The OIE approach to One Health

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OIE sub-regional Representation in Brussels
"We are in an era of ‘One World, One Health’ and we must devise adaptive, forward-looking and multidisciplinary solutions to the challenges that undoubtedly lie ahead"

Last words of the Manhattan Principles, 2004

**Contributing to One World, One Health**
A Strategic Framework for Reducing Risks of Infectious Diseases at the Animal-Human-Ecosystems interface
International Ministerial Conference on Avian and Pandemic Influenza in Sharm el-Sheikh (Egypt) 25 -26 October 2008

**One World, One Health: from ideas to Action**
Expert Consultation: 16-19 March 2009, Winnipeg (Canada)

**Operationalizing ‘One Health’**
A Policy Perspective: Taking Stock & Shaping an Implementation Roadmap
4 – 6 May 2010, Stone Mountain (USA)
OIE/FAO programme on Good Governance of Veterinary Services

Ensuring Good Governance to Address Emerging and Re-emerging Animal Disease Threats

November 2005; August 2006 and last updated in September 2007
The FAO-OIE-WHO Collaboration

Sharing responsibilities and coordinating global activities to address health risks at the animal-human-ecosystems interfaces

A Tripartite Concept Note

April 2010

Stronger 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
(25.) As far as public health, animal health and plant health are concerned, we stress the importance of strengthening international and regional networks, international standard setting taking into account national and regional differences, information, surveillance and traceability systems, 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, the WHO, the OIE, the Codex Alimentarius Commission (Codex), the International Plant Protection Convention (IPPC) and WTO to continue their efforts towards enhancing interagency cooperation.
This effort will **support existing agreements** under the World Health Organization (WHO) **International Health Regulations 2005 (IHR)**, the World Organisation for Animal Health **(OIE) Animal Health Codes**, and the Codex Alimentarius International Food Standards and will **complement existing multilateral efforts in this area**, including under the G8, G20, Global Partnership Against the Spread of Weapons and Materials of Mass Destruction, Global Health Security Initiative, and regional forums.
The United Nations and One Health: the International Health Regulations (2005) and global health security

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Summary

The One Health approach encompasses multiple themes and can be understood from many different perspectives. This paper expresses the viewpoint of these 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 (UNDP); UN food programmes, 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 benefitted from the experience gained during, economic 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 existing partnerships with related international 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 in the animal source. All these efforts contribute to the One Health agenda.

Keywords


Revue scientifique et technique

Vol. 33 (2). 2014

Protéger les animaux, protéger notre avenir • Protecting animals, preserving our future • Protéger les animaux, protéger notre avenir

Berne 2014

One Health

Une seule santé

Una sola salud

Organisation Mondiale de la Santé Animale

World Organisation for Animal Health

Organización Mundial de Sanidad Animal

OIE
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

- Legislation and Policy
- Coordination
- Surveillance
- Response
- Preparedness
- Risk Comm.
- Human Resources
- Laboratory
Through the IHR, WHO has a dual mandate:

- 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:

- 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
<table>
<thead>
<tr>
<th>Core Capability</th>
<th>10</th>
<th>Zoonotic Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Component</td>
<td>10.1</td>
<td>Capacity to detect and respond to zoonotic events of national or international concern</td>
</tr>
<tr>
<td>Indicator</td>
<td>10.1.1</td>
<td>*Mechanisms for detecting and responding to zoonoses and potential zoonoses are established and functional</td>
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</tbody>
</table>

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?

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:
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

Country Indicators (WHO):
- Population (in thousands):
- Lab capacity of birth (years):
- Infant mortality rate:
- Maternal mortality rate:
- Physicians/10,000 population

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,
- of the four IHR-related hazards (biological (including infectious, zoonotic and food safety), radio-nuclear, and chemical events).

EIGHT CORE CAPACITIES IMPLEMENTATION STATUS

- Coordination
  - Progress
  - National legislation, policy, planning
  - Coordination, national and local Public Health
  - Surveillance
  - Response
  - Preparedness
  - Risk Communication
  - Human Resources
  - Laboratory

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

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

PVS - indicators of Critical capacities

PVS Evaluation Report

2012

Human, Physical and Financial Resources
- Technical Authority and Capability
- Interaction with Stakeholders
- Access to Markets

OIE PVS Tool

Tool for the evaluation of Performance of Veterinary Services

BERNE 2014
## Mapping of overlapping

### CRITICAL CAPACITY IN THE OIE PVS PATHWAY

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Critical Capacity</th>
<th>OIE Indicator</th>
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### 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 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 (2003).

#### 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.
- Case management procedures are implemented for IHR relevant hazards.
- Infection prevention and control (IPC) is established at national and hospital levels.
- A program for disinfection, decontamination and vector control is established.
Case study 1: Baku, Azerbaijan - 13-14 March 2014

- 46 national experts mainly from MoA and MoPH
- Duration of the meeting: 1.5 days
- Assessment exercises: OIE PVS Evaluation (2008); PVS Gap Analysis (2011); IHR Assessment (2012)

Case study 2: Bangkok, Thailand - 26-27 March 2014

- 59 national experts mainly from DLD and MoPH
- Duration of the meeting: 2 full days

‘Country perspectives on IHR/PVS assessments and roadmap for better intersectoral collaboration among animal and human health sectors’
Indicator-based surveillance includes an early-warning function for the early detection of public health event.
Emergency response: RVF, Tanzania, Wwpwapwa, Apr. 2007
Mechanisms for effective risk communication during a public health emergency are established and functioning.

<table>
<thead>
<tr>
<th>Mechanisms for effective risk communication</th>
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<tbody>
<tr>
<td><strong>III – 1. Communication</strong></td>
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<tr>
<td><strong>III.4. Accreditation/authorisation/delegation</strong></td>
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<tr>
<td><strong>III.5. Veterinary Statutory Body – Authority, C. Capacity</strong></td>
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<tr>
<td><strong>III.6. Participation of producers and interested parties in joint programs</strong></td>
<td></td>
</tr>
<tr>
<td><strong>IV.1. Preparatory legislation and regulations</strong></td>
<td></td>
</tr>
<tr>
<td><strong>IV.2. Implementation of legislation and regulations and compliance thereof</strong></td>
<td></td>
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<tr>
<td><strong>IV.3. International harmonisation</strong></td>
<td></td>
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<tr>
<td><strong>IV.4. International recognition</strong></td>
<td></td>
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<tr>
<td><strong>IV.5. Equivalence and other types of sanitary agreements</strong></td>
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<tr>
<td><strong>IV.6. Transparency</strong></td>
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<tr>
<td><strong>IV.7. Zoning</strong></td>
<td></td>
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<tr>
<td><strong>IV.8. Computerisation</strong></td>
<td></td>
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</table>
Joint Communication: Madagascar, Apr. 2008

Milaza ho mahafehy ny aretin'omby ny fanjakana

Nivoaka sempotra ny baolina kitra

Risque levé sur la viande de bœuf

Selon Jean Louis Robinson

Relation de cause à effet
Joint use of the results of the PVS Pathway and IHR MF

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

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

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

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 identified are discussed and corrective actions are 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)
<table>
<thead>
<tr>
<th>Area</th>
<th>Risk communication</th>
<th>Joint investigation</th>
<th>Risk assessment</th>
<th>Joint surveillance</th>
</tr>
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<tbody>
<tr>
<td>Gaps</td>
<td>Lack of SOPs for efficient crisis communication</td>
<td>Lack of operational joint SOPs</td>
<td>Lack of joint framework for risk assessment, limited knowledge on RA</td>
<td>Need to strengthen surveillance</td>
</tr>
<tr>
<td>Activities</td>
<td>- Create an ad hoc working group&lt;br&gt;- Define policy, guidelines, draft of SOPs&lt;br&gt;- ...</td>
<td>- Definition of contingency plan, joint exercise, use and coordination of alert system&lt;br&gt;- ...</td>
<td>- Conception of the framework: event database, data information, pilot model&lt;br&gt;- ...</td>
<td>- Meeting to develop a guidelines to define a relevant surveillance plan and strengthen knowledge of local officers&lt;br&gt;- ...</td>
</tr>
<tr>
<td>Expected outcomes</td>
<td>- A finalized SOP on risk communication&lt;br&gt;- Trained staff to apply this SOP</td>
<td>- A Guidance for joint investigation Integrated contingency plan&lt;br&gt;- Well-designed reporting system</td>
<td>- A clear and effective framework for RA&lt;br&gt;- Relevant human resources</td>
<td>- Effective team and good guidelines to define and organize relevant surveillance</td>
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</tbody>
</table>

5 – First steps toward a roadmap
WHO-OIE Operational Framework on Good Governance of human and animal heath 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
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
Thank you for your interest and support

www.who.int/ihr

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