

RECENT DEVELOPMENTS IN INTERGOVERNMENTAL ORGANIZATIONS RELEVANT TO DISEASE SURVEILLANCE, DETECTION, DIAGNOSIS AND CONTAINMENT

Submitted by the Implementation Support Unit

Summary

This paper summarizes recent key developments by intergovernmental organizations in the fields of disease surveillance, detection, diagnosis, and containment of infectious diseases. Particular focus has been placed on efforts to build capacity in these fields. It updates similar papers prepared in 2004 on: Mechanisms being implemented for Disease Surveillance by Intergovernmental Organizations and Significant Mechanisms being Implemented for Disease Surveillance by Non-Governmental Organizations (BWC/MSP/2004/MX/INF.1); and Mechanisms being Implemented for Response to Outbreaks of Diseases by Intergovernmental Organizations (BWC/MSP/2004/MX/INF.2).

I. World Health Organization International Health Regulations¹

1. In response to significant international disease events, such as the emergence of Severe Acute Respiratory syndrome (SARs) and following an extensive consultation and negotiating process, the International Health Regulations were revised and a new text (rIHR) was adopted by the World Health Assembly in 2005. They entered into force on 15 June 2007.
2. The purpose and scope of the rIHR are "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". Significant innovations found in the rIHR include: coverage of "illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans" rather than a specific list of diseases; obligations on member states to develop certain minimal core public health capacities; obligations on member states to report public health emergencies of international concern (PHEIC); provisions for WHO to make use of information from unofficial sources (such as outbreak details reported in the media) and to seek verification of details from states; a mandate for the Director General of WHO to declare a PHEIC and to issue temporary recommendations accordingly; protections for the human rights of persons and travellers; and the creation of National IHR Focal Points and WHO IHR Contact Points.

Public Health Emergencies of International Concern (PHEIC)

3. Under the rIHR, a Public Health Emergency of International Concern is "an extraordinary event which is determined to (1) constitute a public health risk to other States through the international spread of disease, (2) potentially require a coordinated international response". The existence of a PHEIC determined by the Director-General of the WHO according to criteria and in consultation with affected states. When determining if a PHEIC has occurred

¹ <http://www.who.int/ihr>

the Director-General considers: information provided by the member state; the advice of an Emergency Committee, scientific principles as well as scientific evidence and other relevant information; an assessment of the risk to human health, of the risk of international spread and the risk of interference with international traffic. A decision instrument was developed to assist both the WHO in determining whether a PHEIC has occurred and states as to whether WHO should be notified about an event under the rIHR (see Annex I – in English only).

Minimal core public health capacities

4. Under the rIHR, WHO member states are committed to developing, strengthening and maintaining as soon as possible the capacity to detect, assess, notify and report events as well as to respond promptly and effectively to public health risks and PHEIC. States have five years from the entry into force of the regulations to put the necessary measures in place. The rIHR details capacities at the local community, intermediate and national level as well as describing the public health response capacities required (see Annex II – in English only). There is an expectation that states will use existing national structure and resources to meet their core capacity requirements. States undertook to review within two years of entry into force (by 15 June 2009) whether they could meet the minimal core public health capacities using existing resources and structures. These reviews enable states to develop and implement plans of action on how they are going to put the necessary arrangements in place. On the completion of the review and attendant action plan, states are able to obtain a two year extension to the deadline for having the minimal core capacities in place. In exceptional circumstances, a further two year deadline might also be issued. As a result, all WHO member states must have their core capacities in place by 2016.

Building capacity

5. The rIHR also includes obligations for both states and WHO for collaboration and assistance; some of these commitments relate specifically to building capacity. It is envisaged that collaboration through multiple channels – bilateral, regional and international – will provide the resources to build the necessary capacity. States have undertaken to collaborate on: the provision or facilitation of technical cooperation and logistical support, particularly in the development, strengthening and maintenance of core capacities; the mobilization of financial resources to facilitate the implementation of obligations under the rIHR; and formulating laws and legal and administrative provisions for the implementation of the regulations. The WHO is charged with (upon request) assisting states to develop, strengthen and maintain their core capacities and collaborate in the response to public health risks and other events through the provision of technical guidance and assistance, by assessing the effectiveness of the control measures in place and mobilizing teams of experts for on-site assistance. The WHO also undertook to collaborate on: evaluating and assessing public health capacities; providing or facilitating technical cooperation and logistical support to states; and mobilizing financial resources to support developing countries in building strengthening and maintaining core capacities. Detailed examples of WHO capacity building activities have been detailed in the subsequent IHR News quarterly bulletins².

II. World Health Organization Global Strategy for Managing Intellectual Property Issues³

² <http://www.who.int/ihr/ihrnewsissue7/en/index.html>

³ <http://www.who.int/phi>

6. At the 61st World Health Assembly in 2008, the WHO adopted a resolution to secure an "enhanced and sustainable basis for needs-driven, essential health research and development relevant to diseases that disproportionately affect developing countries, proposing clear objectives and priorities for research and development and estimating funding needs in this area"⁴. The resolution contains a global strategy and an action plan.

7. The aim of the strategy is to promote innovation, build capacity, improve access and mobilize resources to better address the public health needs of the developing world. It is built around the principle that developing innovative capacity in developing countries is essential for responding to their public health needs and that there is a need to ensure that research and development in developed countries better reflects the needs of developing countries. The strategy promotes the development of health products and medical devices needed by developing countries, especially those that are: developed in an ethical manner; available in sufficient quantities; effective, safe and of good quality; affordable and accessible; and used in a rational way. It has eight elements: prioritizing research and development needs; promoting research and development; building and improving innovative capacity; transfer of technology; application and management of intellectual property to contribute to innovation and promote public health; improving delivery and access; promoting sustainable financing mechanisms; as well as establishing monitoring and reporting systems. Each element is broken down into a number of discrete steps (see Annex III – in English only) and each step has several activities associated with it; the plan of action details which stakeholders will perform which specific action and in what timeframe.

III. Food and Agriculture Organisation of the United Nations (FAO)

Emergency Prevention System for Transboundary Animal and Plant Pests and Diseases (EMPRES)⁵

8. There are four main components of EMPRES and they correspond closely with the activities discussed in the background papers prepared for the 2004 Meeting of Experts. EMPRES covers: early warning: early reaction: coordination: and enabling research⁶. Early warning requires the rapid detection of the introduction of, or sudden increase in, the incidence of disease. It is often focused on diseases have the potential to develop into epidemics, which have significant socio-economic consequences or that prompt public health concerns. These efforts can enable forecasting of the source and evolution of disease outbreaks. They can also be used to monitor the effectiveness of disease control measures. Early reaction incorporates those actions that would enable the rapid and effective containment of a disease event. It also covers eliminating the disease outbreaks, or returning to normal levels of infection, in the shortest possible time and in the most cost effective manner. Effective early reaction should prevent outbreaks developing into serious epidemics. The FAO focuses on international and regional coordination activities for the global eradication or progressive control of animal diseases. Enabling Research includes efforts to help set up collaborations with scientific centres of

⁴ WHA Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property, WHA61.21, May 2008

⁵ <http://www.fao.org/EMPRES/>

⁶ <http://www.fao.org/ag/againfo/programmes/en/empres/home.asp>

excellence, shaping the direction of research to tackle animal diseases convening technical consultations or consultative groups to identify research needs and priorities.

The FAO and emergencies

9. The FAO aims to reduce exposure to risk, increase the resilience and capacity of countries, and contribute to operations that foster transition from relief to recovery of food and agricultural systems. It helps countries prevent, mitigate, prepare for and respond to emergencies⁷ through:

- (i) preparedness of mitigation – to help states to put in place relevant policies and practices, including developing better planned, long-term risk prevention and preparedness strategies;
- (ii) early warning - centered around its two global information services: EMPRES (discussed above) and the Global Information and Early Warning System on Food and Agriculture;
- (iii) preparedness - working with local government and communities to improve their ability to deal with emergencies, including through supporting coordination and capacity building projects and helping to develop contingency planning tools;
- (iv) needs assessments – including information-gathering tools to cover crop and food supplies, livelihood feasibility, food security and sectoral specific needs;
- (v) response analysis and planning - helping to ensure sustainability and bridge the gap between emergency and rehabilitation; and
- (vi) emergency operations, relief and rehabilitation.

The International Plant Protection Convention (IPPC) and capacity building

10. The IPPC is coming towards the end of a prolonged process to revise how it builds capacity in member states. Throughout 2008 and 2009 an Open-Ended Working Group on Building National Phytosanitary Capacity has been developing a concept paper on national phytosanitary capacity, a draft strategy for building capacity and a proposed operational plan for implementing the strategy. To date, this process has yielded a mentoring programme and a set of principles for capacity building.

11. The IPPC places capacity building obligations on both the Secretariat and member states. The IPPC Secretariat promotes sharing of official phytosanitary information through documentation, publications and the IPPC website. It also supports IPPC efforts to harmonize and develop international standards, establish national IPPC contact points and coordinate the provision of technical assistance from member states. The IPPC Secretariat also holds technical meetings on specific issues, draft standards, and to clarify issues, as well as providing ad hoc training from its offices. IPPC member states have undertaken to promote the provision of technical assistance to help implement the treaty, especially to improve the effectiveness of National Plant Protection Organizations in developing countries. The IPPC has also held a series of regional training workshops to explain national obligations, provide basic training for contact points and explain the use of IPPC tools. These workshops were designed to increase national

⁷ <http://www.fao.org/emergencies/home0/disaster-risk-reduction/en/>

capacity to participate in the IPPC regime, to ensure all member states have equal access to official information and to provide opportunities for training and access to technical information.

IV. Inter-African Phytosanitary Council (IAPSC)⁸

12. The IAPSC works towards ensuring environmentally acceptable plant protection policies and practices that are safe for human health and which do not impede trade or exchange of plants and plant products. The IAPSC has four primary objectives: information management to serve African and international plant protection organizations; encouraging the harmonization of African phytosanitary regulations; developing regional strategies against the introduction and spread of plant pests and diseases; and the promotion of safe and sustainable plant protection techniques. In pursuit of these objectives, the IAPSC has a mandate to build regional capacity, specifically: to collect, evaluate and disseminate plant protection information; to document and publish articles on modern plant protection; to coordinate plant protection activities on regional and sub-regional; to promote international conventions regarding phytosanitary measures; to organize meetings on training, coordination and know-how transfer; to articulate the needs of African plant protection organizations at international commissions and conferences; to advise national agricultural decision makers on plant protection; to liaise between the public and the private sector; and to set up sector networks and working groups for plant protection.

V. World Organisation for Animal Health (OIE) and capacity building

13. The OIE believes that the most effective way of detecting, diagnosing, controlling and responding to animal disease and zoonotic incursions is to ensure good veterinary governance. Good veterinary governance is the ability and capacity to comply with guidelines, recommendations and standards. In addition to the activities discussed in previous background papers⁹, the OIE has been:

- (i) Developing technical concepts, such as those put before the 75th General Session of the OIE International Committee in May 2007¹⁰, including: the use of epidemiological models for the management of animal diseases; a strategy for strengthening national epidemiological systems in Africa; the harmonization of the registration and control of veterinary medical products in Africa; the role Veterinary Statuary Bodies and associations in the promotion of the veterinary profession and upgrading of veterinary services; and the role of the Geographic Information System in the control and prevention of animal diseases;
- (ii) Ensuring the global relevance and compatible of its guidance with the needs of developing countries. For example, the Molecular Diagnostic PCR Handbook places a particular focus on diagnosticians and scientists from the developing world;
- (iii) Hosting regional workshops focusing on strengthening the regimes in place to deal with animal diseases. For example, the Seminar on Good Governance for Veterinary Services, held in Gaborone, Botswana in January 2008 which produced recommendations on both sound governance for veterinary services and the

⁸ <http://www.au-appo.org/en/>

⁹ BWC/MSP/2004/MX/INF.1 & BWC/MSP/2004/MX/INF.2, 1 July 2004

¹⁰ <http://www.oie.int/eng/Session2007/infos.htm>

facilitation of regional and international trade of livestock and livestock products (Annex IV – in English only);

- (iv) Launching an initiative to help states identify weaknesses in their systems that make it difficult to meet the guidelines, recommendations and standards associated with good veterinary governance. This project identified a need to establish scientific and technological expertise within countries and to enable them to become self sufficient in the early detection and diagnosis of diseases and to be able to provide sufficient scientific justification for control measures to be taken; and
- (v) Establishing a laboratory twinning programme to address current shortfalls identified in the identification process by establishing practical links between existing OIE Reference Laboratories and facilities in developing countries for the exchange of scientific expertise and capacity building¹¹.

VI. Global Early Warning System for Major Animal Diseases, including Zoonoses (GLEWS)¹²

14. GLEWS is a inter-organization activity of the FAO, OIE and WHO. It was created to enhance early warning and response capacity for disease events that involve animal pathogens¹³. GLEWS allows these organizations to better coordinate and complement each others' early warning activities, including by: gathering information to identify disease events; expanding geographical coverage; addressing the dual-host nature of zoonotic diseases; improving the verification processes used to confirm or deny the presence of a disease in a country; and enabling the joint dissemination of risk assessments. There are also benefits for closer collaboration on response efforts in dealing with animal disease epidemics with complex epidemiological appearances, especially those with the potential for regional or international spread, or a public health impact, including through: developing joint assessments of ongoing outbreaks by sharing relevant information; bringing together the different specific competencies and resources of the individual organizations; and developing joint infection control strategies and harmonized communications.

VII. International Health Partnership (IHP)¹⁴

15. The IHP was launched in 2007 and aims to "improve the harmonization of donor funding commitments, and improve the way international agencies, donors and developing countries work together to develop and implement national health plans". It is designed to help deliver the health improvements promised in the Millennium Development Goals (MDGs). The partnership

¹¹ http://www.oie.int/eng/OIE/organisation/en_LR.htm?e1d8

¹² <http://www.who.int/zoonoses/outbreaks/glews/>

¹³ GLEWS has 10 objectives, to: better prepare countries to prevent animal diseases and enable their rapid containment; improve the detection of exceptional epidemiological events; improve timeliness and sensitivity to alerts; improve transparency; improve the quality of animal health information; improve national surveillance and monitoring systems and strengthen networks of public health, medical and veterinary laboratories; improve international preparedness; improve FAO, OIE and WHO capacity to detect new emerging diseases; provide technical support to regions and nations; and improve integration of human and animal surveillance.

¹⁴ <http://www.internationalhealthpartnership.net>

includes states, international organizations, bilateral donors, civil society and private sector partners¹⁵. One initiative currently pursued under the IHP is the High Level Taskforce on Innovative International Financing for Health Systems¹⁶, which is committed to "finding innovative financing mechanism to strengthen health systems in the poorest countries in the world". The Taskforce is made up of heads of international organizations, prime ministers, and ministers of health, finance, foreign affairs, and development. It is supported in its work by two working groups which bring together networks of global experts to develop recommendations on identifying and deploying new resources. Once this is complete, "global champions" are to be appointed and tasked with securing the necessary financial support. In order to ensure that partners live up to their commitments under the IHP, its founding instrument mandated an annual, independent monitoring and evaluation process, called IHP+Results¹⁷.

VIII. Consultative Group on International Agricultural Research (CGIAR)¹⁸

16. CGIAR is committed to achieving "sustainable food security and poverty reduction in developing countries through scientific research and research-related activities in the fields of agriculture, forestry, fisheries, policy and the environment". It focuses its efforts on building capacity to realise the food related MDGs and addresses disease in the food supply. The 21 developed countries, 26 developing countries, four co-sponsors and 13 international organizations involved invest financial, human and technical resources. CGIAR supports 15 international centres and has over 8,000 affiliated scientists and staff working in over 100 countries. In the past, CGIAR has helped to develop biological control strategies, and detection methodologies for toxins. CGIAR has also established an System-wide Programme on Integrated Pest Management (SP-IPM).

IX. One World One Health¹⁹

17. The One World One Health conference held at the Rockefeller University on 29 September 2004 produced a set of principles (Annex V – in English only) for "establishing a more holistic approach to preventing epidemic / epizootic disease and for maintaining ecosystem integrity for the benefit of humans, their domesticated animals, and the foundational biodiversity that supports us all". The concepts discussed at that meeting prompted participants, including representatives from the FAO, OIE, WHO, World Bank, UNICEF and the United Nations System Influenza Coordination, to examine ways of adapting existing systems of health governance at the global, regional and national levels in a harmonized and coordinated manner. Outbreaks of highly pathogenic avian influenza and fears over the potential for an influenza pandemic subsequently prompted these international organizations to cooperate and coordinate

¹⁵ Including: the WHO; the World Bank; United Nations Children's Fund, the United Nations Population Fund, the Joint United Nations Programme on HIV and AIDS, the Global Alliance for Vaccines and Immunization, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Bill and Melinda Gates Foundation

¹⁶ <http://www.internationalhealthpartnership.net/en/taskforce>

¹⁷ <http://network.human-scale.net/community/ihp>

¹⁸ <http://www.cgiar.org>

¹⁹ <http://www.oneworldonehealth.org/>

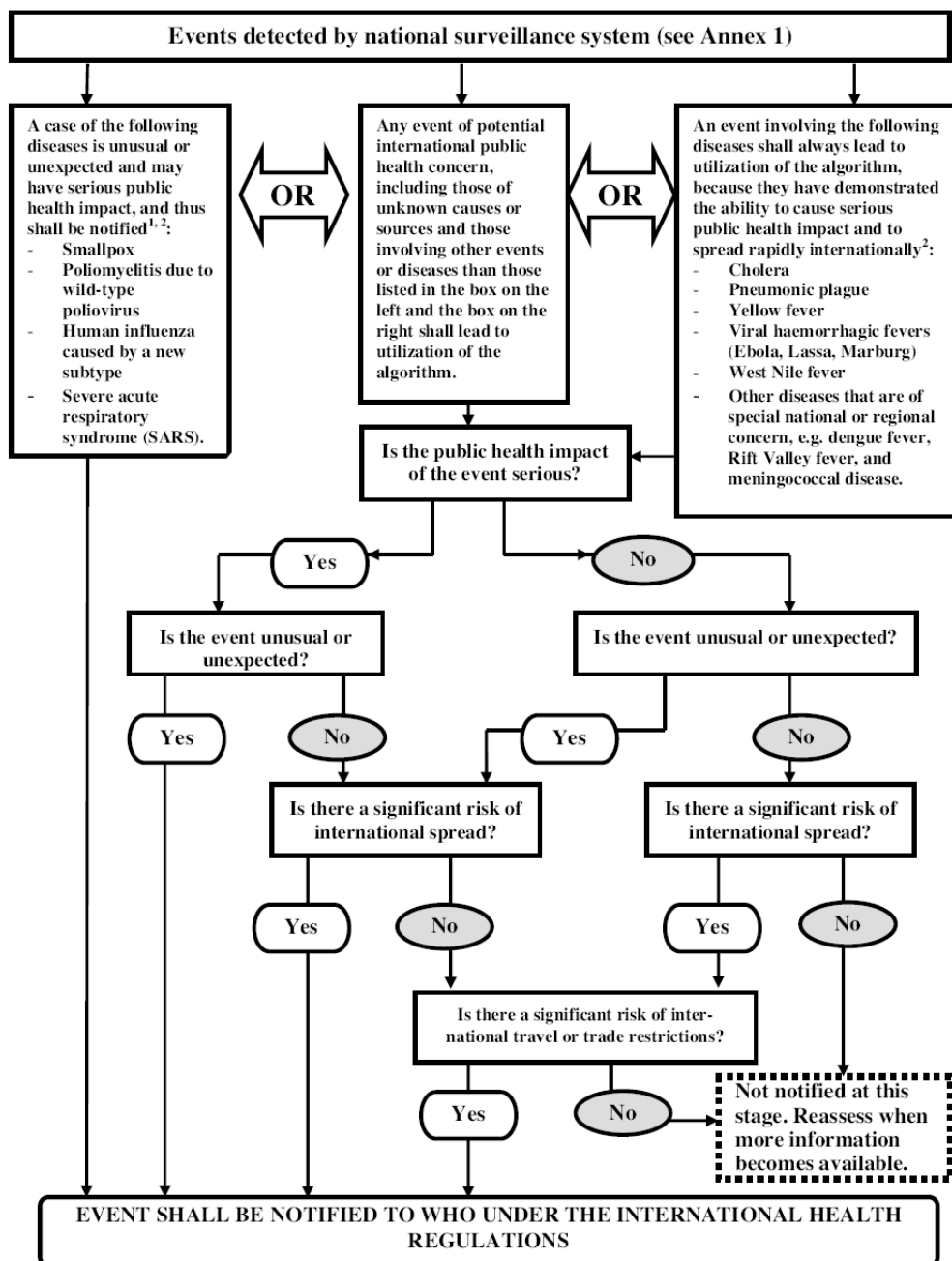
in new ways to deal with disease events that crossed the human-animal disease interface²⁰. This process culminated in a consensus document on the measures needed to coordinate medical and veterinary health policies more effectively, taking into account new requirements to prevent and control zoonoses (see Annex VI – in English only)²¹.

²⁰ Scoones & Forster, The International Response to Highly Pathogenic Avian Influenza: Science, Policy and Politics, STEPS Centre, University of Sussex, 2008, <http://www.steps-centre.org/PDFs/Avian%20flu%20final%20w%20cover.pdf>

²¹ FAO, OIE, WHO, UNSIC, UNICEF, World Bank, Contributing to One World, One Health: A Strategic Framework for Reducing Risks of Infectious Diseases at the Animal-Human-Ecosystems Interface, 14 October 2008, http://un-influenza.org/files/OWOH_14Oct08.pdf

ANNEX I

[ENGLISH ONLY]

IHR DECISION MAKING INSTRUMENT²²¹ As per WHO case definitions.² The disease list shall be used only for the purposes of these Regulations.

²² WHO, International Health Regulations, WHO, Geneva, 2005 Annex 2, available at: <http://www.who.int/ihr/9789241596664/en/index.html> in Chinese, English, French, Russian and Spanish

ANNEX II

[ENGLISH ONLY]

CORE PUBLIC HEALTH CAPACITIES REQUIRED UNDER THE REVISED INTERNATIONAL HEALTH REGULATIONS²³

At the **local level**, states must be able to: detect events involving disease and death above expected levels for the particular time and place; report all available essential information²⁴ immediately up the chain of command; and implement preliminary control measures immediately.

At the **intermediate level**, states must be able to: confirm the status of reported events and to support or implement additional control measures; and assess reported events immediately and if found urgent²⁵ to report all relevant information to the national level.

At the **national level**, states must be able to assess and report urgent events within 48 hours and notify WHO immediately of all PHEIC.

In addition, all states must be able to:

- Determine rapidly the control measures required to prevent domestic and international spread;
- Provide support through specialized staff, laboratory analysis of samples (domestically or through collaborating centres) and logistical assistance²⁶;
- Provide on-site assistance to supplement local investigations;
- Provide a direct operational link with senior health and other officials capable of approving and rapidly implementing containment and control measures;
- Provide direct liaison with other relevant government ministries;
- Provide, by the most efficient means of communication available, links with all relevant facilities²⁷ for the dissemination of information and recommendations received from the WHO;
- Establish, operate and maintain a national public health emergency response plan (including multidisciplinary / multisectoral response teams); and
- Provide all these capabilities on a 24 hour basis.

²³ Adapted from WHO, International Health Regulations, WHO, Geneva, 2005 Annex 1, available at: <http://www.who.int/ihr/9789241596664/en/index.html> in Chinese, English, French, Russian and Spanish

²⁴ Such as clinical descriptions, laboratory results, sources and types of risk, numbers of human cases and deaths, conditions affecting the spread of a disease and the health measures employed.

²⁵ Urgent events include those with a serious public health impact, an unusual or unexpected nature or with a high potential to spread.

²⁶ Including equipment, supplies and transport.

²⁷ Including hospitals, clinics, airports, ports, ground crossings, and laboratories.

ANNEX III

[ENGLISH ONLY]

STEPS TO BE TAKEN UNDER THE WORLD HEALTH ORGANIZATION GLOBAL STRATEGY FOR MANAGING INTELLECTUAL PROPERTY ISSUES²⁸

- Prioritizing research and development needs of developing countries is to be achieved through: mapping global research and development with a view to identifying gaps associated with diseases that disproportionately affect developing countries; formulating explicit prioritized strategies for research and development at country, regional and inter-regional levels; and encouraging research and development in traditional medicine.
- Promoting research and development on diseases that disproportionately affect developing countries is to be achieved by: supporting governments to develop and improve national health research programmes and to establish strategic research networks; promoting upstream research and product development in developing countries; improving cooperation, participation and coordination of health and biomedical research and development; promoting greater access to knowledge and technology relevant to meet public health needs of developing countries; and establishing and strengthening national and regional coordinating bodies on research and development.
- Building and improving innovative capacity can be achieved by: building capacity in developing countries to meet research and development needs for health products; framing, developing and supporting effective policies and promoting the development of capacities for health innovation; providing support for improving innovative capacity in accordance with the needs of developing countries; supporting policies that will promote innovation based on traditional medicine; and developing and implementing possible incentive schemes for health related innovation.
- The transfer of technology both from developed to developing countries and amongst developing countries is to be tackled by: promoting transfer of technology and the production of health products in developing countries; supporting improved collaboration and coordination of technology transfer for health products; and developing possible new mechanisms to promote transfer of and access to key health related technologies.
- Application and management of intellectual property to contribute to innovation and promote public health should involve: supporting information and capacity building in the application and management of intellectual property; providing technical support to countries that intend to make use of provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights, the flexibilities recognized by the Doha Declaration and other World Trade Organization instruments in order to promote access to pharmaceutical products;

²⁸ Adapted from WHO, Global Strategy and Plan of Action on Public Health Innovation and Intellectual Property, WHO Geneva, WHA61.21, 24 May 2008, available at: http://apps.who.int/gb/or/e/e_wha61r1.html in Chinese, English, French, Russian and Spanish

and exploring promoting possible incentive schemes for research and development on diseases that disproportionately affect the developing world.

- Improving delivery and access to all health products and medical devices by effectively overcoming barriers to access through: encouraging increased investment in health-delivery infrastructure and encourage financing of health products in order to strengthen the health system; establishing and strengthening mechanisms to improve ethical review and regulate the quality, safety, and efficacy of health products and medical devices; and promoting competition to improve availability and affordability of health products consistent with public health policies and needs.
- Securing and enhancing sustainable financing mechanisms for research and development and developing and delivering health products and medical devices to address the health needs of developing countries is to be accomplished by: and endeavouring to secure adequate and sustainable financing for research and development and improve coordination of its use; making maximum use of current initiatives and complementing them as appropriate.
- Developing mechanisms to monitor and evaluate the implementation of the strategy and plan of action is to be addressed by: making a progress report every two years to the World Health Assembly; conducting a comprehensive evaluation of the strategy after four years; and measuring performance and progress towards the objectives contained in the strategy and plan of action.

ANNEX IV

[ENGLISH ONLY]

RECOMMENDATIONS ON SOUND GOVERNANCE OF VETERINARY SERVICES AND
THE FACILITATION OF REGIONAL AND INTERNATIONAL TRADE OF LIVESTOCK
AND LIVESTOCK PRODUCTS FROM THE OIE SEMINAR ON GOOD GOVERNANCE
FOR VETERINARY SERVICES, GABORONE, BOTSWANA, JANUARY 2008²⁹

Relevant recommendations include:

- The need to assess options for strengthening national veterinary services;
- The provision of resources for the recruitment of appropriate staff where an urgent need is identified by these assessments;
- International organizations and donors pursue and reinforce support for programmes aimed at the prevention and control of major animal diseases;
- Addressing surveillance on a holistic approach taking into account social, economic and cultural contexts;
- That all member countries develop emergency plans and intensify efforts to study preventative and control measures against priority animal and zoonotic diseases;
- Enhance laboratory twinning activities;
- Reviews of legislation and budgets to ensure timely, fair and sustainable compensation for losses caused by control measures;
- A more thorough investigation into the role of trade and especially that conducted illegally, on the epidemiology of diseases;
- Greater use of public-private partnerships to build capacity; and
- To update legislation so as to bring it in line with international standards and guidelines.

²⁹ Adapted from OIE, Seminar on Good Governance for Veterinary Services, OIE Bulletin, No.2 2008, available at: http://www.oie.int/eng/publicat/en_bulletins.htm in English, French and Spanish.

ANNEX V

[ENGLISH ONLY]

ONE WORLD ONE HEALTH PRINCIPLES³⁰

Participants at the One World One Health conference held at Rockefeller University on 29 September 2004, identified the need to:

- "Recognize the essential link between human, domestic animal and wildlife health and the threat disease poses to people, their food supplies and economies, and the biodiversity essential to maintaining the healthy environments and functioning ecosystems we all require;
- Recognize that decisions regarding land and water use have real implications for health. Alterations in the resilience of ecosystems and shifts in patterns of disease emergence and spread manifest themselves when we fail to recognize this relationship.
- Include wildlife health science as an essential component of global disease prevention, surveillance, monitoring, control and mitigation.
- Recognize that human health programs can greatly contribute to conservation efforts.
- Devise adaptive, holistic and forward-looking approaches to the prevention, surveillance, monitoring, control and mitigation of emerging and resurging diseases that take the complex interconnections among species into full account.
- Seek opportunities to fully integrate biodiversity conservation perspectives and human needs (including those related to domestic animal health) when developing solutions to infectious disease threats.
- Reduce the demand for and better regulate the international live wildlife and bushmeat trade not only to protect wildlife populations but to lessen the risks of disease movement, cross-species transmission, and the development of novel pathogen-host relationships...
- Restrict the mass culling of free-ranging wildlife species for disease control to situations where there is a multidisciplinary, international scientific consensus that a wildlife population poses an urgent, significant threat to human health, food security, or wildlife health more broadly.
- Increase investment in the global human and animal health infrastructure commensurate with the serious nature of emerging and resurging disease threats to people, domestic animals and wildlife. Enhanced capacity for global human and animal health surveillance and for clear, timely information-sharing (that takes language barriers into account) can only help improve coordination of responses among governmental and nongovernmental agencies, public and animal health institutions, vaccine / pharmaceutical manufacturers, and other stakeholders.

³⁰ Wildlife Conversation Society, Manhattan Principles, New York, September 2004, available at: <http://www.oneworldonehealth.org>

- Form collaborative relationships among governments, local people, and the private and public (i.e.- non-profit) sectors to meet the challenges of global health and biodiversity conservation.
- Provide adequate resources and support for global wildlife health surveillance networks that exchange disease information with the public health and agricultural animal health communities as part of early warning systems for the emergence and resurgence of disease threats.
- Invest in educating and raising awareness among the world's people and in influencing the policy process to increase recognition that we must better understand the relationships between health and ecosystem integrity to succeed in improving prospects for a healthier planet."

ANNEX VI

[ENGLISH ONLY]

MEASURES NEEDED TO COORDINATE MEDICAL, VETERINARY AND ENVIRONMENTAL HEALTH POLICIES³¹

The FAO, OIE, WHO, World Bank, UNICEF and the United Nations System Influenza Coordination have agreed on a range of measures to:

- Examine the achievements and lessons learned from Highly Pathogenic Avian Influenza and their relevance to emerging infectious disease;
- Develop a strategic framework that will: include elucidating guiding principles; identify priority actions and target specific diseases; be based upon cost-benefit analysis of the burden of disease; examine the public-private good; detail roles for international agencies; and build on existing institutions and their unique strengths;
- Focus on six specific objectives for future action, including: developing surveillance capacity; strengthening public and animal health capacity; strengthening national emergency response capability; promoting inter-agency and cross-sectoral collaborations and partnerships; controlling Highly Pathogenic Avian Influenza and other existing and potentially re-emerging infectious diseases; and conducting strategic research;
- Discuss a range of cross cutting issues that are relevant to all organizations and settings, including: surveillance and disease intelligence; improving biosecurity; bioterrorism; measures to address socio-economic disincentives; the need to address broader developmental issues; communication strategies; public-private partnerships; and monitoring and evaluation;
- Confront various institutional issues, including: how to build successful networks at the national, regional and international levels; and strengthening institutional coordination and collaboration domestically and at the international level; and
- Review options for financing the framework, including: broadening current activities on avian and pandemic influenza; the global public good and international commitments; responding to avian and human influenza; capacity building for prevention; contingency funding for the unknown; sources of funds; existing initiatives; and options for moving forwards.

³¹ Adapted from , OIE, WHO, World Bank, United Nations Children's Fund and the United Nations System Influenza Coordination, Contributing to One World One Health: A Strategic Framework for Reducing Risks of Infectious Diseases at the Animal-Human-Ecosystems Interface, 14 October 2008, available at: http://un-influenza.org/files/OWOH_14Oct08.pdf