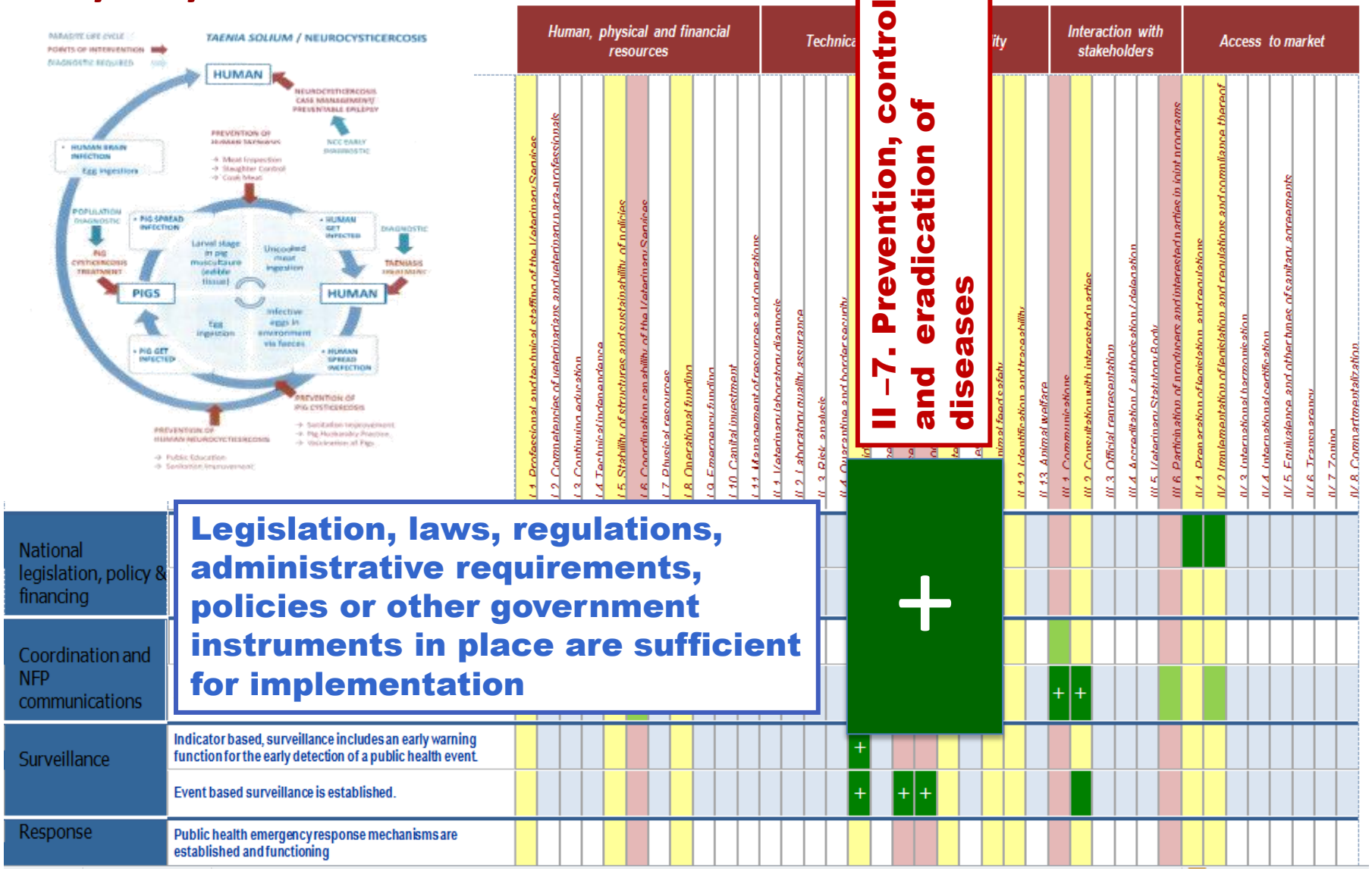
Adjustment to specific disease control programs

Example of the starting program on **cysticercosis** in Madagascar

(MoH, VS, Institut Pasteur, CRVOI/CIRAD, WHO, FAO, OIE)



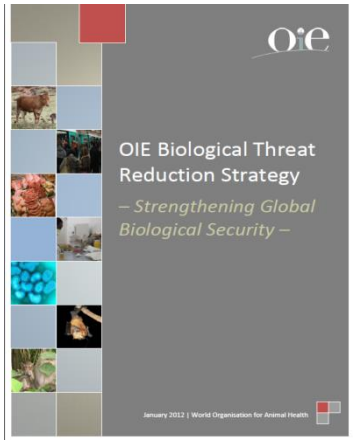
The tool helps to open discussion on critical synergetic areas and identify way forward

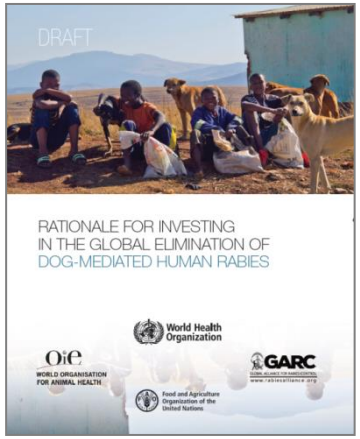


An approach used in strategic agendas

- The response to disease **is the same** whether it is directed against **natural infection, or deliberate or accidental release** :
  - **strengthen existing human and animal health systems**
  - Strengthen **early detection and rapid response**
  - Ensure **biosafety and biosecurity**

→ **Good governance of health Services** and in the case of zoonotic diseases, **coordination** of the animal health and public health response is essential - control is often best focused on eliminating the pathogen in the animal source





International
Health Regulations

Thank you for your interest and support

www.who.int/ihr

www.oie.int/en/support-to-oie-members/pvs-pathway