

Summary report on the

Meeting on influenza at the human-animal interface

WHO-EM/CSR/060/E

Cairo, Egypt
19–21 March 2013



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Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

The meeting on influenza at the human-animal interface was organized by the WHO Regional Office for the Eastern Mediterranean from 19 to 21 March 2013 in Cairo, Egypt. The main objectives of the meeting were to identify the scientific basis for a collaborative multisectoral approach to the control of influenza and other viral zoonoses in Eastern Mediterranean Region and to develop a strategic framework for risk assessment and reducing exposure to influenza and other zoonoses at the human-animal interface. A total of 30 participants attended, representing Ministries of Health and Ministries of Agriculture and Animal Resources from Egypt, Islamic Republic of Iran, Jordan, Pakistan and Sudan, along with experts from Food and Agriculture Organization of the United Nations (FAO), the U.S. Naval Medical Research Unit No. 3 (NAMRU-3), Centers for Disease Control and Prevention, Atlanta, (CDC) and WHO.

The participants spent two and half days listening to presentations and discussing in plenary and group sessions. Half of the first day of the meeting was spent on presentations on updates and background information on the control of influenza and other zoonotic diseases at the human-animal interface. The remaining two and a half days were spent on panel discussions and group work.

Zoonoses and other health threats at the human-animal-ecosystems interface (HAEI) pose ongoing and increasing risks to public health, animal health and global health security. These threats include agents transmitted through food, water, and contaminated environments, and include global priorities such as rabies, zoonotic influenza, and antimicrobial resistance. A variety of other existing and emerging diseases at the HAEI such as brucellosis, Rift Valley fever, leishmaniasis, plague, yellow fever, tuberculosis, Crimean–Congo haemorrhagic fever, Ebola and west Nile fever are of concern for many countries in the

Region. New threats, such as the novel coronavirus identified in some people in the Region in 2013 will continue to emerge.

All WHO Member States must meet the obligations of the International Health Regulations (IHR) for identification, assessment and response to potential public health threats of international concern. As such, addressing these threats at the HAEI is part of WHO's core work.

However, these threats cannot be addressed by one sector alone. Identification, assessment and management of the public health risks must consider the complexity of interactions among humans, animals and the various environments they live in, requiring communication and collaboration among the sectors responsible for human health, animal health, the environment and other relevant sectors. This is the basis for global movement towards taking collaborative, cross-sectoral and multi-disciplinary approaches in addressing issues that impact health, which is sometimes called the "One Health" approach. Many countries implement successful cross-sectoral relationships during crises, but the collaboration tends not to be maintained to address ongoing and potential emerging health threats at the HAEI.

The IHR obliges countries to establish and maintain such collaborative relationships. WHO already works closely on these issues with FAO and the World Organisation for Animal Health (OIE), as well as other relevant partners, internationally, regionally and nationally. This model of collaboration needs to be replicated within relevant national institutions responsible for human and animal health by governments.

2. Conclusions

- Avian influenza A/H5N1 has remained endemic and widespread in Egypt with large epizootic outbreaks and confirmed human infections reported in 23 out of 27 governorates. The issues observed are related

to uncontrolled poultry wet-markets. Bird markets represent a very serious source of infection. The problem is not purely veterinary, and many other sections share the responsibility.

- Most countries in the Region do not have mechanisms for routine collaboration between the different ministries concerned for the control of influenza and other zoonotic diseases.
- In most countries, collaboration between concerned ministries occur only during disease outbreaks and other public health events as witnessed during the last pandemic due to influenza A/H1N1 pandemic 2009.
- Political and social instability and conflict in many countries of the Region have disrupted public and animal health systems in many countries, making it difficult for intersectoral collaboration and affecting many planned health programmes.
- Among the many competing priorities, influenza and other zoonotic diseases are not seen as a priority, and as such are often not included in the list of diseases under surveillance.
- It was noted that in a few countries such as the Islamic Republic of Iran, a coordination mechanism exists between the Ministry of Health and Ministry of Agriculture, with regular meetings held to share their experience. But even with this, some problems still persist. The mechanism does not include regular sharing of routine surveillance data. The surveillance data sharing is limited to emergencies and outbreaks.
- Another success story in collaboration between Ministry of Health and Ministry of Agriculture was observed in Sudan, not only for influenza but also for other zoonotic diseases. An inter-ministerial committee was established during the 2008 Rift Valley fever outbreak and has continued to function with regular monthly meetings and sharing of surveillance data at the operational level. Following the successful joint effort that led to the rapid containment and control of the Rift Valley fever outbreak, each ministry now recognizes and appreciates the important roles played by each other.

- The meeting recognized that collaboration between the Ministry of Health, Ministry of Agriculture and Ministry of Environment in each country is essential for risk assessment and control of any emerging zoonotic disease. Without collaboration between these sectors, the Region will remain vulnerable to emerging zoonotic diseases and catastrophic epidemics that follow.
- The IHR has a major role to enhance national and regional public health security. The IHR obliges countries to establish and maintain collaborative relationships between ministry of health and relevant ministries. All countries of the Region are signatory to the IHR and many have achieved some key milestones in the implementation of the Regulations. These include the assessment of their surveillance and response capacities and the development and implementation of plans of action to ensure that these core capacities are functioning.
- In some countries like Egypt, Pakistan and Sudan, implementation of the IHR has reached to the level of the cabinet and has been incorporated into public health laws. The situation is not clear in the Islamic Republic of Iran and Jordan.
- The OIE PVS Pathway programme aims to sustainably improve a country's veterinary services in line with international standards. It is thus an important contribution for the control of zoonotic diseases.
- Preparedness during the “pre-pandemic phase” is essential to eliminate the consequences of any outbreak. Most countries only become alert during the time of pandemic or outbreak, and once the outbreak is over they become relaxed. As pandemics are difficult to predict, the challenge is to maintain preparedness as a priority.
- Surveillance systems should be well established and baseline information should be ready at any time not only during the danger time. All gaps in knowledge and capacities should be identified and filled as much as possible during the pre-pandemic phase.
- Public awareness is very important during pandemic phase; communications specialists should be brought on board to keep the

panic down and decrease the propagation of rumours and false information.

- Transparency of authorities is an essential tool to control any outbreak. It builds bridges of trust with populations and with international organizations.
- Surveillance and reporting systems should not be stopped once the pandemic is over. They should continue after any outbreak as strong as before and during it.
- Documentation of the whole experience is very important during and after the pandemic. Sharing information is essential to be able to manage in a better way and learn from mistakes done during next phase.
- The participants observed that there were weaknesses in both the human and animal sector in the area of laboratory expertise.

3. Future actions

Having considered all the observations made and the challenges identified during the two and a half days of presentations and the discussions that followed, the meeting made the following recommendations for Member States, focusing on strengthening collaboration between the human and animal health sectors, strengthening surveillance and response, and strengthening national public health and veterinary laboratory capacities in the two sectors.

Strengthening national collaboration

1. Engage in a constructive dialogue with relevant political bodies at all levels to explain the benefits of intersectoral collaboration.
2. Establish/strengthen mechanisms for sharing surveillance data and information on emerging zoonotic diseases at the human-animal interface.

3. Use the IHR as an over-arching tool to initiate national agreement between all relevant sectors responsible for control of zoonotic diseases.
4. Develop a national plan for cross-sectoral collaboration with well-defined roles and responsibilities of all stakeholders at the national, peripheral and community levels by each sector.
5. Form steering committee/task forces to enhance intersectoral coordination and collaboration.
6. Develop/strengthen functional surveillance systems that include zoonotic diseases in both human and animal sectors in each country.
7. Agree and jointly develop a list of priority health conditions to be targeted for surveillance and information sharing at the human-animal-ecosystems interface.
8. Define and establish a mechanism or platform for data and information sharing. This could be a joint website in the same model as the ProMED, GLEWS and INFOSAN.
9. Promote the use of intersectoral approaches for risk assessment and risk mitigation of health issues at the human-animal interface. Such joint risk assessments should define relevant experts from both the Ministry of Agriculture and Ministry of Health depending on the particular zoonotic disease event. The mechanism should be flexible and allow for joint plans and actions for developing risk communication messages (like the 4-way linking model).
10. Develop joint or aligned messages for the different audiences and stakeholders, including staff from all levels of the two ministries, the public, media and other partners.

Reporting and response

11. Identify potential obstacles that will interfere with cross-sectoral reporting and information sharing between the human and animal sectors (situation analysis) and agree on a mechanism to address them. This should include agreement on the national lists of diseases

and events to be reported at all administrative levels and what can be comfortably reported by and to whom, and when. This requires that each sector raise awareness on nationally and internally reportable diseases.

12. Establish national cross-sectoral rapid response teams for joint outbreak investigations (as under IHR). Such rapid response teams should have clear terms of reference detailing roles and responsibility of the two sectors and their experts. The terms of reference can include details on possible and relevant samples and information to be collected from a large variety of relevant sectors (wildlife, water, soil, vectors) by the field team.
13. Develop a code of ethics for the joint rapid response teams for communication of information to the public. A mechanism for sharing of cleared public communications prior to release by either the Ministry of Agriculture or Ministry of Health should be developed to avoid sending of contradictory messages to the media and population.
14. Ensure that messages from the public health and animal health sectors are aligned. Inclusion of a public communications expert (and perhaps spokesperson) in an interface task force would facilitate development of effective and clear messages.
15. Develop a mechanism for two-way communication with the public that will both take into account public needs and facilitate implementation of national action ('buy-in').

Capacity building

16. Carry out an assessment of capacity for disease surveillance in both the human and animal sectors in order to identify gaps that can be addressed.
17. Define joint objectives and conduct gap analysis in accordance with requirements of IHR core capacity assessment.

18. Where appropriate, explore sharing of some human resources and training of human and animal health epidemiologists and surveillance officers, to reduce costs.
19. Assess and map out available capacities in human resources and infrastructure for laboratory to identify gaps and use them to develop a well-informed plan to strengthen the systems.
20. Develop programmes for training of staff from both sectors (can talk to each other) allowing for some mixed laboratory skills training and pooling of resources from both sectors.
21. Where possible, agree on mechanisms for sharing resources in terms of personnel, reagents and specific tests to reduce the human and animal pathogens. Where possible, one facility can be used by both sectors.
22. Encourage building the minimum capacity to meet basic requirements. Donor support should be identified to establish facilities.
23. Collaborate with regard to procedures for common quality assurance and define standards.
24. Advocate for national government funding for surveillance and for sustainability.
25. Develop national mechanisms for funding and resource mobilization that include ways of decreasing costs, such as joint capacity building, sharing tools and equipment and staff.
26. Use the joint national plan as advocacy for external seed funding and internal allocations, and consider the development and submission of joint funding applications, which may be seen as stronger and more efficient.
27. Externally funded projects are crucial for building infrastructure and capacity but should not be considered a long-term replacement for nationally implemented and funded mechanisms.



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