



# HPED NETWORKING EVENT

Bangkok, 18-19 January 2011

Linking the actors of the EU-Asia Regional One Health Programme

## Workshop report

Specific contract Nr. 2010/246-111

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## I. AGENDA



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## AGENDA

### 17 January 2011 (Monday)

18:00 Welcome Cocktail, Garden area 8<sup>th</sup> floor

### 18 January 2011 (Tuesday)

8:00-8:30 Registration, Meeting Room C @ 7, 7th floor

8:30-9:00 Welcome by the European External Action Service and the European Commission (Alain Vandersmissen & Libuse Soukupova)

9:00-10:30 Presentations of the HPED Regional Programme  
Context (EU)  
HPED in ASEAN (ASEAN Secretariat)  
HPED WHO Project (WHO SEARO, Dr. Gongal)  
HPED FAO Project (FAO ECTAD, Dr. Morzaria)  
HPED OIE Project (OIE, Dr. Dehove)

10:30 – 11:00 Tea/Coffee Break and group photograph

11:00-12:30 Presentation of the One Health approach (Dr. Vandersmissen)  
European External Action Service (Dr. Vandersmissen)  
United Nations System Influenza Coordination (FAO ECTAD, Dr. Morzaria)

13:00-14:00 Lunch Break (International Lunch Buffet, Promenade, 4<sup>th</sup> floor)

14:00-16:30 WORKSHOP 1: WHO'S WHO: THE HUMAN CAPITAL OF A HPED NETWORK

Short introduction to stimulate the discussion

One hour in joint plenary session

One and a half hours in three groups along the following axes:

Axis 1: Upgrading the national basis in animal and human health in order to reach a common regional platform for coordination.

Axis 2: Coordinating inside ASEAN and SAARC and in between ASEAN and SAARC

Axis 3: One Health: Boosting a cross-sectoral collaboration between animal health, human health and other sectors that can impact health.

Moderated discussion in three parallel groups

Identification of key issues/suggestions/points for actions and responsibilities – who does what and when? (working with flip charts)

16:30-17:00 Tea/Coffee Break

17:00-18:00 WHERE DO WE WANT TO BE BY THE END OF 2013 (part 1)  
Short introduction to stimulate the discussion  
One hour in three groups along the axes already set in workshop 1

Moderated discussion in three parallel groups  
Identification of key issues, suggestions/points for actions and responsibilities – who does what and when? (working with flip charts)

19:00-21:00 Dinner, Krungthep Suite, 4th floor

19 January 2011 (Wednesday)

9:00-10:30 WORKSHOP 2: THE VISION: WHERE DO WE WANT TO BE BY THE END OF 2013  
Working groups continue in three separate sessions

10:30-11:00 Tea/Coffee Break

11:00-13:30 WORKSHOP 3: ADDRESSING THE CHALLENGES  
Short introduction to stimulate the discussion  
One and a half hours in three groups along the axes already set in workshop 1  
  
Moderated discussion in three parallel groups  
Identification of key issues/suggestions/points of actions and responsibilities – who does what and when? (working with flip charts)

13:30-14:30 Lunch Break (International Lunch Buffet, Promenade, 4<sup>th</sup> floor)

14:30-16:00 PLENARY SESSION Presentation of the results by Working Groups 1+2

16:00-16:30 Tea/Coffee Break

16:30-17:15 PLENARY SESSION Presentation of the results of Working group 3

17:15-17:45 PLENARY SESSION Summary of the workshops and final discussion

17:45-18:00 Vote of thanks and farewell (EU)

19:00-21:00 Farewell Dinner with cultural programme, Poolside, 8<sup>th</sup> floor

## II. WORKSHOP SCENE SETTING PRESENTATIONS

### Introductory Note (1)

(Mr. Thomas Wiley, European Commission, Directorate-General for Development and Cooperation - EuropeAid))

A seminar in this form is necessary for the success of the program and to bring together practitioners of public health, animal health and the ecosystem interface from all over Asia to learn and discuss project progress, how to take advantage of the project, to contribute and work together for the 'ONE HEALTH' goal, to build relationships, to share experience, and to identify ways of working together.

### Introductory Note (2)

(Dr. Alain Vandersmissen, European Union, European External Action Service)

In the past 5-6 years, the European Union (EU) has been a major actor in the global response to avian influenza (GRAI). All programmes that participants are dealing with are parts of the achievement from the GRAI. From 2007, the EU has also been a leader in the 'One Health' approach addressing health hazards originating at the interface humans-animals-environments. HPED is the first regional 'One Health' programme in Asia, it is the first joint programme involving the ASEAN and SAARC secretariats and member states, and it is one of the few programmes through which actions are jointly implemented by OIE, FAO, and WHO.

Changes have been experienced recently in the EU, both in Brussels and in the EU delegations worldwide. A new European External Action Service has been set up, responsible for all political, policy and diplomatic aspects of our many actions outside the EU, including in Health. In practice, this will not affect the new programme. Its implementation remains supervised and monitored by EuropeAid, the development and cooperation directorate-general of the European Commission.

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### Context of the HPED Regional Programme

(Dr. Alain Vandersmissen, European Union, European External Action Service)

The planning of this programme started in 2005 following the Beijing Declaration in response to Avian Influenza, which created partnerships and also initiated the process of unprecedented networking in order to deal with a global health issue at the highest political level. This partnership included several actors, such as the EU, USA, Australia, Japan, Canada, various political actors and institutions such as the UN system and the development banks. The process was then continued through a series of senior official meetings, including the international ministerial conferences held in Vienna, Bamako, New Delhi, Sharm El-Sheikh, and recently, in April 2010, in Hanoi. These meetings have provided a platform for an unprecedented coordination in planning and action and to strengthen jointly

animal and human health systems on a long-term basis. During this process, the approach broadened from Global Response to Avian Influenza (GRAI) to a 'One Health' approach. The participants at this workshop are part of the process.

The Global Response to Avian Influenza was caused by a health-related security threat, particularly in Asia. Such issues with worldwide impact require global political involvement. The EU has supported the attempt to fight influenza, and perceived very early that there should be a link to long term reinforcement of efforts to achieve more sustainable results. Therefore, the expansion to cover all highly pathogenic and emerging and re-emerging diseases, took place rapidly.

The 'One Health' approach is endorsed by more and more actors, including the public and private sectors, as well as academic institutions. In 2011 again, the future is to be written, and all participants, including veterinarians, physicians and environmentalists will be part of the regional collaboration.

The HPED Program in Asia is new and innovative and therefore it needs to be flexible. In terms of political commitment, involvement of regional associations such as ASEAN and SAARC and the EU in those issues is important. The program aims at enhancing the capacity of personnel in human and animal health and to build/strengthen regional networks. It is a test case for interagency collaboration from WHO, OIE, and FAO.

The EU has been very supportive in providing consultancies and commissioned a Study on the Gender aspects of the avian influenza crisis in South-East Asia and more recently an evaluation of the impact and outcomes of the GRAI; both studies came up with some very interesting and important results, as well as many recommendations that should be studied by all parties involved in this HPED program. The final versions of these reports can be found on the EU websites (e.g. [http://www.eeas.europa.eu/health/index\\_en.htm](http://www.eeas.europa.eu/health/index_en.htm)). Information is also provided in other forms, such as e-news references regarding the impact assessment, development cooperation and technical issues.

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## European Union - Regional Cooperation Programme on Highly Pathogenic and Emerging and Re-emerging Diseases (HPED) in Asia

(Ms. Libuše Soukupová, European Commission, Directorate-General for Development and Cooperation - EuropeAid)

The speaker stated that she would try to give an overview on the Regional Collaboration Programme on Highly Pathogenic and Emerging or Re-emerging diseases in Asia (HPED), covering the issues of results, implementation, governance, evaluation and monitoring of the programme.

The vision of the programme started from the EU's regional strategy for Asia in the year 2007-2013, which included important priority components such as cross border cooperation and collaboration in animal and human health. This was the base for creating the

programme. Although the EU has funded other AH – HH cross-border cooperation programmes, its major programme is HPED.

The objective of the HPED programme is to strengthen the institutional capacities of ASEAN and SAARC member states and their secretariats to control the diseases and improve epidemic and pandemic preparedness in Asia. It is a regional programme, focusing on regional organizations and activities within a regional scope. This means that although there are national activities, a strong focus is on the regional dimension. The programme is also inter-sectoral, bringing together human health and animal health practitioners to collaborate jointly on the relevant issues within a 'One Health' approach, which will be discussed later. In addition to avian influenza or other emerging diseases, the programme is targeting all diseases with a high potential for crises.

The objectives are divided into three groups. The first one is enhancing capacities and capabilities of the ASEAN Secretariat and Member countries to prevent, control and eradicate HPED through the creation of a Regional Support Unit in ASEAN; the establishment of the Regional Epidemiology Network; and the establishment of a Regional Laboratory Network. The same applies for the SAARC secretariat and member states: the establishment of a Regional Support Unit, a Regional Epidemiology Centre, and three Leading Diagnostic Laboratories. The third result is the strengthening of the veterinary services in Asia, which is mainly implemented by OIE. This will be indicated by the establishment of a Regional Vaccine Bank, the provision and regulation of the performance of veterinary services, which is now called the PVS pathway, and National and Regional seminars and workshops which are also under ASEAN and SAARC.

This is a four-year programme in partnership with three international organizations: OIE (World Organization for Animal Health), FAO (Food and Agriculture Organization of the United Nations) and WHO (World Health Organization). The EU has signed three individual contracts with these organizations, starting in December 2009 with a contribution of 20 million EUR by the EU. There are also contributions from the partner agencies, resulting in the total programme budget of about 24 million EUR.

Some of the activities have already started, and we have already had the first Steering Committee in July, 2010 in Bangkok, back to back with Global Framework for Transboundary Animal Diseases (GF-TAD) for Asia and the Pacific Steering Committee. Members of the Steering Committee include representatives from the European Commission and other implementing agencies, as well as ASEAN and SAARC Secretariats.

In terms of monitoring and evaluation, the midterm evaluation will be conducted in autumn this year to assess the performance of the programme, to see whether we are going in the right direction, as well as perhaps to have some first lessons learned. It will help propose practical recommendations for future actions. The evaluation will involve a desk study and a field mission to four countries. It is expected that the evaluation will be coordinated with FAO, OIE and WHO and the results will be available in September.

Questions/remarks:

Dr Antonio do Karmo (Timor Leste): "Devoted leaders are needed for the work programmes and the region needs enhanced capacity to improve national capacities."

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## ASEAN Secretariat - Human and Animal Health Collaboration

(Dr. Ferdinal Fernando, ASEAN Secretariat)

The ASEAN secretariat reported on the process of establishing the ASEAN Community until 2015 which comprises of 3 pillars:

1. APSC (ASEAN Political-Security Community)
2. AEC (ASEAN Economic Community)
3. ASSC (ASEAN Socio-Cultural Community)

Each pillar has its own Blueprint describing strategic objectives from 2009 to 2015. The AEC strategic objectives emphasize cooperation, joint approaches and technology transfer intra/inter organizations and the Private Sector. The cooperation includes the area of controlling Transboundary Animal Diseases (TADs) and Zoonotic Diseases as the Roadmap for Highly Pathogenic Avian Influenza (HPAI)-Free ASEAN Community by 2020.

Apart from Animal Health (AH), the cooperation on Human Health (HH) Development, as part of the ASSC strategic objectives, was also emphasized. The framework indicates the importance of healthcare accessibility, healthy lifestyles, communicable diseases control, food security, and resilient mechanisms on disaster prevention, all of which are part of an Emerging Infectious Diseases (EID) Medium Term Plan (2011-2015). It aims at strengthening coordinating mechanisms, networking, information sharing, multinational response, capacity building, advocacy, and collaboration between AH and HH sectors, pursuing its way towards 'One Health' policy, in collaboration with WHO.

The Blueprints of each mentioned community ensure AH/HH programme resilience and collaboration. However, this can only be transformed into reality through strong commitment and dedication of devoted leaders of the 10 ASEAN Member States (AMS). ASEAN plus Three (Japan, China, and Korea) have raised the project to the national level, nominating the AEGCD (ASEAN Experts Group on Communicable Diseases) members as HPED focal points. The main focus is on strengthening the collaboration mechanism between AH/HH sectors at country level. An HPED Regional Meeting should be organized annually for progress monitoring and information sharing. Some of the concerns are that although the aforementioned collaboration and mandates have been established, the implementation mechanism, the harmonization of work programmes and dialogue partners among AH/HH bodies are still unclear.

Questions/remarks:

One participant raised the issue of food security as a new threat to mankind as an example for the need of various sectors to work together. Food security involves not only agricultural

and veterinary professionals but also experts from other disciplines, especially health nutritionists and population professionals.

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## WHO - European Union funded Regional Cooperation Programme on HPED in Asia.

(Dr. Gyanendra Gongal, WHO Regional Office for South-East Asia, SEARO)

WHO reported on background, principles, activities, financial status, problems and on the issue of ASEAN and SAARC collaboration in the HPED project, in cooperation with ASEAN and SAARC Secretariats, FAO, and OIE.

The HPED project is to benefit the population of all ASEAN and SAARC member states. The agreement between WHO and the European Commission regarding this project was signed in December 2009 with a total budget for this component of 4.805 million EURO for a period of four years (2010-2013).

The principles of the HPED project are not to produce new structures, but to support existing programmes and mechanisms at the AH/HH interface where feasible and applicable, as well as to strengthen AH/HH sectors' coordination and collaboration at country level through joint trainings, strengthening laboratory and epidemiological networks, and set targets based on the Zoonoses framework. These have been operated under the WHO Asia Pacific Strategy for Emerging Diseases (APSED).

The ASEAN/WHO collaboration has been successfully established. Upon agreements between ASEAN and WHO, the members of the ASEAN Experts Group on Communicable Diseases or AEGCD will be nominated as HPED focal point. The project funding will be concentrated on strengthening coordination mechanisms between AH/HH sectors at the country level. Lead countries and cross-border activities will be identified. Funds will be transferred to the ASEAN Secretariat through the Annual Work Plan (APW)n process. The Member States will receive funds for agreed project activities such as pilot projects, research grants, national workshops, and meetings.

The SAARC/WHO collaboration has been established and a first regional workshop to introduce the HPED project to SAARC Member States was held in Kathmandu. To accelerate the progress, SAARC focal points for HPED coordination must be identified and project implementation modalities must be developed. A common platform for information exchange between AH/HH sectors should also be established. Workshops and meetings regarding these matters will be held back to back throughout 2011. Technical wise, several inter-country laboratory diagnosis trainings have been organized including a Training of Trainers (ToT) on the application of intradermal rabies vaccination, a cost effective rabies vaccination technique which is one of the most important issues to be conducted in the trainings in rabies endemic countries. The country-level trainings and activities will be continued throughout 2011 to ensure a sustainable and functional coordination mechanism between AH/HH sectors and to raise awareness among policy makers at national level of the 'One Health' Policy.

Regional trainings and workshops will be organized by WHO funded by the two Regional Offices (WPRO and SEARO).

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## FAO - Regional Cooperation Programme on Highly Pathogenic and Emerging Diseases (HPED) in South and Southeast Asia.

(Dr. Subhash Morzaria, FAO, ECTAD)

This programme to support regional organizations is conducted through FAO, OIE and WHO and funded by EU. A series of processes has taken place under GF-TAD's umbrella, in consultation with ASEAN and SAARC. The FAO component concerns the improvement of regional capacities for prevention, control and eradication of HPEDs in ASEAN and SAARC. When talking about HPED, it includes emerging, re-emerging and transboundary animal diseases.

The broad objective of this programme is to contribute to food safety, human health, nutrition and well being, alleviation of poverty in ASEAN and SAARC countries, which is highly compatible with the FAO's broad strategic objectives and the Millennium Development Goals (MDGs). The specific objective is to strengthen and empower ASEAN and SAARC in their ability to prevent, control and eradicate HPED including HPAI. From this programme, 10 member countries in ASEAN and 8 member countries in SAARC will gain benefits.

Major interventions involve strengthening veterinary and public health services, enhancing inter-sectoral collaboration on a regional basis, and broadly adopting the 'One Health' approach. The last point is a very important focus of the programme as inter-sectoral collaboration needs to be enhanced in face of the complex issues related to emerging diseases.

There are three principal beneficiaries of the programme component. Firstly ASEAN and SAARC by their increased regional control capacities for HPEDs. Secondly the member countries of the two associations through improved national capacity in contributing to regional goals. Lastly, the population of Asia, Europe and the global community at large will gain benefits by preventing the emergence and spread of epidemics and pandemics due to HPED.

To build the capacity of ASEAN and SAARC regarding major activities that should be conducted, an institute or platform is required to coordinate activities. Therefore first multi-disciplinary Regional Support Units (RSU) will be established in both ASEAN and SAARC. There will also be the establishment of a Regional Epidemiology Centre (REC) specifically for SAARC. Further both regions will have the have establishment of a Regional Epidemiology network and a Regional Laboratory network.

Regarding the RSUs, their main role is to manage and develop sub-regional cooperation and collaboration for HPEDs control. The activities will be conducted from a project

implementation perspective. Firstly, it is to provide support to the ASEAN and SAARC secretariats and member states to control and prevent HPED. More importantly, there is the regional control of transboundary diseases or HPED, which will involve preparation of plans for prioritizing diseases and enhancing public awareness and communications. Major outputs of the RSUs are in terms of transboundary diseases because a number of issues related to harmonization of disease control and policy related to this issue are required.

Key activities in establishing a Regional Epidemiology Centre (REC), are the establishment of a platform for training expertise on epidemiology, which is a significant issue for gap analyses revealed that the epidemiology centers in SEA are generally weak, further the establishment of linkages with national epidemiology centres through a RE Network, a Field Epidemiology Training Programme for Veterinarians (FEPTV), very important to enhance the capacity, a disease information system at national and regional levels, and information sharing to strengthen regional capacity for epidemiology in order to design appropriate control measures. These activities are built on the already 'ongoing activities'.

Major outputs would be an established formal REC, improved understanding of epidemiology of diseases, an established early warning network and improved strategy for control of HPEDs in Asia, well developed sub-regional plans for the prevention and control of HPEDs and an established platform for knowledge sharing. ASEAN and SAARC need to strengthen their epidemiology networks, which means the strengthening of ongoing networks rather than creating new ones.

The establishment of an epidemiology network encourages coordination of national epidemiology units in member countries for both ASEAN and SAARC, including socio-economic analyses in an organized and coordinated fashion. The network can also assist in organizing national epidemiology groups and conducting appropriate epidemiological studies in Member States for analysis and modeling HPEDs for control programmes on a regional basis. The network will be involved in disease intelligence work at the regional level, understanding of the evolution, emergency and spread of HPED at national and regional levels, and supporting the identification of disease, prevention, control and eradication policies to develop appropriate strategies and actions that are cost-effective and applicable in the grass root society.

In establishing a regional laboratory network, key activities will be identifying leading veterinary laboratories for SAARC and ASEAN and supporting those leading laboratories. These leading laboratories will provide reference facilities for the region. Furthermore, this network provides a training platform, harmonization of diagnostic protocols, generation and sharing of defined reagents, links with surveillance programmes with strong interaction with the epidemiology network, SOPs for surveillance, sharing of training, expertise, reagents, facilities and information as well as strengthening ongoing activities.

The output will be the strengthening of leading regional laboratories identified for SAARC and ASEAN. The regions will have better diagnostic reference facilities, improved collaboration among the laboratories and with national medical laboratories, established quality assurance mechanisms and improved surveillance capacities through high quality diagnostic inputs and collaboration. The strengthened laboratory network will provide

animal disease control and public health authorities and policy makers with more reliable information on which to base decisions. It will provide livestock producers with better diagnostic services and hence greater protection of livestock assets and livelihoods against the impact of epizootic diseases.

The idea of a RSU establishment within ASEAN and SAARC is to create a mechanism for full ownership of the programme and its technical issues that can be translated into policy issues for the regions. This requires strong collaboration of OIE, FAO and WHO. It strengthens the policy identification process and will have a multi-sectoral and multi-disciplinary approach.

Official and formal agreements have been signed with ASEAN and SAARC to operationalize the programme promoting ownership of the programme. Inception workshops for ASEAN and SAARC countries have been completed last year. RSUs and other units have been established in Bangkok and Kathmandu. Terms of reference (ToRs) are prepared and recruitment of regional ASEAN and SAARC staff is ongoing with five new positions. A draft visibility plan has been prepared. Several meetings have been held among both international and regional partners. One meeting was held last month in Sapporo to discuss joint collaboration on HPED, zoonotic diseases and adoption of the 'One Health' approach. The outcome is very clear-cut, with a clearly defined framework for collaboration among WHO, FAO and OIE. A major recommendation is the need for international agencies to better work together. As a result, FAO will further coordinate the meeting about how WHO, FAO and OIE want to move forward and enhance the 'One Health' approach. A draft regional communications strategy on 'One Health' has been developed. Recently, a meeting was held for SAARC member countries to discuss their priorities for a disease control roadmap plan. A number of activities on laboratory networks and cross border disease control activities have been initiated.

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## OIE – HPED project in Asia

(Dr. Alain Dehove, OIE)

In the presentation, details of the OIE component, including the concerned countries, were explained. There are three specific objectives for the OIE component of the HPED project, which are to establish a Regional Vaccine Banks, to enhance veterinary services through the "Performance of Veterinary Services" (PVS) pathway, and to facilitate capacity building activities. OIE will organize national and regional seminars and workshops on good governance of veterinary services and on the necessity of appropriate legislation and implementation through national animal health systems for several important aspects, dealing with highly emerging and re-emerging pathogens in animals. Several trainings for appointed OIE delegates and national focal points in Asia were held during 2010, and are already planned for 2011.

With regards to the Vaccine Bank, the OIE has already set up the vaccine bank for Avian Influenza and has considered expanding the list to other highly pathogenic emerging and re-emerging animal diseases. The current targets for establishment of vaccine banks are Avian

Influenza (40% of the specific budget allocation), Foot and Mouth Disease (up to 30%), Rabies (up to 20%), and other possible emerging and re-emerging trans-boundary animal diseases in the region (up to 10%).

The PVS pathway has three main components. The first step consists of the initial PVS evaluation missions, which most countries have engaged in the process. This process is aimed to define the country's veterinary service objectives and priorities in term of compliance with the OIE quality standards. The second step consists of PVS Gap Analysis missions using PVS Gap Analysis tools. A gap analysis helps countries to focus on priority issues and quantify their needs and determine the activities to be carried out to achieve the expected results. Subsequently, OIE helps the countries to prepare a five-year budget for specific activities, projects or programs to achieve the country's specific goals and encourages countries to monitor progress. During the final step PVS Pathway follow-up missions are conducted. Regular assessment is conducted every few years to monitor and evaluate the impact of the investment. The OIE PVS tool is closely linked to the OIE international standard on quality of veterinary services and this standard is adopted by consensus of 178 OIE members. The current PVS tool is the fifth edition, with 46 total critical competencies, organized around four components. It includes also tools for evaluating aquatic animal health services, which are available upon request.

A PVS Gap Analysis Experts' Manual was published in October 2010, with fully detailed procedures and tools for experts and 42 experts have been trained to implement PVS missions.

Guidelines for conducting a mission and writing a country PVS Gap Analysis Report are available to harmonize the process and to make sure that all experts are following the same procedure and using the same tool. The guidelines are provided with a tool and toolbox. A key component of the toolbox is a budget in an excel document to facilitate decisions on in-country unit costs and the cost estimation cards are linked to PVS tools and OIE standards. The toolbox consists of components for calculation of different technical topics on animal health and food inspection.

The crucial issue to start a Gap Analysis is the outcome of the PVS evaluation, a qualitative assessment of the performance of the veterinary services and documented in a PVS report. The following Gap Analysis provides a qualitative evaluation of a country's needs and priorities. Based on the Gap Analysis Report, the country makes a decision on its policy, activities and required resources, as well as the cost estimation and a five-year budget. Then comes the decision of country's priorities and corresponding activities to reach the selected results. In the PVS report the level for each critical competency, out of 46 critical competencies, is measured. Levels rise from one to five and one is the least. If a particular country is at level 2 and would like to move to level 3, a full gap analysis is processed and different corresponding activities are discussed. Then, quantification of needs and a budget is prepared following a discussion concerning different human and financial resources. Specific regional constraints e.g. animal movement control or movement of animal products must be taken into account when measuring.

The output of the Gap Analysis can be used for either internal discussion among the country's authorities, international organizations or granting agencies/donors for preparation of an investment programme based on the Gap Analysis Report.

The OIE budget on the HPED programme is primarily allocated to the establishment of a vaccine bank (68%). The remainder would be allocated to 16% each for PVS pathways and capacity building components. In addition, OIE has been working closely with several organizations and granting agencies for its mission.

Implementation of these specific activities will be performed along with the existing coordination mechanisms (GF-TADs), and will include partners from several health-related sectors, including FAO, WHO, ASEAN, SAARC and donors.

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Questions/remarks:

Dr Antonio do Karmo (Timor Leste): Regional and political networking is very important. Therefore he requested that Timor Leste be a part of the PVS mission.

OIE response: The country delegate can write to OIE Paris to request for initiation of a PVS mission.

A participant from Sri Lanka: The role of the World Bank (WB) in supporting the government of Sri Lanka must be highlighted as they supported the training of 70 individuals from AH and HH of several countries in epidemiology and on the OH approach.

Dr Maznah Ahmad (Malaysia) asked if there are any specific HPEDs which should be addressed besides HPAI.

FAO: If one looks at crosscutting issues in the OH approach, then individual crises are easily picked up by following a systematic approach. There is a process of regional prioritisation.

OIE: When there are sustainable public and animal health systems, then epidemiology networks and disease control networks will become sustainable.

WHO commented that, to deal with cross-cutting issues, the systematic approach is the practical approach. The system should respond to any diseases in a timely manner instead of focusing on one area or one specific disease. For that matter, the enhancement of a flexible communication capacity on disease surveillance is required. However, certain boundaries for flexibility need to be established and should be moved from crisis management to prevention management, so that the emerging of new diseases will slow down while we are tracking down the existing diseases. Develop capacities to face emergencies. A single sector cannot address such an issue. Focus should be put on strengthening systems. The investment should go directly to hotspots or risk-based areas, which apparently are major in Asia.

ASEAN secretariat: Some regional diseases that have been identified are included in the HPED programme.

FAO: A weak point of veterinary services is communication to farmers, both in times of crises and normal times, about what they are doing to assist them. The identified communication focal points should strengthen communication in veterinary services and for each focal point there should be specific ToRs

Ingo Neu: Projects have a time line from their inception to their implementation. The HPED project was designed following SARS and the first Avian Influenza outbreaks, when emerging infectious diseases were seen as serious global threats. Today, following the experience with a rather moderate pandemic the perception of governments and the public may have changed as far as the relevance of the project is concerned. A question would be whether this changed perception might impact on the implementation of the HPED programme.

Alain Vandersmissen: H1N1 may have created skepticism among policy makers. In Europe for instance, political people are skeptical concerning the need for pandemic preparedness, therefore focus in the project is on communication in emergencies and outside emergencies. The issue of H1N1 is a lesson learnt on the impact of government and people's perception that interfere with implementation mechanisms at country level.

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## European Union - Presentation on 'One Health' Approach

(Dr. Alain Vandersmissen, EU, EEAS)

The purpose of the speaker is to give participants the broad concept on the substance of 'One Health' in the way the EU has interpreted it. For the background, 'One Health' is certainly not something new. It can be traced back to ancient times, even before Christ, in which there were texts speaking about the fact that if animals were sick, people were sick as well. That idea is not much different from 'One Health'. However, the interdependency between human and animal health started to be documented in the 19<sup>th</sup> century by a German physician and politician named Rudolf Virchow. Later on, the idea of Virchow was supported by his disciple, Osler, who was considered father of the "One Medicine" concept, whose idea was the same line of thinking as 'One Health'. The expression of One Medicine was coined later on in the 60s by an American named Calvin Schwabe, who called for the unified approach between human and veterinary medicine, but mainly focusing on zoonoses, which is rather limited in comparison with the 'One Health' approach. In the modern period of 'One Health', the Wild Life Conservation Society offered 12 principles called "The Manhattan Principles", which were then labeled as a protected trademark.

As for the definition of 'One Health' as we understand and practice it inside the EU institutions, 'One Health' is to improve wealth and wellbeing through the prevention of risks and mitigation of effects that originate at the interface between human, animals and their environment. The definition is broad. Many things can be practiced inside this broad definition.

For that purpose, 'One Health' is to promote a multi-sectoral and collaborative approach to health, and to promote a "whole of society" approach to health hazards as a systematic change of perspective in the management of risks. 'One Health' is not a revolutionary concept, because it started a long time ago. It is not a religion, so there is not a dogma. It's open. It's not a monopoly, nobody owns 'One Health'. It is not the property of medics, veterinarians, environmentalists, or any sector. It's an open issue for public good.

'One Health' is an approach fitting with our time and with globalization that created for a completely new epidemiology situation and context. It is a conceptual framework for international and interdisciplinary networking. It is a state of mind and a federating process aiming at boosting cross-sectoral collaboration and maximizing positive impact on human and animal health and wellbeing. 'One Health' is an evolving concept. It is a tool for thinking and acting in an innovative manner. It is an opportunity and it is what we can decide to make out of it in our region, country, ministry and project. 'One Health' can be envisaged in different ways. Some countries or some institutions could focus mainly on zoonoses if it is what they are interested in or because it is their situation. It can also be broadened up to the social environment or economic environmental issues. It is what we will decide and what we have to put into practice.

The European Commission made some key declarations during the two last health ministerial conferences. The first one was in Sharm-El-Sheik, in which the Commission welcomed and encouraged the evolution of the AI response towards a concept of a more integrated and global approach to Health.

Nowadays, the intersection between human health, animal health and ecosystems are multiple. Besides, the emerging and re-emerging diseases, including those at the interface of human, animal, and ecosystems are a threat, together with climate change, natural disaster, deforestation and armed conflicts. They affect human security. Therefore, they should be part of the EU policies for crisis prevention.

In response to this, 'One Health' is fitting with the political priority of the European Commission in both internal and external matters, security matters, and in external relations. 'One Health' is also linked to livelihood and equity, while we are in the middle of the question of poverty alleviation, of millennium development goals and so on. 'One Health' fits with EU objectives, including global security, social justice, international cooperation, multilateralism and the fight against poverty.

After Sharm-El-Sheik, there was a meeting in Hanoi, which was attended by 71 countries and regional bodies. This meeting resulted in the Hanoi Declaration, which was adopted unanimously. The Hanoi Declaration refers to 'One Health', stating that 'One Health' is the first step towards improving health. Furthermore, the Declaration also includes strong focus on cross-sector cooperation. The opening speech of the EU stated that the Way Forward should not only focus on continuation of responses to highly pathogenic influenza or other zoonotic diseases, but also permanent readiness for all potential pandemics and more generally all high impact health threats.

Reducing risks, known or unknown, which exist at the interface between animals, humans and the environment calls for innovative approaches. An increased and improved collaboration between sectors and disciplines is essential, in full respect of the autonomy and self-management of all of them. The experience of H5N1 and the A/H1N1 pandemic has demonstrated that communication to all levels of society had to be revisited and improved.

At the end of the first decade of the 21<sup>st</sup> century, mankind is experiencing dramatic changes of environment and increased movements in all dimensions. Leaders and populations have to learn to live again with uncertainty and to prepare to respond to risks and incidents of an unpredictable nature under the umbrella of a 'One Health' cross-sectoral approach.

In terms of practice for the external actions of EU, since the early 90s, the EU has been strengthening its actions in Asia through many programmes and projects in Cambodia, Laos, Vietnam, etc. And recently, a new EU animal health strategy was established, focusing on all issues linked to animal health, including public health. EU also has initiatives in research, as well as joint infectious disease programmes and so on. This programme is also a very important action of the EU to get a start on 'One Health'. The EU has the Declaration of the Commissioner for Health to the Council and to the meeting of the Global Health Security Initiative, which is the high level meeting taking place every year.

'One Health' is not a revolution, but a federated vision and cross-sectoral collaborations to be continued in the future, for the next 2-3 years, to support many countries in continuity with the previous efforts, including H5N1 and A/H1N1.

Epidemics and pandemics of the 21<sup>st</sup> century can start anywhere and anytime. The 'Whole of Society' approach will be more relevant to what has been mentioned before. And the management of uncertainty and "whole of society" preparedness is directly linked to 'One Health'.

In order to continue the project, there were key meetings that took place in the last couple of years. The first one was Winnipeg, the expert conference in March 2009 held by the Public Health Agency of Canada. It is the first step to go from the approach of 'One Health' to really putting things into practice. That meeting was followed by another 50 experts' meeting in Atlanta in April 2010. This meeting came out with the set of several working groups, one of which was the Global One Health Network.

As for the way forward, we will have the first more scientific international congress on 'One Health' in Melbourne in February 2011. All participants are encouraged to attend such conference, in which EU is contributing financially by supporting the participants from certain members of Asian countries. There will also be the Tripartite agreement between WHO, FAO, and OIE on cooperation in 'One Health'. The next important step will be the ministerial conference or senior officials meeting, which will be held in Cancun, Mexico, in November 2011. The preparation of this event has started with cooperation between the government of Mexico, and for the time being, WHO, FAO, and OIE preparing the agenda.

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## United Nations System - Presentation on 'One Health' Approach

(Dr. Subhash Morzaria, FAO, ECTAD)

As the EU has elevated 'One Health' as an approach to a global crisis, a convergence of thinking among major international agencies about 'One Health', which is a strongly evolving concept and approach, was presented and its broad principles are agreed upon by major international agencies and funding agencies.

In 2007, the IMCAPI meeting in New Delhi on Avian Influenza triggered the concept of 'One Health' approach. It recommended that there were a continued risk of re-emergence of pandemic influenza. It is also recognized that HPAI is one of many other emerging and re-emerging infectious diseases and the issue of emerging infectious disease should be addressed in the context of animal-human-ecosystem interface using the 'One World One Health' approach. As a result, international agencies formed an alliance by developing a strategic document that provides leadership into making 'One Health'. This was presented to Sharm-El-Sheik and more meetings in many countries.

This document recognized that economic development and diseases are very much linked. Furthermore, disease control cannot be carried out in isolation of livelihood. Apart from addressing a single disease of human or animals, it recognized that there are many contributing factors, including wildlife. It is also important to understand the epidemiology and dynamics of infection and transmission of viruses and other diseases so that a sound evidence-based decision about disease control can be made. Communication and cross-sectoral collaboration are also emphasized as well as political commitment.

Some EIDs have huge impact, causing death, economic impact, widespread economic and social disruption, affect livelihoods and wellbeing of human society, and threaten human lives, food safety and security. Studies over the last 50 years show that there is approximately one new disease that emerges every year. Most of them are zoonotic and the percentage is increasing. Many diseases are transboundary with global impact. As a result, it is generally accepted that the control of HPED is an international public good.

Different diseases cause different impacts, depending on where the disease occurs. Foot and Mouth Disease (FMD) in a poor/developing country may not have a huge impact as in Europe. Thus, it's important for each country to support disease control in poor countries.

Regarding the economic impact of pandemic influenza, the economic loss reaches trillions in case of moderate infection. It is therefore very clear that prevention is cost beneficial. When we look at the real cost in US dollars, the biggest problem would not fall in developed countries. On the contrary, most developing countries have more serious problems for the loss of income in GDP percentage. That is why it is very significant in the context of global public good.

Regarding drivers for emergence and spread, most factors are human factors, primarily population growth. Most of the growth will occur in developing countries. Asia has very

strong economic growth and there is increasing demand for livestock and livestock products.

In the context of demand for food, demand for meat and milk will double in the next 10 years. In 2020, when the population has gone to 7.5 billion, humans will need 50% more animals. As a result, animals will be competing for food with humans. Large numbers of animals will be raised in places where humans are not biologically secured, which increases a chance of emerging disease.

Wildlife enhances the context of novel pathogens and creates emergence of new diseases. Forest encroachment and trading of wild animals generate significant spread of disease. In addition, climate change and globalized travel and trade have contributed to the enhanced spreading of pathogens.

'One Health' means different things to different people because it is evolving, broad and flexible. Despite its flexibility, certain boundaries need to be delineated by focusing on emerging and re-emerging infectious diseases and looking at the animal-human ecosystem interface with the diseases that have pandemic and epidemic potential with wide ranging impact. It also proposes the OWOH approach. Because of the trademark of this particular phrase by the Wildlife Conservation Society, increasingly more people are referring to this approach as 'One Health' approach.

For objectives, 'One Health' has to move from crisis management to prevention action, which requires investment and is challenging. In order to convince people to invest in prevention, technical people who are intimately involved in this issue have the responsibility to communicate its importance. It is important that robust capacity, both in public health and veterinary health, are build according to the standards defined by WHO and OIE. Another objective is to strengthen the national and international emergency response capabilities.

There should be significant investment in more risk-base surveillance programmes, which are based on the hotspot concept developed by Kate Joans. Hotspots are defined as where the disease is entrenched, and linked with high population density of both human and animals. The study of Kate Joans was conducted on disease emergence and risk associated with this definition based on historical data. The study shows that, beside Africa and South America, Asia is a major hotspot of disease emergence and spread in terms of zoonotic diseases that emerge from domestic animals, drug resistant emergence and vector borne diseases.

There was a broad endorsement of this approach at Sharm-El-Sheik, further consultation in Winnipeg, consisting of different groups of intellectual people from Universities and Environmental Research Institutions, and afterwards the last IMCAPI meeting and a meeting in Atlanta. Currently, there are several EID programmes, including HPED, that are implemented under the 'One Health' approach.

Another major programme supported by US government is called 'Emerging Pandemic Threat Programme' (EPT) to prevent, at the earliest stage possible, zoonotic diseases that

pose a significant threat to public health in the last few years, we have been involved in a number of interactions in various countries, which are strongly committed to the 'One Health' approach. Four different consultations on 'One Health' are organized within a month. In the first week of February, there is a Regional UN workshop involving 'One Health' in Bangkok and the following week has a consultation by APEC on 'One Health' in the Philippines. FAO and OIE will support the symposium of the Federation of Animal Veterinary Association. There is also a health consultation in Melbourne in the third week of February.

Finalizing the presentation, EID are complex problems that require involvement of a large number of partners from different sectors. It is a global challenge, requiring global commitment and solutions, and it is built on successes and lessons learned. At the moment, there is a need for greater ownership and greater understanding. This networking event is a fantastic opportunity for us to make our input and get broad clarification and understanding what 'One Health' is, because the more we understand, the more we embrace it.

#### Questions/remarks:

Participants from Bangladesh raised concern on the population control issue, which if unsuccessful, can interfere with the controlling of AH/HH diseases and food security as well.

Dr Nazrul Islam (Bangladesh): "In giving attention to zoonoses, we are waiting for one issue to be addressed as well, the human population. A small country with a huge population is bound to produce more livestock to support the food security and employment issues. Therefore it is very important to think of population control."

Sri Lanka: "What are the criteria to select countries to be included in the list of OH countries? Response (speaker unknown): "Countries of which governments have officially endorsed the OH approach and included in the government strategies for the coming years."

Bernadette Abela (WHO): "How do we get national governments/communities and technical agencies to work together on the OH approach?"

Nepal: "The national HPAI preparedness plan was developed with support from WB. Thus, when the first outbreak occurred it was rapidly controlled. In the same way rabies was controlled rapidly with the exception of the south, the border area with India. To address this transboundary issue we look at the HPED project for support."

Mari-Paule Benassi (EU China): "Strengthen the link between OH and the food security theme. What is needed are sustainable agricultural policies for food security."

Ingo Neu: "Are we not missing in these meetings e.g. urban planners, population experts, etc.? Here we only have AH and HH persons"

Dr Subhash Morzario (FAO): "Agriculturalists and environmental specialists should become part of this as well. Agricultural production systems are still missing in the OH interface."

### III. WORKING GROUP DISCUSSIONS

#### Axis 1: Upgrading the national basis in animal and human health in order to reach a common regional platform for coordination

Group members: Representatives from Bangladesh, Bhutan, Cambodia, Indonesia, Maldives, Nepal, Thailand, Sri Lanka, EC, FAO, OIE, WHO SEARO.

Moderator: Dr. Elisabeth Dieleman

#### Workshop 1: Who's Who: The Human Capital of a HPED Network

In order to reach a common coordination system, the SAARC and ASEAN Secretariats can be elements of cooperation, but they are not the only ones. Some other actors or focal points may play larger roles in enhancing regional and national cooperation by promoting ongoing contact to share urgent messages; cooperating in other fields, such as the environment; and creating websites as starting points to share information, not only among agencies responsible for human and animal health, but also for wider participating organizations. However, HPED should not only focus on how to control infectious diseases or zoonoses, but should also address border control issues to prevent disease entrance.

Key issues/recommendations to reach a common coordination system at national level:

The existing common platforms for human and animal health are usually active only during emergency situations. In contrast, during normal times, nobody pays much attention to them.<sup>1</sup> Therefore, functional policy mechanisms at the country level can be promoted by establishing a common platform through combined annual animal and human health meetings/ongoing activities (e.g. animal and human health planning, proposal writing, disease diagnosis, surveillance, identification, rapid response; FETP; human health emergency intensive care). It might be necessary to establish committees to coordinate control mechanisms, build in-country capacities for multitasking in order to address diseases other than HPAI, to establish pandemic preparedness plans with bi-annual simulation exercises, and to encourage all stakeholders to get involved and exchange ideas. In this respect, international standards (PVS, IHR)<sup>2</sup> should also be taken into account.

There are problems regarding the identification and reporting of diseases. For example, existing reporting systems are often not adequate and it may take too long for people to report a disease. Therefore, preventive measures cannot be taken in time, resulting in significant losses. A regional database like WAHID is needed to solve this problem. It is essential to promote systems for early detection, identification, and reporting of a disease at all levels<sup>3</sup>, as well as to improve capacities of animal and human surveillance systems to

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<sup>1</sup> Cambodia's AI committee was very active in the beginning, to date it does not work anymore. As zoonoses require combined coordination, a meeting with FAO and WHO is needed to start coordinating again.

<sup>2</sup>FAO & WHO have published a guide with minimum requirements for surveillance, coordinated response, etc.

<sup>3</sup>For example, In India there is a large variation in quality of locally responsible departments. Local level municipalities have health staff but no veterinarians.

address concerns of the poor. This can be done through the establishment of rapid response teams at sub-district level, the use of volunteers to work together with government officers, and the formation of local networks. Furthermore, surveillance and information systems should also be established at national and field levels. The existing pandemic preparedness plans must be reviewed and translated into action plans with the necessary legal frameworks. In Thailand for example, each province has multi-sectoral action plans.

In some countries (such as in India and Sri Lanka), communities are not willing to share information or to report a disease due to the lack of incentives and other social and economic reasons. To solve this problem, apart from providing more compensation or more incentives to report a disease, it is also necessary to improve public awareness concerning the concept of 'One Health' and to enhance confidence among country stakeholders. This could be done by use of the media, as well as through supporting training courses and the provision of knowledge to people. The 'One Health' concept should be engrained in children by including it in school curricula.

In order to promote behavioral change among the population, knowledge communication must be enhanced, as well as the training of (para)professionals at all levels. Therefore, FAO, OIE, and WHO should organize national networking workshops to facilitate actual collaboration and communication between AH and HH sectors, in addition to regional ones. In terms of awareness raising, a national health curriculum should be promoted.

Information sharing mechanisms must be improved, focusing on transparency and strong advocacy for better coordination. This can be done by ensuring compatibility of the existing systems and establishing clear strategies about communication. Shared surveillance and information systems should be established at regional, national and field levels. Other issues to be considered include the laboratory capacity development at all levels. In this process, referral of samples should also be promoted.

In establishing mechanism, consideration must be given to the different situations and capacities of countries, while the big picture has to be maintained. Project managers have to review the status of each country before making strategic plans on how to communicate and share information, as well as on establishing guidelines (SOPs) to stimulate the implementation of such plans. Furthermore, it is necessary to enhance capacity to deal with problems at the grass-roots level. However, proposed actions/activities can only be successful and sustainable when governments take ownership.

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Thailand's department of disease control considers the district level most important, as that is where implementation takes place. Key indicators are: multi-sectoral district health committees, multi-sectoral plans, strengthening of SRRTs (surveillance of abnormal events) and fund allocation.

### Summary of recommendations for a common coordination system:

1. Review of pandemic preparedness plans and translation into action plans with legal frameworks
2. Surveillance and information systems at regional and national levels
3. Laboratories at all levels, including capacity development; referral of samples
4. Animal health and human health disease diagnosis; surveillance, identification, rapid response; emergency intensive care (HH)
5. Knowledge communication: training professionals and paraprofessionals at all levels
6. Regional cooperation and cross border actions.

### Workshop 2: Where do we want to be by the end of 2013?

All participants agreed that, by the end of 2013, capacities to deal with emerging disease should have been built. This includes routinely functioning combined (AH & HH) surveillance and rapid response teams at decentralised and lower levels. Pandemic preparedness plans will be in place and at least field tested once in every country, a baseline for animal diseases will have been established and achievements according to the IHR been met until end of 2012. PVS and gap analysis reports will be available for each country and have preferably been shared. ASEAN/SAARC will play roles in coordinating and monitoring these activities.

There will be more effective control of diseases, hence less damage and loss of life. The following disease priorities including necessary legislation, surveillance and vaccines will have been established for the ASEAN region: FMD, CSF, rabies; and for the SAARC region: FMD, PPR, AI and rabies. Chief Veterinary Officer (CVO) meetings will have demonstrated a joint consensus to work on rabies.

Routine notification of diseases such as rabies will be strengthened<sup>4</sup>. Pilot projects on rabies will be implemented, while concepts and ideas have been tested. National and regional guidelines for progressive control of rabies (dogs, wildlife, human health) will have been developed with concrete action plans and defined roles and responsibilities. International organisations/ASEAN and SAARC should set the regional guidelines and coordinate and monitor the pilot programme(s). Individual countries will take some guidelines from there with time lines for clear country activities.

N.B. To date there is no funding available at country level to tackle rabies control, therefore donors have to be found for such programmes. Within the HPED programme there are no funds for continued (dog/wildlife) vaccination. Information and communication will be improved through an on-line information system established in the RSU. Information sharing can take place through e.g. videos<sup>5</sup>, mp3 files, a portal for e-learning, a resource

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<sup>4</sup> OIE: Rabies is a notifiable disease and should be treated as such. The OIE has standards on stray dog population control therefore the OIE feels it has to set up the regional coordinated approach to control rabies, which is an animal health responsibility.

<sup>5</sup> The Indian Counsel for Agricultural Research has a FMD video

library (database). Other concrete improvements include accessibility of vaccines, either imported or regionally produced, as well as country collaboration regarding vaccine production capacities<sup>6</sup>.

It was recommended to work at regional levels concerning quality control of vaccines and validation of regionally produced vaccines, to work together towards common legislation, to develop international and regional standards for testing, and to test the produced vaccines and diagnostics in one designated reference laboratory in the region.

What to do to assure sustainable achievement?

In order to assure sustainable achievement, it is necessary to establish regional consensus among countries concerning other diseases apart from rabies. ASEAN and SAARC may organize meetings with countries in the region and focus on how to increase regional commitment, as well as to enhance harmonization of approaches in the region. Issues concerning human and animal health should be put into legislation<sup>7</sup> and cross-border control should be strengthened. Existing systems can be enhanced by clearly defining effective functions of coordination, as well as identifying responsible personnel to facilitate collaboration, such as e.g. the Department of Animal Husbandry. Other facilitators may be supported by WHO, FAO and OIE. It may be necessary to institutionalize the organizations to ensure commitment from those countries. For example, in Cambodia, there is a third party (the National Centre for Disaster Management) involved in dealing with highly pathogenic diseases in order to get cooperation and commitment among all parties concerned. In Thailand, a special platform to give policy guidance on continued preparedness was established at the national level. In terms of capacity building, the issue of training curricula for personnel must be addressed.

Workshop 3: Addressing the challenges

Reporting disease findings is still a problem in many countries. It may result from fundamental economic issues of farmers, or from the lack of public awareness on the severity of the diseases, particularly at the grass root level. There may also be lack of cooperation in reporting, caused by delays due to government hierarchy relating to the existing report system (paper reports by post from field to district to central level). To address this problem, more effective communication systems should be established. Modern communication and information technology, including web based networking systems, real-time reporting from the village sector by use of mobile phone and SMS, should be promoted. Legal policies for disease reporting have to be developed including fining of farmers, to prevent hiding of animals and/or sale of diseased animals. Programme ownership therefore has to be with governments to ensure law enforcement. Furthermore, incentives may be necessary<sup>8</sup>, as well as joint simulation exercises and training programmes to educate farmers in order to understand why it is necessary to cooperate and abide by the

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<sup>6</sup> E.g. India produces rabies vaccines for several countries

<sup>7</sup> OIE: Legislation is required for of all veterinary levels, also public-private partnerships which include paravets.

<sup>8</sup> Poor subsistence farming is conducive to continued spread of zoonotic diseases. Governments should create systems for subsistence farmers to raise their level of existence outside farming through job creation.

law. This also involves cross-border issues, including joint case/outbreak investigation and sharing of information. Furthermore, the private sector should be encouraged to play a more active role in disease reporting, particularly in countries with a limited number of veterinarians.

There are some limitations in terms of budget and resources, reflecting the needs for good policy support and political commitment especially for the livestock sector. Implementation of feasible programs is necessary, as well as the transparency of operation. However, agriculture is often considered of lower priority compared to other sectors, resulting in insufficient budgets and difficulties implementing animal health programmes. Therefore, attempts must be made to improve budget allocations (taxes) or to identify additional financial support (economic developed countries could assist poorer countries in addressing diseases in order to protect regional/international trade).

Human resource development is still an issue at the local and community level. Participants propose a training curriculum for volunteers in surveillance of unusual events. There should be "Training of Trainers" programs to provide knowledge to officers whose work is related to animal and human health. In Indonesia, such training courses have been held at sub-district level. In countries with limited numbers of veterinarians it might be an option to promote the roles of para-veterinarians, animal health workers, and public health volunteers. They could play important roles in providing vaccination to animals and helping to report emerging or re-emerging diseases. In Nepal animal health workers are trained to work with the veterinarians and the result is quite satisfactory.

Other points of actions should include the following:

In response to communication challenges, it is necessary to establish hot lines and points of contact, as well as a multi-sector coordination mechanism. Good surveillance systems and networks for early detection and response must be built and dialogue between countries should be improved.

To cope with financial problems, various economic approaches can be used. For example, subsistence farming can be developed into bigger scale. More developed countries should be encouraged to help less developed countries for mutual benefits. In order to get financial support from the government or external bodies, it is necessary to have clear commitments concerning projects to be implemented and to put more focus in high-risk areas. Moreover, government ownership of the programme is important in order to get the government's commitment on the resource provision.

To facilitate project implementation it is necessary to enhance good policies and planning from the very beginning. It is also advisable to develop legal frameworks and to assure enforcement of existing laws regarding human and animal health issues. Education and training of people should also be strengthened in order to achieve better compliance of the population. OIE is developing a global guideline to assure certain 'One Health' inputs in the curricula for veterinary universities.

Summary of the challenges to ensure sustainability:

1. Multi-sectoral planning
2. Political commitment, support and ownership
3. Availability of resources
4. Human resources development, awareness at grassroots level, training AH staff at sub-district level, FETP(V)
5. Improving the livelihoods of subsistence farmers
6. Building surveillance capacity at national and grassroots level
7. Addressing cross-border issues
8. Web-based real-time disease reporting, e.g. SMS-gateways
9. Increased dialogue between countries to address common problems

## Axis 2: Coordinating Inside ASEAN and SAARC and in between ASEAN and SAARC

Group members: Representatives from Bhutan, Bangladesh, China, India, Indonesia, Malaysia, Myanmar, Pakistan, Timor Leste, ASEAN Secretariat, FAO, OIE and WHO.

Moderator: Dr. Ingo Neu

### Workshop 1: Who's who: The Human Capital of a HPED Network

The first session of the workshop focused on some specific activities that have already been implemented for HPED eradication in ASEAN and SAARC Communities such as cross-border diseases prioritization, communicable disease experts group establishment etc.

Representatives from SAARC countries stated that synchronization of cross-border activities within SAARC needs to be established in order to have a better and more successful impact. ASEAN experiences and knowledge are very important for SAARC as ASEAN has carried out already many projects and while there might have been challenges and problems, certain progress has been made. The ASEAN Secretariat confirmed its willingness to support SAARC Member States and stated that from their experience one reason why countries haven't yet shared common procedures is because their implementation periods vary from country to country. Once the "later" countries catch up cross-border activities become more synchronized. However, the political situation between countries and within countries is also an essential factor, but this will not affect the health programme collaboration at regional level.

OIE confirmed its support to SAARC countries but requested SAARC participants to request support and commitment from their high level policy makers to strengthen ASEAN and SAARC cooperation mechanisms.

The following are some of the ideas on how ASEAN and SAARC can share experiences, expertise, and visions from their existing activities and human capital on AH/HH programmes within the HPED network.

- Utilise the regional institutions to collect information about practices, formats, etc. and share those among the Member States (e.g. cross-border check of HH and AH; quarantine practices)
- Work towards harmonization of national practices and formats
- ASEAN/SAARC to support the geographic and timewise synchronization of certain activities (vaccinations, etc.) that would have important cross-border implications
- ASEAN/SAARC to support cross-border information exchange.
- Organise 1-2 HPED/ SAARC - ASEAN experience exchange workshops dealing with certain topics:
  - Cross-border surveillance experience of ASEAN countries
  - Compensation procedures etc. (Decision to be endorsed to GF TAD Steering Committee for Asia).
- Assure close communication between RSUs and the HPED FOCAL POINTS in all countries.

- PVS Evaluation and/or PVS gap analysis to be carried out in all remaining countries
- SAARC/ASEAN secretariats to use the evaluation and gap analysis data from their member states to develop regional strategies.
- Member States and the HPED programme need to provide support to the secretariats so that they can carry out the proposed activities.
- While regional and national coordination and cooperation is important, it is also very crucial to assure implementation and collaboration at the operational level in the field.

Participants from OIE, WHO, FAO, and ASEAN Secretariat confirmed their support for the above ideas on AH/HH cross-border and know-how based cooperation for the purpose of regional integration. This will involve collaboration not only amongst policy makers but also staff at field level from both ASEAN and SAARC AH/HH units to improve the standard of HPED control and put 'One Health' approach into reality.

Workshop 2: The vision: Where do we want to be by the end of 2013?

The discussion went to the concept of institutionalizing ASEAN and SAARC coordination mechanisms for prevention, detection and response to all kinds of AH/HH threats as well as optimizing institutional capacities for ASEAN and SAARC Secretariats. The mechanisms include cross-border cooperation among field staff in AH/HH sectors at national and regional levels. The following is a summary of steps that should be taken to achieve the goals.

- HPED related needs assessments completed in all SAARC countries (e.g. laboratory capacities, epidemiology, etc.)
- Establish networks and functional units (e.g. Epidemiology, etc.)
- Improve equipment and staffing of regional facilities (e.g. reference laboratories) to enable them to carry out their regional support functions
- Establish (technical level) units for human health and animal health at the SAARC secretariat
- Work towards achieving highest level political commitment of SAARC countries to jointly work on HPED issues
- Establish certain SAARC working groups (e.g. SEGCD = SAARC Expert's Group on Communicable Diseases)
- ASEAN secretariat to support activities improving awareness among civil society, grass root levels and private sector on AH/HH ('One Health') issues
- Assure that the ASEAN RCM (Regional Coordination Mechanism) is functioning
- Endorse ASEAN EID Medium-term plan 2011-2014, develop and implement detailed action plans
- Develop ASEAN animal health strategy
- SAARC should develop 'One Health' vision (building on rabies test case)

These steps will help strengthen the regional coordinating mechanisms supporting ASEAN and SAARC efforts in implementing a sustainable AH/HH collaboration, which will consequently enhance political commitment among Member States to work towards HPED eradication and a 'One Health' approach. The political collaboration among Member States, especially in SAARC countries, is crucial in this context, as it can solve some practical problems such as travelling difficulties and information inaccessibility. The cross-border cooperation will enhance prevention of trans-boundary animal diseases and effective disease surveillances.

The representatives from SEARO reported on the current status and progress of certain HPED activities regarding animal health laboratory networks, support units and epidemiology centers as of hiring epidemiologists and more technical experts. However, the location of the units has not yet been formally finalised and an agreement between ASEAN and SAARC is required.

Representative from SAARC concluded that by the end of 2013, SAARC hopes that they will learn a lot from ASEAN and the two organizations can work hand in hand. The evaluation and (PVS Gap) analysis should be developed in complementary and synergistic manners between ASEAN and SAARC for harmonization of procedures. This will support sustainable coordination between ASEAN and SAARC and lead to further development of 'One Health' policies.

### Workshop 3: Addressing the challenges

The challenges ASEAN and SAARC are facing now and ones that they will face further from 2013 are mostly related to a financial uncertainties and political commitment. In terms of the project's financial issue, the challenge for ASEAN countries is to develop and sustain the current funding schemes. For SAARC countries, at this stage, the challenge is the way to create maximum benefits from the funds. Limited funding is a challenge for project sustainability both within the organization and between ASEAN and SAARC.

In terms of political commitment and support, the participants agreed on their functional visions but further addressed that without political collaboration and commitment, the project will face uncertainty, especially on a practical level.

Both political commitment and sustainable funding schemes supported by policy makers will help increase functional collaboration at operational level in terms of inter-intra communication capacity and human capital such as information flow among focal points and officials in different countries, as well as staff rotation. The following are the summarization of the challenges that the participants feel to address in the workshop.

- Enhancement of political commitment to manage HPED
  - Technical level to develop clear strategy for endorsement at political level
  - Simultaneously to develop at regional level (ASEAN, SAARC) a clear strategy for political endorsement by the member states
- Weak coordination between sectors (in-country)
  - Establish a coordination mechanism covering all levels

- Lack of technical staff (units) at the regional secretariat (SAARC)
  - Establishment of RSU with the goal to integrate into the secretariats,
  - Explore options to create HH unit (via secondment by member states at the beginning?)
- Develop and sustain funding schemes
- Practicality of certain regulation arrangements that were made based on political decisions (eg location of reference labs, etc.) may sometimes be a challenge
- Ensure the effective flow of HPED program information through the national focal points to all others who should know
- Building trust and confidence amongst the countries and between the regions
- Focal points should be positions/units rather than persons who move on frequently
- Frequent staff turnover

The top-down approach and enforcement from regional strategy will create certain steps for ASEAN and SAARC to systematically move forward to one common overall objective of 'One Health' vision for the future of the global cooperation.

### Axis 3: 'One Health': Boosting a cross-sectoral collaboration between animal health, human health and other sectors that can impact health

Moderator: Dr. Sanipa Suradhat

Axis 3 started the discussion with challenges for the 'One Health' approach. The first challenge is communication and the different perceptions of the 'One Health' approach, especially between technical experts and the community. It is important to translate technical documents into comprehensible language so that non-technical audiences who are directly affected by diseases can recognize its importance. Second, the lack of awareness in all sectors and at all levels can hinder programme implementation. The community needs to understand the 'One Health' concept in order to realize why it would benefit them to cooperate. The third factor is the lack of political support and availability of financial and human resources. Fourth, there are difficulties in managing cross-sector collaboration and finally it remains a challenge how to make the programme sustainable. As a guideline to solve these problems, recommendations below were proposed.

Improve cross-sector collaboration and coordination:

- Harmonize the definition of terms for mutual understanding
- Having common priorities among the sectors and focusing on coordination at implementing level with political support and clear leadership. It is not necessary to have additional structures to implement a 'One Health' approach but all sectors must find areas of common concerns to work together more effectively
- Develop the framework for 'One Health' implementation with relevant guidelines

Improve advocacy for 'One Health':

- Design a good advocacy program to promote success stories considering cost-benefit and impacts on livelihood and human well-being
- A Ministerial level meeting should be organized through this HPED project to advocate the importance of 'One Health' and gain support from highest political level
- Further advocacy should be conducted to the parliaments, such as awareness seminars
- Promote public-private partnership to support the implementation including investment
- Advocacy strategy for various levels within and between the countries
- Develop appropriate Information-Education-Communication (IEC) materials to convince politicians
- Medical and Veterinary Medical Councils should be advocated to include the 'One Health' concept in the curriculum and routine practices

Improve policies relevant to 'One Health':

- Integrate 'One Health' into policies related to food security and climate change
- Promote regional/sub-regional/cross-border collaboration (e.g.) Joint vaccine bank and vaccination strategy)

- Provide appropriate incentives to improve implementation of 'One Health' such as early detection at the community level

Enhance partnerships and ownership:

- Promote partnerships and ownership among sectors (animal-human-ecosystem, public-private, implementing agencies,-academia), levels (central to community), within and between countries

Improve implementation of 'One Health' approach:

- Develop individual country plans with "coordination mechanism":
  - National coordinating committee with secretariat
  - Sharing of responsibilities/clear ToRs for relevant sectors
  - SoPs for coordination at all levels and harmonize the disease surveillance and control approach among sectors
  - Establish National Support Unit consisting of multidisciplinary team and focal points for each sector
  - Strengthen communication among relevant ministries (International organizations could be brokers at the initial stage)
- Strengthening public health and animal health services such as encouraging member countries to implement the OIE PVS evaluation for animal health services
- Conduct phased approach by setting goals for each level – national, sub-national and community level. For example, support community health and animal health systems to improve collaboration at the grass-root level
- 'One Health' must be implemented at three levels - policy makers, technical staff and grass root
- Reinforce mandates of animal and human health sectors using GF-TAD approach and include more strongly wildlife and environment sector
- Promote SOPs or guidelines for joint activities developed by international organizations, such as a "Guide to establishing collaboration between animal and human health sectors at the country level" jointly developed by WHO, FAO and OIE. Rabies can be used as a model and the programme expanded to other zoonotic diseases
- Joint programmes, such as workshops and seminars, should be included at every level to enhance interaction
- Provide technical training to build capacities of relevant sectors
- Develop 'One Health' insurance to pay workers the incentive for protecting villages from diseases and encourage them to work on prevention
- An independent organization should act as "broker" among relevant agencies to facilitate collaboration such as combining input from various sectors, integrating the information and present it to the policy makers in order for them to understand its importance

Create scientific evidence related to implement 'One Health':

- Profiling of risks at animal-human-ecosystem interface. Based on the profile, the decision on resource and budget allocation can be made
- Joint monitoring and syndromic surveillance with rapid response at community level can be implemented by animal health and human health sectors so that the diseases can be prevented
- Effective reporting and disease information management systems
- Translation of scientific information in an understandable way to support decision-making and risk communication to the public and relevant stakeholders. This will help 'One Health' gain support from policy makers and public. Knowledge management strategy can be applied
- Sharing of facilities where possible and appropriate
- Sharing of information in timely and transparent manner, such as early warning system for emerging disease

Communication:

- Public relation strategies should be formulated to build awareness of policy makers
- Simplifying the technical language of research for public media
- Lobbyists might be required to persuade authorities to see the significance of the approach and its benefit for the country

Remarks:

- There is no formula for 'One Health'. On the contrary, it is necessary to customize the approach at national and sub-national levels by articulating principles and framework strategies to suit the different needs
- Currently, 'One Health' is perceived by other stakeholders as a Government domain, while it is actually a shared responsibility
- It is important to improve management capacities for the implementation of activities in the countries, because of the limited time, financial, and human resources available

In workshop 3, two questions were asked to all participants. First, what is the major challenge for achieving the long-term goal of the 'One Health' approach? Second, how can the HPED programme help you achieve the goal of 'One Health'?

For the first question, most answers focus on political support, collaboration, institutionalization, financial support, communication, self-sustainability and stakeholders' awareness. To address these challenges, the session reached similar conclusion as the above, such as enhance international cooperation by bringing the 'One Health' concept up during the ASEAN summit and developing a roadmap as well as encourage member countries to conduct OIE's gap analysis.

## Final Discussion

Following are the feedback, identification of key issues, and recommendations from the participants after the plenary session:

A participant from India stated the importance of transferring the ideas emerged from the workshops into action especially at country level. In this regard, many professional groups either from medical disciplines or other academic institutions can play a vital role to improve their national curriculum to align with the 'One Health' programme.

A participant from Thailand commented that the best practice within the next 3 years is to generate maximum advantage from the existing resources and networks.

A participant from SAARC countries stated that integrating 'One Health' Programme in the academic curriculum for physicians and veterinarians in the university should be one of the focuses for the project.

One of the participants agreed on the concept of 'One Health' curriculum and proposed that the Ministry of Education should take part in HPED meetings. The education sector can also support information dissemination, especially at country level, apart from using media as an information disseminating channel.

A participant from Bhutan commented that the recommendations proposed in the workshops can be considered as milestones for the project to cover in order to move forward within the project time period. For this regard, there should be a monitoring and evaluation system. This can help in the implementation of all the recommendations that they proposed in the workshops.

Another participant from a SAARC country stated that there is more talk about ideas but less on specific action or implementation plans, including the identification of the actors or focal points. He mentioned that in order to pursue all these recommendations, an action plan should be designed, including monitoring and evaluation framework.

A representative from the EU stated the inputs from the workshop allow the project managers to further improve the project. The EU has already established the evaluation framework for this matter. The common message that has been shared among the participants in all 3 workshops is the need for collaboration and coordination development between animal health and human health sectors at both country level and regional level.

The HPED eradication project involves many sectors and many Ministries, it takes time and there is more to be done. However, over the past few years, there has been a significant progress in many areas. The collaboration and coordination between sectors have been scaled up to country level. International organizations, such as OIE, WHO, FAO have established a tripartite framework to support agreements and dialogue partners between ASEAN and SAARC. Building trust and confidences are the key elements to this working progress and sustainable coordination.

#### IV. WORKING GROUP PRESENTATIONS

Axis 1: Upgrading the national basis in animal and human health in order to reach a common regional platform for coordination

Workshop 1: Who's Who: THE HUMAN CAPITAL OF A HPED NETWORK  
SAARC and ASEAN Secretariat, together with some other actors or focal points, may play larger roles in enhancing regional and national cooperation by:

- Promoting ongoing contact to share urgent message;
- Creating websites as starting points to share information, not only among agencies responsible for human and animal health, but also for wider participating organizations.

Key issues/ recommendations to reach common coordination system at the national level:

- The existing common platforms for human and animal health are usually active only in emergency.  
Therefore, functional policy mechanisms at the country level can be promoted, ie:
  - Establish common platform through annual meetings/ ongoing activities;
  - Establish a committee to coordinate control mechanism;
  - Establish pandemic preparedness plan;
  - Develop activities to encourage all stakeholders to get involved and exchange ideas.
- Improve information sharing mechanism, focusing on transparency and strong advocacy for better coordination:
  - Ensure compatibility of the existing systems.
  - Establish clear strategy about communication.
- Promote early detection/ identification/ report of diseases, and improve capacity of surveillance to address concerns of the poor:
  - Establish rapid respond team at the sub-district level;
  - Using volunteers to work with government officers;
  - Forming local network.

- Improve public awareness on the concept of One Health and enhance confidence among country stakeholders by:
  - Using media;
  - Support training/ provision of knowledge;
  - Promote awareness among children by putting this issue in curriculum at school;
  - Promote behavior change among population.
- Country-wise scenario is different. Therefore, consideration must be made on the different situations and capacity of each country, while big picture is also to be maintained.

#### WORKSHOP 2: Where do we want to be by the end of 2013?

- Capacity building to deal with emerging disease;
- Decentralization of work;
- National health curriculum;
- Pandemic preparedness plan;
- Base line for animal disease;
- Information communication improved;
- National/ regional progressive control of rabies;
- International organization develop guidelines for rabies;
- Rabies becomes notifiable.

#### What to do to assure sustainable achievement?

- Establish agenda consensus among all countries concerning other diseases;
- Focus on how to increase regional commitment;
- Put the issue in legislation;
- Enhance cross-border control;
- Define effective functions of coordination;
- Define personnel to facilitate collaboration/ responsible persons;
- Issue training curriculum.

### WORKSHOP 3: Addressing the Challenges

- There are some limitation in terms of budget and resources;
- Fundamental economic issues for farmers;
- Need for good policy support;
- Existing report system is delayed by government hierarchy;
- Lack of awareness among grassroot level/ lack of cooperation in reporting;
- Cross-border issues, including joint investigation and sharing of information;
- Feasibility in implementing programs;
- Transparency of operation;
- Human resource development issues at the local/ community level;
- Agriculture is at the lower political priority in comparison with other areas.

#### Points of actions:

- Establish Hot Line/ points of contact;
- Enhance good policies and planning;
- Establish coordinating mechanism among multi-sectors;
- Make clear commitment in order to get financial support from governments/ external bodies;
- Build good surveillance system/ network for early detect and early response;
- Legalization and law enforcement;
- Enhance education and training among people;
- Upgrade subexistence farming to bigger scale;
- Encourage more developed countries to help less developed countries for mutual benefits;
- Increase greater dialogue among countries;
- Put more focus in high-risk areas;
- Promote ownership of government to the program in order to have government's commitment on the resource provision.

## Axis 2: Coordinating inside ASEAN and SAARC and in between

Group members: Representatives from Bhutan, Bangladesh, China, India, Indonesia, Malaysia, Myanmar, Pakistan, and Timor Leste, ASEAN Secretariat, FAO, OIE, WHO

### WORKSHOP 1: 'Who's who: The Human Capital of a HPED Network'

1. Utilise the regional institutions to collect information about practices, formats, etc. and share those among the Member States (eg. cross-border check of HH and AH; quarantine practices)
2. Work towards harmonization of national practices and formats
3. ASEAN/SAARC to support the synchronization of certain activities (vaccinations, etc.) that would have important cross-border implications
4. ASEAN/SAARC to support cross-border information exchange.
5. Organise 1-2 HPED/ SAARC - ASEAN experience exchange workshops dealing with certain topics:- Cross-border surveillance experience of ASEAN countries- Compensation procedures etc. (Decision to be endorsed to GF TAD Steering Committee for Asia).
6. Assure close communication between RSUs and the HPED FOCAL POINTS in all countries.
7. PVS Evaluation and/or PVS gap analysis in all remaining countries
8. SAARC/ASEAN secretariats to use the evaluation and gap analysis data to develop regional strategies.
9. Support the secretariats to carry out the proposed activities.
10. Assure coordination and cooperation at the operational level at the field.

## WORKSHOP 2: The vision: Where do we want to be by the end of 2013

1. HPED related needs assessments completed in all SAARC countries (e.g. laboratory capacities, epidemiology, etc.)
2. Networks established and functional (eg Epidemiology, etc.)
3. Regional facilities (eg reference laboratories) better staffed and equipped to carry out their regional support functions
4. SAARC secretariat has (technical level) units for human health and animal health
5. Political commitment of SAARC countries to jointly work on HPED issues
6. Certain SAARC working groups established (eg. SEGCD = SAARC Expert's Group on Communicable Diseases)
7. ASEAN support for better awareness among civil society, grass root levels and private sector on AH/HH (One Health) issues
8. ASEAN RCM (Regional Coordination Mechanism) is functioning
9. ASEAN RCM (Regional Coordination Mechanism) is functioning
10. ASEAN EID Medium-term plan 2011-2014 endorsed and detailed action plans implemented
11. ASEAN animal health strategy developed
12. SAARC could develop "One Health " vision (building on rabies test case)

### WORKSHOP 3: Addressing the challenges

1. Enhancement of political commitment to manage HPED
2. Technical level to develop clear strategy for endorsement at political level
3. Simultaneously to develop clear strategy for political endorsement at regional level
4. Weak coordination between sectors (in-country)
5. Establish a coordination mechanism
6. Lack of technical staff (units) at the regional secretariat (SAARC)
  - Establishment of RSU with the goal to integrate into the sec,
  - Explore options to create HH unit (secondment ?)
7. Develop and sustain current funding schemes
8. Practicality of certain reg. arrangements that were made based on political decisions (eg location of reference labs, etc.)
9. Ensure the effective flow of HPED program information through the national focal points to all others who should know
10. Building trust and confidence amongst the countries and between the regions
11. Focal points should be positions/units rather than persons who move on frequently
12. Frequent staff turnover

Axis 3: 'One Health': Boosting a cross-sectoral collaboration between animal health, human health and other sectors that can impact health

WORKSHOP 1: 'Who's who: The Human Capital of a HPED Network'

Considering that:

1. Existing activities related to ONE HEALTH
2. Currently, ONE HEALTH is recognized, by other stakeholders, as only Governments' responsibility
3. No formula for ONE HEALTH, it is necessary to customize one health approach at national and sub-national levels
4. Need to improve management in term of country implementation with limited time, financial, and human resources

Existing platforms/activities

1. Global Framework for Transboundary Animal Diseases (GF-TAD)
2. Asia Pacific Strategy for Emerging Diseases (APSED) and "Guide to establishing collaboration between animal and human health sectors at the country level" jointly developed by WHO, FAO and OIE
3. OIE PVS Evaluation and gap analysis
4. Progress of capacity building and multisectoral collaboration in disease control at country level
5. Coordination on HPAI and rabies control as a model

Key Challenges

1. Different perceptions on "ONE HEALTH"
2. Lack of awareness in all sectors and levels
3. Lack of political support and availability of resources (financial and human)
4. Difficulty in managing transectoral collaboration
5. Sustainability

## WORKSHOP 2: The vision: Where do we want to be by the end of 2013

1. All stakeholders recognize the importance of "ONE HEALTH" and support the implementation,
2. Policies relevant to "ONE HEALTH" implementation are improved,
3. Managing transectoral collaboration and coordination is strengthened,
4. Emerging health problem is managed using "ONE HEALTH" concept at all levels
5. Scientific evidence is available to support decision making and to implement ONE HEALTH

## WORKSHOP 3: Addressing the challenges

### Suggested solutions to overcome the challenges

1. Improve Managing transectoral collaboration and coordination
  - Harmonize the definition
  - Having common priority/goal among the sectors and focusing on coordination at implementing level with political support and clear leadership (not always need for additional structure to implement OH)
  - Develop the overarching framework for "ONE HEALTH" implementation with relevant guidelines
2. Improve advocacy for "ONE HEALTH"
  - Design proper advocacy program to promote success story considering cost-benefit and impacts on livelihood and human well-being:
    - A Ministerial level meeting should be organized during this HPED project to advocate the importance of OH implementation to gain support from political level
    - Further advocacy should be conducted to the parliament level such as arranging "an awareness seminar"
    - Promote public-private partnership to support the implementation including investment
    - Advocacy strategy for various levels within and between the countries
    - Develop appropriate Information-Education-Communication (IEC) materials to convince politicians

- Medical and Veterinary Medical Councils should also be advocated to include “ONE HEALTH” concept in routine practices and education
3. Improved policies relevant to “ONE HEALTH”
- Integrate “ONE HEALTH” to the policy related to food security and climate change
  - Promote regional/sub-regional/cross-border collaboration (e.g.) Joint vaccine bank and vaccination strategy)
  - Provide appropriate incentive to improve implementation of ONE HEALTH such as early detection at the community level
4. Enhance partnerships and ownership:
- Sectors (animal-human-ecosystem, public-private, implementing agencies-academia), levels (central to community), within and between countries
5. Improved implementation of “ONE HEALTH” approach:
- Individual country plan with “coordination mechanism”:  
    - @National coordinating committee with secretariat
    - @Sharing of responsibilities/ clear ToRs for relevant sectors
    - @SoPs for coordination at all levels and harmonize the disease surveillance and control approach among sectors
    - @ Establish National Support Unit consisting of multidisciplinary team and focal point (s) for each sector
  - Strengthen communication among relevant ministries  
    - @ this can be the role of international organizations playing broker at the initial stage
  - Strengthening public health and animal health services such as encouraging member countries to participate the OIE PVS evaluation for animal health services

6. Improved implementation of "ONE HEALTH" approach:
  - Phasing approach - May have to set goals for each level – national, sub-national, community level
    - @ Support community health and animal health systems to improve collaboration at the grass-root level
  - Reinforce mandates of animal and human health sectors using GF-TAD approach and bring in wildlife/environment sector
  - Promote in the implementation of the existing SOPs/guidelines for joint activities developed by international organizations:
    - @ Using rabies as a model and expand the program to other zoonotic diseases
  - Joint programs in every level – surveillance, outbreak investigation, disease control/containment, communication and evaluation
7. Having available scientific evidence to support decision making and to implement ONE HEALTH
  - Profiling of risks at animal-human-ecosystem interface
  - Syndromic surveillance with rapid response at community level can be jointly implemented by animal health and human health sectors
  - Effective reporting and disease information systems
  - Translation of scientific information to support decision making and risk communication to the public and relevant stakeholders – Link with advocacy policy
    - @ Knowledge management strategy
  - Sharing facilities as appropriate
  - Sharing information in timely and transparent manner
    - @ Early warning system

Build on from what we have  
We need champion at the field level  
and  
lots of LUCK

## V. LIST OF PARTICIPANTS



# HPED NETWORKING EVENT

Bangkok, 18-19 January 2011

Linking the actors of the EU-Asia Regional One Health Programme

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# HPED NETWORKING EVENT

Bangkok, 18-19 January 2011

Linking the actors of the EU-Asia Regional One Health Programme

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## VI. MODERATORS

Axis 1: Dr Elisabeth Dieleman, DVM, Veterinary, livestock and gender consultant

Dr Dieleman has more than 20 years of experience in veterinary, livestock and rural development projects and programmes in Asia and Africa. Starting as a field based veterinarian, she gained considerable practical experience with regular preventive and curative veterinary work, including meat inspection and veterinary public health matters. Later on, the focus of her work changed to training in animal health, zoonotic diseases and livestock production extension, the latter in the context of participatory, small-scale, low external-input, livestock production systems, and to advisory work.

Since 2006, Dr Dieleman has been involved in multi-disciplinary programmes and projects concerning Highly Pathogenic Avian Influenza (HPAI) and other emerging infectious diseases. She gained extensive knowledge on the combined animal and public health aspects of emerging diseases prevention and control, first as epidemiologist in a rapid response team of the FAO and later as consultant in EC programmes. On behalf of the European Commission, she participated in consultancies to analyse the gender aspects of the Avian influenza crisis in three countries (Thailand, Vietnam and Laos) of South-east Asia and the overall independent assessment of the outcomes and impact of the global international response to the avian influenza crisis at global, regional and country levels. In September 2010, Dr Dieleman attended a 'Healthy wildlife, Healthy people' Conference in the Netherlands, dealing with emerging zoonotic diseases.

Axis 2: Dr. Ingo Neu

Ingo Neu, a German national, was born in 1960 and graduated as medical doctor in 1987 at the University of Goettingen in Germany. He is a board certified specialist for Anesthesiology & Intensive Care as well as for Rescue Medicine. In addition, he holds a Master of Public Health (1997) from Mahidol University in Thailand. He has been working as medical doctor in Germany and other countries for more than 13 years and later on as a Public Health Consultant with worldwide assignment, but a main focus on the Asia – Pacific region. From 2003 to 2004 he has been posted in Lao PDR as a member of the SARS Preparedness & Response Taskforce of Western Pacific Regional Office of WHO and has been involved in many Avian and Human Influenza projects for different International organizations since.

Dr. Neu joined OCHA's Regional Office for Asia and the Pacific in Bangkok as regional advisor and head of the Avian and Pandemic Influenza Unit in November 2006, where he was focusing on advocating Governments on the need for multisectoral pandemic preparedness planning in order to mitigate the impact of high absenteeism rates caused by a Pandemic and thus to assure maintenance of essential services. In countries where this need is already recognized he supported the process of developing sectoral preparedness plans that include business continuity aspects. A second main aspect of his work was to promote the integration of pandemic preparedness planning within a multi-hazard disaster preparedness planning approach. His work involved close cooperating with national governments and ministries as well as with regional bodies such as ASEAN and SPC. Since January 2011 he is working as a consultant on health and emergency preparedness issues.

Axis 3: Dr. Sanipa Suradhat, D.V.M., Ph.D.

Dr. Suradhat is an associate professor at the Department of Veterinary Microbiology, Faculty of Veterinary Science, Chulalongkorn University (CU) in Bangkok Thailand. She received a D.V.M. (First class honor) degree from Chulalongkorn University in 1991, and a Ph.D. (Veterinary Microbiology) from the Western College of Veterinary Medicine (WCVM), University of Saskatchewan, Saskatoon, Canada in 1999. She is currently responsible for teaching and coordinating immunology courses of the D.V.M. curriculum and graduate studies at the Faculty of Veterinary Science and The Interdisciplinary Program in Medical Microbiology, Graduate School, CU. Currently, she is a member of an executive board of the Faculty of Veterinary Science, a graduate program in Medical Microbiology, and several administrative boards in academic and research affairs.

Sanny's research interests include viral immunology and veterinary vaccinology. She has published several research articles related to classical swine fever vaccine, immunology of PRRSV, and the emerging influenza viruses in Thailand. Sanny's current research activities include development of a novel PRRSV vaccine and characterization of immunomodulatory proteins of PRRSV. During the past few years, she has helped coordinating and supervising the research activities related to influenza viruses at the Faculty of Veterinary Science, CU. She has a major role in establishment of the Chulalongkorn University Center of Emerging and Re-emerging Diseases in Animals (CU-EIDAs) at the faculty of Veterinary Science, and currently serves as a project manager of CU-EIDAs. Established in 2007, CU-EIDAs is a research center with research specialties in veterinary emerging infectious diseases.