Intersectoral Collaboration as Basic Element for Effective Zoonoses Control: the Avian Influenza Issue

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- Outbreaks and cases among humans of H5N1 and H1N1 influenza epidemics remind that 75% of emerging disease pathogens are zoonotic
- Human-Animal health CLOSELY LINKED
- Emergence of AIDS, BSE, vCJD, SARS, Avian Influenza underline that disease move BACK and FORTH among species
- Collaboration between human and animal health sectors is VITAL
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- **Factors avoiding the emergence of zoonoses:**
  - Balanced farming
  - Effective control of animal health
  - Surveillance and protection of public health
  - MULTIDISCIPLINARY Activities
  - Actions going well beyond sectors
  - INTEGRATED APPROACH: bringing together ALL SECTORS into one COMMON goal
  - COMMON GOAL reached through I.C. only
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- **Intersectoral Collaboration**
  - Guiding principle for health strategies;
  - Multiprofessional and interdisciplinary;
  - Key-factor to address zoonotic threats;

- **Fundamental elements in addressing Avian Influenza:**
  - Surveillance
  - Biosecurity
  - Biosafety
  - Public awareness
  - Integrated programmes and activities
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**Sectors to contribute in public & animal health development**
- Public Health
- Agriculture
- Food industry
- Municipalities
- Animal husbandry
- Education
- Environment
- Communication media, etc.

**Definition of Intersectoral Collaboration:**
‘The common action between health and other related social and economic sectors for the achievement of a common goal, while the contribution of the different sectors is closely coordinated’
Recent international experience by AVIAN INFLUENZA demonstrate the CARDINAL IMPORTANCE of integrated Intersectoral Collaboration.

International organizations propose for a WORLD-WIDE strategic framework: the “ONE WORLD-ONE HEALTH”.

OLD CONCEPT-rediscovered, focusing to the most closer collaboration.
Problems Encountered

- Lack of CONCERTED ACTIONS
- Vertical structure against horizontal communication
- Lack of collaboration between interrelated sectors
- Programmes (actions) ineffective due to:
  - Inadequate use of resources
  - Resources never identified
  - “Isolation” mentalities
  - Non integrated contribution of other sectors
  - Different Ministries and labs involved with no working communication

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Developing Intersectoral Collaboration

- INTEGRATED activities

**EXAMPLES**
- Epidemiological surveillance
- Food safety, biosafety, biosecurity
- Laboratory diagnosis
- National Zoonoses Committees’ role
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- Epidemiological Surveillance
  ‘Regular collection, analysis, interpretation & dissemination of basic data to ALL who have contributed & to ALL who need to know’
  - Not all who need to know are informed
  - Need for close horizontal intercommunication

- Biosafety and Food Safety
  - Intimate relationship between animals, humans and their ecosystems, e.g. salmonellosis, avian influenza
  - In avian influenza epidemic, poultry to be discarded in an integrated/intersectoral way
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- **Laboratory Diagnosis**
  - Intercommunication between public health and veterinary laboratories
  - Sharing facilities and staff becomes far more cost-effective

- **National Zoonoses Committees**
  - Important coordinating role
  - Identify and bring together other inter-related sectors
  - Specify norms for horizontal inter-communication
  - Coordinate planning and financing programmes
  - Propose new legislation (where appropriate)
  - Persuasion of decision-makers for support
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- **Institutional Mechanisms**
  - Need for high-level coordination of intersectoral action
  - Single convening authority to LEAD and COORDINATE

- **EXAMPLES:**
  - *South-East Asia*: commitment of Ministers of Health
  - *Viet-Nam*: Task force under the Prime Minister’s National Steering Committee led by the MoAgr
  - *Turkey*: Multisectoral Crisis Committee within the Ministry of Health
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- **Intersectoral Collaboration at Community Level**
  - *Social awareness*: great importance
  - *Community participation*: integral part of planning and implementing
  - *Mass-media*: important role
  - *Public health education*: promotion of programmes primarily to occupational groups at risk & school children
  - *Working together*: the only mean to meet the targets
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- Intersectoral Collaboration at Regional Level
  - Close collaboration between neighbouring and trading countries
  - Information exchange
  - Expertise sharing
  - Harmonization of legislation
  - Mutual technical support
  - Need for political consensus
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Intersectoral Collaboration at International Level

- Major International Organizations operating in the MME regions:
  - WHO/HQs, Geneva, WHO/EMRO, Cairo, WHO/MZCP, Athens,
  - FAO/HQs, Rome, FAO/RNE, Cairo, OIE/HQs, Paris, OIE/RRME, Beirut, UNDP, UNEP, etc.

- Contribution of International Organizations:
  - knowledge sharing & updating on planning & implementation of prevention & control programmes
  - experience transfer and technical assistance on all aspects of prevention & control
  - harmonization & standardization of criteria, practices and legislation
  - assistance for funds mobilisation
Conclusions I

- Multidisciplinary is the ONLY approach for effectiveness in preparedness and response
- Joint co-ordination avoids:
  - Duplicity of manpower, facilities and activities
  - Duplicity is MINIMISED or CUT-DOWN entirely
- Integration between public health, animal health and other inter-related sectors is FUNDAMENTAL
- IC should NOT RELY to KEY-PERSONS
- IC should rely on the “ONE WORLD-ONE HEALTH” concept
Conclusions II

- IC become the IDEOLOGY and STRATEGY of ALL countries confronting zoonotic epidemic threats
- IC coordinates effectiveness on prevention and control of zoonoses, foodborne diseases, etc.
- IC multiply opportunities to ACHIEVE GOALS
- To get RID of the fear for “AUTHORITY EROSION”
- To get RID of the “TERRITORIALITY” mentality
- Authorities, institutions, individuals should work together
THANK YOU for your Attention.