



PVS Tool Presentation

From the Evaluation methodology to the 45

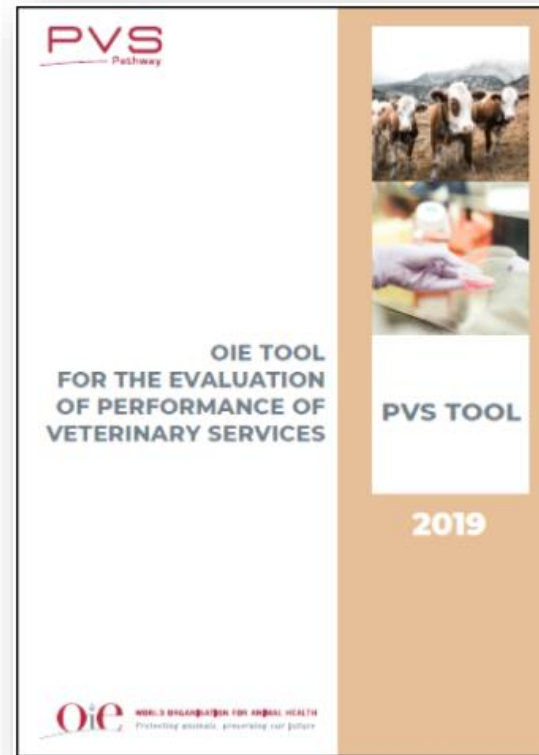
Critical Competencies (CCs)

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PVS Pathway expert

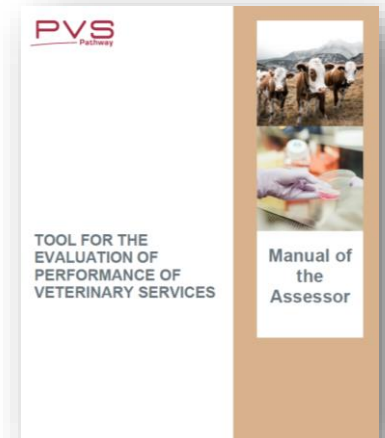
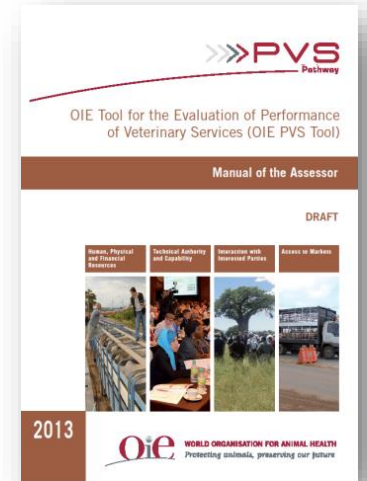
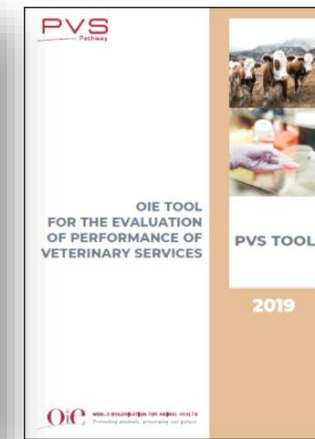
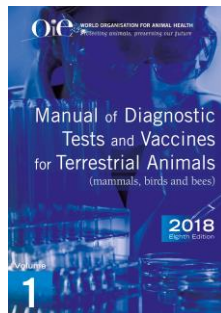
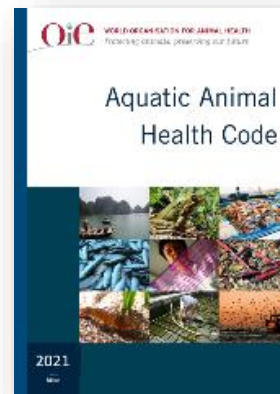
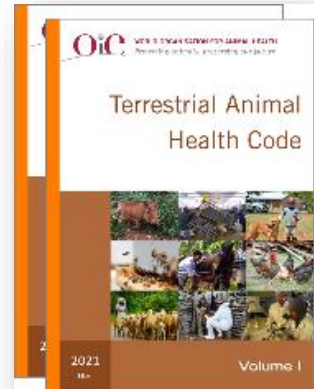
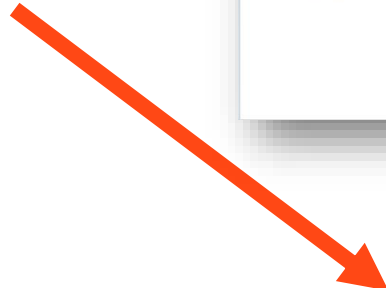
PVS Pathway Regional Orientation Training Workshop for Middle East
06-09 February 2023,
Amman, Jordan

PVS Tool - Objectives

- The PVS Tool is designed to assess the performance of the VS by:
 - Evaluating
 - VS against TAHC standards
 - AAHS against AAHC standards
 - Identifying gaps and weaknesses in complying with WOAH International Standards
 - Working with interested parties to develop a shared vision
 - Identifying strategic initiatives and establishing priorities



- TAHC, AAHC, Terrestrial and Aquatic Manuals provide standards for animal health and welfare



- A standardised methodology
 - ❖ Reliable
 - ❖ Accurate
 - ❖ Comparable
- Manuals
 - ❖ The Tools
 - ❖ For the Assessors

Independent Evaluation

- ❖ Provides national and international support of the VS
- ❖ Performed using highly-qualified Experts

Bilateral Negotiations

- ❖ Evaluates an exporting country's VS to assist in trade negotiations
- ❖ Undertaken by mutual agreement

Self-Evaluation

- ❖ Assesses country's own VS performance
- ❖ Undertaken by national experts with input by external Experts, if requested





Zooming in on the Terrestrial PVS Tool 2019 Edition...





Veterinary Services*

Governmental and Non-Governmental Organisations that implement

- Animal health and welfare measures
- Other standards and recommendations, as in the TAHC and AAHC
- Are under the overall control and direction of the Veterinary Authority
- Private sector veterinarians and organisations including Veterinary para-professionals, Aquatic animal health professionals
 - Normally accredited by the Vet. Authority

Veterinary Authority*

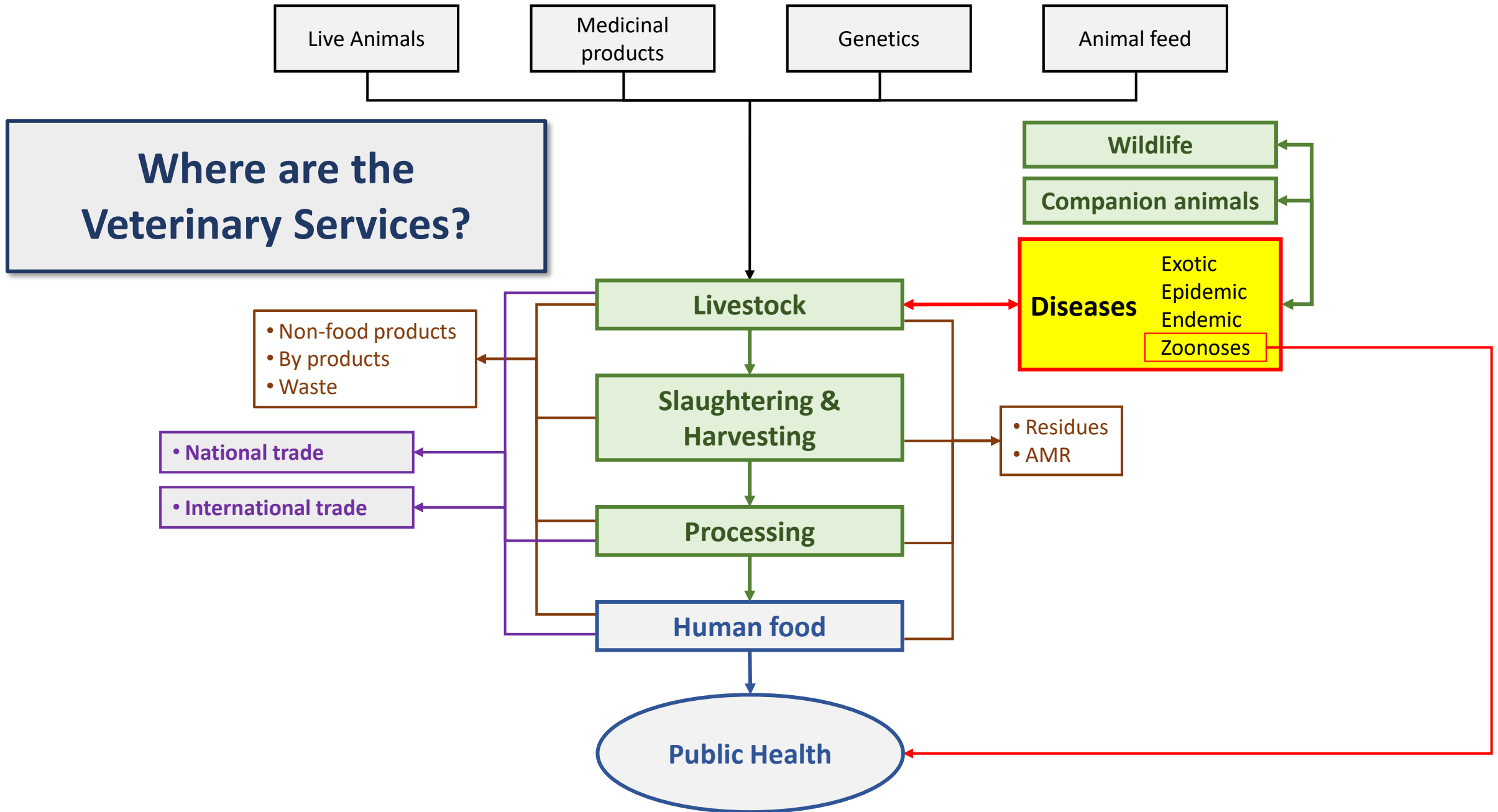
The Governmental Authority with responsibility for

- The implementation of animal health and welfare
- International veterinary certification
- Other standards and recommendations of the TAHC and AAHC and AAHC

Competent Authority*

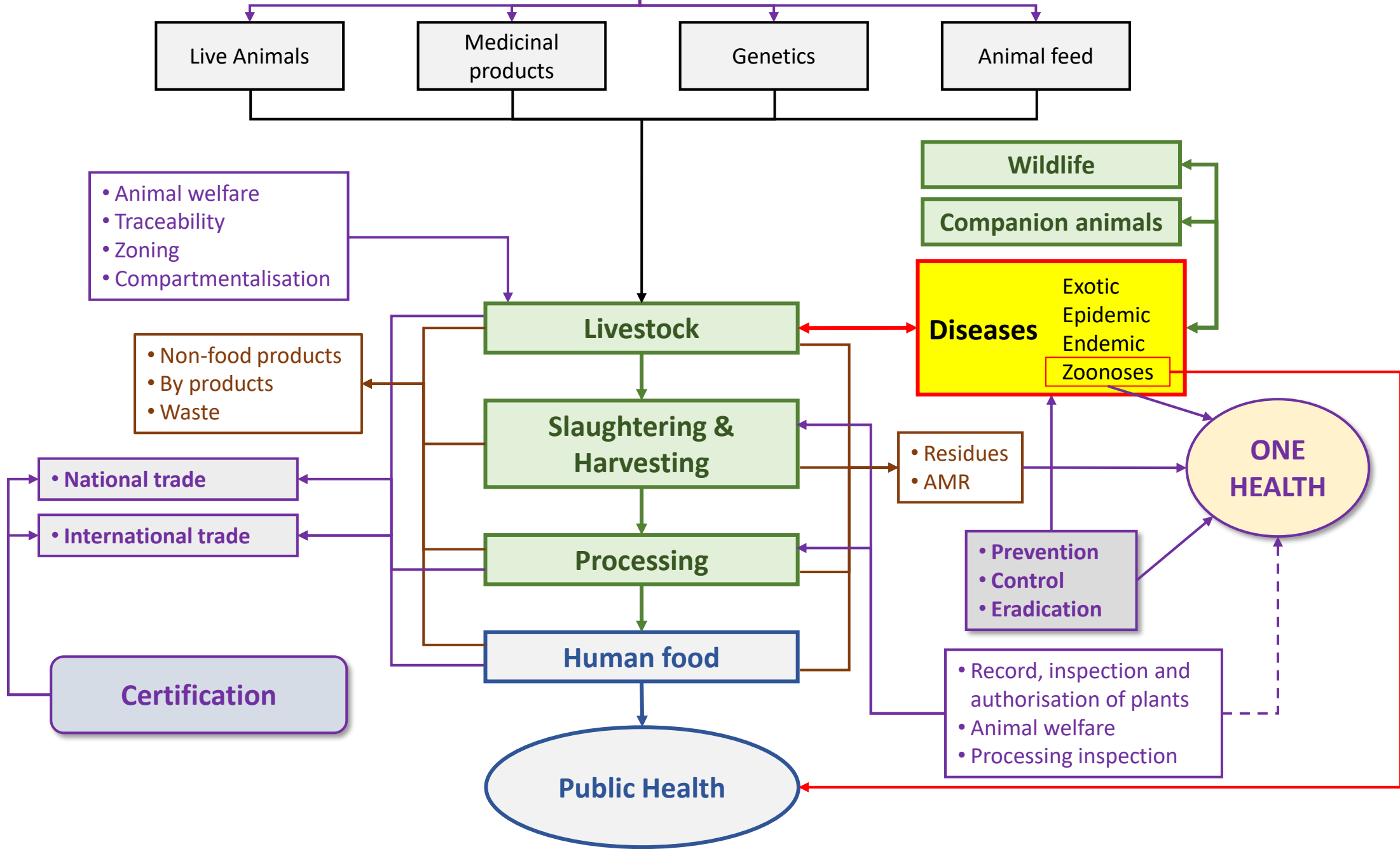
The Veterinary Authority, or other Authority, with responsibility for

- The implementation of animal health and welfare
- International veterinary certification
- Other standards and recommendations of the TAHC and AAHC



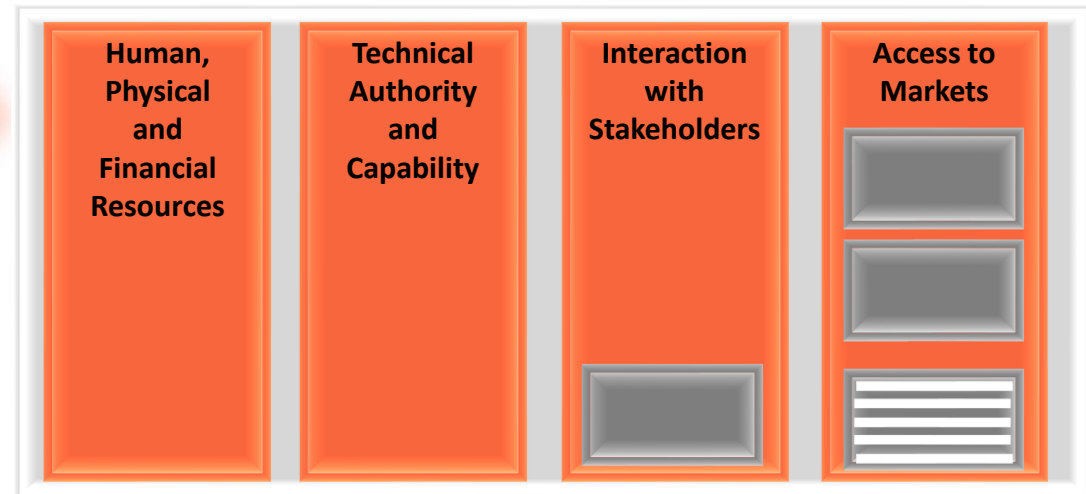
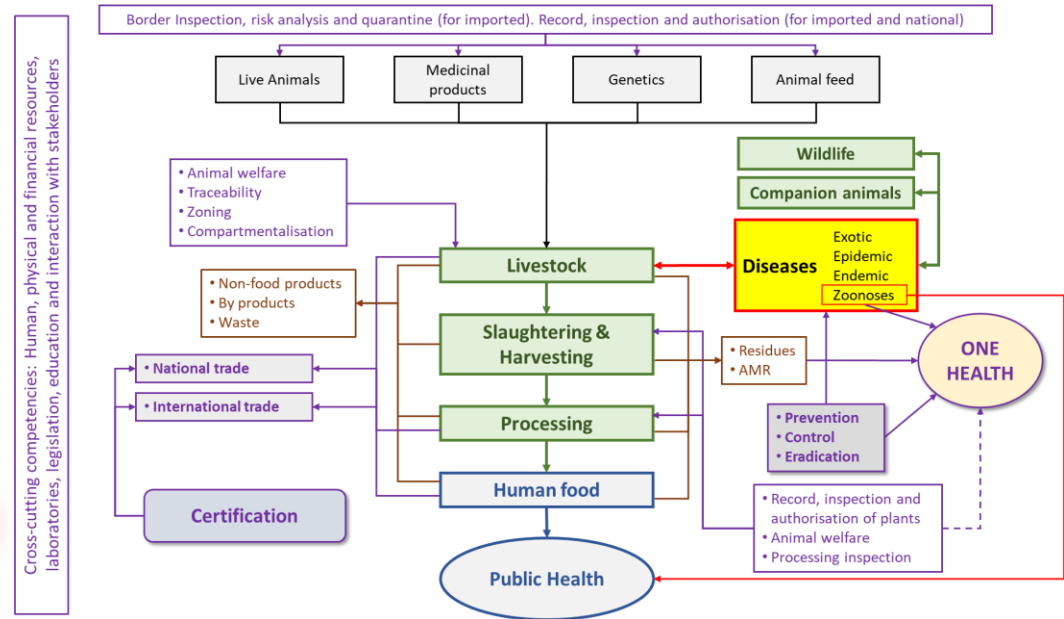
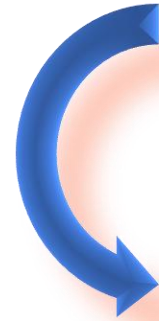
Cross-cutting competencies: Human, physical and financial resources, laboratories, legislation, education and interaction with stakeholders

Border Inspection, risk analysis and quarantine (for imported). Record, inspection and authorisation (for imported and national)

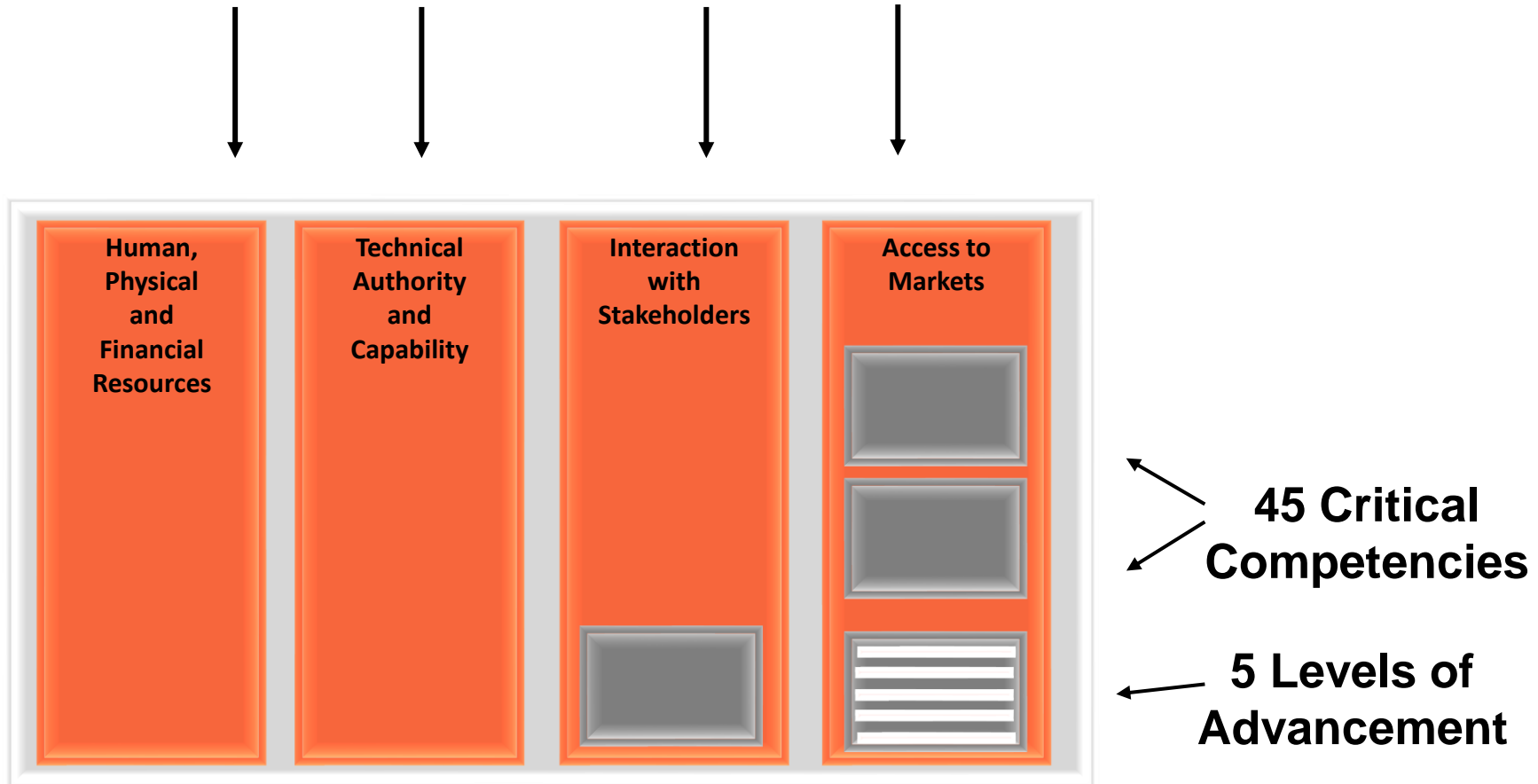




- ❖ Complex
- ❖ Develop categories and assessment criteria for the Veterinary Domain
 - ✓ 45 ‘Critical Competencies’
 - ✓ 4 ‘Fundamental Components’



4 Fundamental Components



A Critical Competency (CC) is:

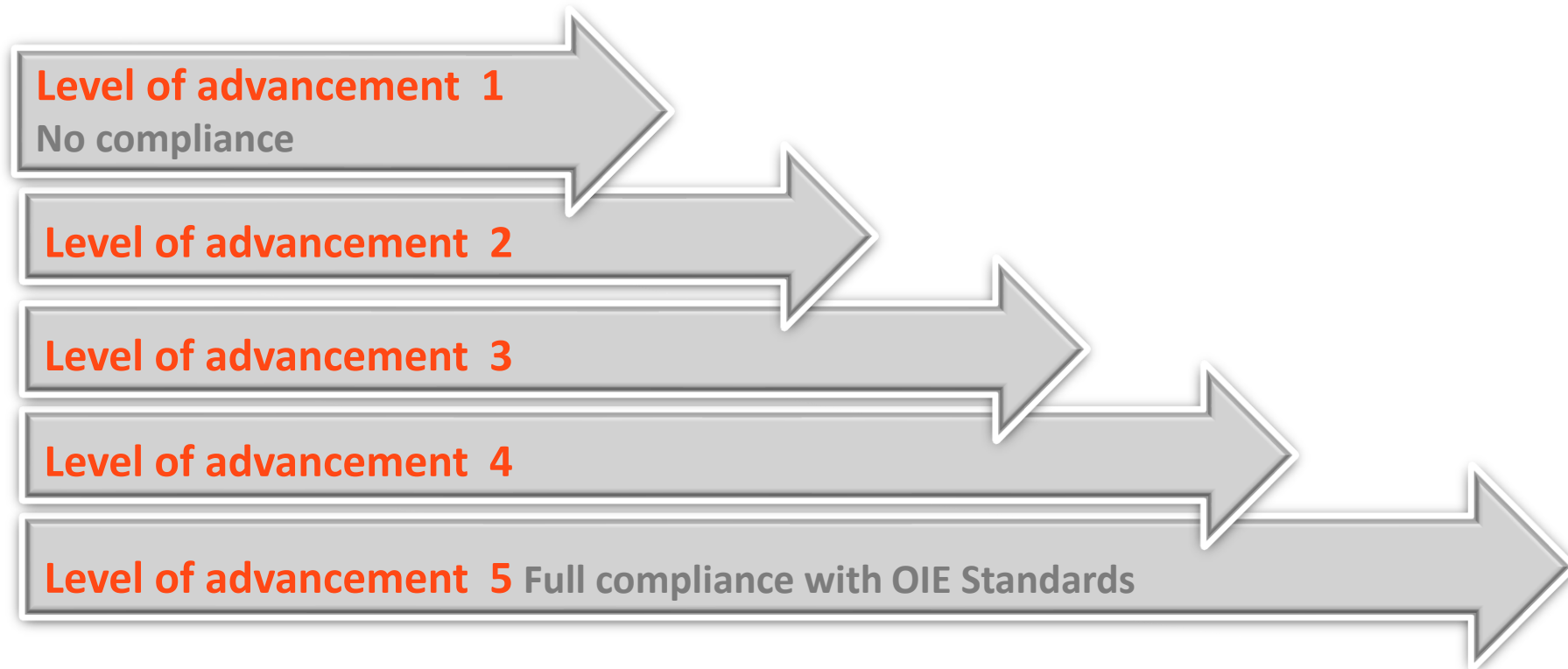
‘a specific competency required for the VS to comply with WOH standards’

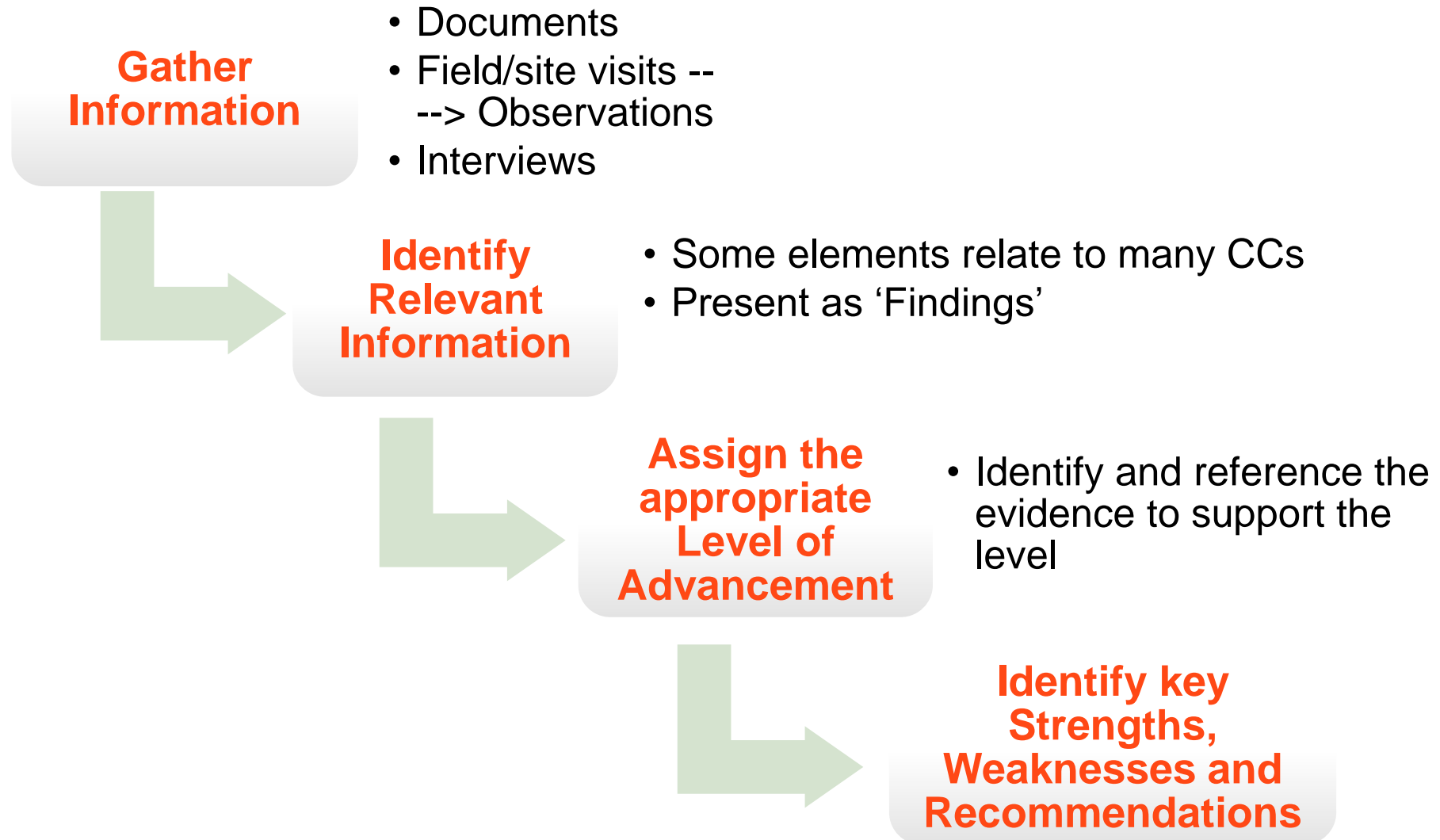
For example : 1.7 Physical resources and capital investment

The access of the VS to functional and well-maintained physical resources including buildings, transport, information technology (e.g. internet access), cold chain, and other necessary equipment or structures. This includes whether major capital investment is available.



- ❑ **5 Levels** of Advancement for each Critical Competency
- ❑ Progressive: a higher Level assumes **compliance with all preceding levels**
- ❑ Increasing compliance with WOAHP Standards







- Definition
- Level of Advancement
- Previous PVS results
- Findings
- Key changes
- Strengths
- Weaknesses
- Recommendations
- Evidence

I-3 Continuing education (CE) <i>The capability of the VS to maintain, update and improve the knowledge, attitudes and skills of their personnel, through an ongoing staff training and development programme assessed on a regular basis for relevance and targeted skills development.</i>	Levels of advancement
	1. The VS have no access to veterinary or paraprofessional CE.
	2. The VS have access to CE (internal and/or external training) on an irregular basis but it does not take into account needs, or new information or understanding.
	3. The VS have access to CE that is reviewed and sometimes updated, but it is implemented only for some categories of veterinary professionals and paraprofessionals.
	4. The VS have access to a CE programme that is reviewed annually and updated as necessary, and is implemented for all categories of veterinary professionals and paraprofessionals.
	5. The VS have up-to-date CE that is implemented or is a requirement for all relevant veterinary professionals and paraprofessionals and is subject to dedicated planning and regular evaluation of effectiveness.

Results from Previous PVS Pathway Missions:

(Example only – team to complete)

- PVS Evaluation (2007) - Level 2
- PVS Gap Analysis (2009) – Level 3 (5-year target)
- PVS Evaluation Follow-Up (2012) - Level 3
- PVS Gap Analysis (Update, 2014) - Level 4 (5-year target)

Findings:

Narrative

Key Changes from 20XX to 20XX (year of last PVS Evaluation/Follow-up mission) to (year of current mission):

Max. 2-3 dot points

- Bullet point 1

Strengths:

- Bullet point 1

Weaknesses:

- Bullet point 1

Recommendations:

- Bullet point 1

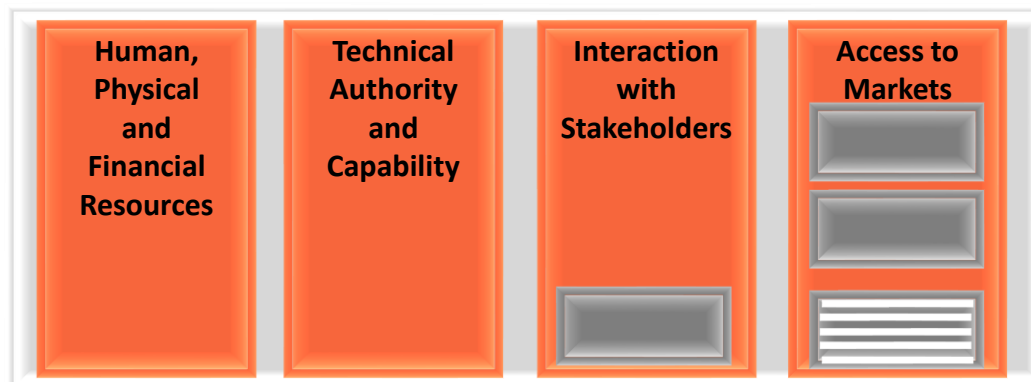
Evidence (as listed in Appendix 6):

I. Human, Physical and Financial Resources

II. Technical Authority and Capability

III. Interaction with Stakeholders

IV. Access to Markets



I

I. Human, Physical and Financial Resources

- CC I-1 Professional and technical staffing of the Veterinary Services
- CC I-2 Competency and education of veterinarians and veterinary paraprofessionals
- CC I-3 Continuing education
- CC I-4 Technical independence
- CC I-5 Planning, sustainability and management of policies and programmes
- CC I-6 Coordination capability of the Veterinary Services
- CC I-7 Physical resources and capital investment
- CC I-8 Operational funding
- CC I-9 Emergency funding

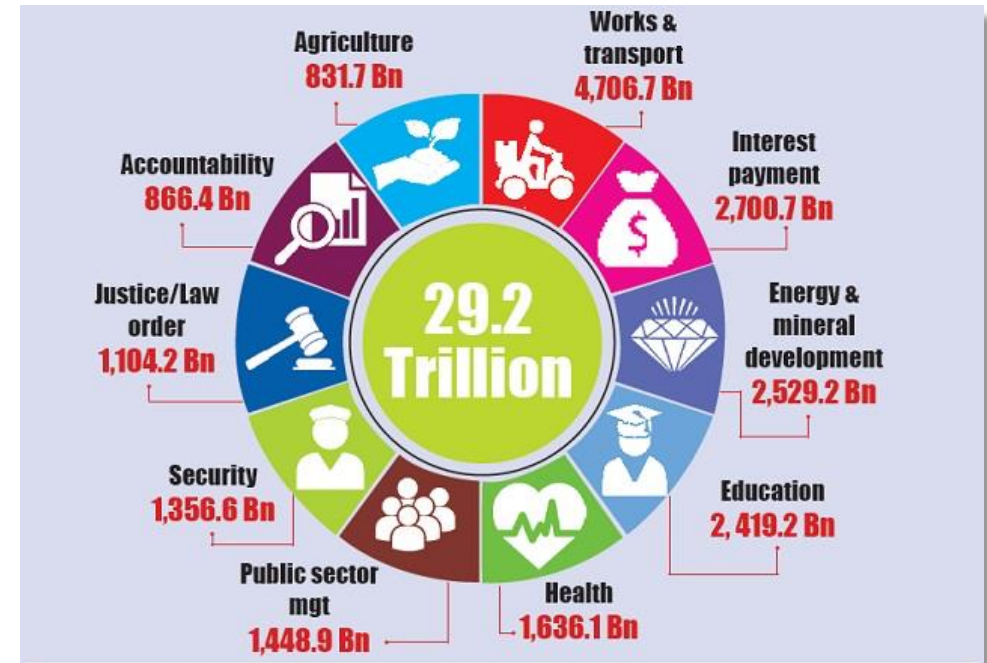
- CC I-1A&B Staffing: Veterinary and other professionals (university qualified)
/ veterinary paraprofessionals
- CC I-2A&B Competency and education of veterinarians /veterinary
paraprofessionals
- CC I-3 Continuing education



- CC I-4 Technical independence
- CC I-5 Planning, sustainability and management of policies and programmes
- CC I-6A&B Coordination capability of the Veterinary Services
internal coordination (chain of command)/ external coordination
(including the One Health approach)



- CC I-7 Physical resources and capital investment
- CC I-8 Operational funding
- CC I-9 Emergency funding





II. Technical Authority and Capability

- CC II-1 Veterinary laboratory diagnosis
- CC II-2 Risk analysis and epidemiology
- CC II-3 Quarantine and border security
- CC II-4 Surveillance and early detection
- CC II-5 Emergency preparedness and response
- CC II-6 Disease prevention, control and eradication
- CC II-7 Animal production food safety
- CC II-8 Veterinary medicines and biologicals
- CC II-9 Antimicrobial resistance and antimicrobial use
- CC II-10 Residue testing, monitoring and management
- CC II-11 Animal feed safety
- CC II-12 Identification, traceability and movement control
- CC II-13 Animal welfare

CC II-1A
CC II-1B
CC II-1C

Access to veterinary laboratory diagnosis
Suitability of the national laboratory system
Laboratory quality management systems (QMS)



- CC II-2 Risk analysis and epidemiology
- CC II-3 Quarantine and border security



- CC II-4A Surveillance and early detection – passive surveillance, early detection and epidemiological outbreak investigation
- CC II-4B Surveillance and early detection – active surveillance and monitoring
- CC II-5 Emergency preparedness and response
- CC II-6 Disease prevention, control and eradication



CC II-7A Regulation, inspection, authorisation and supervision of establishments for production and processing of food of animal origin

CC II-7B Ante- and post-mortem inspection



- CC II-8 Veterinary medicines and biologicals
- CC II-9 Antimicrobial resistance and antimicrobial use
- CC II-10 Residue testing, monitoring and management



CC II-11 Animal feed safety





CC II-12A Premises, herd, batch and animal identification, tracing and movement control

CC II-12B Identification, traceability and control of products of animal origin



CC II-13 Animal welfare





III. Interaction with Stakeholders

- CC III-1 Communication
- CC III-2 Consultation with stakeholders
- CC III-3 Official representation and international collaboration
- CC III-4 Accreditation / Authorisation / Delegation
- CC III-5 Regulation of the profession by the Veterinary Statutory Body
- CC III-6 Participation of producers and other stakeholders in joint programmes
- CC III-7 Veterinary clinical services



- CC III-1 Communication
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- CC III-4 Accreditation/authorisation/delegation
- CC III-5 Regulation of the profession by the Veterinary Statutory Body
- CC III-7 Veterinary clinical services

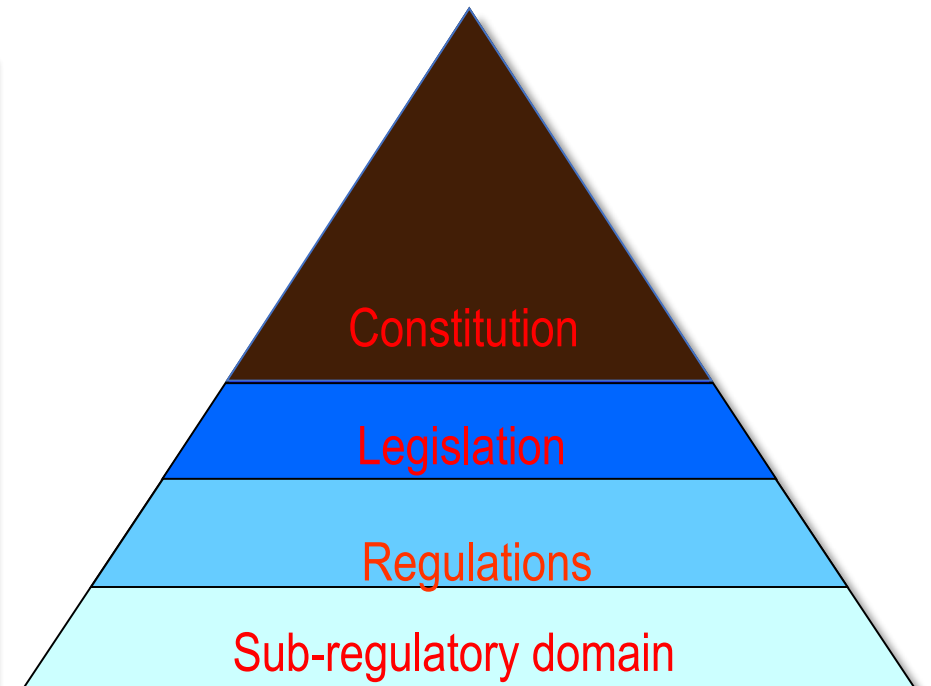


IV

IV. Access to Markets

- Section IV-1 Veterinary legislation
- Section IV-2 International harmonisation
- Section IV-3 International certification
- Section IV-5 Equivalence and other types of sanitary agreements
- Section IV-6 Transparency
- Section IV-7 Zoning
- Section IV-8 Compartmentalisation

- CC IV-1A Veterinary legislation – legal quality and coverage
- CC IV-1B Veterinary legislation – implementation and compliance
- CC IV-2 International harmonisation



- CC IV-3 International certification
- CC IV-4 Equivalence and other types of sanitary agreements
- CC IV-5 Transparency
- CC IV-6 Zoning
- CC IV-7 Compartmentalisation

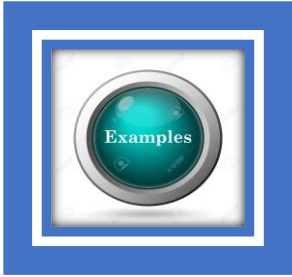




Examples

Critical Competencies (CCs)

EXAMPLES



EXAMPLE

This CC is divided into two sub-CC's:

- ➔ A. Passive surveillance, early detection and epidemiological outbreak investigation**
- B. Active surveillance and monitoring**

EXAMPLE

II-4. SURVEILLANCE ¹⁰ AND EARLY DETECTION	
DEFINITION	LEVELS OF ADVANCEMENT
<p>The authority and capability of the VS to determine, verify and report on the sanitary status of their animal populations, including <i>wildlife</i>, in a timely manner.</p> <p>A. Passive surveillance¹¹, early detection and epidemiological outbreak investigation</p> <p>A <i>surveillance</i> system based on a field animal health network capable of reliably detecting (by clinical or post mortem signs), diagnosing, reporting and investigating legally <i>notifiable diseases</i> (and relevant <i>emerging diseases</i>) in a timely manner.</p>	<p>1. The VS have very limited passive <i>surveillance</i> capacity, with no formal disease list, little training/awareness and/or inadequate national coverage. Disease <i>outbreaks</i> are not reported or reporting is delayed.</p>
	<p>2. The VS have basic passive <i>surveillance</i> authority and capacity. There is a formal disease list with some training/awareness and some national coverage. The speed of detection and level of investigation is variable. Disease <i>outbreak</i> reports are available for some species and diseases.</p>
	<p>3. The VS have some passive <i>surveillance</i> capacity with some sample collection and <i>laboratory</i> testing. There is a list of <i>notifiable diseases</i> with trained field staff covering most areas. The speed of reporting and investigation is timely in most production systems. Disease <i>outbreak</i> investigation reports are available for most species and <i>diseases</i>.</p>
	<p>4. The VS have effective passive <i>surveillance</i> with routine <i>laboratory</i> confirmation and epidemiological disease investigation (including tracing and pathogen characterisation) in most animal sectors, and covering producers, markets and slaughterhouses. There are high levels of awareness and compliance with the need for prompt reporting from all animal owners/handlers and the field VS.</p>
	<p>5. The VS have comprehensive passive <i>surveillance</i> nationwide providing high confidence in the <i>notifiable disease</i> status in real time. The VS routinely report <i>surveillance</i> information to producers, industry and other stakeholders. Full epidemiological disease investigations are undertaken in all relevant cases with tracing and active follow up of at-risk establishments.</p>

EXAMPLE

Sources of verification → Evidence



- Disease lists and maps; database and information management
- Priority and notifiable disease lists
- Animal populations and distribution
- Disease knowledge including zoonoses, epidemiology skills
- VS network and field services/officers; abattoirs, markets, etc.
- Private sector systems, reports, integration
- Reports/records of disease investigations, surveys, communications
- Sample collection and lab testing
- Legislation
- Animal ID and traceability
- Knowledge of OIE standards
- Audits, M&E

EXAMPLE



Waterfowl



Traders



Epi studies

**Farm
biosecurity**



Wild birds



Findings

- Good animal population data and maps based on updated census
- List of notifiable diseases
- Epidemiologists with Masters/PhDs at HQ
- Field epi training courses run for all veterinary staff
- Passive surveillance data captured through SMS system from field officers
- Samples commonly collected and tested in labs; lab data combined with field data in AHIS
- Transport available and appropriate budget
- Few private vets; government officers at abattoirs and main markets
- Good awareness amongst livestock owners to report; reporting back to producers can be delayed; few reports on poultry disease
- Good information sharing with the human health services but no joint investigations

EXAMPLE



II-4. SURVEILLANCE ¹⁰ AND EARLY DETECTION	
DEFINITION	LEVELS OF ADVANCEMENT
<p>The authority and capability of the VS to determine, verify and report on the sanitary status of their animal populations, including <i>wildlife</i>, in a timely manner.</p> <p>A. Passive surveillance¹¹, early detection and epidemiological outbreak investigation</p> <p>A <i>surveillance</i> system based on a field animal health network capable of reliably detecting (by clinical or post mortem signs), diagnosing, reporting and investigating legally <i>notifiable diseases</i> (and relevant <i>emerging diseases</i>) in a timely manner.</p>	<ol style="list-style-type: none">1. The VS have very limited passive <i>surveillance</i> capacity, with no formal disease list, little training/awareness and/or inadequate national coverage. Disease <i>outbreaks</i> are not reported or reporting is delayed.2. The VS have basic passive <i>surveillance</i> authority and capacity. There is a formal disease list with some training/awareness and some national coverage. The speed of detection and level of investigation is variable. Disease <i>outbreak</i> reports are available for some species and diseases.3. The VS have some passive <i>surveillance</i> capacity with some sample collection and <i>laboratory</i> testing. There is a list of <i>notifiable diseases</i> with trained field staff covering most areas. The speed of reporting and investigation is timely in most production systems. Disease <i>outbreak</i> investigation reports are available for most species and <i>diseases</i>.4. The VS have effective passive <i>surveillance</i> with routine <i>laboratory</i> confirmation and epidemiological disease investigation (including tracing and pathogen characterisation) in most animal sectors, and covering producers, markets and slaughterhouses. There are high levels of awareness and compliance with the need for prompt reporting from all animal owners/handlers and the field VS.5. The VS have comprehensive passive <i>surveillance</i> nationwide providing high confidence in the <i>notifiable disease</i> status in real time. The VS routinely report <i>surveillance</i> information to producers, industry and other stakeholders. Full epidemiological disease investigations are undertaken in all relevant cases with tracing and active follow up of at-risk establishments.

EXAMPLE



II-4 Surveillance and early detection	Levels of advancement
<p><i>The authority and capability of the VS to determine, verify and report on the sanitary status of their animal populations, including wildlife, in a timely manner.</i></p> <p>A. Passive surveillance, early detection and epidemiological outbreak investigation</p> <p><i>A surveillance system based on a field animal health network capable of reliably detecting (by clinical or post mortem signs), diagnosing, reporting and investigating legally notifiable diseases (and relevant emerging diseases) in a timely manner.</i></p>	1. The VS have very limited passive surveillance capacity, with no formal disease list, little training/awareness and/or inadequate national coverage. Disease outbreaks are not reported or reporting is delayed.
	2. The VS have basic passive surveillance authority and capacity. There is a formal disease list with some training/awareness and some national coverage. The speed of detection and level of investigation is variable. Disease outbreak reports are available for some species and diseases.
	3. The VS have some passive surveillance capacity with some sample collection and laboratory testing. There is a list of notifiable diseases with trained field staff covering most areas. The speed of reporting and investigation is timely in most production systems. Disease outbreak investigation reports are available for most species and diseases.
	4. The VS have effective passive surveillance with routine laboratory confirmation and epidemiological disease investigation (including tracing and pathogen characterisation) in most animal sectors, and covering producers, markets and slaughterhouses. There are high levels of awareness and compliance with the need for prompt reporting from all animal owners/handlers and the field VS.
	5. The VS have comprehensive passive surveillance nationwide providing high confidence in the <i>notifiable disease</i> status in real time. The VS routinely report surveillance information to producers, industry and other stakeholders. Full epidemiological disease investigations are undertaken in all relevant cases with tracing and active follow up of at-risk establishments.



EXAMPLE

Strengths

- Passive disease surveillance programme with use of diagnostic testing
- Good support from private sector
- Good coordination with public health services
- Effective AHIS (animal health information system)
- Specialist epidemiologists available



Weaknesses

- Reporting back to producers is often lacking or delayed
- Limited information on the poultry industry or its health status

EXAMPLE



CC II-4A: Surveillance and early detection - Passive

- Recommendations
- Ensure the results of all samples tested are provided back to the owner/producer, in good time; the significance of these results should also be interpreted for the livestock owner
- Engage with the poultry industry and develop surveillance programmes of mutual benefit
- There is also the opportunity to work more closely with public health in joint investigations



EXAMPLE



RECOMMENDED

This CC is divided into two sub-CC's:

A. Passive surveillance, early detection and epidemiological outbreak investigation



B. Active surveillance and monitoring

EXAMPLE

Sources of verification → Evidence



- Animal premises, populations and distribution
- Disease control programmes and information management
- Resources to run surveys: design, technical and field staff, equipment, materials
- Risk analysis used for survey design/targeting populations
- Private sector communications and support, joint programmes
- International support
- Evidence of surveys undertaken –annual, sporadic
- Survey reports
- Knowledge of OIE standards
- Audits, M&E and critical review

EXAMPLE



II-4. SURVEILLANCE AND EARLY DETECTION	
DEFINITION	LEVELS OF ADVANCEMENT
<p>B. Active surveillance¹² and monitoring</p> <p><i>Surveillance</i> targeting a specific <i>disease, infection</i> or <i>hazard</i> to determine its prevalence, measure progress in disease control or support the demonstration of disease freedom (with passive <i>surveillance</i>), most often in the form of pre-planned surveys with structured sampling and <i>laboratory</i> testing.</p>	<p>1. The VS have no active <i>surveillance</i> programme.</p>
	<p>2. The VS conduct active <i>surveillance</i> for one or a few <i>diseases, infections</i> or <i>hazards</i> (of economic or zoonotic importance), but the <i>surveillance</i> is not representative of the population and the <i>surveillance</i> methodology is not revised regularly. The results are reported with limited analysis.</p>
	<p>3. The VS conduct active <i>surveillance</i> using scientific principles and OIE standards for some <i>diseases, infections</i> or <i>hazards</i>, but it is not representative of the susceptible populations and/or is not updated regularly. The results are analysed and reported to stakeholders.</p>
	<p>4. The VS conduct active <i>surveillance</i> in compliance with scientific principles and OIE standards for some <i>diseases, infections</i> or <i>hazards</i> which is representative of all susceptible populations and is updated regularly. Results are routinely analysed, reported and used to guide further <i>surveillance</i> activities, disease control priorities, etc.</p>
	<p>5. The VS conduct ongoing active <i>surveillance</i> for most significant <i>diseases, infections</i> and <i>hazards</i> and apply it to all susceptible populations. The results are routinely analysed and used to guide disease control and other activities. The active <i>surveillance</i> programmes are regularly reviewed and updated to ensure they meet country needs and OIE reporting obligations.</p>

EXAMPLE



Thank you

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