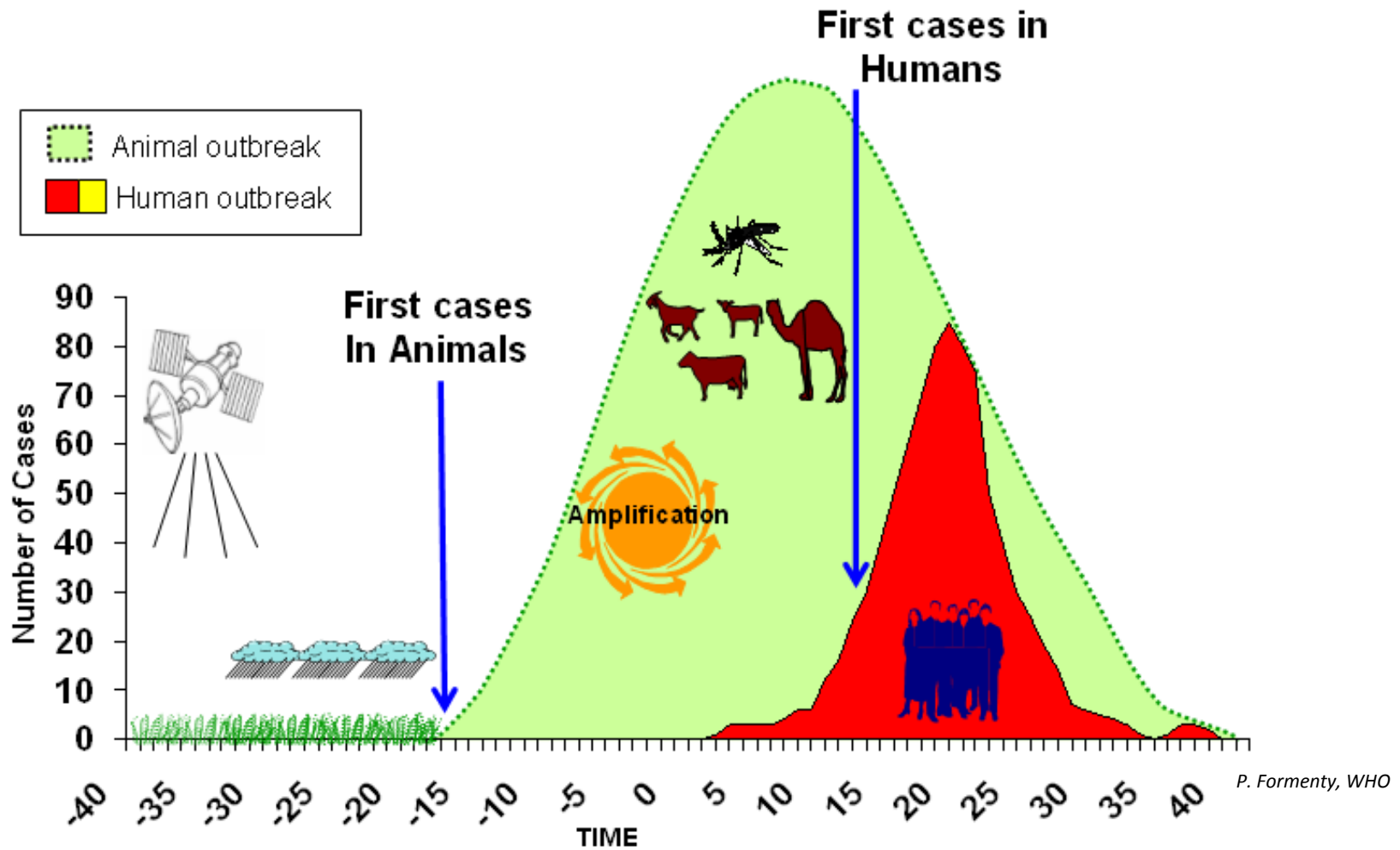




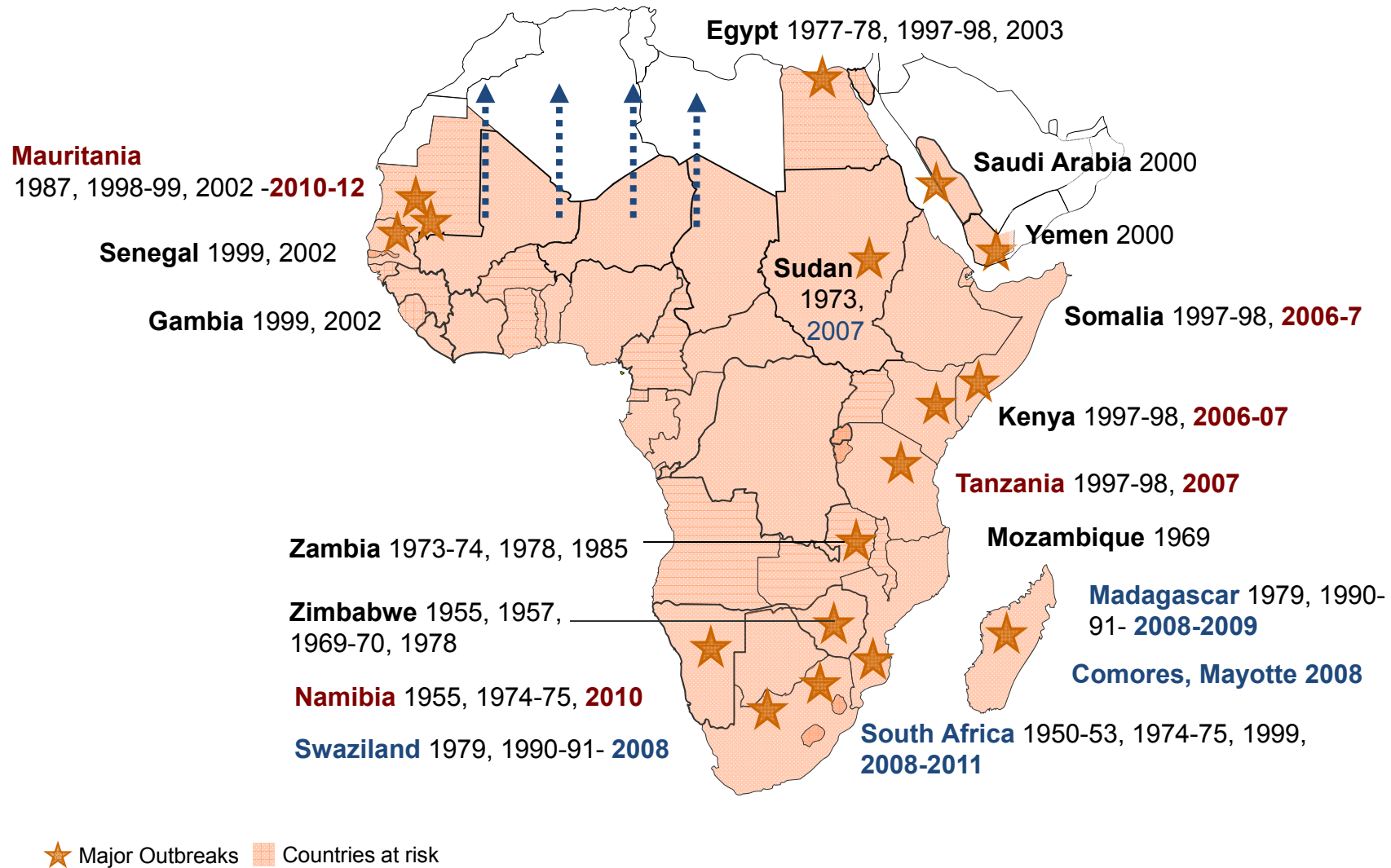
Bridging WHO and OIE Tools for the assessment of national capacities

Dr S. de La Rocque
OIE sub regional office of Brussel –WHO HQ, Geneva

Rift Valley fever outbreak alert and response



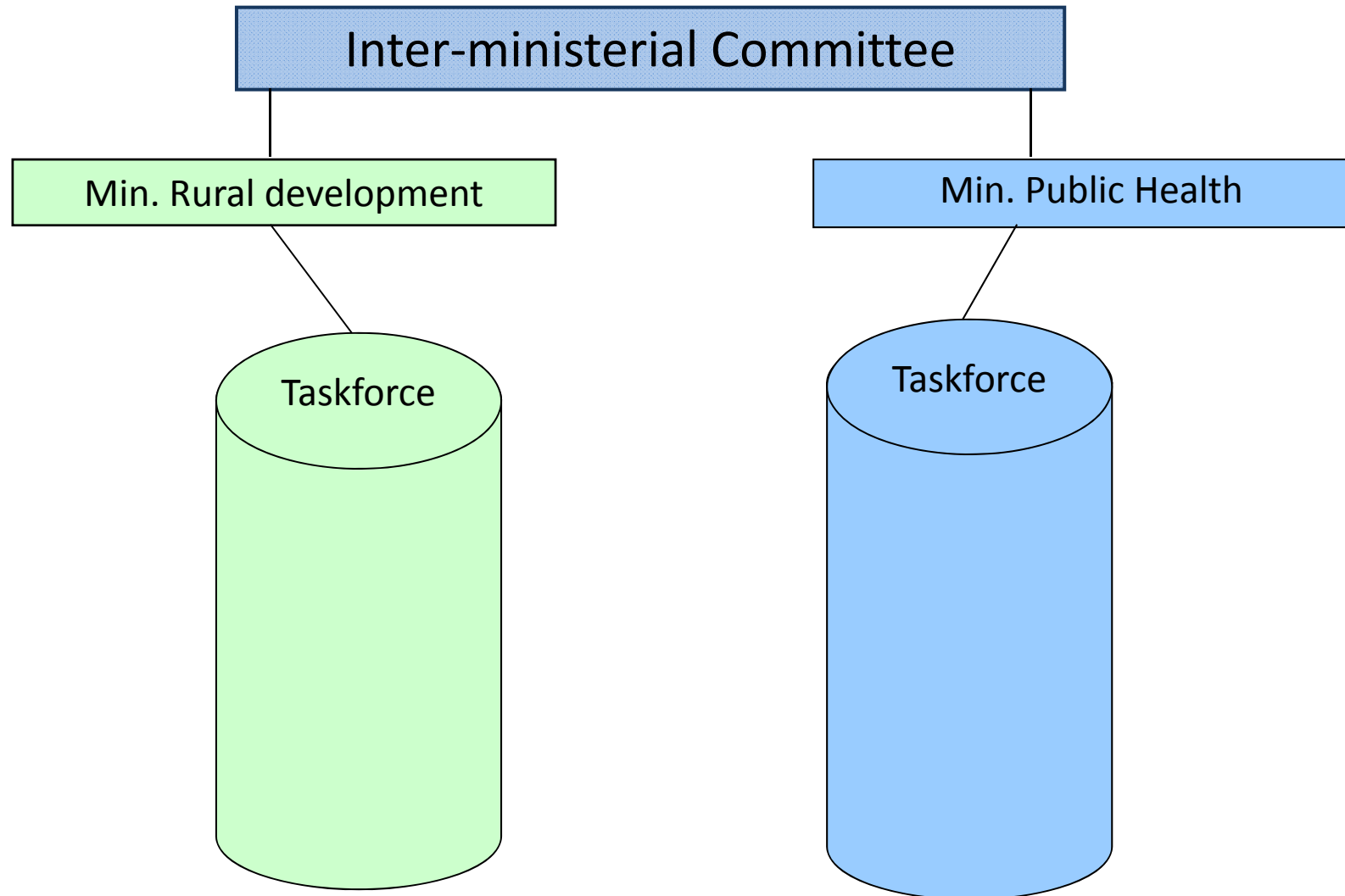
RVF distribution, main outbreaks and spread



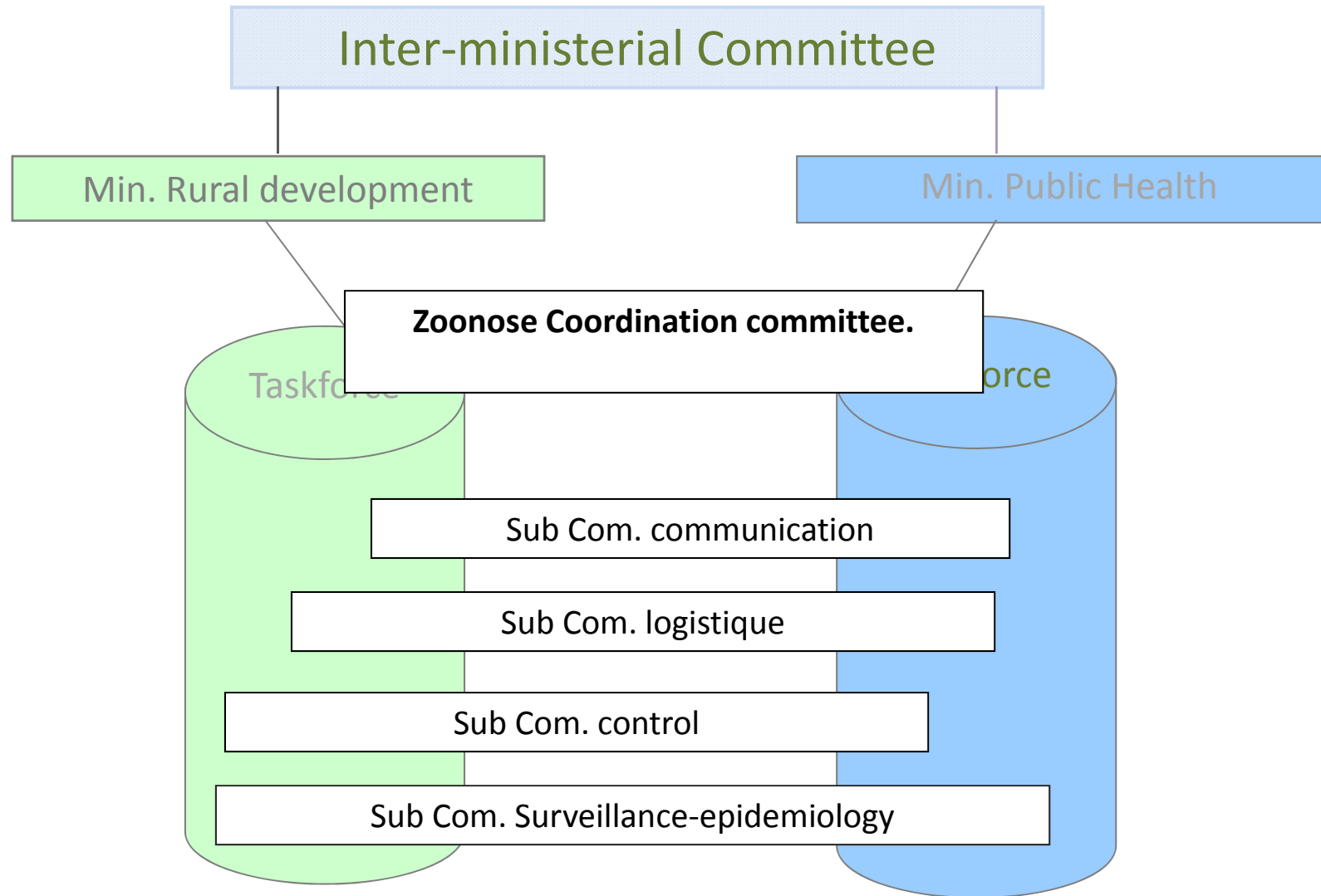
Joint Communication: Madagascar, Apr. 2008



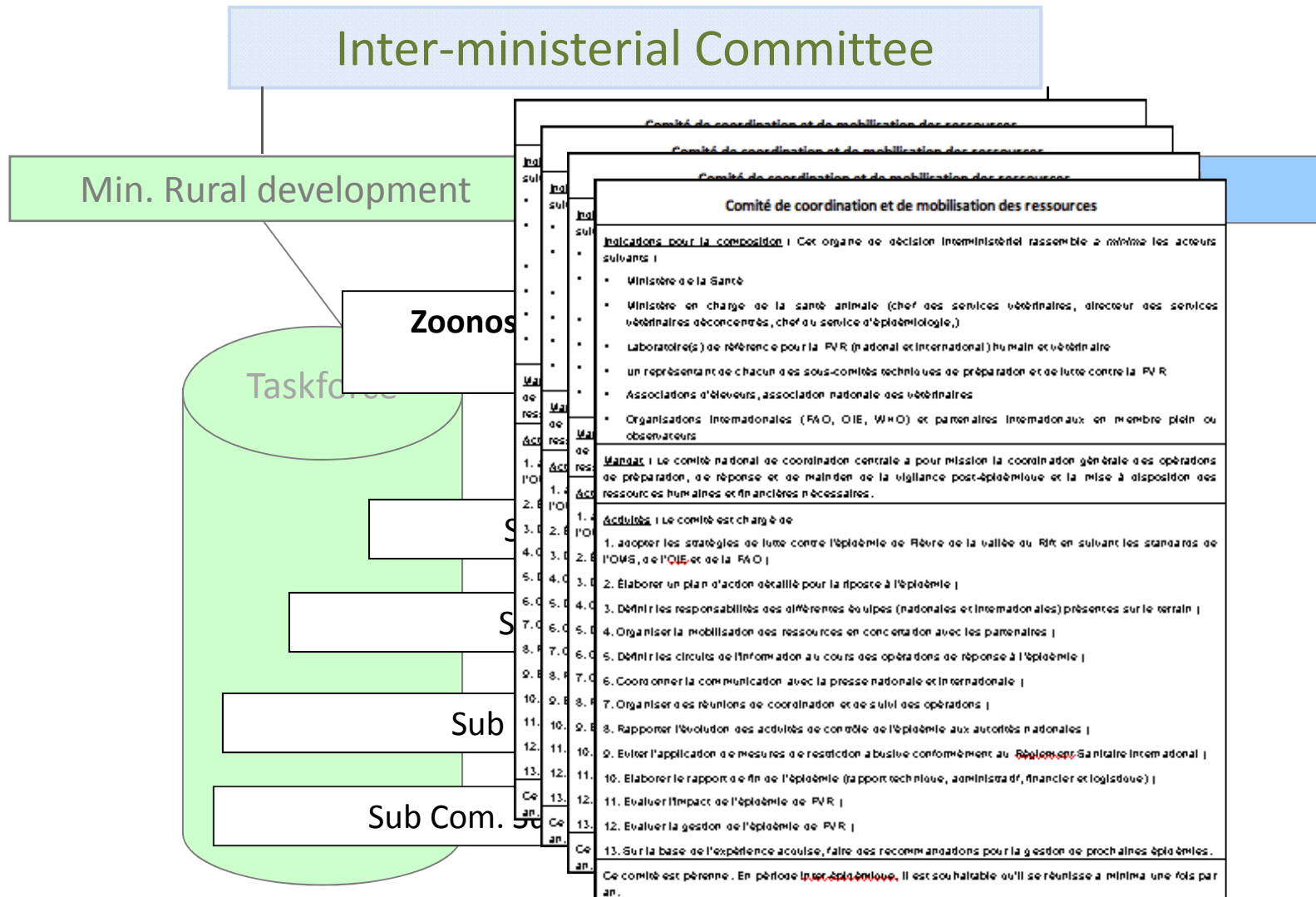
Establish co-ordination mechanism for response



Establish co-ordination mechanism for response



Establish co-ordination mechanism for response



Applying the One Health principles: a trans-sectoral coordination framework for preventing and responding to Rift Valley fever outbreaks

S. de La Rocque^{1,2,3*} & P. Formenty⁴

(1) International Health Regulations (IHR) Monitoring Procedure and Information Team, Global Capacity and Response Department, World Health Organization, 20 Avenue Appia, CH-1211 Geneva 27, Switzerland
(2) World Organisation for Animal Health (OIE), 12 rue de Prony, 75017 Paris, France
(3) Centre International de Recherche Agronomique pour le Développement, Campus International de Baillarguet, 34398 Montpellier, France
(4) Emerging and Epidemic Zoonotic Diseases Team, Pandemic and Epidemic Diseases Department, World Health Organization, 20 Avenue Appia, CH-1211 Geneva 27, Switzerland
*Corresponding author: s.delarocque@who.int

The views and opinions expressed in this article are those of the authors and are not necessarily the official views of WHO or the OIE

Summary

Rift Valley fever (RVF) is a good example of a disease for which a One Health approach can significantly improve the management of outbreaks: RVF is a vector-borne zoonotic disease, its dynamics differ between eco-epidemiological patterns and are modulated by eco-climatic factors. Therefore, collaboration between sectors, disciplines and role players, as well as an understanding of the local epidemiology of the disease, are key prerequisites for proper risk assessment and outbreak control. These principles drove the Food and Agriculture Organization of the United Nations (FAO) and the World Health Organization (WHO) to develop an inter-sectoral strategic approach, with specific actions recommended for each of the four periods in the development of the outbreak (forecasting and preparedness, alert, epidemic control, post-epidemic). Through several outbreak response missions between 2006 and 2012 in various countries, an implementation framework was developed by WHO, FAO and the national authorities of affected countries and used to build national response action plans. The framework proposes a structured attribution of duty and responsibilities to committees made up of representatives of the various institutional and operational role players, and with clear mandates and terms of reference (TOR). Such an approach, ensuring real-time sharing of information, coherence in the various aspects of the response, and ownership of the strategy, has proven its efficiency. It could also be used, with appropriate adjustments in the TOR, for other zoonotic diseases.

Keywords

Coordination – Outbreak – Response – Rift Valley fever – Strategy – Trans-sectoral.

Introduction

Rift Valley fever (RVF) is a peracute or acute disease of wild and domestic ruminants and humans, caused by a *Phlebotomus* (*Bunyavirus*) and transmitted by insect vectors or direct contact with organs or fluids of infected animals. Domestic and wild ruminants are the usual hosts of the virus and the disease can produce up to 100% mortality rates in newborn animals, 10% to

20% among adult ruminants and abortion in pregnant animals (1). In humans, the disease mainly develops as an influenza-like illness, sometimes accompanied with transient loss of visual acuity or more severe ocular sequelae. However, the virus (RVFV) can occasionally spread to critical organs such as the spleen, liver and brain, so the disease can present clinically (in less than 1% of patients) as hepatitis, meningoencephalitis or haemorrhagic fever. The case fatality rate for patients developing the haemorrhagic form of the disease is approximately 50% (2).

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de la Santé
Animale

World
Organisation
for Animal
Health

Organización
Mundial
de Sanidad
Animal



One Health

Une seule santé

Una sola salud



Vol. 33 (2), 2014



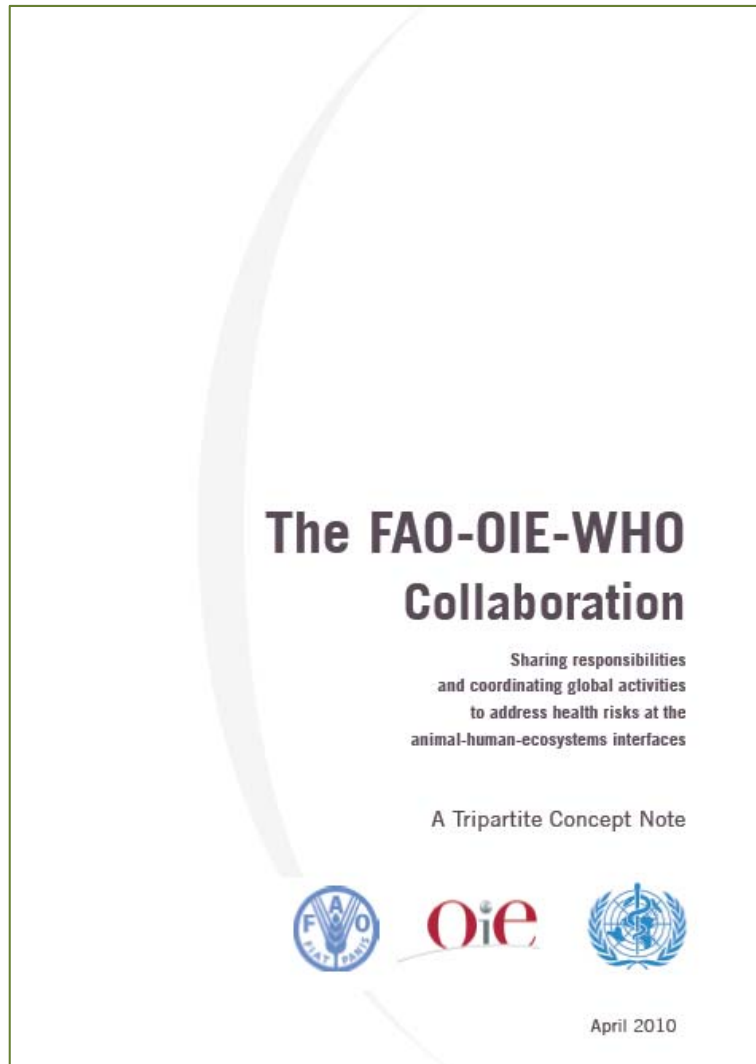
Protéger les animaux, préserver notre avenir • Protecting animals, preserving our future • Proteger a los animales, preservar nuestro futuro

Revue scientifique et technique



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**



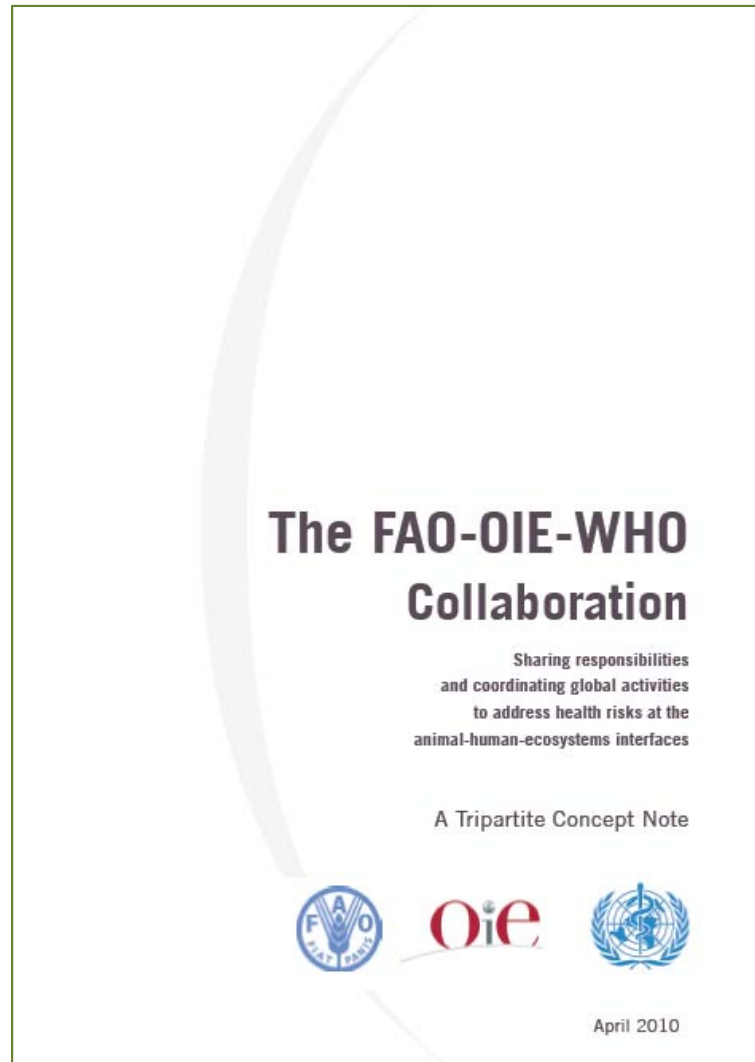
Ministerial Declaration Meeting of G20

Paris, 22 and 23 June 2011

Action Plan on Food Price Volatility and Agriculture

(25.) ..., we stress the importance of strengthening ..., **good governance and official services**, since they ensure an early detection and a rapid response to biological threats, facilitate trade flows and contribute to global food security.

(...) We encourage international organizations, especially **FAO, WHO, OIE**, the Codex Alimentarius Commission (**Codex**), the IPPC and WTO to continue their efforts towards enhancing **interagency cooperation**.



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

I. Nuttall⁽¹⁾, K. Miyagishima⁽²⁾, C. Roth⁽³⁾ & S. de La Rocque^{(1,4)*}

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(2) Health Security and Environment/Food Safety and Zoonoses, World Health Organization, 20 Avenue Appia, CH-1211 Geneva 27, Switzerland

(3) Health Security and Environment/Office of the Assistant Director General, World Health Organization, 20 Avenue Appia, CH-1211 Geneva 27, Switzerland

(4) World Organisation for Animal Health, 12 rue de Prony, 75017 Paris, France

*Corresponding author: s.delarocque@oie.int

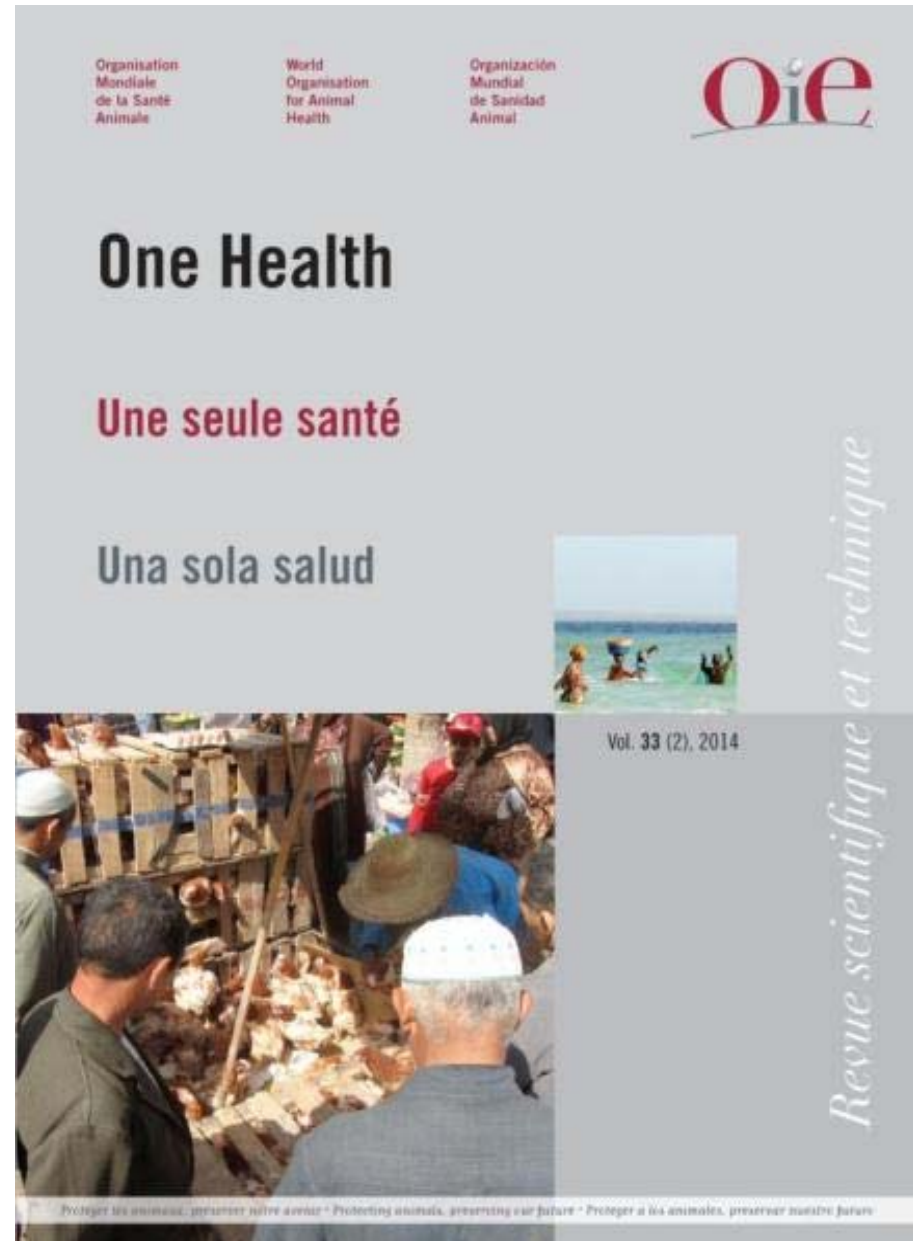
The views and opinions expressed in this article are those of the authors and are not necessarily the official views of the World Health Organization or the World Organisation for Animal Health

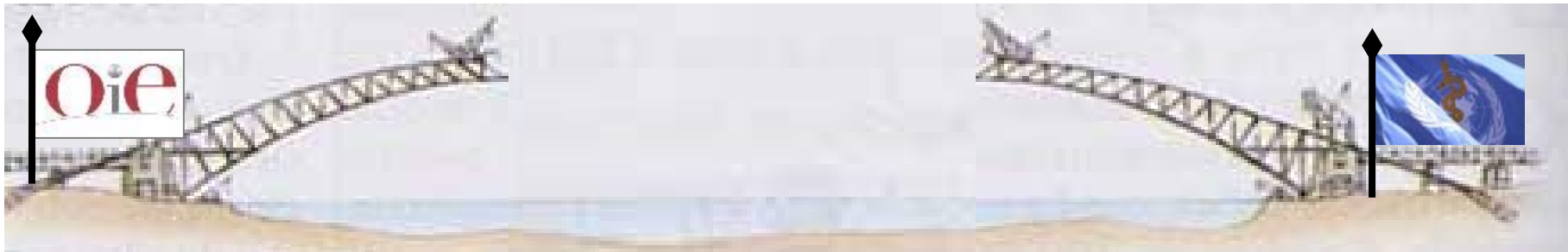
Summary

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

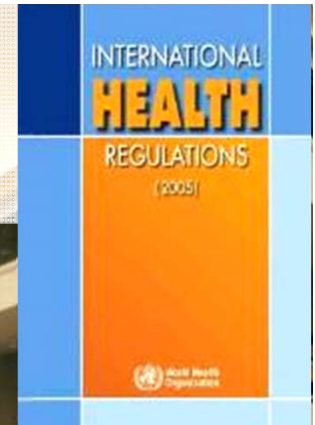


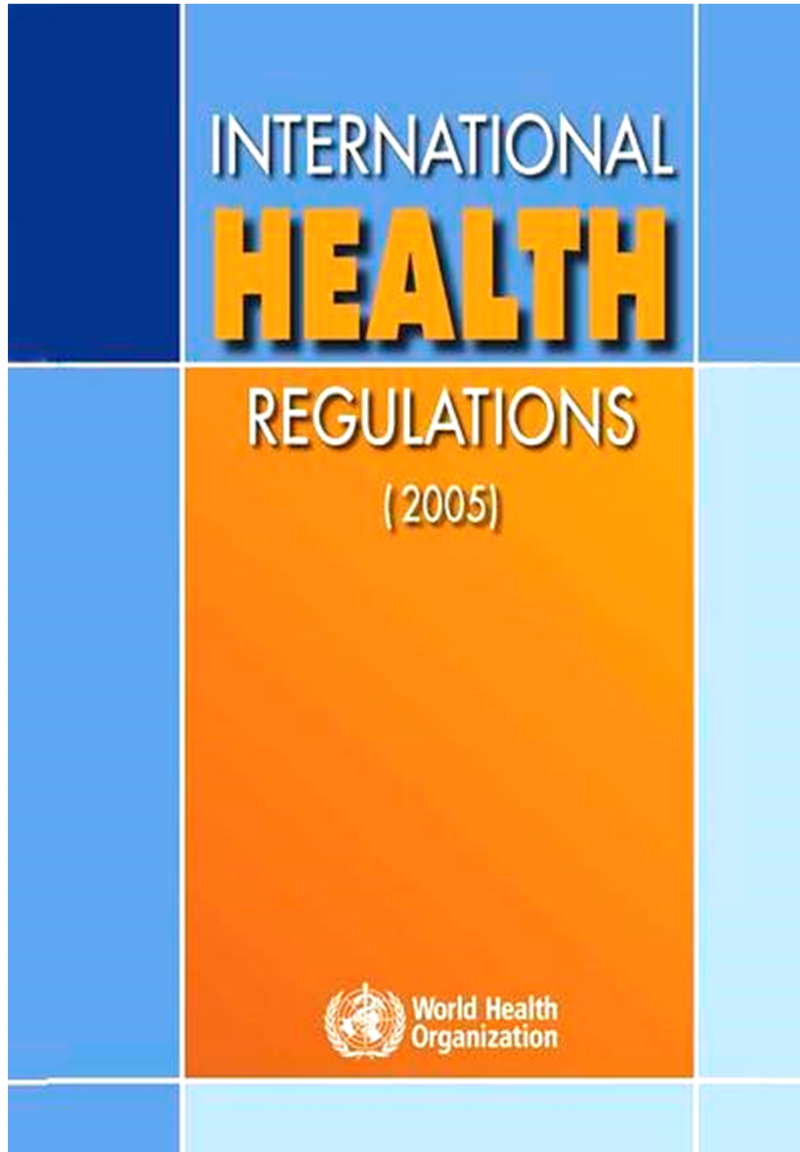


This means **improved collaboration between sectors and in-depth analysis of the existing operational frameworks**



In 2005, the 58th World Health Assembly adopted the revised International Health Regulations (IHR)





Purpose of the IHR (2005)

*" to prevent, protect against, control and provide a **public health response to the international spread of disease** in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade"*

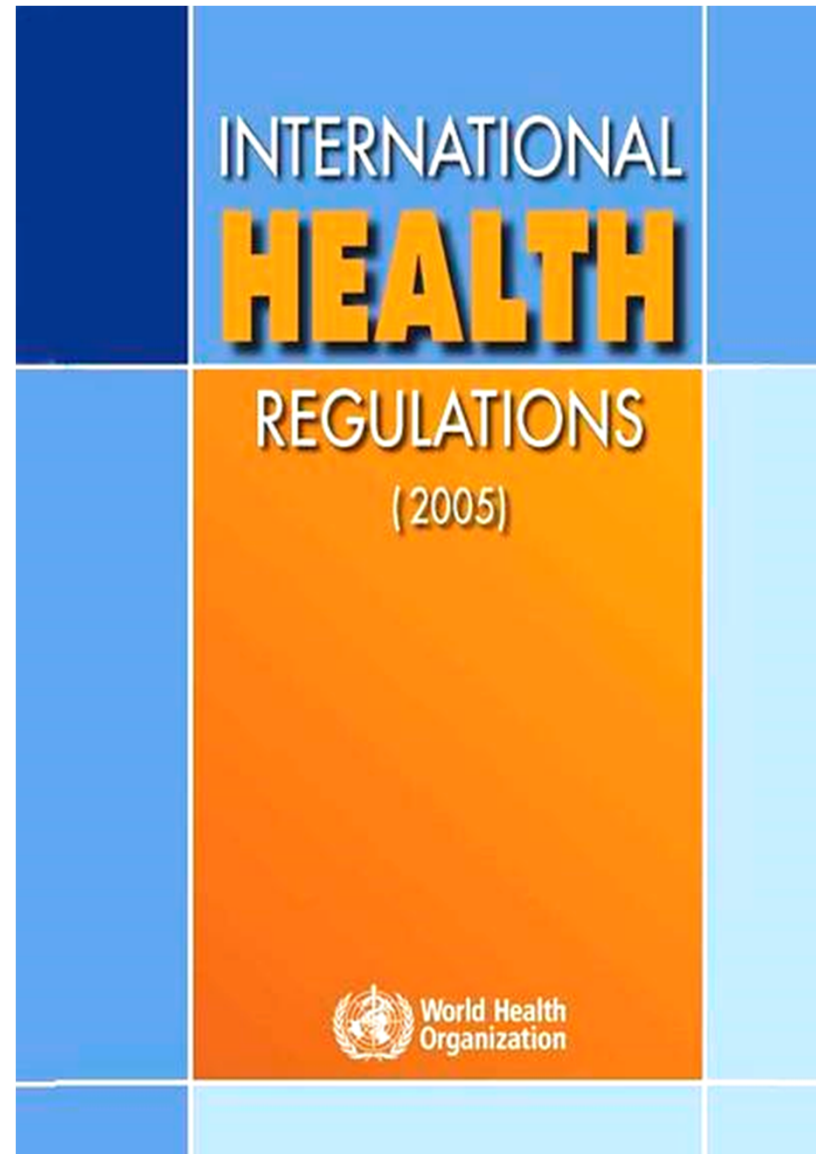
[IHR \(2005\), article 2](#)

A **legal commitment of 194 States Parties** that have agreed to play by the same rules to secure international health.

Purpose of the IHR (2005)

*"Each State Party **shall develop, strengthen and maintain, as soon as possible but no later than five years from the entry into force of these Regulations (...), the capacity to detect, assess, notify and report events in accordance with these Regulations... and ... the capacity to respond promptly and effectively..."***

IHR (2005), articles 5 and 13



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



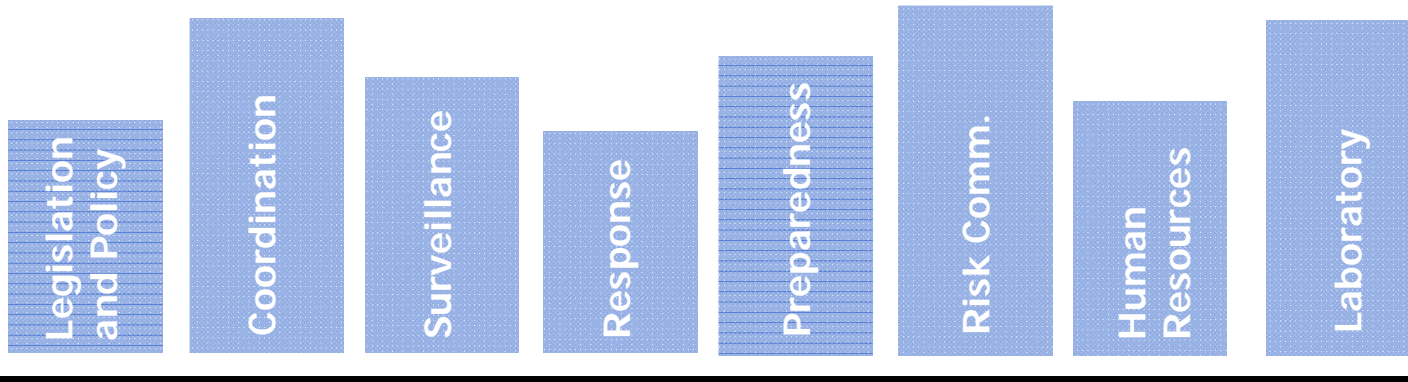
**Zoonotic pathogens
Food safety**



Radio nuclear hazards

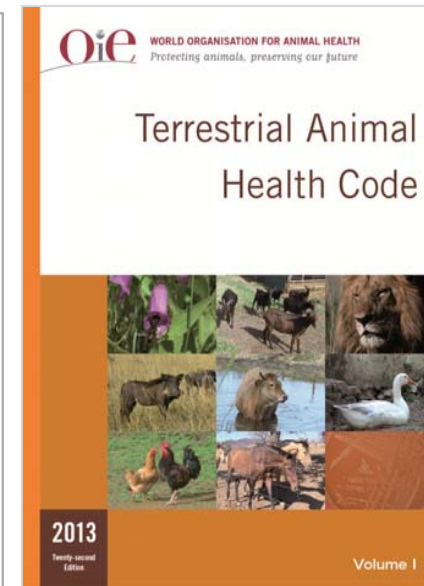
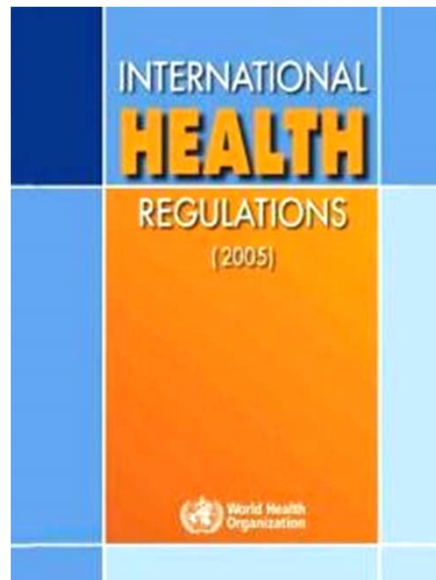


Chemical hazards



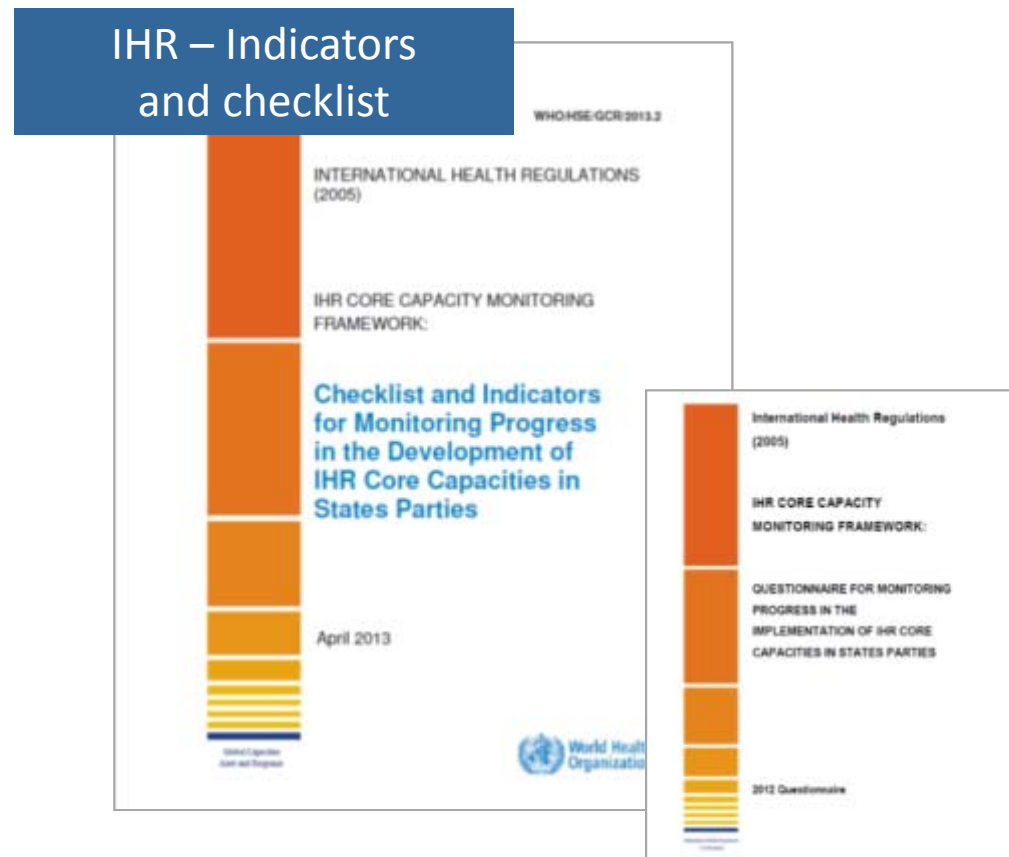
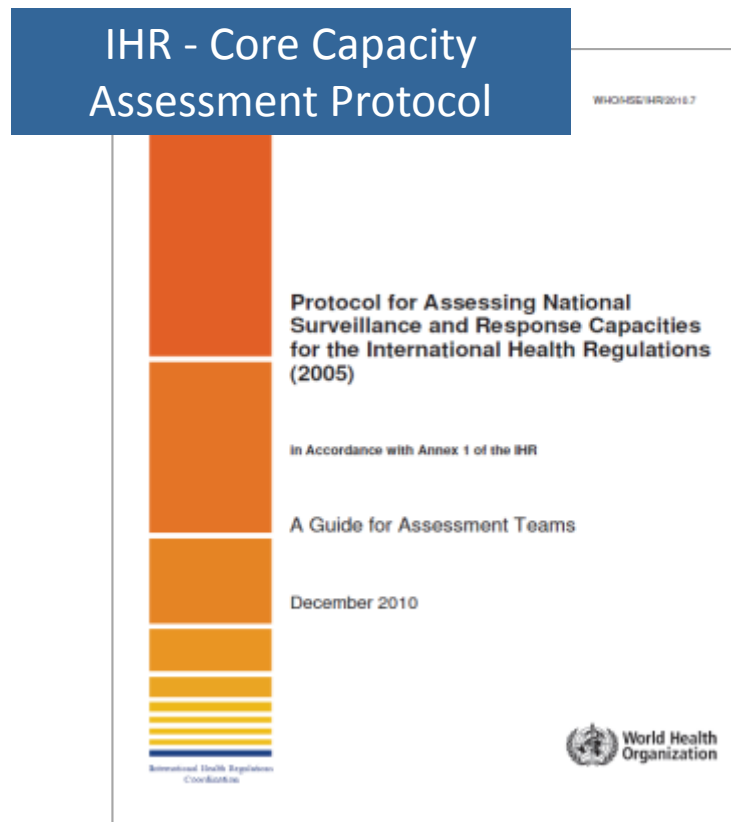
Through the IHR, WHO has a dual mandate:

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



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 response⁹⁰ to zoonotic events?
- **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 coordination⁹¹ with the MoH and/or IHR NFP⁹²?
- **10.1.1.4** Have functional mechanisms⁹³ 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 timely⁹⁴ 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?

-
 Yes
 No
 Not Known

IHR – indicators of Core Capacities

IHR (2005) - Country Profile 2010:

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
 - Ministry
- WHO Country Office**
- Country Indicators (MDG)**
 - Population (in thousands) total
 - Life expectancy at birth (years)
 - Infant mortality rate
 - Maternal mortality ratio (MMR)
 - Physicians/10 000 population: less than 4.5



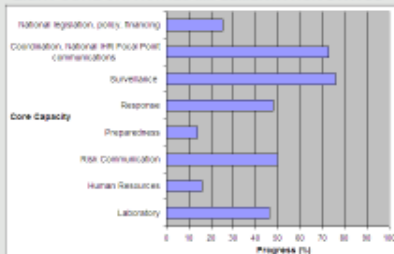
National Capacity Assessment

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

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

Progress

25%

Coordination

Indicator 2: A mechanism is established for the coordination of relevant sectors in the implementation of IHR.

Progress

66%

Indicator 3: IHR NFP functions and operations are in place as defined by the IHR (2005).

Progress

80%

Surveillance

Indicator 4: Indicator based (Routine) Surveillance has early warning function for early detection of Public Health events.

Progress

83%

Indicator 5: Event Based Surveillance has been established.

Progress

69%

Response

Indicator 6: Public health emergency response mechanisms are established.

Progress

77%

Indicator 7: Infection prevention and control (IPC) is established at national and hospital level.

Progress

20%

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

PVS - indicators of Critical Competencies

Organisation
Mondiale
de la Santé
Animale

World
Organisation
for Animal
Health

Organización
Mundial
de Sanidad
Animal



Tool for the evaluation
of Performance of
Veterinary Services

Oie PVS Tool

PVS Evaluation Report



Human, Physical
and Financial
Resources

Technical
Authority and
Capability

Interaction
with
Stakeholders

Access
to
Markets

2012



CRITICAL CAPACITY IN THE OIE PVS PATHWAY

INDICATORS IN THE IHR MF

National legislation, policy & financing

Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR
 Funding is available and accessible for implementing IHR NFP functions and IHR core capacity strengthening.

Coordination and NFP communications

A mechanism is established for the coordination of relevant sectors² in the implementation of IHR.
 IHR NFP functions and operations are in place as defined by the IHR (2005).

Surveillance

Indicator based, surveillance includes an early warning³ function for the early detection of a public health event.

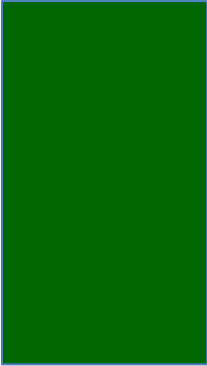
Response

Indicator-based surveillance includes an early-warning function for the early detection of public health event

Infection prevention and control (IPC) is established at national and hospital levels.
 A program for disinfection, decontamination and vector control is established

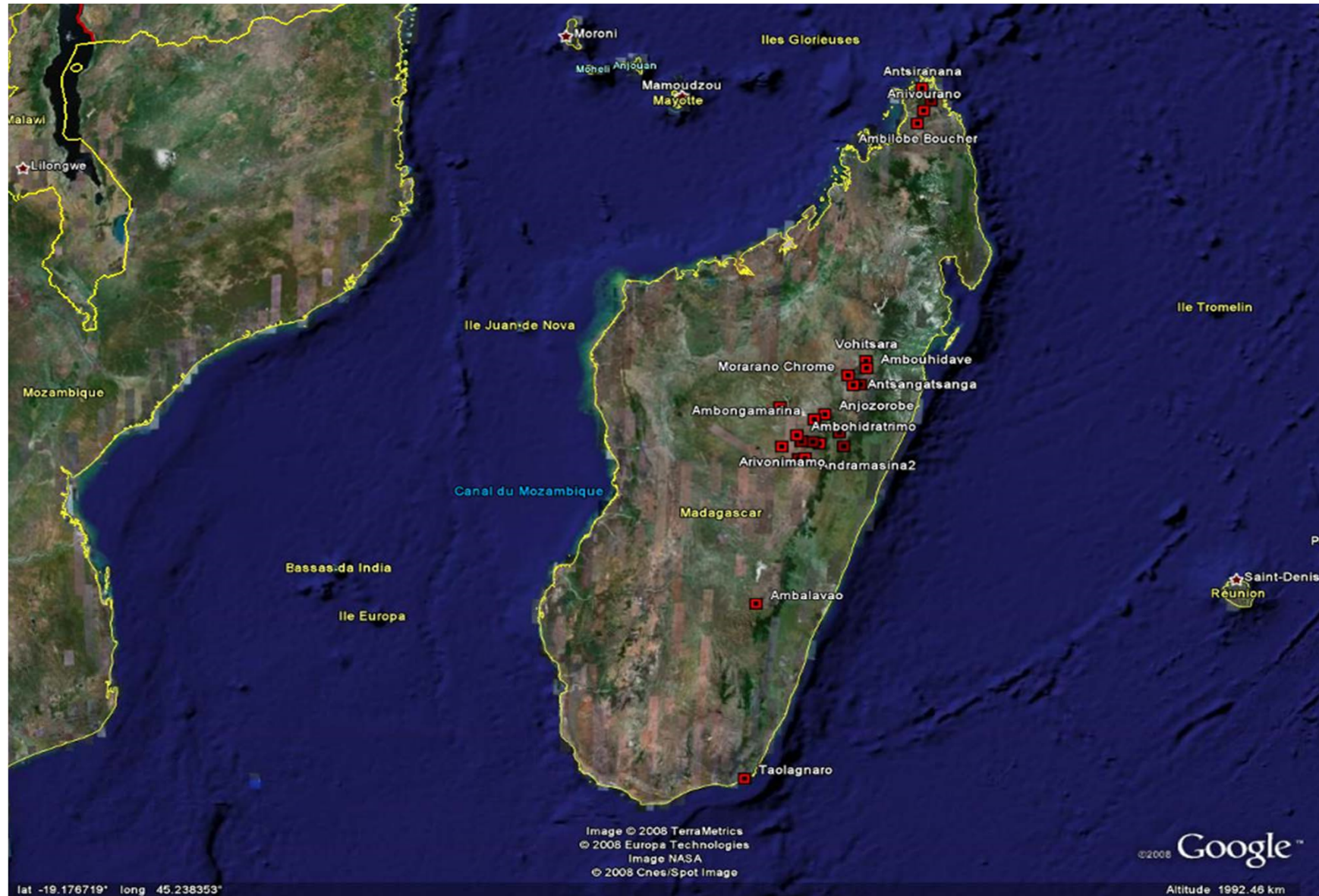
- I.1. A & B. Professional and technical staffing of the Veterinary Services
- I.2. A & B. Competence of veterinarians and veterinary para-professionals
- I.3. Continuing education
- I.4. Technical independence
- I.5. Stability of structures and sustainability of policies
- I.6. Coordination capability of the VS: A. internal – B. external
- I.7. Physical resources
- I.8. Operational funding
- I.9. Emergency funding
- I.10. Capital investment
- I.11. Management of resources and operations
- II.1. A. Veterinary laboratory diagnostics. Access to diagnostic
- II.1. B. Vet. laboratory diagnosis – sustainability of nat. Lab. infrastructure

II – 5. Epidemiological surveillance and early detection (A&B)



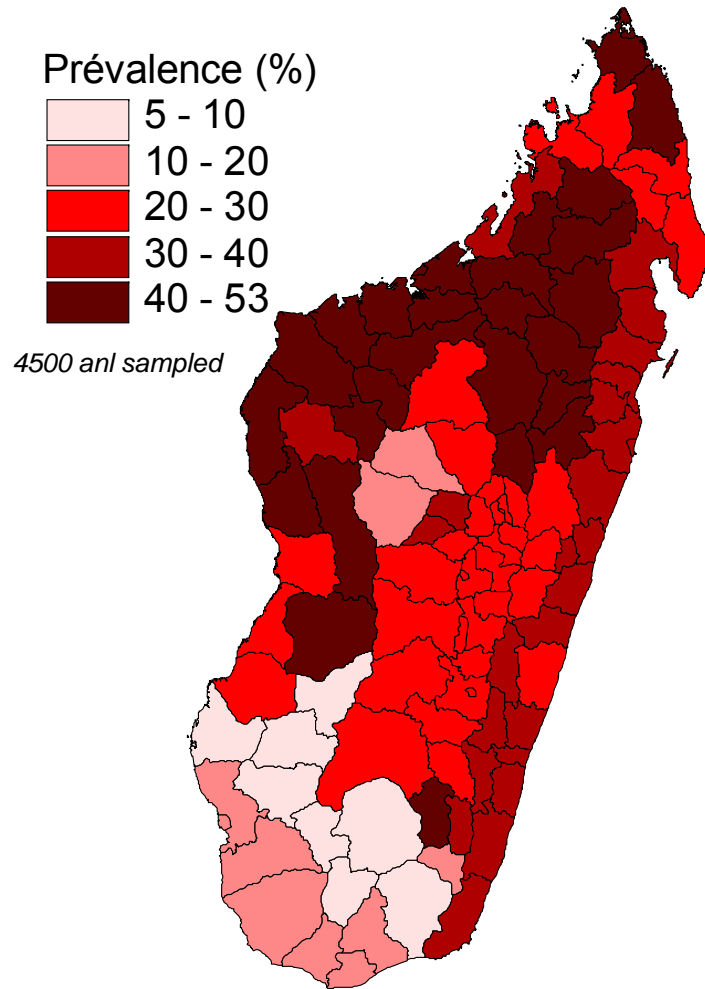
- II.9. Veterinary medicines and biologicals
- II.10. Residue testing
- II.11. Animal feed safety
- II.12. Identification and traceability— A. animal; B. Products
- II.13. Animal welfare
- III.1. Communications
- III.2. Consultation with interested parties
- III.3. Official representation
- III.4. Accreditation / authorization / delegation
- III.5. Veterinary Statutory Body— A. Authority; B. Capacity
- III.6. Participation of producers and interested parties in joint programs
- IV.1. Preparation of legislation and regulations
- IV.2. Implementation of legislation and regulations and compliance thereof
- IV.3. International harmonisation
- IV.4. International certification
- IV.5. Equivalence and other types of sanitary agreements
- IV.6. Transparency
- IV.7. Zoning
- IV.8. Compartmentalisation

Active and passive surveillance RVF, Madagascar, Apr. 2008

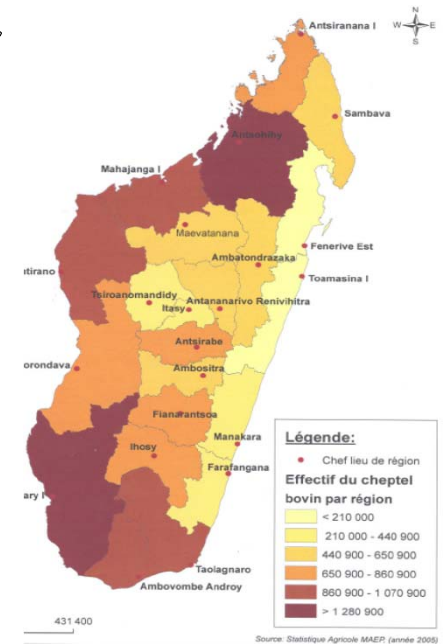
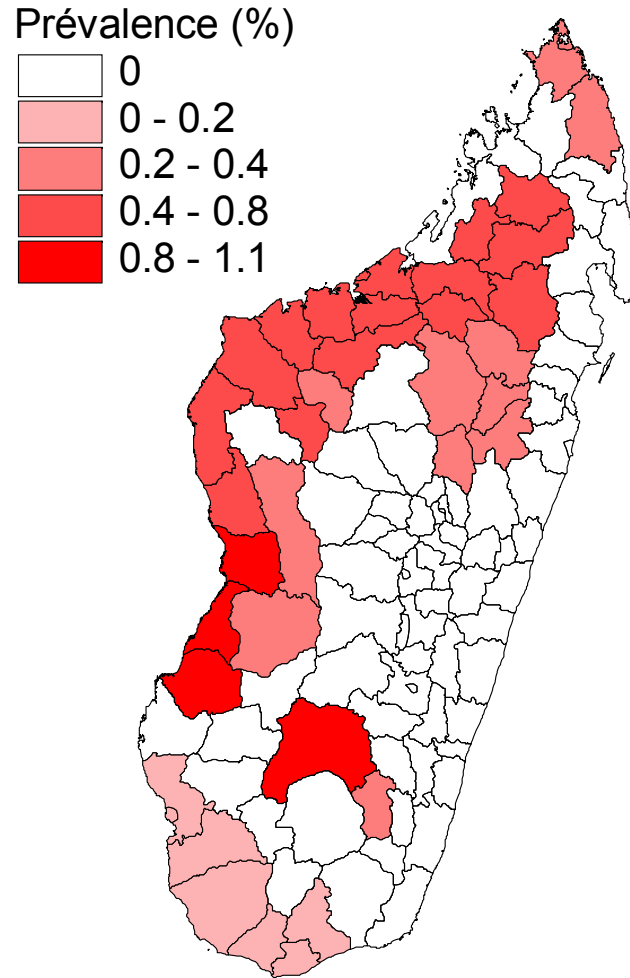


Active and passive surveillance RVF, Madagascar, Apr. 2008

Prevalence IgG in Cattle



Prevalence IgM in Cattle



INDICATORS IN THE IHR MF

National legislation, policy & financing

Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR
Funding is available and accessible for implementing IHR NFP functions and IHR core capacity strengthening.

Coordination and NFP communications

A mechanism is established for the coordination of relevant sectors² in the implementation of IHR.
 IHR NFP functions and operations are in place as defined by the IHR (2005).

Surveillance

Indicator based, surveillance includes an early warning³ function for the early detection of a public health event.
 Event based surveillance is established.

Response

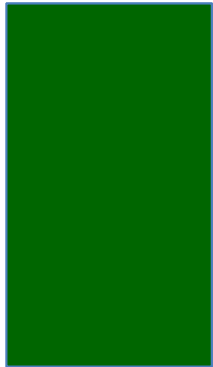
Public health response mechanisms are established and functioning

Infection prevention and control (IPC) is established at national and hospital levels.
 A program for disinfection, decontamination and vector control is established

CRITICAL CAPACITY IN THE OIE PVS PATHWAY

- I.1. A & B. Professional and technical staffing of the Veterinary Services
- I.2. A & B. Competencies of veterinarians and veterinary para-professionals
- I.3. Continuing education
- I.4. Technical independence
- I.5. Stability of structures and sustainability of policies
- I.6. Coordination capability of the VS: A. internal –B external
- I.7. Physical resources
- I.8. Operational funding
- I.9. Emergency funding
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- I.11. Management of resources and operations
- II.1. A. Veterinary laboratory diagnosis. Access to diagnostic
- II.1. B. Vet. laboratory diagnosis. sustainability of nat. Lab. infrastructures
- II.2. Laboratory quality assurance
- II.3. Risk analysis
- II.4. Quarantine and border security
- II.5. Epidemiological surveillance and early detection A. passive –B. Active
- II.9. Veterinary medicines and biologicals
- II.10. Residue testing
- II.11. Animal feed safety
- II.12. Identification and traceability– A. animal ; B. Products
- II.13. Animal welfare
- III.1. Communications
- III.2. Consultation with interested parties
- III.3. Official representation
- III.4. Accreditation /authorisation /delegation
- III.5. Veterinary Statutory Body– A. Authority; B. Capacity
- III.6. Participation of producers and interested parties in joint programs
- IV.1. Preparation of legislation and regulations
- IV.2. Implementation of legislation and regulations and compliance thereof
- IV.3. International harmonisation
- IV.4. International certification
- IV.5. Equivalence and other types of sanitary agreements
- IV.6. Transparency
- IV.7. Zoning
- IV.8. Com pathm entialisation

II – 8. Emergency response



Emergency response: RVF, Sudan, Gezira, Nov. 2007



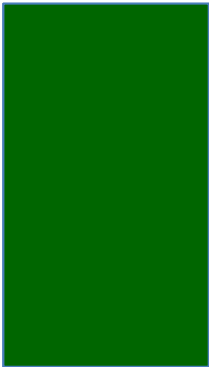
Emergency response: RVF, Tanzania, Wpwapwa, Apr. 2007



INDICATORS IN THE
IHR MF

Preparedness	A Multi-hazard National Public Health Emergency Preparedness and Response Plan is developed. And implemented
Risk communication	Mechanisms for effective health emergency are established
HR capacity	Human resources available requirements
Laboratory	Coordinating mechanism for laboratory services are available to test for priority health threats. Influenza surveillance is established. System for collection, packaging and transport of clinical specimen is established. Laboratory biosafety and laboratory biosecurity (Biorisk management) practices are in place. Laboratory data management and reporting is established.

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



- I.1. Professional and technical staffing of the Veterinary Services
- I.2. Competencies of veterinarians and veterinary para-professionals
- I.3. Continuing education
- I.4. Technical independence
- I.5. Stability of structures and sustainability of policies
- I.6. Coordination capability of the Veterinary Services
- I.7. Physical resources
- I.8. Operational funding
- I.9. Emergency funding
- I.10. Capital investment
- I.11. Management of resources and operations
- II.1. Veterinary laboratory diagnosis
- II.1. B. Leg., laboratory diagnosis. Sustainability of nat. Lab. infrastructures
- II.2. Laboratory quality assurance
- II.3. Risk analysis
- II.4. Quarantine and border security
- II.5. Epidemiological surveillance and early detection. Outgoing – B. Active
- II.6. Emergency response
- II.7. Disease prevention, control and eradication
- II.8. Food safety – A. authorization, B & C. inspection
- II.9. Veterinary medicines and biologicals
- II.10. Residue testing
- II.11. Animal feed safety
- II.12. Identification and traceability – A. animal, B. Products

III – 1. Communication

- III.3. Official representation
- III.4. Accreditation / authorization / delegation
- III.5. Veterinary Statutory Body – A. Authority, B. Capacity
- III.6. Participation of producers and interested parties in joint programs
- IV.1. Preparation of legislation and regulations
- IV.2. Implementation of legislation and regulations and compliance thereof
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- IV.4. International certification
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- IV.6. Transparency
- IV.7. Zoning
- IV.8. Com partitionalisation

Joint Communication: Madagascar, Apr. 2008



Joint Communication: Madagascar, Apr. 2008

Milaza ho mahafehy ny aretin' omby ny fanjakana

Nivoaka tamin' ny fahanginany ny fitondrana malagasy nandaloana ny fihazaky ny aretin' omby "Arbovirose". Na teo aza ny omby sy olona marin' io aretina io, dia milaza ho mahafehy ny fihazaky ny aretina ny fanjakana.

N' iara-nanome antoka ny mpanjifa sy ny mpiompy ny ministra Ramanielina Parja Amend sy ny ministra Jean Louis Robinson omaly teisy Ambohidahy. Samy nana-maly ireto tompondraika-rao irehibe ao amin' ny governemanta ireto fa voafehy tantaraka ny aretin' omby "Fièvre de la Vallée du Rift" ao anatin' ny karazan' ilay aretina "Arbovirose" amin' izao fotoana izao. "Afaka mahitana han' omby ampitaniana ny mpanjifa", hoy ingahy ministiry ny Fahasalmana. "Na izany aza aza dia aoka mba ho hena tsara masaka fomba



Vidiny : 100 aritany

Ao raha

Gazety mivokatra isan' andro

Ahahany 15 Mai 2008

Lokanantsa 0424

FAHASALAMANA

Milaza ho mahafehy ny aretin' omby ny fanjakana

P 4

NY MINISTRA NY LAHY MANOMBY NY FIVAZAKY NY ARETINA OMBY.

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

TAFEVERINA I AHMAD

Nivoaka sempotra ny baolina kitra

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 tranquillité. L'annonce a été faite, hier, à Ambohidahy.

« **L**A fièvre de la Vallée du Rift (FVR) est maîtrisée. On peut maintenant consommer de la viande de bœuf. » Cette déclaration est venue du ministre de l'Agriculture, de la Pêche, de l'Élevage et de la Chasse, Armand Panja Ramanielina, hier, à Ambohidahy, lors d'une conférence de presse. Cette annonce est venue après un comité d'urgence présidé par le ministre de l'Agriculture, de la Pêche, de l'Élevage et de la Chasse, Armand Panja Ramanielina, et le ministre de la Santé, Jean Louis Robinson, qui ont tenu une conférence de presse hier, à Ambohidahy, pour annoncer que le risque de contamination par la FVR est maîtrisé et que la viande de bœuf peut être consommée en toute tranquillité.



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

Etienne Ramasandry, propriétaire d'un abattoir à Ampelaka. Par ailleurs, de nombreux consommateurs demeurent encore réticents. « Je n'ose pas encore acheter de la viande de bœuf malgré cette nouvelle. La maladie est toujours présente et fait peur. Les bouchers chargent d'ailleurs les boîtes d'hygiène », lance, prudent, Antoinette Maharavo, une mère de famille qui vient d'acheter de la viande de la semaine à Anankily.

Moro Hainoa Rakotosoheno

Relation de cause à effet

Questions sur la mort de dix-sept personnes, le ministre de la Santé, Jean Louis Robinson, a été interrogé hier par la presse. Ces personnes sont décédées en juillet avec 100 jours de fièvre à l'appel. Quant au ministre de l'Agriculture, il a souligné tout d'abord que les personnes qui veulent que la FVR soit arrêtée en même temps que les chèvres importées. La maladie a été éliminée de Madagascar alors que les chèvres sont arrivées dans le pays.

LE QUOTIDIEN

Quotidien d'information de langue française - Site web : www.lequotidien.mg N° : 12190 Prix : 200 Fr Jeudi 15 Mai 2008



SANTÉ PUBLIQUE

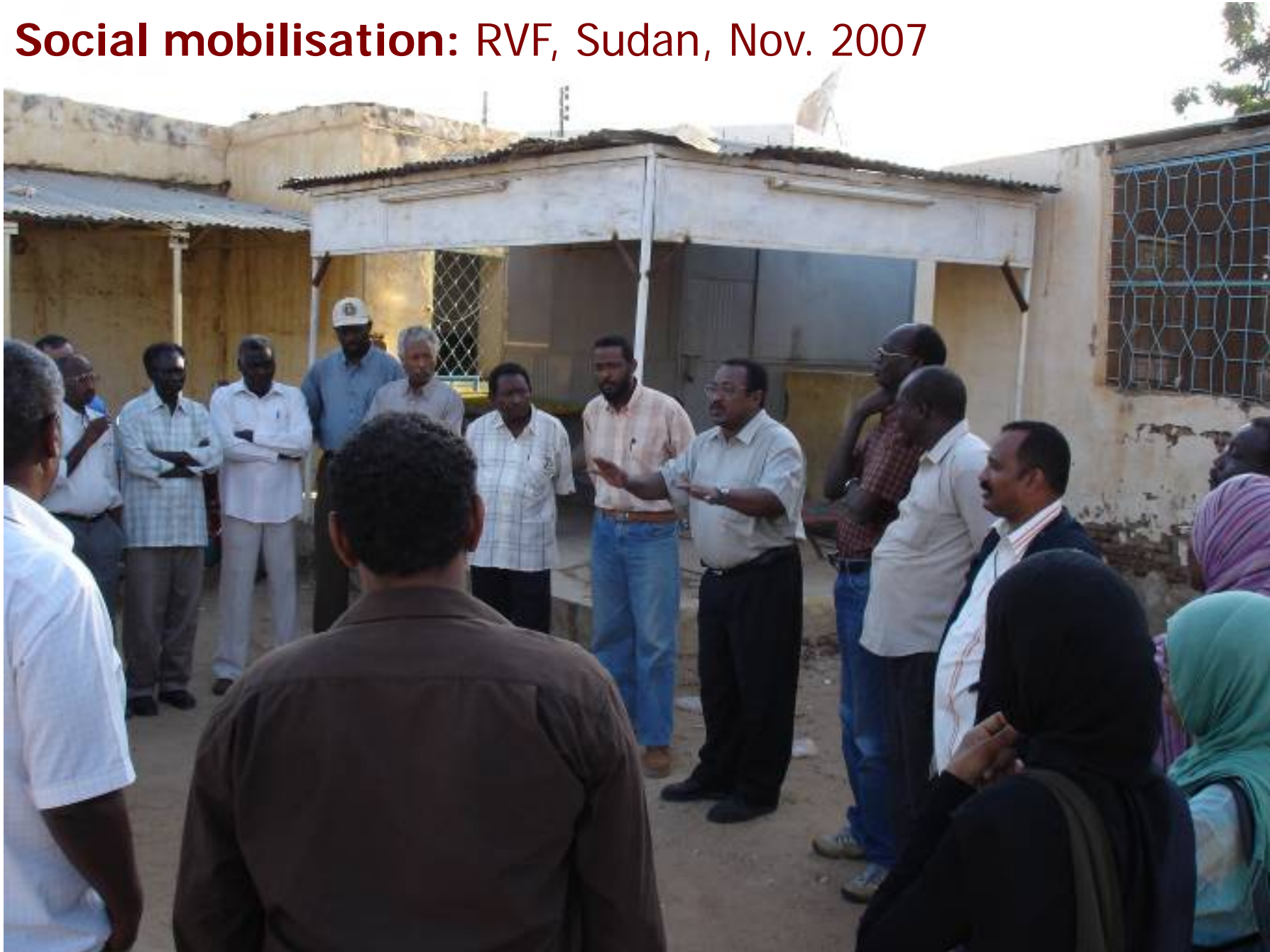
FIÈVRE DE LA VALLÉE DU RIFT : EPIDÉMIE MAÎTRISÉE. LA VIGILANCE RESTE DE MISE



FOOTBALL

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

Social mobilisation: RVF, Sudan, Nov. 2007



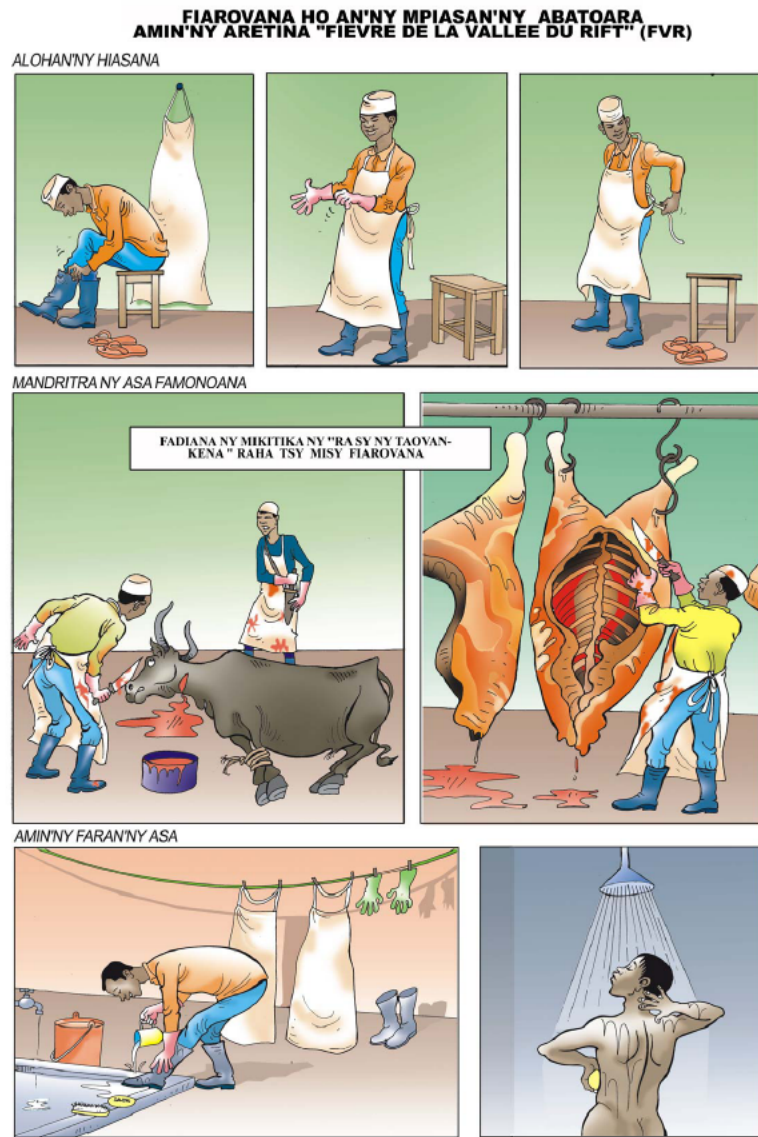
Joint Communication: Madagascar, Apr. 2008

The social and cultural aspects are usually underestimated or neglected when they are key. The support of medical anthropology is highly beneficial.





Joint Communication: Madagascar, Apr. 2008



ADY AMIN'NY FIRONGATRY NY VALAN'ARETINA FIEVRE DE LA VALLEE DE RIFT (FVR)

FEPETRA FISOROHANA NY FVR HO AN'NY MPANJIFA

FADIO NY MIHINANA HENA AVY AMIN'NY BIBY NARARY NA MATY HO AZY

SASAO MADIO AMIN'NY RANO SY SAVONY NA LAVENONA NY TANANA SY NY FITAOVANA REHETRA ALOHA SY AORIAN'NY FIKARAKARANA SAKAFO

HENA AZO ANTOKA AVY AMIN'NY BIBY FANTA-PIAVIANA ARY MISY FITOMBOKY NY VETERINERA VIDIANA

AMPANGRENEO NY TOMPON'ANDRAIKITRA RAHA MISY HENA MAMPIAHIAHY

ATAOVY TSARA MASAKA NY HENA

AMPANGOTRAHY TSARA NY RONONO VAO SOTROINA

Ry mpanjifa, tadidio fa "hena azo antoka" sy "sakafy tsara masaka" no miaro anao amin'ny aretina FVR!

Social mobilization: Mauritania, Jan. 2011

Moughataa of Ouadane, ADRAR

FAO, WHO, UNICEF with the support of a local NGO

Delivering the messages in schools is an efficient way to reach remote breeders families

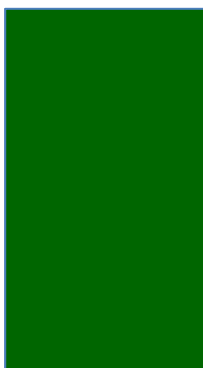


INDICATORS IN THE IHR MF

Preparedness	A Multi-hazard National Public Health Emergency Preparedness and Response Plan is developed. And implemented
Risk	<p>Priority public health risks and resources are mapped and utilised</p>
CDI	
HR capacity	
Laboratory	

I – 11. Management of resources and operations

I.1. Professional and technical staffing of the Veterinary Services
I.2. Competencies of veterinarians and veterinary para-professionals
I.3. Continuing education
I.4. Technical independence
I.5. Stability of structures and sustainability of policies
I.6. Coordination capability of the Veterinary Services
I.7. Physical resources
I.8. Operational funding
I.9. Emergency funding
I.10. Capital investment
I.11. Management of resources and operations
II.5. Epidemiological surveillance and early detection. <u>A. Passives</u> – B. Active
II.6. Emergency response
II.7. Disease prevention, control and eradication
II.8. Food safety – A. authorisation, B. & C. inspection
II.9. Veterinary medicines and biologicals
II.10. Residue testing
II.11. Animal feed safety
II.12. Identification and traceability – A. animal; B. Products
II.13. Animal welfare
III.1. Communications
III.2. Consultation with interested parties
III.3. Official representation
III.4. Accreditation / authorisation / delegation
III.5. Veterinary Statutory Body – A. Authority; B. Capacity
III.6. Participation of producers and interested parties in joint programs
IV.1. Preparation of legislation and regulations
IV.2. Implementation of legislation and regulations and compliance thereof
IV.3. International harmonisation
IV.4. International certification
IV.5. Equivalence and other types of sanitary agreements
IV.6. Transparency
IV.7. Zoning
IV.8. Com pathn entialisation



Simulation exercises: Zagreb, June 2011



Joint use of the results of the PVS Pathway and IHR MF



1 - Presentation of the results of the last IHR monitoring and recent PVS/GAP missions



Scenarios proposed to the Working groups

- 1 – A case of rabies, which has been confirmed in a dairy cow recently inseminated and regularly milked, generates panic in the population
- 2 - H7N9 was confirmed in a vet who returns from a conference in China and lives in the northern part of Thailand
- 3 -...

2 - Working group sessions on cases scenario used to identify gaps at the interface between sectors

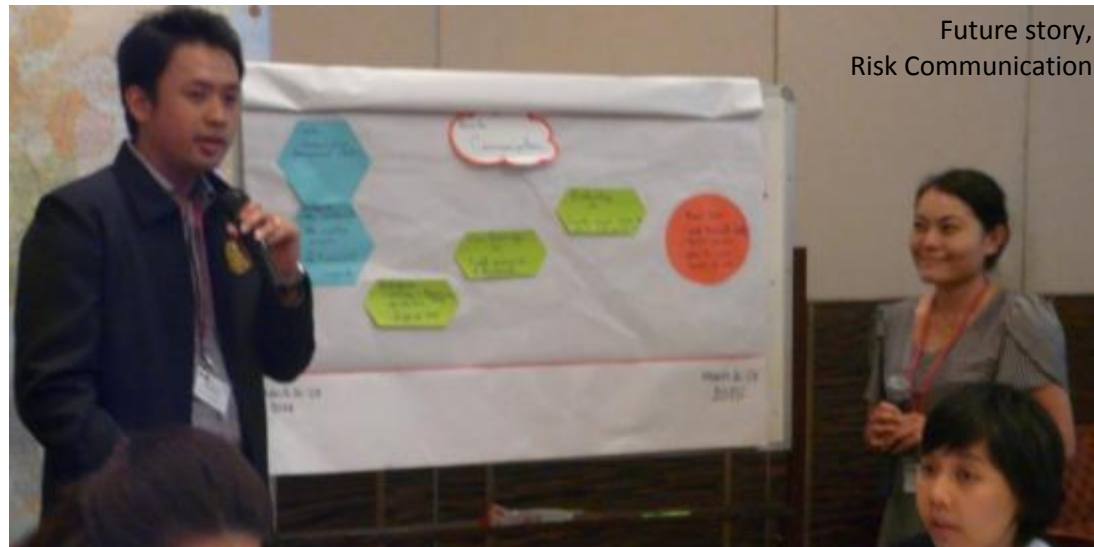
Joint use of the results of the PVS Pathway and IHR MF



Cluster of frequently identified gaps

3 - Positioning the identified gap on the matrix helps to highlight areas of priority

Joint use of the results of the PVS Pathway and IHR MF



4 - Main gaps are discussed and corrective actions proposed

In Thailand, several intersections frequently reported as gaps in the collaborations:

- **Risk communication** (CC PVS III.1 / CC IHR 6)
- Joint **epidemiological investigation** between human and animal (CC PVS II.7 / CC IHR 4)
- **Risk assessment** (CC PVS II.3 / CC IHR 4)
- Joint **surveillance** (CC PVS II.5 / CC IHR 3)

Area	Risk communication	Joint investigation	Risk assessment	Joint surveillance
Gaps	Lack of SOPs for efficient crisis communication	Lack of operational joint SOPs	Lack of joint framework for risk assessment, limited knowledge on RA	Need to strengthen surveillance
Activities	<ul style="list-style-type: none"> - Create an ad hoc working group - Define policy, guidelines, draft of SOPs - ... 	<ul style="list-style-type: none"> - Definition of contingency plan, joint exercise, use and coordination of alert system - ... 	<ul style="list-style-type: none"> - Conception of the framework: event database, data information, pilot model - ... 	<ul style="list-style-type: none"> - Meeting to develop a guidelines to define a relevant surveillance plan and strengthen knowledge of local officers - ...
Expected outcomes	<ul style="list-style-type: none"> - A finalized SOP on risk communication - Trained staff to apply this SOP 	<ul style="list-style-type: none"> - A Guidance for joint investigation - Integrated contingency plan - Well-designed reporting system 	<ul style="list-style-type: none"> - A clear and effective framework for RA - Relevant human resources 	<ul style="list-style-type: none"> - Effective team and good guidelines to define and organize relevant surveillance

5 – First steps toward a roadmap

WHO-OIE Operational Framework on Good Governance of human and animal health services



Part 1

1. Foundations and Key References for Good Governance at the Human-Animal Interface

- 1.1. Global legal basis for early warning and notification
- 1.2. Global references and standards for the development of national capacities for early detection and response

2. Sharing responsibilities

- 2.1. Common References
- 2.2. Bridging the frameworks
- 2.3. Enhancing alignments

WHO-OIE Operational Framework on Good Governance of human and animal health services



Part 2

1. Introduction to the IHR MF & OIE PVS Pathway and their Synergies

- 1.1. The IHR Framework and Monitoring Tool
- 1.2. The OIE PVS Pathway
- 1.3. Synergies, differences and converging areas
- 1.4. Learning from countries' experiences to develop a methodological approach to optimise collaboration at the human-animal interface at national level

2. Assessment and Monitoring Tools

- 2.1. OIE PVS Evaluation, Manuals and Tool
- 2.2. Review of the IHR Monitoring Framework Questionnaire and linkages to the PVS Tool

3. Costing Tools

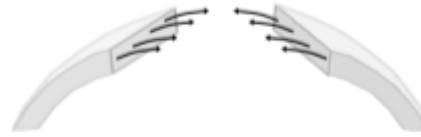
- 3.1. OIE PVS Gap Analysis Mission, Manuals and Tools
- 3.2. IHR Costing Tool

4. Laboratory tools

- 4.1. OIE PVS Pathway Laboratory Mission, Manual and Tools
- 4.2. WHO Laboratory Assessment Tool
- 4.3. Synergies and complementarities of the laboratory tools



Gaps identified



**Disease-specific
Control Program**



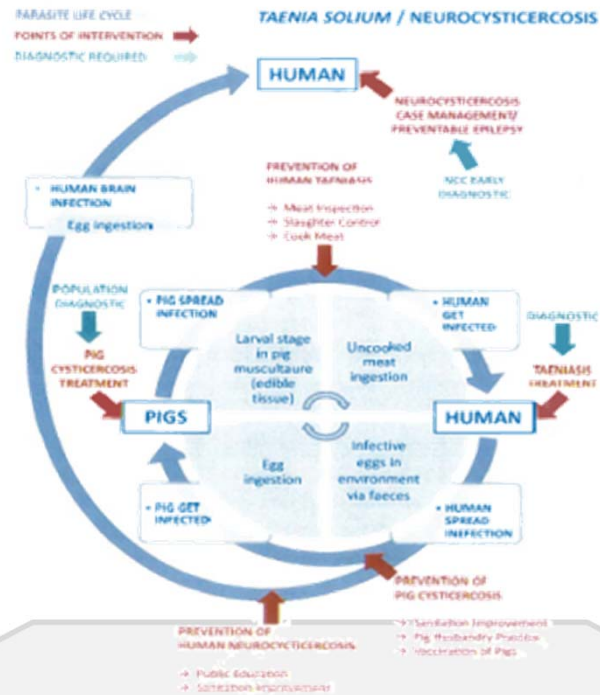
**Capacity building
Technical support**



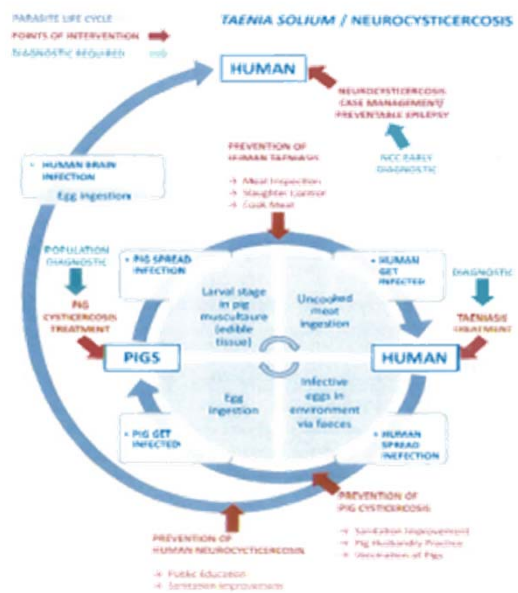
Adjustment to specific disease control programs

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

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

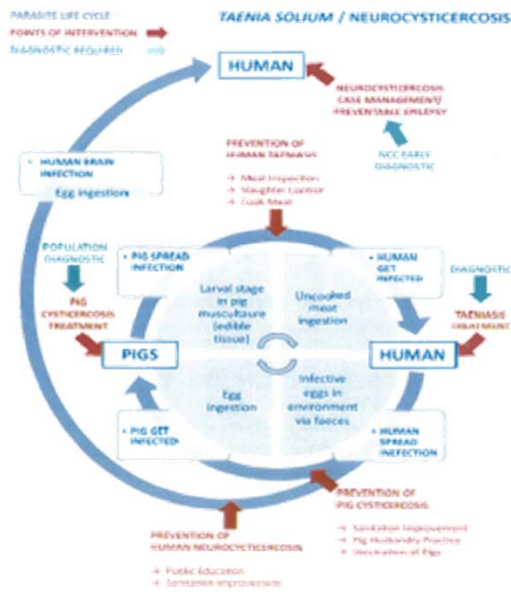


The most relevant competencies to discuss are identified by subject-matter experts



		Human, physical and financial resources	Technical authority and capability	Interaction with stakeholders	Access to market
		I.1 Professional and technical staff of the Veterinary Services			
		I.2 Competencies of veterinarians and veterinarians-in-professionals			
		I.3 Continuing education			
		I.4 Technical incidence			
		I.5 Stability of structures and sustainability of policies			
		I.6 Coordination capability of the Veterinary Services			
		I.7 Physical resources			
		I.8 Operational funding			
		I.9 Emergency funding			
		I.10 Capital investment			
		I.11 Management of resources and operations			
		II.1 Veterinary laboratory diagnostic			
		II.2 Laboratory quality assurance			
		II.3 Risk analysis			
		II.4 Quarantine and border security			
		II.5 Epidemiological surveillance and early detection			
		II.6 Emergency response			
		II.7 Disease prevention, control and eradication			
		II.8 Food safety			
		II.9 Veterinary medicines and biologicale			
		II.10 Residue testing			
		II.11 Animal welfare			
		II.12 Identification and traceability			
		II.13 Animal welfare			
		III.1 Communications			
		III.2 Consultation with interested parties			
		III.3 Official representation			
		III.4 Accreditation / authorization / delegation			
		III.5 Veterinary Station Body			
		III.6 Participation of producers and interested parties in pilot programs			
		IV.1 Preparation of legislation and regulations			
		IV.2 Implementation of legislation and regulations and compliance thereof			
		IV.3 International harmonization			
		IV.4 International certification			
		IV.5 Evaluation and other types of sanitary assessments			
		IV.6 Trade arena			
		IV.7 Zoning			
		IV.8 Certification			
National legislation, policy & financing	Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR Funding is available and accessible for implementing IHR NFP functions and IHR core capacity strengthening.				
Coordination and NFP communications	A mechanism is established for the coordination of relevant sectors in the implementation of IHR. IHR NFP functions and operations are in place as defined by the IHR (2005).				
Surveillance	Indicator based, surveillance includes an early warning function for the early detection of a public health event. Event based surveillance is established.				
Response	Public health emergency response mechanisms are established and functioning				

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



	Human, physical and financial resources	Technical	Regulatory	Interaction with stakeholders	Access to market
	L.1 Professional and technical staff of the Veterinary Services	L.2 Competencies of veterinarians and veterinarians-auxiliaries	L.3 Contribution education	L.4 Technical incidence	L.5 Stability of structures and sustainability of policies
	L.6 Coordination capability of the Veterinary Services	L.7 Physical resources	L.8 Operational function	L.9 Emergency function	L.10 Capital investment
	L.11 Management of resources and operations	L.12 Veterinary laboratory diagnosis	L.13 Laboratory quality assurance	L.14 Quarantine and border security	L.15 Identification and traceability
	L.16 Risk analysis	L.17 Animal welfare	L.18 Communication	L.19 Consultation with interested parties	L.20 Official representation
	L.21 Accreditation / authorization / delegation	L.22 Veterinary Sanitation Body	L.23 Participation of producers and interested parties in initiatives	L.24 Preparation of legislation and regulations	L.25 Implementation of legislation and regulations and compliance thereof
	L.26 International harmonization	L.27 International certification	L.28 Evaluation and other forms of alignment	L.29 Trade agreement	L.30 Governmentalization
National legislation, policy & financing					
Coordination and NFP communications				+	+
Surveillance	Indicator based, surveillance includes an early warning function for the early detection of a public health event.				
	Event based surveillance is established.				
Response	Public health emergency response mechanisms are established and functioning				

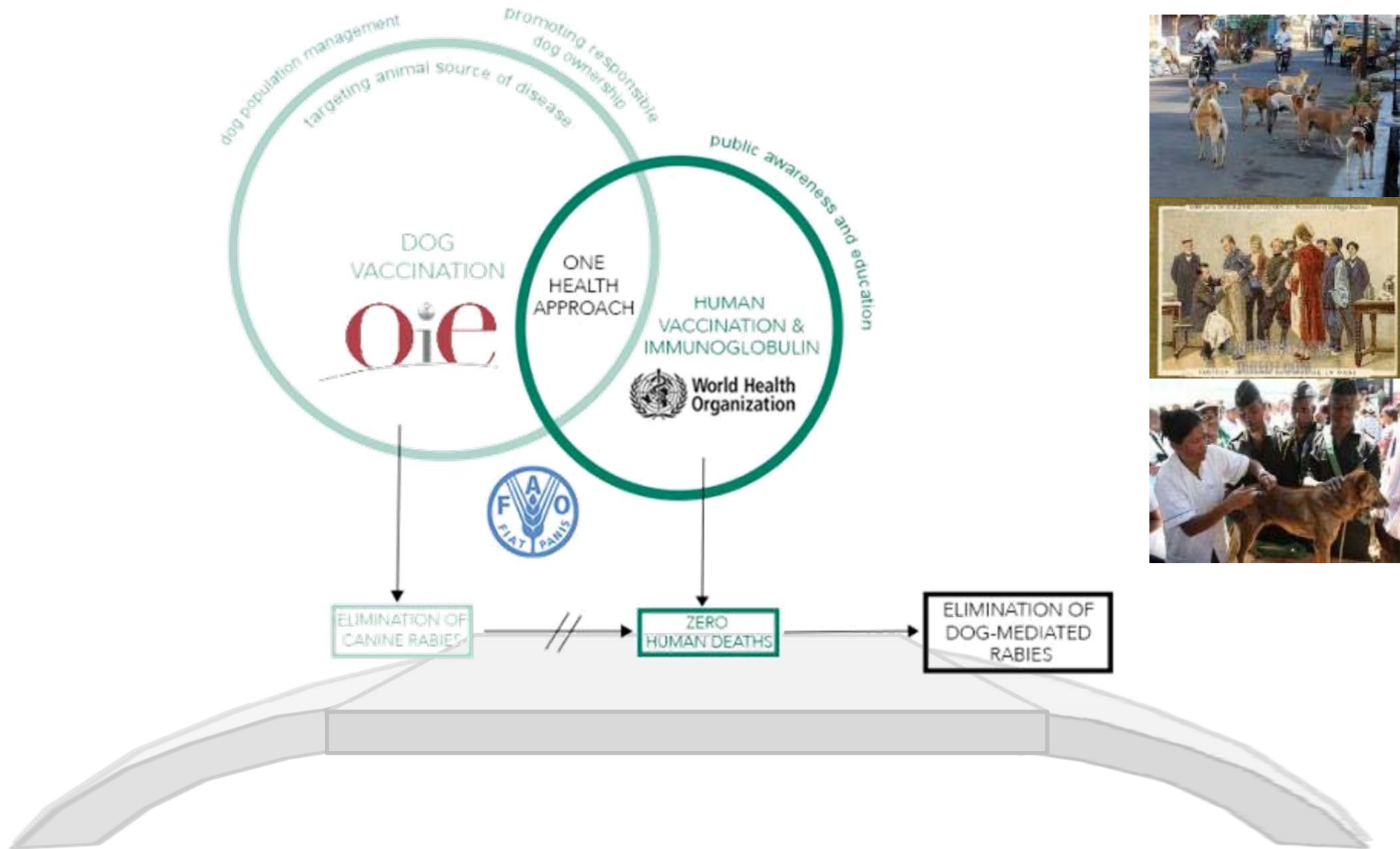
II -7. Prevention, control and eradication of diseases

+

Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation

RABIES, THE 100% PREVENTABLE ZOOONOTIC NTD

optimised supply + coordination = expedited achievement of zero deaths



Thank you for your interest and support



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