

# 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.

## Introduction

The One Health concept arose from the recognition that the health of humans, animals and the ecosystems in which we live are all interdependent. The most obvious evidence of this is the fact that the majority of emerging diseases in humans are of a zoonotic nature, with most of them originating in wildlife and many amplifying in livestock (1). Severe acute respiratory syndrome (SARS), highly pathogenic avian influenza (HPAI) H5N1 and pandemic influenza A(H1N1)2009 illustrate how disease events can develop into major outbreaks or pandemics, with significant impacts on public health, animal health, and economies (2). Many other zoonotic diseases, including the so-called neglected diseases, may be more limited in terms of rapid spread, but these also strongly affect human and animal health, production capacity, value chains and trade (3, 4). The increase in health threats to humans and animals is associated with multiple, interrelated global factors, most of which directly or indirectly result from human practices and environmental changes.

As illustrated throughout this thematic issue of the *Scientific and Technical Review* of the World Organisation for animal Health (OIE), the One Health approach is an initiative that encompasses many fields and disciplines (5), and can be interpreted in many ways. This paper pays special attention to the response to emerging infectious zoonotic disease outbreaks at the global level. In operational terms, the ability to minimise the harmful impact of emerging diseases relies on the capacity to rapidly detect unusual events and implement control measures as early on as possible. This capacity implies the coordinated involvement of many agencies from a variety of sectors, including – but not limited to – the public health, animal health and environmental sectors, as well as the conservation and academic communities, and the private sector. To be effective against such emerging infectious diseases, the institutions in these sectors need not only to be efficient in their operations but also to seek strong synergies with other services. This translates into concrete action to improve governance mechanisms, develop and promote policies, design and implement systems and processes, strengthen surveillance and response capacities, and target investments at the national, regional or international level. This aspect of good governance was one of the reasons prompting the World Health Assembly (WHA) of the World Health Organization (WHO) to call for a revision of the International Health Regulations (IHR) (6) in 1995 and is considered a crucial component of the One Health approach (7).

The efforts to prevent and respond to the outbreaks of HPAI and, more recently, to pandemic influenza A(H1N1)2009, have demonstrated that many countries were not sufficiently prepared for such events (8, 9).

Although substantial improvements have taken place, many countries still need large long-term investment – including investment in the development of infrastructure and human resources – to meet the challenges posed by such emerging diseases.

The United Nations (UN) organisations and other international bodies are contributing to this effort by providing common references, standards, guidance, and appropriate tools to assist countries to develop the required capacities. Furthermore, because these diseases do not recognise national boundaries, these international organisations enable countries to work together to ensure both global coverage and united response through appropriate coordination with their Member States. For public health emergencies of potential international concern, the revised IHR (2005) offer a supportive framework and legally binding environment for the assessment of public health risks in general; infectious disease risks, in particular; and a rapid response to unexpected, internationally spreading events (6). Because the IHR (2005) are not restricted to the public health sector and encourage a coordinated and integrated response to risks, they constitute an ideal platform for the implementation of the One Health approach towards the prevention and control of disease outbreaks, including those of zoonotic origin.

## The emergence of concepts and common views

In 2004, the Wildlife Conservation Society organised a symposium on pathogen movements among human, domestic and wild animal populations (the first ‘One World, One Health’ event). At this meeting, which was held in New York City, health experts from around the world developed the ‘Manhattan Principles’, the final words of which are as follows:

‘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.’

Recent emerging infectious diseases and subsequent requests from various countries, asking the international community for support, have led to significant and unprecedented cross-sectoral partnerships and cooperation among the technical agencies (e.g. WHO, UN Food and Agriculture Organization [FAO], World Organisation for Animal Health [OIE], UN Children’s Fund [UNICEF]), the international financial institutions (e.g. the World Bank, the Asian Development Bank and African Development Bank) and other international partners. This revitalised partnership has opened up opportunities for cooperation

and the development of common tools, thanks to shared views and agreements reached over years of collective experience in crisis management. An historical perspective is useful to understand how these shared concepts emerged, matured, and have strengthened enough to become founding principles.

The ‘Manhattan Principles’ advocated a more holistic approach towards preventing epidemic/epizootic disease (10). The 2004 symposium pragmatically called for interdisciplinary and cross-sectoral approaches to disease prevention, surveillance, monitoring, control and mitigation and recommended that we ‘increase investment in the global human and animal health infrastructure’ and ‘enhance capacity for global human and animal health surveillance’, since ‘clear, timely information-sharing can only help improve coordination of responses’.

In the following years, the collaborative effort developed during the H5N1 HPAI crisis and a series of inter-governmental conferences that brought together government officials, UN agencies and international and regional organisations established the basis of the One Health framework. In December 2005, the International Ministerial Conference on Avian and Pandemic Influenza (IMCAPI) in Beijing reached agreement on a financing framework and organised donor contributions. Adoption of the Beijing framework by the global community has resulted in a clearer approach, avoiding duplication of effort and directing donor assistance towards national programmes, international organisations, regional programmes, and other recipients, including the research community, through an agreed plan. The Beijing financial framework contributed, in particular, towards the Integrated National Action Programs (INAPs), which are developed and owned by countries affected or threatened by avian and human influenza.

Between 2005 and 2010, a series of IMCAPI conferences extended this approach to a broader range of infectious diseases emerging at the human–animal–ecosystems interface, all of which have the potential to cause epidemics or pandemics, and proposed a medium-term strategy to address them, using the One World, One Health approach. The OIE, FAO, WHO and UNICEF, plus the UN System Influenza Coordination (UNSIC) and World Bank, contributed to this strategic framework (7).

In 2010, the three main international organisations responsible for animal and human health, FAO, the OIE and WHO, defined strategic directions and proposed a closer, long-term, tripartite collaboration, aimed at aligning their various efforts for better coordination of global activities. A joint Tripartite Concept Note described areas of common interest when ‘address[ing] health risks at the animal–human–ecosystems interfaces’ (11). Although numerous

coordination mechanisms had already been developed at the technical level, the Tripartite Concept Note still recognised ‘a need to strengthen animal and human health institutions’, and suggested that ‘protocols and standards ... should be jointly developed’ to achieve coherence of any related global standard-setting activities, and to address gaps in the capacities of countries. This concept note was announced at the final IMCAPI, which met in Hanoi, in April 2010.

During a high-level technical meeting, convened by Mexico and the tripartite collaboration in November 2011, participants from both the human and animal health sectors stressed the need to improve cooperation by using established mechanisms and standards, such as the IHR (2005), the OIE Performance of Veterinary Services (PVS) Pathway, the FAO–WHO–OIE Global Early Warning System (GLEWS) platform and the FAO–WHO Codex Alimentarius (12). They also identified ‘supporting’ elements, which enable collaborative work using the One Health approach, and ‘operational’ elements: practical requirements which must be met for any successful collaboration (Box 1). Furthermore, the tripartite collaboration identified three areas for priority action: rabies, influenza and antimicrobial resistance.

#### **Box 1**

##### **Key elements of effective cross-sectoral collaboration, identified during the high-level technical meeting in Mexico, November 2011**

###### **Key supporting elements**

- Political will and high-level commitment
- Trust
- Common objectives and priorities
- Shared benefits
- Strong governance structures, aligned legal frameworks, and recognition of existing international standards
- Adequate and equitably distributed resources
- Identification and involvement of all relevant partners
- Coordinated planning of activities
- Guidance on implementation of cross-sectoral collaborations
- Capacity development
- Strong and effective health systems within the individual sectors

###### **Key operational elements**

- Joint cross-sectoral coordination mechanisms
- Routine communication
- Joint simulation exercises
- Data sharing
- Joint risk assessment
- Active cooperation on disease control programmes

## The key principles of the One Health approach

### Prevention and control of emerging infectious diseases are public goods

The One Health framework is built on the concept that preventing and controlling emerging infectious diseases (EIDs) is an international public good, which requires strong political and financial commitment at the national, regional and international levels.

One of the implications of being considered a global public good (a good which benefits all countries), is that it may require support from global institutions, such as the UN, the OIE and the World Bank. Each of these organisations was already working on specific schemes and/or tools to support their Member States in controlling EIDs. Thus, they were encouraged to further coordinate and commit themselves to the One Health approach for future work.

### Reference to internationally adopted standards

One of the key principles guiding the development of the One Health strategic framework is to reaffirm the need to build more robust public and animal health systems that are based on good governance and comply with the IHR (2005) and OIE international standards, instead of short-to-medium-term *ad hoc* interventions. All WHO Member States have adopted the IHR (2005), and all OIE Member Countries have approved the OIE standards. Under these agreements, all Member States of WHO and the OIE have committed themselves to participating in the global effort to contain public health risks of potential international concern. This objective includes working towards full implementation of the IHR by 2012, and strengthening each country's national Veterinary Services.

### Support for national services and building on existing structures

The One Health framework also recognises that a long-term vision is needed to build sound and sustainable infrastructures and those actions should build on existing approaches and mandates of international institutions and other partners. Changes are best based on strong, functional systems for human and animal endemic disease; they do not necessarily demand integration or fusion among various specialised stakeholders or agencies at the national level, but, rather, improved communication, coordination and collaboration.

## Establishment of operational schemes

### At the global level

Over the last ten years, collaboration and synergy among the key UN agencies, the OIE and the World Bank have steadily increased. The Global Framework for Progressive Control of Transboundary Animal Diseases (GF-TADs) has been established, a facilitating mechanism between FAO and the OIE, to empower regional alliances, to provide for capacity building, and to assist in establishing programmes to control specific transboundary animal diseases. In addition, WHO is regularly invited to global and regional GF-TADs meetings. Formal collaborations between these specialised organisations have been consolidated through joint agreements and coordination mechanisms, such as:

a) the GLEWS platform, set up in 2006 as a joint FAO/OIE/WHO platform for information-sharing and risk assessment of animal and human health events reported to the OIE, FAO or WHO;

b) the OIE–FAO Network of Expertise on Animal Influenza (OFFLU), established in 2005 by the OIE and FAO to support the exchange of knowledge between veterinary laboratories and WHO and its collaborating centres; OFFLU provides valuable data to WHO's Vaccine Composition Meeting, which adopts recommendations on the formulation of human influenza vaccines;

c) the Crisis Management Centre–Animal Health (CMC–AH), launched jointly in 2006 by FAO and the OIE to respond rapidly to disease crises. Through the mobilisation of rapid deployment teams, the CMC–AH operates as a companion mechanism to the Strategic Health Operations Centre (SHOC), the nerve centre of WHO's global epidemic coordination response. Joint FAO, OIE and WHO deployments have taken place during outbreaks of major zoonoses, such as Rift Valley fever, Ebola Reston or H7N9 – an approach that greatly assists the coordinated response between the animal and human health sectors.

In 2011, the OIE and FAO declared the successful global eradication of rinderpest. Rinderpest is the second disease that humanity has eradicated, after smallpox. This achievement immediately provided the enormous challenges of achieving biosecurity and maintaining the world's freedom from rinderpest. But WHO's experience in smallpox eradication, along with the current planning for the eradication of polio, provided a good model for FAO and the OIE to put legal mechanisms in place to manage the remaining virus stocks and vaccines, set biosecurity standards for virus sequestration, and establish an appropriate international governance structure to provide supportive measures for the countries concerned.

The high-level of collaboration and synergy among the key UN agencies in addressing animal and human influenza was facilitated by the appointment of a UN System Influenza Coordinator, with the mandate of improving the efficiency and efficacy of the UN System in supporting national, regional and global efforts to address the threats posed by avian and human influenza. The UN agencies involved in the UNSIC strategic approach include specialised intergovernmental technical agencies (FAO, WHO, International Civil Aviation Organization, World Tourism Organization); task-specific UN programmes (United Nations Development Programme, World Food Programme, United Nations Environment Programme); UN Funds (UNICEF); the UN-linked multilateral banking system (the World Bank and regional development banks), and departments of the UN Secretariat, such as the Security Services, Management Services and Medical Services. The OIE has observer status. The core of UNSIC's work focuses on encouraging increased interagency coordination and synergy; ensuring the effectiveness of UN actions in priority areas; establishing partnerships and collaboration between UN agencies and other stakeholders, including those within countries; reporting globally on progress, funding and financial/technical requirements; and coordinating communication (13).

In collaboration with UNSIC, and as part of its Global Program for Avian Influenza (GPAI), the World Bank manages the Animal and Human Influenza Facility (AHIF). The GPAI assists countries to develop their own well-structured and detailed INAPs, ensuring that the national plans and programmes are aligned with institutional structures and international organisations (14). This approach has resulted in countries having a strong sense of ownership of the decision-making process, and stronger synergy with these international organisations and institutions. The emphasis has consistently shifted away from a crisis response to a focus on building systems and capacity that can respond effectively to future outbreaks at the animal-human-ecosystems interface.

### **At the regional level**

In the various regions of the world, strategies and associated guidelines for establishing collaboration between the animal and human health sectors have been developed. As an example, the Asia Pacific Strategy for Emerging Diseases was developed by the South-East Asia Regional Office and the Western Pacific Regional Office of WHO, and adopted by their Member States in 2005. It has served as a common framework to strengthen national and regional capacities in order to manage emerging diseases, improve pandemic influenza preparedness and comply with the core capacity requirements of the IHR (2005). Subsequently, a guide outlining step-by-step actions to develop sustainable and functional collaboration between the human and animal

health sectors was published by WHO (the South-East Asia Regional Office and the Western Pacific Regional Office), FAO and the OIE in 2008 (15). The Pan American Health Organization/WHO Regional Office for the Americas (PAHO) has established a Veterinary Public Health Program with the overall objective of collaborating with Member Countries in the development, implementation and evaluation of policies and programmes that lead to food safety and protection, and to the prevention, control and eradication of zoonoses. To improve integration among technical agencies in the health and agriculture sectors, this programme has developed strategic partnerships with the OIE, FAO, and regional organisations, such as the Inter-American Institute for Cooperation on Agriculture.

In sub-Saharan Africa, another good example of regional cooperation between different agencies is the partnership between the African Partnership for Livestock Development, Poverty Alleviation and Sustainable Growth Initiative (ALive) and the FAO-OIE Global Framework for the Control of Transboundary Animal Diseases (GF-TADs) for the implementation of INAPs. ALive has become a rallying point for technical agencies, such as the African Union-Interafrican Bureau for Animal Resources (AU-IBAR), FAO, the OIE, and the WHO Regional Office for Africa, and donors, including the European Commission, the French Ministry of Foreign Affairs, and the World Bank-Africa Region. Hosted by the World Bank, ALive develops guidelines and provides technical assistance to governments for the prevention, rapid assessment and control of avian and human influenza, and for strengthening adequate capacity through inclusion in the INAPs (14).

### **At the national level**

Technical and financial support provided during the HPAI H5N1 outbreak has substantially improved cooperation between public and animal health agencies. The resources provided to build up underfunded Public and Veterinary Health Services have resulted in improved surveillance systems, better diagnostic laboratories, more skilled human resources in the public and animal health sectors, and an improved capacity to respond to HPAI and other infectious disease outbreaks. As an example, the INAPs' focus on individual countries contributed to more clearly defined roles and responsibilities for the various sectors and stakeholders, and to the development of essential national capacities. In brief, INAPs were steered by countries themselves (via their National Coordination Committees) and drawn up with the help of technical experts provided by the international and regional technical organisations (i.e. the OIE, FAO, AU-IBAR and WHO), after a diagnostic analysis of the situation, the identification of immediate, medium- and long-term needs and the development of a financial plan (14). In addition, FAO, the OIE and WHO have provided direct support to countries, such as

several pilot 'four-way' projects to foster better dialogue and enhanced collaboration between epidemiology and laboratory workers in both public health and animal health for the prevention and control of influenza.

## Basic instruments and mechanisms for coordination

Many countries continue to face challenges in fulfilling minimum core requirements, especially at the interface between different sectors. The animal health and public health interface is one example where international organisations, particularly WHO, FAO and the OIE, are well placed to provide guidance to countries. Common references, standards and global mechanisms are needed to ensure that all countries possess or acquire minimum capabilities, which protect themselves and other countries. The international organisations develop references and standards for these capabilities (as democratically adopted by their Member States), and employ them to devise frameworks and guidance for implementation, and appropriate tools to augment national capacities.

### The International Health Regulations (2005)

The IHR were adopted by the WHA in 1969 and covered six diseases. The Regulations were first amended in 1973, when the number of diseases was reduced to four, then again in 1981, after the eradication of smallpox, when the Regulations turned their focus on three diseases; namely, cholera, yellow fever and plague. In consideration of the increase in international travel and trade, and the emergence, re-emergence and international spread of diseases and other health threats, the WHA called for a substantial revision in 1995. The revision extended the scope of diseases and related health events covered by the IHR to take into account almost all public health risks (biological, chemical or radiological or nuclear in origin) that might affect human health, irrespective of the source. The revised Regulations, adopted in 2005, entered into force on 15 June 2007, with the objectives 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' (6).

Unusual disease events – including zoonoses – need to be addressed by effective national surveillance and the establishment of coordinated response mechanisms at all levels (local, national, regional and, when needed, international). The IHR (2005) provide a legally binding framework for the coordination of events that may constitute a so-called 'public health emergency of international concern', and for improving the capacity of countries to

assess and manage acute public health risks. All WHO State Parties (i.e. Member States plus States party to the IHR) have committed to have or develop minimum core public health capacities to implement the IHR (2005) effectively and to report their level of compliance to the WHA on a yearly basis. WHO has developed a protocol for self-assessment and a questionnaire with performance indicators for predefined core capacities and specific hazards (16).

### The OIE *Terrestrial Animal Health Code* and PVS Pathway

The OIE *Terrestrial Animal Health Code* (the OIE *Terrestrial Code*) sets out standards for the improvement of animal health and welfare and veterinary public health (17). The OIE and FAO work to improve the ability of national Veterinary Services in developing countries to comply with these standards, thereby ensuring good governance to manage endemic, emerging and re-emerging animal and zoonotic disease threats, and promoting safe trade in livestock and livestock products (18). The task of strengthening systems in the animal health sector has been significantly assisted by the OIE PVS Pathway, which enables countries to undertake a comprehensive evaluation of their Veterinary Services, to identify the areas that require improvement to meet the standards defined in the OIE *Terrestrial Code*. The PVS Gap Analysis Tool enables a qualitative and quantitative assessment of the scope and costs of reform, and assists in the preparation of national investment programmes designed for each country's specific context and priorities. With support available from OIE-trained external experts, these evaluations are facilitated by a collection of 'critical competencies', covering each of the various functions in the mandate of the Veterinary Services. Once gaps are identified, the GF-TADs mechanism can assist by providing technical and methodological support to the countries (18).

### The Codex Alimentarius and International Food Safety Authorities Network

The rapid globalisation of food production and trade has increased the potential likelihood of international incidents involving contaminated food. The Codex Alimentarius Commission (Codex) is the executive organ of the Joint FAO/WHO Food Standards Programme, developing standards to protect the health of consumers and ensure fair practices in food trade. FAO and WHO provide scientific advice to allow Codex to take science-based decisions by assessing chemical and microbial and other risks for key foodborne hazards. They have also developed tools to assist countries to participate effectively in Codex work and to implement Codex standards. Recently, the collaboration between Codex and the OIE has been formalised, so that the Codex and OIE standards are consistent with, and complementary to, each other, especially in addressing the safety of foods of animal origin.

The International Food Safety Authorities Network (INFOSAN) is a joint initiative between WHO and FAO, which promotes, through designated Contact Points, the rapid exchange of information during food-safety-related events; the sharing of information on important food-safety-related issues of global interest; the enhancement of partnerships and collaboration between countries; and the strengthening of each country's capacity to manage food safety risks. As such, INFOSAN complements and supports the IHR. Moreover, OIE National Focal Points for Food Safety have been invited to participate in INFOSAN activities.

### Enhancing alignment

In order to more comprehensively develop national capacities for the control of zoonotic diseases, several initiatives have tried to extract or combine part of the criteria assessed in the respective tools. An example is the Central Asia One Health project, supported by the World Bank. Thirteen of the 46 OIE PVS critical competencies were selected for this project because of their direct relevance to detecting and controlling zoonotic diseases. The OIE also explored the option of developing a One Health PVS assessment tool, putting the emphasis on the intersectoral activities of Veterinary Services. One of the conclusions of these initiatives was that the identification of specific capabilities for zoonoses was not feasible; they could not be considered in isolation from the overall performance of the animal or public health systems, and therefore a systems-wide approach, based on existing monitoring tools, should be preferred. More recently, WHO and the OIE have initiated the development of guidance material based on the IHR (2005) and the PVS Pathway frameworks, to review gaps between the sectors and to identify operational strategies and synergies which will help to strengthen the governance of national human and animal health systems. This work is being undertaken with the collaboration and support of the World Bank and the European Commission, through the GPAL.

### Remaining challenges

However, it is important to remember that many low-income countries have limited or no human resources to support countrywide surveillance and do not have the response capacity to deal with crises caused by highly infectious diseases. As of 7 October 2013, only 41 out of 196 State Parties have reported to WHO that they have the required capacities under IHR to detect and respond to a zoonotic disease. A number of institutional and administrative problems hamper collaboration between the health and animal sectors and across various Ministries. There may simply be legal barriers or other structural barriers to cooperation. Cash-strapped bureaucracies have different priorities, and there are frequently inter-Ministerial

rivalries over budget allocations. Building institutional capacity needs a clear political and financial commitment, substantial long-term investment, basic education to promote changes in behaviour and support for institutional networks to improve cross-sectoral collaboration. Persuading governments and donors to make the necessary commitments will entail presenting a 'business case', i.e. demonstrating the benefits which such an investment will generate, compared to the costs of not investing. There may also be cultural and perception issues to overcome, requiring cultural shifts within agencies and changes in attitudes and relationships between professions. These sorts of challenges will be crucial if countries are to succeed in controlling major emerging issues at the human–animal interface, such as antimicrobial resistance, which must involve animal and human health, animal husbandry, the private sector, academia, civil society, and the government institutions responsible for all of these, and which will require a similar process of intersectoral consensus and responsibility-sharing.

Clear intersectoral mechanisms and agreements help to overcome these difficulties, and efficient collaboration at all levels has often been possible in emergency situations. Sustaining such interactions is more challenging in 'peacetime', when diseases appear to be under control and other priorities assert their demands. However, this is precisely the time to reinforce and develop such mechanisms and collaborations. It is difficult to design durable structures in the turbulence of an emergency: efficient responses to urgent events rely on continuously functioning, flexible, interactive systems, capable of managing the unexpected and the unpredictable amongst the routine.



## Les Nations unies et l'approche « Une seule santé » : le Règlement sanitaire international (2005) et la sécurité sanitaire mondiale

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### Résumé

L'approche « Une seule santé » recouvre de nombreuses thématiques et peut être appréhendée sous différents angles. Les auteurs exposent le point de vue de ceux qui ont pour mission d'élaborer une réponse en cas de crise de santé publique de dimension internationale, en particulier la survenue de foyers de maladies zoonotiques. Plusieurs organisations internationales interviennent dans ce type de réponse, notamment l'Organisation des Nations unies et ses institutions spécialisées telles que l'Organisation des Nations unies pour l'alimentation et l'agriculture (FAO) et l'Organisation mondiale de la santé (OMS) ; les fonds et programmes des Nations unies, dont le Programme des Nations unies pour le développement (PNUD), le Programme alimentaire mondial (PAM), le Programme des Nations unies pour l'environnement (PNUE) et le Fonds des Nations unies pour l'enfance (UNICEF) ; le système bancaire multilatéral lié aux Nations unies (Banque mondiale et banques régionales de développement) ; et les organisations partenaires comme l'Organisation mondiale de la santé animale (OIE). Toutes ces organisations ont tiré les enseignements de l'expérience acquise lors des foyers zoonotiques survenus au cours de la dernière décennie en concevant des approches et des mécanismes communs destinés à encourager la bonne gouvernance, à promouvoir des politiques transversales intersectorielles, à orienter plus efficacement les investissements et à renforcer les capacités mondiales et nationales d'intervention face aux crises nouvelles. La coordination entre les diverses institutions des Nations unies et la création de partenariats avec des organisations similaires ont contribué à améliorer la surveillance des maladies dans tous les pays, ce qui à son tour a permis une détection plus efficace des foyers et une réponse plus rapide lors de leur apparition, ainsi qu'une meilleure transparence et participation des parties prenantes, avec pour résultat une amélioration globale de la santé publique. La nécessité de mettre en place des systèmes sanitaires et zoosanitaires plus robustes au niveau national, basés sur une bonne gouvernance et sur la conformité avec le Règlement sanitaire international (2005) et les normes internationales de l'OIE a conduit la FAO, l'OMS et l'OIE à joindre leurs efforts à ceux de la Banque mondiale afin de fournir aux pays des outils pratiques susceptibles de les aider concrètement à gérer leurs risques de zoonoses et à se doter des ressources appropriées pour prévenir et contrôler les foyers de maladies infectieuses, en particulier à leur source animale. L'ensemble de ces tâches contribue à des plans d'action qui s'inscrivent dans la logique d'« Une seule santé ».

### Mots-clés

Bonne gouvernance – Maladie émergente – Nations unies – Organisation mondiale de la santé animale – Règlement sanitaire international (2005) – Une seule santé – Un monde, une seule santé.



# Las Naciones Unidas y «Una sola salud»: el Reglamento Sanitario Internacional (2005) y la seguridad sanitaria mundial

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## Resumen

El planteamiento de «Una sola salud» engloba múltiples temas y puede ser entendido desde numerosas perspectivas. Los autores trasladan aquí el punto de vista de quienes tienen el cometido de responder a eventos de salud pública de importancia internacional y, en particular, a brotes de enfermedades zoonóticas. En esa respuesta intervienen varias organizaciones internacionales, en particular las Naciones Unidas y sus organismos técnicos, principalmente: la Organización de las Naciones Unidas para la Alimentación y la Agricultura (FAO) y la Organización Mundial de la Salud (OMS); fondos y programas de las Naciones Unidas como el Programa de las Naciones Unidas para el Desarrollo (PNUD), el Programa Mundial de Alimentos (PMA), el Programa de las Naciones Unidas para el Medio Ambiente (PNUMA) o el Fondo de las Naciones Unidas para la Infancia (UNICEF); el sistema bancario multilateral ligado a las Naciones Unidas (Banco Mundial y bancos regionales de desarrollo); y organizaciones asociadas como la Organización Mundial de Sanidad Animal (OIE). Todas estas organizaciones se han beneficiado de la experiencia obtenida con brotes de enfermedades zoonóticas surgidos en el último decenio, instituyendo a partir de ahí planteamientos y mecanismos comunes para fomentar el buen gobierno, promover políticas transversales entre distintos sectores, dirigir las inversiones más eficazmente y reforzar los medios de acción mundiales y nacionales para hacer frente a nuevas crisis. La coordinación entre los diversos organismos de las Naciones Unidas y la creación de alianzas con organizaciones afines han ayudado a mejorar la vigilancia de enfermedades en todos los países, lo que a su vez ha hecho posible una detección más eficaz de brotes infecciosos, una respuesta más rápida a ellos, un mayor grado de transparencia y participación de las partes interesadas y, en suma, un mejor nivel de salud pública. La necesidad de instaurar sistemas sanitarios y zoonosanitarios nacionales más robustos, que reposen en el buen gobierno y cumplan el Reglamento Sanitario Internacional (2005) y las normas internacionales establecidas por la OIE, llevó a la FAO, la OMS y la OIE a aunar esfuerzos con el Banco Mundial con objeto de facilitar a los países herramientas prácticas que les ayuden a gestionar sus riesgos de zoonosis y a dotarse de recursos adecuados para prevenir y controlar brotes infecciosos, sobre todo en su origen animal. Toda esta labor contribuye a los planes que se inscriben en la lógica de «Una sola salud».

## Palabras clave

Buen gobierno – Enfermedad emergente – Naciones Unidas – Organización Mundial de Sanidad Animal – Reglamento Sanitario Internacional (2005) – Una sola salud – Un solo mundo, una sola salud.



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