INTERNATIONAL HEALTH REGULATIONS (2005)
IHR MONITORING AND EVALUATION FRAMEWORK

HANDBOOK
FOR THE ASSESSMENT OF CAPACITIES AT THE HUMAN-ANIMAL INTERFACE

Second edition related to the Joint External Evaluation Tool
International Health Regulations (2005)
INTERNATIONAL HEALTH REGULATIONS (2005)
IHR MONITORING AND EVALUATION FRAMEWORK

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HUMAN-ANIMAL INTERFACE
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CONTEXT

With the coming into force of the revised International Health Regulations (IHR (2005)), all States Parties are required to assess the ability of their national structure and resources to meet minimum national core capacities for surveillance and response as specified in Annex 1 of the IHR (2005), and to develop a plan of action to ensure that these capacities be present and functioning throughout their territories.

Annex 1 of the IHR (2005) provides a list of core capacities — the capacity to detect, report, assess and respond to Public Health Event(s) of International Concern (PHEIC) - expected at the three levels of implementation in countries – central, intermediate and community levels. All States Parties have committed to report their level of compliance with IHR Annex 1 to the World Health Assembly (WHA) on a yearly basis.

In order to assist States Parties in their assessment, WHO and partners have developed an external evaluation (Joint External Evaluation, JEE) process and a tool (the JEET). The first stage of the evaluation is a survey completed by the country using self-reported data for the various indicators on the JEET. A joint external evaluation team comprised of national and international subject matter experts then visit the country for facilitated in-depth discussions. As a result a draft report identifies status levels for a set of indicators, as well as an analysis of the country’s capabilities, gaps, opportunities and challenges.

When it comes to the specific contribution from Veterinary Authorities in reaching the objectives of the IHR (2005), the OIE’s Performance of Veterinary Services (PVS) Pathway assesses the performance of the national Veterinary Services and their compliance with OIE international standards on the quality of Veterinary Services. All aspects relevant to the OIE Terrestrial Animal Health Code and the quality of Veterinary Services, as per OIE definition, are reviewed by using the PVS Pathway tools. The PVS Expert Team collects and analyses baseline information against 47 Critical Competencies, each of which are described in a specific card (Critical Competency Card). More details on PVS Pathway tools can be found in Annex 3.

PVS Pathway reports can greatly facilitate the work of the JEE, both for the self-review and for the evaluation by the JEE external team, by providing concrete information regarding the veterinary services’ contribution to specific core defined in the IHR (2005). This input may be obvious for some specific hazards (zoonoses, food safety, antimicrobial resistance). However there are other key areas that should also be considered for a more thorough and holistic review of strengths and gaps. This Handbook has been developed to facilitate this exercise; it explains the synergies and complementarities between the two the JEE and the OIE PVS Pathway, with specific information including on how to use the data contained in a PVS Evaluation report to assist in the implementation of the JEE.

1 - Certain States Parties that are not Members States of WHO may become a party to the IHR by notifying acceptance of the Regulations to the Director-General of the World Health Organisation. Currently, 196 States Parties to the IHR (2005) include all WHO Member States (194) as well as the Holy See and Liechtenstein.

2 - Annex 1 of the IHR (2005) includes 2 sections: A - Core capacity requirements for surveillance and Response, and B - Core capacity requirements for designated airports, ports and ground crossing. Available at www.who.int/ihr/9789241596664/en/

3 - www.who.int/hr/publications/WHO_HSE_GCR_2016_2/en/

4 - In this manual, the terms ‘Veterinary Authorities’ and ‘Veterinary Services’ refer to the definitions in the OIE Code

- Veterinary Authority means the governmental authority comprising veterinarian, other professionals and paraprofessionals, having the responsibility and competence for ensuring or supervising the implementation of animal health and welfare measures, international veterinary certification and other standards and recommendations in the OIE terrestrial Code in the whole territory.

- Veterinary Services means the governmental and non-governmental organisations that implement animal health and welfare measures and other standards and recommendations in the Code in the territory. The Veterinary Services are under the overall control and direction of the Veterinary Authority. Private sector organisations, veterinarians, veterinary paraprofessionals are normally accredited or approved by the Veterinary Authority to deliver the delegated functions.

5 - This document is the version 2 of the Handbook for the Assessment of Capacities at the Human-Animal Interface. Version 1 was associated with the IHR questionnaire used by IHR National Focal Points for their annual report to the WHA. This questionnaire is not used anymore since 2016.
OBJECTIVE OF THE HANDBOOK

Human and animal health systems communicating and collaborating together in synergy and complementarity has been largely advocated by the OIE and WHO. The two organisations have taken this principle on board and work together to advocate for their Member Countries to take advantage of existing frameworks and benefit from coordinated actions to prevent the spread of animal diseases of high impact for public health. The development of different yet synergistic tools is a prime example of such effort.

The objective of the Handbook is to facilitate the assessment of core capacities by taking into consideration and stock of the national Veterinary Services’ contribution to a country’s compliance to the IHR (2005). Use and reference to the outputs of PVS Pathway missions will reinforce the Joint External Evaluation process by using the results of the assessments of the Veterinary Services and underscore core capacities which require constant and structured collaboration between human and animal health systems.

CONTENT OF THE HANDBOOK

This Handbook identifies the several areas in which the indicators in the JEET match, overlap and synergize with the Critical Competencies used in the PVS Pathway missions. The JEET is organised through 19 technical areas, classified around 4 thematic areas.

<table>
<thead>
<tr>
<th>Thematic area 1 - Prevent</th>
<th>Thematic area 2 - Detect:</th>
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</thead>
<tbody>
<tr>
<td>- National Legislation, Policy and Financing</td>
<td>- National Laboratory System</td>
</tr>
<tr>
<td>- IHR Coordination, Communication and Advocacy</td>
<td>- Real Time Surveillance</td>
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<tr>
<td>- Antimicrobial Resistance (AMR)</td>
<td>- Reporting</td>
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<tr>
<td>- Zoonotic Disease</td>
<td>- Workforce Development</td>
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<tr>
<td>- Food Safety</td>
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<td>- Biosafety and Biosecurity</td>
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<td>- Immunization</td>
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<tr>
<th>Thematic area 3 - Respond:</th>
<th>Thematic area 4 - Other IHR-related hazards</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Preparedness</td>
<td>- Points of Entry (PoE)</td>
</tr>
<tr>
<td>- Emergency Response Operations</td>
<td>- Chemical Events</td>
</tr>
<tr>
<td>- Linking Public Health and Security Authorities</td>
<td>- Radiation Emergencies</td>
</tr>
<tr>
<td>- Medical Countermeasures and Personnel Deployment</td>
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<tr>
<td>- Risk Communication</td>
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</table>

Every technical area is informed by one or several indicator(s) with attributes that reflect various levels of capacity with scores of 1-5 (1 indicates that implementation has not occurred; 5 indicates that implementation has occurred, is tested/reviewed/exercised and that the country has a high level of capability for the indicator). Technical Questions are proposed to facilitate the determination of the appropriate score. Figure 1 illustrates the structure of the JEET, using one of the two indicators for the technical area National Legislation, Policy and Financing.
Indicator P.1.2: The State can demonstrate that it has adjusted and aligned its domestic legislation, policies and administrative arrangements to enable compliance with the IHR (2005)

| No Capacity – 1 | Legislation, regulation, administrative requirements and other government instruments are not in place for the implementation of the IHR (2005) |
| Limited Capacity – 2 | Assessment of relevant legislation, regulation, administrative requirements and other government instruments for IHR (2005) implementation has been carried out and adjustment needs have been identified. |
| Developed Capacity – 3 | The country can demonstrate the existence and use of relevant laws and policies in the various sectors involved in the implementation of the IHR. |
| Demonstrated Capacity – 4 | The country has legislation references and/or administrative requirements for specific areas (e.g. current legislation specifically address IHR NFP designation and operations). |
| Sustainable Capacity – 5 | The country ensures coordination of the legal and regulatory frameworks between sectors |

Technical questions:
- P.1.2.1 Does (an) assessment identify adjustment needs for relevant legislation, regulation, administrative requirements and other government instruments for IHR (2005) implementation?
- P.1.2.2 Is there evidence of using relevant legislation and policies in various sectors involved in the implementation of IHR?
- P.1.2.4 How does the country ensure coordination of the legal and regulatory frameworks between sectors?

Figure 1: One of the 2 indicators for National Legislation, Policy and Financing (Technical Area 1 / Prevent I, Indicator N° P.1.2.) in the JEET and the first technical questions associated.

There are 48 indicators in the JEET, divided into the 19 technical areas. This handbook helps JEE users easily locate for each of the indicators the possible contribution of the national Veterinary Services by guiding them to the relevant PVS Critical Competency Card(s)⁶.

⁶ In this version of the Handbook, the technical areas on PoE, chemical and radiation emergencies have not been considered. As a result, 16 technical areas informed by 42 indicators are explored.
HOW TO USE THIS HANDBOOK

The definition and the area covered by the PVS Critical Competency Cards are provided below the JEET indicator being considered, with specific references to the areas of interest. Where appropriate, a short paragraph has been provided below the question describing or making explicit the contribution of the national Veterinary Services to the implementation of that technical area. Figure 2 illustrates the structure of these tables.

<table>
<thead>
<tr>
<th>INDICATORS IN THE JEET</th>
<th>DESCRIPTION</th>
</tr>
</thead>
</table>
| P 1.2 The State can demonstrate that it has adjusted and aligned its domestic legislation, policies and administrative arrangements to enable compliance with the IHR (2005) | This CC reviews the authority and capability of the veterinary services (VS) to actively participate in the preparation of national legislation and regulations in domains that are under their mandate, in order to guarantee its quality with respect to principles of legal drafting and legal issues and its accessibility, acceptability, and technical, social and economic applicability. This competency involves collaboration with relevant authorities, including other ministries and competent authorities, national agencies and decentralised institutions that share authority or have mutual interest in relevant areas. The CC reviews inter alia:  
- The legislative and regulatory framework of the veterinary domain and the mandate of the Veterinary Authority;  
- The coordination of VS with relevant authorities on developing legislation and regulations regarding areas of joint or shared responsibility;  
- The evidence that national legislation identifies VS roles and responsibilities related to activities where there is shared authority with other competent authorities. |

**Figure 2:** Illustration of the tables included in this handbook, using the indicator in Figure 1 and one of the associated PVS Critical competency card.

In total, the Handbook identifies the contributions of the Veterinary Services in 35 indicators of 16 JEET technical areas, with additional information extracted from 35 PVS Critical Competencies. Table 1 below summarizes the relationship between the indicators from the JEET and the PVS Tool Critical Competencies.
Table 1: Table of correspondence between the technical areas in the JEET and the Critical Capacities cards in the OIE Pathway tools

| PVS Critical Competency cards | I-1-A | I-1-B | I-2-A | I-2-B | I-3 | I-4 | I-5-A | I-5-B | I-6-A | I-6-B | I-7 | I-8 | I-9 | I-11 | II-1-A | II-1-B | II-2 | II-3 | II-4 | II-5-A | II-5-B | II-6-A | II-6-B | II-7 | II-8-A | II-8-B | II-8-C | II-9 | II-10 | II-12-B | III-1 | III-2 | III-3 | III-5-A | III-6 | IV-1 | IV-2 | IV-3 | IV-4 | IV-5 | IV-6 |
|-------------------------------|------|------|------|------|-----|-----|-------|-------|-------|-------|-----|-----|-----|------|-------|-------|-----|-----|-----|-------|-------|-------|-------|-----|-------|-------|-------|-----|-------|-------|-----|-----|-----|-----|-----|-----|-----|
| **PREVENT**                   |      |      |      |      |     |     |       |       |       |       |     |     |     |      |       |       |     |     |     |       |       |       |       |     |       |       |       |     |       |       |     |     |     |     |     |     |     |
| Prevent 1                     |      |      |      |      |     |     |       |       |       |       | X   |     |     |     |      |       |       |     |     |     |       |       |       |       |     |       |       |       |     |       |       |     |     |     |     |     |     |     |
| Prevent 2                     |      |      |      |      |     |     |       |       |       |       |     | X   |     |     |     |      |       |       |     |     |     |       |       |       |       |     |       |       |       |     |       |       |     |     |     |     |     |     |     |
| Prevent 3                     |      |      |      |      |     |     |       |       |       |       |     |     | X   |     |     |     |      |       |       |     |     |     |       |       |       |       |     |       |       |       |     |       |       |     |     |     |     |     |     |     |
| Prevent 4                     |      |      |      |      |     |     |       |       |       |       |     |     |     | X   |     |     |     |      |       |       |     |     |     |       |       |       |       |     |       |       |       |     |       |       |     |     |     |     |     |     |     |
| Prevent 5                     |      |      |      |      |     |     |       |       |       |       |     |     |     |     | X   |     |     |     |      |       |       |     |     |     |       |       |       |       |     |       |       |       |     |       |       |     |     |     |     |     |     |     |
| Prevent 6                     |      |      |      |      |     |     |       |       |       |       |     |     |     |     |     | X   |     |     |     |      |       |     |     |     |       |       |       |       |     |       |       |       |     |       |       |     |     |     |     |     |     |     |
| Prevent 7                     |      |      |      |      |     |     |       |       |       |       |     |     |     |     |     |     | X   |     |     |     |      |       |     |     |     |       |       |       |       |     |       |       |       |     |       |       |     |     |     |     |     |     |
| **DETECT**                    |      |      |      |      |     |     |       |       |       |       |     |     |     |     |     |     |     | X   |     |     |     |      |       |     |     |     |       |       |       |       |     |       |       |       |     |       |       |     |     |     |     |     |     |
| Detect 1                      |      |      |      |      |     |     |       |       |       |       |     |     |     |     |     |     |     |     | X   |     |     |     |      |       |     |     |     |       |       |       |       |     |       |       |     |     |     |     |     |     |     |
| Detect 2                      |      |      |      |      |     |     |       |       |       |       |     |     |     |     |     |     |     |     |     | X   |     |     |     |      |       |     |     |     |       |       |       |       |     |       |       |     |     |     |     |     |     |     |
| Detect 3                      |      |      |      |      |     |     |       |       |       |       |     |     |     |     |     |     |     |     |     |     | X   |     |     |     |      |       |     |     |     |       |       |       |       |     |       |       |     |     |     |     |     |     |
| Detect 4                      |      |      |      |      |     |     |       |       |       |       |     |     |     |     |     |     |     |     |     |     |     | X   |     |     |     |      |       |     |     |     |       |       |       |       |     |       |       |     |     |     |     |     |
| **RESPONSE**                  |      |      |      |      |     |     |       |       |       |       |     |     |     |     |     |     |     |     |     |     |     |     | X   |     |     |     |      |       |     |     |     |       |       |       |       |     |       |       |     |     |     |     |     |
| Response 1                    |      |      |      |      |     |     |       |       |       |       |     |     |     |     |     |     |     |     |     |     |     |     |     | X   |     |     |     |      |       |     |     |     |       |       |       |       |     |       |       |     |     |     |     |
| Response 2                    |      |      |      |      |     |     |       |       |       |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     | X   |     |     |      |       |     |     |     |       |       |       |       |     |       |       |     |     |     |     |
| Response 3                    |      |      |      |      |     |     |       |       |       |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | X   |     |     |      |       |     |     |     |       |       |       |       |     |       |       |     |     |     |     |
| Response 4                    |      |      |      |      |     |     |       |       |       |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | X   |     |      |       |     |     |     |       |       |       |       |     |       |       |     |     |     |     |
| Response 5                    |      |      |      |      |     |     |       |       |       |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | X   |       |     |     |     |       |       |       |       |     |       |       |     |     |     |     |

**HOW TO ACCESS THE REPORTS**

The PVS Pathway reports are the property of the country concerned. A number of countries have waived the confidentiality of their PVS Pathway reports, authorizing the OIE to share their PVS Pathway report with partner organizations and donors. In addition, some countries have authorized the OIE to make their PVS Pathway reports fully public; these can be viewed on the OIE website:
- for the PVS Evaluation reports: under www.oie.int/en/support-to-oie-members/pvs-evaluations/oie-pvs-evaluation-reports/
- for the Gap Analysis reports: under www.oie.int/en/support-to-oie-members/pvs-gap-analysis/pvs-gap-analysis-reports/
PREVENT 1: NATIONAL LEGISLATION, POLICY AND FINANCING

States Parties need to have an adequate legal framework to support and enable implementation of the IHR (2005). This may require that they adopt implementing or enabling legislation for some or all of their obligations and rights. It can also facilitate coordination among the different entities involved in implementation. In addition, policies, which identify national structures and responsibilities are also important.

INDICATORS IN THE JEET - PREVENT 1: NATIONAL LEGISLATION, POLICY AND FINANCING

P.1.1 Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR.

Key areas considered in this indicator:
- Assessment of legislation, regulation and administrative requirements;
- National policies to facilitate the functions of the National Focal Point.

Comments: The veterinary services (VS) have an active role in the development of the legal and regulatory framework for the prevention and control of animal diseases including zoonosis, food safety, medicines, and several other areas under their mandate. The main issues to consider here are i) the involvement of the VS in the review of the existing laws, and the regulatory and administrative instruments covering the core functions defined in the IHR (2005), ii) the description of the synergic, overlapping or possible conflicting areas between the legal, regulatory and administrative frameworks developed in the human and animal sectors for the core functions defined in the IHR (2005).

Regarding the support to the IHR National Focal Point (NFP): The IHR NFP is in charge of disseminating information to, and consolidating input from relevant government sectors of the administration, reporting to WHO events which may constitute a PHEIC and reporting on the strengthening of national Core Capacities as defined in the IHR Monitoring and Evaluation Framework. The main issues to consider here are i) the existence of coordination between the VS and the IHR NFP including a good understanding by the VS of the role and obligations of the IHR NFP, ii) the communication channels and policies enabling the VS to provide expected information to the IHR NF including on the operational capacities as defined in the IHR (2005).

IV-1. Preparation of legislation and regulations

This CC reviews the authority and capability of the veterinary services (VS) to actively participate in the preparation of national legislation and regulations in domains that are under their mandate, in order to guarantee its quality with respect to principles of legal drafting and legal issues and its accessibility, acceptability, and technical, social and economic applicability. This competency involves collaboration with relevant authorities, including other ministries and competent authorities, national agencies and decentralised institutions that share authority or have mutual interest in relevant areas. The CC reviews inter alia:
- The legislative and regulatory framework of the veterinary domain and the mandate of the Veterinary Authority;
- The coordination of VS with relevant authorities on developing legislation and regulations regarding areas of joint or shared responsibility;
- The evidence that national legislation identifies VS roles and responsibilities related to activities where there is shared authority with other competent authorities.

IV-2. Implementation of legislation and regulations and compliance thereof

This CC reviews the authority and capability of the VS to ensure compliance with legislation and regulations under the VS mandate. The CC reviews inter alia:
- The capacity of the VS to take legal action
- The formal agreement and standard procedures for collaboration with other relevant authorities.

8 - http://www.who.int/ihr/legal_issues/legislation/en/index.html. In the context of IHR, the term "legislation, regulations and policy" is referring to the broad range of legal, administrative or other governmental instruments, whether legally binding or non-binding, and which may be available for States Parties to implement the IHR (2005).

9 - OIE Terrestrial Animal Health Code: Articles 3.2.8 on Animal Health controls and Articles 3.2.9 on Veterinary Public Health controls.
<table>
<thead>
<tr>
<th>PVS critical competency (cc)</th>
<th>Description</th>
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</table>
| **I-6. Coordination capability of the Veterinary Services**  
**B. External Coordination** | This CC reviews the capability of the VS to coordinate its resources and activities at all levels with other relevant authorities as appropriate, in order to implement all national activities relevant for OIE Codes (i.e. surveillance, disease control and eradication, food safety and early detection and rapid response programmes). Relevant authorities include other ministries and competent authorities, national agencies and decentralised institutions. This includes *inter alia*:
- Coordination mechanisms with other authorities on area of joint responsibility;
- Description of joint committee between VS and public health sector. |

**INDICATORS IN THE JEET - PREVENT 1: NATIONAL LEGISLATION, POLICY AND FINANCING**

<table>
<thead>
<tr>
<th>P.1.2 The State can demonstrate that it has adjusted and aligned its domestic legislation, policies and administrative arrangements to enable compliance with the IHR (2005).</th>
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<tbody>
<tr>
<td><strong>Key areas considered in this indicator:</strong></td>
</tr>
</tbody>
</table>
| - Implementation of legislation, policies and administrative instrument in the various sectors involved in the implementation of IHR (2005);
- Adjustment of legislation, regulation and administrative instrument toward coherence between sectors. |
| **Comments:** The veterinary services (VS) have an active role in the development of the legal and regulatory framework for the prevention and control of animal diseases including zoonosis, food safety, medicines, and several other areas under their mandate. The main issues to consider here are i) the implementation of existing legal, regulatory and administrative instruments covering the core functions defined in the IHR (2005), including for activities of early detection, reporting and response, ii) the adjustment of these instrument when required, including toward harmonization with other sectors active in the core functions defined in the IHR (2005). |

<table>
<thead>
<tr>
<th>PVS critical competency (cc)</th>
<th>Description</th>
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</table>
| **IV-3. International harmonisation** | This CC reviews the authority and capability of the VS to be active in the international harmonisation of regulations and sanitary measures and to ensure that the national legislation under their mandate take account of relevant international standards, as appropriate. The CC reviews *inter alia*:
- The legislative framework giving to VS the authority for international or regional harmonisation activities
- Procedures for reviewing legislation and effective harmonisation. |
| **IV-1. Preparation of legislation and regulations** | This CC reviews the authority and capability of the veterinary services (VS) to actively participate in the preparation of national legislation and regulations in domains that are under their mandate, in order to guarantee its quality with respect to principles of legal drafting and legal issues and its accessibility, acceptability, and technical, social and economic applicability. This competency involves collaboration with relevant authorities, including other ministries and competent authorities, national agencies and decentralised institutions that share authority or have mutual interest in relevant areas. The CC reviews *inter alia*:
- The legislative and regulatory framework of the veterinary domain and the mandate of the Veterinary Authority;
- The coordination of VS with relevant authorities on developing legislation and regulations regarding areas of joint or shared responsibility;
- The evidence that national legislation identifies VS roles and responsibilities related to activities where there is shared authority with other competent authorities. |
| **IV-2. Implementation of legislation and regulations and compliance thereof** | This CC reviews the authority and capability of the VS to ensure compliance with legislation and regulations under the VS mandate. This includes *inter alia*:
- The capacity of the VS to take legal action
- The formal agreement and standard procedures for collaboration with other relevant authorities. |
| **I-6. Coordination capability of the Veterinary Services**  
**B. External Coordination** | This CC reviews the capability of the VS to coordinate its resources and activities at all levels with other relevant authorities as appropriate, in order to implement all national activities relevant for OIE Codes (i.e. surveillance, disease control and eradication, food safety and early detection and rapid response programmes). Relevant authorities include other ministries and competent authorities, national agencies and decentralised institutions. This includes *inter alia*:
- Coordination mechanisms with other authorities on area of joint responsibility;
- Description of joint committee between VS and public health sector. |

10 - OIE Terrestrial Animal Health Code: Articles 3.2.8 on Animal Health controls and Articles 3.2.9. on Veterinary Public Health controls
<table>
<thead>
<tr>
<th>PVs critical competency (cc)</th>
<th>Description</th>
</tr>
</thead>
</table>
| II-7. Disease prevention, control and eradication  
A. Passive epidemiological surveillance | This CC reviews the authority and capability of the VS to actively perform actions to prevent, control or eradicate OIE listed diseases and/or to demonstrate that the country or a zone are free of relevant diseases. The CC considers *inter alia*:  
- The legislative framework, chain of command, and regulations for the surveillance and the control of animal and zoonotic diseases;  
- Procedures and/or protocols on roles and responsibilities of different parties (VS and other Competent Authorities). |
| II-5. Epidemiological surveillance and early warning  
7 pt | These CC review the authority and capability of the VS to determine, verify and report on the sanitary status of the animal populations, including wildlife, under their mandate. The CC consider *inter alia*:  
- List of diseases, including zoonosis, on the territory;  
- Network of human and physical resources for surveillance;  
- Contacts in other agencies on relevant areas (e.g. food safety; zoonoses, emerging diseases, wildlife) and procedures for sharing relevant surveillance information;  
- Knowledge of OIE standard on surveillance, including reporting duties on suspicions and confirmed cases. |
| II-6. Emergency response | This CC reviews the authority and capability of the VS to response rapidly to a sanitary emergency (such as a significant disease outbreak or a food safety emergency). The CC considers *inter alia*:  
- The legal framework supporting the rapid responses to sanitary emergencies  
- The chain of command and the regulatory framework including in the collaboration with relevant authorities. |
PREVENT 2: IHR COORDINATION, COMMUNICATION AND ADVOCACY

Coordination of nationwide resources, including the sustainable functioning of a National IHR Focal Point (NFP), is a key requisite for IHR (2005) implementation. The NFP should be accessible at all times to communicate with the WHO IHR Regional Contact Points and with all relevant sectors and other stakeholders in the country. A mechanism for multisectoral/multidisciplinary coordination, communication and partnerships should be functional.

**INDICATORS IN THE JEE - PREVENT 2: IHR COORDINATION, COMMUNICATION AND ADVOCACY**

P.2.1 A functional mechanism is established for the coordination and integration of relevant sectors in the implementation of IHR

Key areas considered in this indicator:
- The existence, functioning and performance of a multisectoral coordination structure;
- The coordination around the IHR National Focal Point.

The IHR NFP is in charge of disseminating information to, and consolidating input from relevant government sectors of the administration, reporting to WHO events which may constitute a PHEIC and reporting on the strengthening of national Core Capacities as defined in the IHR Monitoring and Evaluation Framework. The main issues to consider here are i) the existence of coordination between the VS and the IHR NFP including a good understanding by the VS of the role and obligations of the IHR NFP, ii) the communication channels and policies enabling/restricting the VS to provide expected information to the IHR NFP including on the operational capacities as defined in the IHR (2005), iii) the existence of an intersectoral coordination mechanisms (committee, taskforce, …) for the, promotion, advocacy and implementation of the IHR (2005), and more particularly for specific needs at the human-animal interface, and the participation of the VS in this mechanism.

**PVs critical competency (cc)**

**Description**

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<thead>
<tr>
<th><strong>P VS critical competency (cc)</strong></th>
<th><strong>Description</strong></th>
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</table>
| I-6. Coordination capability of the Veterinary Services | This CC reviews the capability of the VS to coordinate its resources and activities at all levels with other relevant authorities as appropriate, in order to implement all national activities relevant for OIE Codes (i.e. surveillance, disease control and eradication, food safety and early detection and rapid response programmes). This includes *inter alia*:
- Coordination mechanisms with other authorities on area of joint responsibility;
- Procedures and agreements with relevant competent authorities (may include those responsible for human health, security, customs, wildlife…). |
| B. External coordination | |
| II-2. Consultation with interested parties | This CC reviews the capability of the VS to consult effectively with interested parties on VS activities and programmes, and on developments in animal health and food safety. This competency includes collaboration with relevant authorities, including other ministries and competent authorities, national agencies and decentralised institutions that share authorities or have mutual interest in relevant areas. This includes *inter alia*:
- Procedure for formal consultation with interested parties;
- Establishment of inter-institutional committees. |
| II-6. Participation of producers and other interested parties in joint programmes | This CC reviews the capability of the VS and producers and interested parties to formulate and implement joint programmes in regard to animal health and food safety. This competency includes collaboration with relevant authorities, including other ministries and competent authorities, national agencies and decentralised institutions that share authorities or have mutual interest in relevant areas. The CC explores *inter alia*:
- Evidence of active involvement of producers and interested parties in the development, organization and delivery of programmes. |
| III-1. Communications | This CC reviews the capability of the VS to keep interested parties informed, in a transparent, effective and timely manner, of VS activities and programmes, and of developments in animal health and food safety. This competency includes collaboration with relevant authorities, including other ministries and Competent Authorities. The CC explores *inter alia*:
- The infrastructure and the mechanisms and supports for communication with interested parties. |
**PREVENT 3: ANTIMICROBIAL RESISTANCE (AMR)**

With the coordinated support from WHO, FAO, and OIE, countries are encouraged to:

a) Develop a national comprehensive plan to combat antimicrobial resistance;

b) Strengthen surveillance and laboratory capacity at the national level in both the human health and the animal health sectors; and

c) Contribute to the improved conservation of existing treatments and support the sustainable development of new antibiotics, alternative treatments, preventive measures and rapid, point-of-care diagnostics, including systems to preserve new antibiotics.

### INDICATORS IN THE JEET - PREVENT 3: ANTIMICROBIAL RESISTANCE

#### P.3.1 Antimicrobial resistance (AMR) detection

- **Key areas considered in this indicator:**
  - The existence of a national plan developed jointly by the human health and the animal health sectors
  - Designated laboratories in both sectors.

The Global Action Plan on Antimicrobial Resistance (AMR) was adopted in 2015 by all countries through decisions in the World Health Assembly, the FAO Governing Conference and the World Assembly of OIE Delegates. Countries agreed to have a national action plan on AMR that is consistent with the Global Action Plan, and to implement relevant policies and activities to prevent, control and monitor AMR. This includes developing technical capacities to detect and monitor AMR in the animal sector.

#### PVS critical competency (cc) Description

<table>
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<th>CC</th>
<th>Description</th>
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</table>
| II-10. Residue testing | This CC reviews the capability of the VS to undertake residue testing programmes for veterinary medicines (e.g., antimicrobials and hormones), chemicals, pesticides, radio-nuclides, metals, etc. This includes *inter alia*:
- The regulatory framework and the national standards on AMR control and testing;
- The official programmes on AMR control and results;
- The access to an AMR testing laboratory with adequate competency and resources;
- Evidence of action taken based on results from AMR testing programme, including the collaborative actions with other Competent Authorities. |

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<tr>
<th>CC</th>
<th>Description</th>
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</table>
| II-2. Laboratory quality assurance | This CC reviews the quality of laboratories (that conduct diagnostic testing or analysis for chemical residues, antimicrobial residues, toxins, or tests for biological efficacy, etc.) as measured by the use of formal QA systems and participation in relevant proficiency testing programmes. This includes *inter alia*:
- Documented procedures;
- Evidence of proficiency testing programmes;
- Feedback from laboratories on sample submission processes;
- Evidence that laboratory diagnostic procedures are in line with OIE standards. |

### INDICATORS IN THE JEET - PREVENT 3: ANTIMICROBIAL RESISTANCE

#### P.3.2 Surveillance of infections caused by AMR pathogens

- **Key areas considered in this indicator:**
  - A plan defining sentinel sites for the surveillance of infections caused by AMR
  - The ongoing surveillance programmes.

Surveillance and monitoring studies are conducted in many countries in both human and veterinary medicine. Since the use of antimicrobial agents is considered a driving force in the development and spread of antimicrobial resistance, studies have also been conducted to determine consumption figures of antimicrobials in human and veterinary medicine in various countries.

#### PVS critical competency (cc) Description

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</table>
| II-10. Residue testing | This CC reviews the capability of the VS to undertake residue testing programmes for veterinary medicines (e.g., antimicrobials and hormones), chemicals, pesticides, radio-nuclides, metals, etc. This includes *inter alia*:
- The regulatory framework and the national standards on AMR control and testing;
- The official programmes on AMR control and results. |
### P.3.3 Healthcare associate infection (HCAI) prevention and control programmes

**Key areas considered in this indicator:**
- Infection Prevention and control (IPC) for healthcare workers.

No particular contribution from the Veterinary Sector.

### P.3.4 Antimicrobial stewardship activities

**Key areas considered in this indicator:**
- Appropriate use of antimicrobial;
- Rules in prescription and delivery

Access to and responsible and prudent use of antimicrobial agents for animals must be regulated and monitored by well-trained veterinarians, whose ethics are ensured by a Veterinary Statutory Body.

<table>
<thead>
<tr>
<th>PVS critical competency (cc)</th>
<th>Description</th>
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</table>
| II-9. Veterinary medicines and biologicals | This CC reviews the authority and capability of the VS to regulate veterinary medicines and veterinary biologicals in order to ensure their responsible and prudent use i.e. the marketing, authorisation, registration, import, manufacture, quality control, export, labelling, advertising, distribution, sale and use of these products. This includes *inter alia*:
- List of medicines and biological products authorised and registered;
- Inspections, procedures for pharmacovigilance. |

| III-5. Veterinary Statutory Body (VSB) A. VSB authority | The VBS is an autonomous authority responsible for the regulation of the veterinarians and veterinarian para-professionals. Its role is defined in the OIE Terrestrial Code. This includes *inter alia*:
- Regulation of functions and application of disciplinary measures. |
**PREVENT 4: ZOONOTIC DISEASES**

This technical area focuses on behaviours, policies and/or practices that minimize the spill over, spread, and full emergence of zoonotic disease into or out of human populations prior to the development of efficient human-to-human transmission. Countries should develop and implement operational frameworks that specify the actions necessary to promote One Health approaches to policies, practices and behaviours that could minimize the risk of zoonotic disease emergence and spread.

### INDICATORS IN THE JEET - PREVENT 4: ZOONOTIC DISEASES

#### P.4.1 Surveillance systems in place for priority zoonotic diseases/pathogens

<table>
<thead>
<tr>
<th>Key areas considered in this indicator:</th>
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<tbody>
<tr>
<td>- The prioritization of zoonotic diseases of relevance for the country;</td>
</tr>
<tr>
<td>- The existence of specific surveillance systems for zoonotic diseases of importance (including in wildlife) in animal health, human health and collaboration;</td>
</tr>
<tr>
<td>- The sharing of data;</td>
</tr>
<tr>
<td>- The functional link between public health laboratories and animal health laboratories.</td>
</tr>
</tbody>
</table>

The VS conduct passive and active surveillance for animal diseases including zoonosis and report at the national level in compliance with OIE standards. Passive surveillance supposes that appropriate field networks for the detection of the disease events, collection of samples and submission for laboratory diagnosis of suspect cases are in place. Stakeholder’s involvement and compliance with their obligation to report the suspicion and occurrence of notifiable diseases to the VS is also assessed in the PVS. Active surveillance presupposes a list of priority diseases, collection of data on susceptible (sub)populations on which the surveillance is applied, protocols and quality assessment of the programmes, collaboration with stakeholders. Diagnostic capacities to assure a reliable and timely identification of the agent and mechanisms to facilitate coordination for the exchange of expertise, resources and data between the laboratories are critical.

Each OIE Member Country must report the occurrence of animal diseases, the emergence of new diseases and significant epidemiological events within 24 hours of the event. This also includes diseases transmissible to humans and the deliberate introduction of pathogens.

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<thead>
<tr>
<th>PVS critical competency (cc)</th>
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<tbody>
<tr>
<td>II-7. Disease prevention, control and eradication</td>
<td>This CC reviews the authority and capability of the VS to actively perform actions to prevent, control or eradicate OIE listed diseases and/or to demonstrate that the country or a zone are free of relevant diseases. The CC considers <em>inter alia</em>:</td>
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<tr>
<td>- The list of disease of epizootic or zoonotic importance</td>
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<tr>
<td>- The prevention, control and eradication programmes to be conducted in collaboration with other relevant parties;</td>
<td></td>
</tr>
<tr>
<td>- The procedures and/or protocols on roles and responsibilities of different parties (VS and other Competent Authorities).</td>
<td></td>
</tr>
</tbody>
</table>

II-5. Epidemiological surveillance and early warning

A. Passive epidemiological surveillance

B. Active surveillance

These CC review the authority and capability of the VS to determine, verify and report on the sanitary status of the animal populations, including wildlife, under their mandate. The CC consider *inter alia*:

- The list of notifiable diseases;
- Contacts in other agencies on relevant areas (e.g. food safety; zoonoses, emerging diseases, wildlife) and procedures for sharing relevant surveillance information;
- Knowledge of OIE standard on surveillance, including reporting duties and procedures on suspicions and confirmed cases.

II-1. Veterinary laboratory diagnosis

A. Access to veterinary laboratory diagnosis

This CC reviews the authority and capability of the VS to identify and record pathogenic agents, including those relevant for public health, that can adversely affect animals and animal products, and the suitability, effectiveness and efficiency of the national (public and private) laboratory infrastructures to service the needs of the VS. These CC consider *inter alia*:

- The list of notifiable and reportable diseases, present in the country, present in the region or that could enter the country, including emerging diseases, for which the access to laboratory diagnostic is lacking;
- The list of foreign laboratories providing access to diagnostic work;
- The access to human health laboratory services when needed, and agreement on diagnostic methods and procedures including for an emerging event/new pathogens) in animals and humans;
- The formal links between laboratories and the laboratory network structure organogram, including the existence of a shared database system.
PVs critical competency (cc) | Description
--- | ---
IV-6. Transparency | This CC reviews the authority and capability of the VS to notify the OIE of its sanitary status and other relevant matters (and to notify the WTO SPS Committee where applicable), in accordance with established procedures. The CC considers *inter alia*:
- Procedures and organised mechanism for notifications to OIE and other relevant international organisations;
- Knowledge of duties and obligations of membership.

II-3. Risk analysis | This CC reviews the authority and capability of the VS to base its risk management decisions on risk assessment. The CC considers *inter alia*:
- Database of epidemiological data and of hazards relevant to animal health;
- Database and procedures or tools used for risk analyses.

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**INDICATORS IN THE JEET - PREVENT 4: ZOONOTIC DISEASES**

**P.4.2 Veterinary or Animal Health Workforce**

Key areas considered in this indicator:
- The distribution of veterinary forces over the territory and at the different administrative levels;
- The training programmes focusing zoonotic diseases.

The review of veterinary or animal health workforce should consider the veterinary framework both in terms of number of staff\(^\text{11}\) and qualifications\(^\text{12}\). Appropriate staffing of the VS allows technical functions to be undertaken efficiently and effectively. The majority of veterinary and other professional positions should be occupied by appropriately qualified personnel at central, state / provincial and local (field) levels. Main issues to consider here: i) allocation of appropriate number of qualified staff (veterinarian and para-veterinarian) to cover all the territory and all the key functions, with adequate capacity for the detection, assessment and response to unusual events; ii) initial and continuing education of staff through training programmes adapted to the needs for adequate implementation of the IHR (2005).

PVs critical competency (cc) | Description
--- | ---
I-1. Professional and technical staffing of the Veterinary Services | This CC reviews the appropriate staffing of the VS to allow for veterinary and technical functions to be undertaken efficiently and effectively. The CC reviews *inter alia*:
- The approach for defining job descriptions, qualifications, experiences and formal appointment procedures;
- The procedures for performance assessment and management;
- The procedures for supervision of technical staff.

A - Veterinary and other professionals\(^\text{13}\)
   (university qualification)
B - Veterinary para-professionals and other technical personnel

I-2. Competencies of veterinarians and veterinary para-professionals | This CC reviews the capability of the VS to efficiently carry out their veterinary and technical functions, measured by the qualifications of their personnel in veterinary and technical positions. The CC reviews *inter alia*:
- The curriculum of veterinary faculties, including education on public health and One health issues;
- The curriculum of courses for veterinary para-professionals, and description of specialist qualifications and competencies.

A - Professional competencies of veterinarians including the OIE Day 1 competencies\(^\text{13}\)
B - Competencies of veterinary para-professionals

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\(^{11}\) For the purposes of the Terrestrial Code and the OIE PVS Tool Veterinary Services means the governmental and non-governmental organisations that implement animal health and welfare measures and other standards and recommendations in the Terrestrial Code and the OIE Aquatic Animal Health Code in the territory. In this context, this Critical Competence covers both the public and the private Veterinary para-professionals and other technical personnel.

\(^{12}\) Reference in the Terrestrial Code of OIE, Article 3.2.5.1.: The Veterinary Services should demonstrate that their human resource component includes an integral core of full-time civil service employees. This core should always include veterinarians. It should also include administrative officials and veterinary para-professionals. The human resources may also include part-time and private sector veterinarians and veterinary para-professionals. It is essential that all the above categories of personnel be subject to legal disciplinary provisions. Data relating to the resource base of the Veterinary Services undergoing evaluation should be available.

\(^{13}\) Veterinary para-professional means a person who, for the purposes of the Terrestrial Code, is authorised by the veterinary statutory body to carry out certain designated tasks in a territory and delegated to them under the responsibility and direction of a veterinarian. The tasks for each category of veterinary para-professional should be defined by the veterinary statutory body depending on qualifications and training, and according to need.

\(^{14}\) In 2012 the OIE published Recommendations on the Competencies of graduating veterinarians (‘Day 1 graduates’) to assure the quality of national Veterinary Services at the entry-level. These recommendations are relevant to all Member Countries, regardless of the prevailing societal, economic and political circumstances. The document can be found at the OIE Website at http://www.oie.int/en/support-to-oie-members/veterinary-education/.
### PVS critical competency (cc) Description

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</table>
| I-3. Continuing education   | This CC reviews the capability of the VS to maintain and improve the competence of their personnel in terms of relevant information and understanding; measured in terms of the implementation of a relevant training. The CC reviews *inter alia*:  
- Existing training programmes for relevant staff and procedures for continuing education linked to functions or positions; including on trans-sectoral thematic and One Health topics;  
- Evidence of interaction and collaboration between the Veterinary Authority and professional organisations, existence of continuing professional development programmes for private veterinarians, veterinary paraprofessionals, and other professionals. |

### INDICATORS IN THE JEET - PREVENT 4: ZOONOTIC DISEASES

**P.4.3 Mechanisms for responding to infectious zoonoses and potential zoonoses are established and functional**

**Key areas considered in this indicator:**
- The national policy, strategy or plans for a coordinated response to zoonotic events;  
- Timely exchange of information between sectors during zoonotic events;  
- The contingency plans, which include definition of roles and responsibilities

Mechanisms are required to facilitate the coordination and management of outbreak operations in response to zoonotic events. Multidisciplinary/multisectoral Rapid Response Teams should have a good knowledge of procedures to rapidly, and in a coordinated manner, respond to zoonotic events.

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<th>PVs critical competency (cc)</th>
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</table>
| II-6. Emergency response     | This CC reviews the authority and capability of the VS to respond rapidly to a sanitary emergency (such as a significant disease outbreak or a food safety emergency). The CC reviews *inter alia*:  
- Network of human and physical resources available for emergency response;  
- Documented national contingency plans;  
- Evidence of simulation exercises and pre-established procedures. |
| I-8. Operational funding     | This CC reviews the ability of the VS to access financial resources adequate for their continued and expanded operations (i.e. disease surveillance, early detection and rapid response, and veterinary public health), independent of political pressure. |
| I-9. Emergency funding       | This CC reviews the capability of the VS to access extraordinary financial resources in order to respond to emergency situations or emerging issues. The CC reviews *inter alia*:  
- Approval process for additional resources and financial arrangements. |
**PREVENT 5: FOOD SAFETY**

States Parties should have surveillance and response capacity for food borne disease risks and events. There are often many actors involved and this requires effective intersectoral communication and collaboration.

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<tr>
<th>INDIATORS IN THE JEE - PREVENT 5: FOOD SAFETY</th>
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<tbody>
<tr>
<td><strong>P.5.1</strong> Mechanisms are established and functioning for detecting and responding to foodborne disease and food contamination.</td>
</tr>
</tbody>
</table>

Key areas considered in this indicator:
- Focal points in relevant stakeholder groups and mechanisms for communication;
- Coordination between surveillance, diagnostics, response;
- Mechanism for rapid exchange of information during foodborne disease event.

The role of the Veterinary Services has traditionally extended from the farm to the slaughterhouse, where veterinarians have a dual responsibility – epidemiological surveillance of animal diseases and ensuring the safety and quality of meat. The education and training of veterinarians, which includes food hygiene components, makes them uniquely equipped to play a central role in ensuring food safety, especially the safety of foods of animal origin. Control at import is also important. In addition to veterinarians, several other professional groups are involved in supporting integrated food safety approaches throughout the food chain. In many countries the role of the Veterinary Services has been extended to include subsequent stages of the food chain in the “farm to fork” continuum.

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<tr>
<th>PVs critical competency (cc)</th>
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</table>
| **II-8. Food safety** B. - Ante and post mortem inspection at abattoirs and associated premises (e.g. meat boning/cutting establishments and rendering plants) | This CC reviews the authority and capability of the VS to implement and manage the inspection of animals destined for slaughter at abattoirs and associated premises, including for assuring meat hygiene and for the collection of information relevant to livestock diseases and zoonoses. The CC reviews *inter alia*:
- The collection of information relevant to livestock diseases, foodborne disease and zoonoses;
- Evidence of coordination between PH and VS regarding the occurrence of human foodborne illness and potential linkages to food of animal origin, including actions of the VS. |

**II-8. Food safety** B - Ante and post mortem inspection at abattoirs and associated premises

This CC reviews the authority and capability of the VS to implement and manage the inspection of animals destined for slaughter at abattoirs and associated premises, including for assuring meat hygiene and for the collection of information relevant to livestock diseases and zoonoses. The CC reviews *inter alia*:
- The legislative framework and documented chain of command;
- Procedures for inspection, including the collection and analysis of relevant samples;
- The collection of information relevant to livestock diseases, foodborne disease and zoonoses;
- Evidence of coordination between PH and VS regarding the occurrence of human foodborne illness and potential linkages to food of animal origin, including actions of the VS.

**II-8. Food Safety** C. Inspection for collection, processing and distribution of products of animal origin

This CC reviews the authority and capability of the VS to implement, manage and coordinate food safety measures on collection, processing and distribution of products of animal, including programmes for the prevention of specific food-borne zoonoses and general food safety programmes. The CC reviews *inter alia*:
- The roles and responsibilities of competent authorities (national VS, specific agency or department, Ministry of Health, local government or administration, private sector, etc.);
- The procedures followed by personnel, including for the collection and analysis of relevant samples;
- The coordination between relevant competent authorities regarding the occurrence of human foodborne illness and potential linkages to food of animal origin.

**II-6. Emergency response**

This CC reviews the authority and capability of the VS to respond rapidly to a sanitary emergency (such as a significant disease outbreak or food safety emergency). The CC reviews *inter alia*:
- Physical and financial resources, available for emergency response;
- Procedures and roles and responsibilities at all levels and functions for emergency response.
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<th>PVS critical competency (cc)</th>
<th>Description</th>
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<tr>
<td>II-4 Quarantine and border security</td>
<td>This CC reviews the authority and capability of the VS to prevent the entry and spread of diseases and other hazards of animals and animal products.</td>
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<tr>
<td></td>
<td>The CC reviews <em>inter alia:</em></td>
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<tr>
<td></td>
<td>- Reports or information on imports of animals or products of animal origin (types, quantities, provenance, etc.);</td>
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<tr>
<td></td>
<td>- Up-to-date information and agreement on cooperation with neighbours/trading partners’ on issues affecting disease status; responsible staff and procedures.</td>
</tr>
<tr>
<td>II-12. Identification and traceability.</td>
<td>This CC reviews the authority and capability of the VS, normally in collaboration with producers and other interested parties to identify and trace products of animal origin for the purpose of food safety animal health or trade. The CC reviews <em>inter alia:</em></td>
</tr>
<tr>
<td>B - Identification and traceability of animal products</td>
<td>- Tracing procedures and databases</td>
</tr>
<tr>
<td></td>
<td>- List of identified and traced food products of animal origin</td>
</tr>
</tbody>
</table>
**PREVENT 6: BIOSAFETY AND BIOSECURITY**

This technical area refers to the whole-of-government national biosafety and biosecurity system, ensuring the safe and secure use, storage, disposal, containment and monitoring of dangerous pathogens. Educational outreach and specific biological risk management trainings promote a shared culture of responsibility and reduce risks in all relevant sectors.

### INDICATORS IN THE JEET - PREVENT 6: BIOSAFETY AND BIOSECURITY

#### P.6.1 Whole-of-government biosafety and biosecurity system is in place for human, animal, and agriculture facilities

Key areas considered in this indicator:
- Biosafety and biosecurity legislation and regulation;
- Biological risk management training;
- Inventory of strain collections;
- Licensing containment laboratories;
- Oversight monitoring mechanisms and enforcement activities

Veterinary diagnostic laboratories receive samples on a routine basis for many contagious diseases, including zoonotic diseases. Laboratories that handle dangerous pathogens must have special requirements for the protection of the personnel who work with the pathogens, and protection of the environment and the public at large from contamination that could result from release of pathogens from the laboratory. Veterinary laboratories are under same obligation as human laboratories to exercise adequate biosafety and biosecurity measures.

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<thead>
<tr>
<th>PVs critical competency (cc)</th>
<th>Description</th>
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</thead>
</table>
| II-1. Veterinary laboratory diagnosis | This CC reviews the suitability, effectiveness and efficiency of the national (public and private) laboratory infrastructures to service the needs of the VS. The CC considers inter alia:  
- The organisation, management and financing of laboratory infrastructure. |
| II-2. Laboratory quality assurance | This CC reviews the quality of laboratories (that conduct diagnostic testing or analysis for chemical residues, antimicrobial residues, toxins, or tests for biological efficacy, etc.) as measured by the use of formal Quality Assurance (QA) systems and participation in relevant proficiency testing programmes. The CC considers inter alia:  
- The QA systems used (including standard operating procedures, testing manuals, records of results);  
- The procedures for audit and updating of sampling, submission and laboratory analytical procedures  
- The procedures for national authorisation / accreditation of laboratories; The list of authorised / accredited laboratories |
| II-9. Veterinary medicines and biologicals | This CC reviews the authority and capability of the VS to regulate veterinary medicines and veterinary biologicals in order to ensure their responsible and prudent use i.e. the marketing, authorisation, registration, import, manufacture, quality control, export, labelling, advertising, distribution, sale and use of these products. The CC considers inter alia:  
- The list of medicines and biological products authorised and registered,  
- Inspections and procedures. |

#### P.6.2 Biosafety and biosecurity training and practices

Key areas considered in this indicator:
- Training needs;
- Exercises on biosecurity measures;
- Training on the transport of infectious substance.

Veterinary diagnostic laboratories receive samples on a routine basis for many contagious diseases, including zoonotic diseases. Laboratories that handle dangerous pathogens must have special requirements for the protection of the personnel who work with the pathogens, and protection of the environment and the public at large from contamination that could result from release of pathogens from the laboratory. Veterinary laboratories are under same obligation as human laboratories to exercise adequate biosafety and biosecurity measures.
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>II-1. Veterinary laboratory diagnosis</td>
<td>This CC reviews the authority and capability of the VS to have access to laboratory diagnosis in order to identify and record pathogenic agents, including those relevant for public health, that can adversely affect animals and animal products. The CC considers <em>inter alia</em>: Lists and knowledge - Physical, human (including competencies and continuing education) and financial resources of laboratories; - Knowledge of procedures for sample collection and submission to an OIE Reference Laboratory.</td>
</tr>
<tr>
<td>II-2. Laboratory quality assurance</td>
<td>This CC reviews the quality of laboratories (that conduct diagnostic testing or analysis for chemical residues, antimicrobial residues, toxins, or tests for, biological efficacy, etc.) as measured by the use of formal Quality Assurance systems and participation in relevant proficiency testing programmes. The CC considers <em>inter alia</em>: - Job description including QA; - Relevant QA training.</td>
</tr>
<tr>
<td>I-2. Competencies of veterinarians and veterinary para-professionals A - Professional competencies of veterinarians including the OIE Day 1 competencies</td>
<td>This CC reviews the capability of the VS to efficiently carry out their veterinary and technical functions, measured by the qualifications of their personnel in veterinary and technical positions. The CC considers <em>inter alia</em>: - The curriculum of veterinary faculties.</td>
</tr>
<tr>
<td>I-3. Continuing education</td>
<td>This CC reviews the capability of the VS to maintain and improve the competence of their personnel in terms of relevant information and understanding, measured in terms of the implementation of a relevant training. The CC considers <em>inter alia</em>: - Existing training programmes for relevant staff and procedures for continuing education linked to functions or positions; - Existence of continuing professional development programmes for private veterinarians.</td>
</tr>
</tbody>
</table>

**PREVENT 7: IMMUNIZATION**

There is no clear reference to this technical area in the OIE PVS tools.

15 - In 2012 the OIE published Recommendations on the Competencies of graduating veterinarians (‘Day 1 graduates’) to assure the quality of national Veterinary Services at the entry-level. These recommendations are relevant to all Member Countries, regardless of the prevailing societal, economic and political circumstances. The document can be found at the OIE Website at [http://www.oie.int/en/support-to-oie-members/veterinary-education/](http://www.oie.int/en/support-to-oie-members/veterinary-education/).
DETECT 1: NATIONAL LABORATORY SYSTEM

This technical area refers to the national laboratory system available for real-time surveillance and capable of safely and accurately detecting and characterizing pathogens causing epidemic disease, including both known and novel threats, from all parts of the country. It is suggested that these capabilities should be separately evaluated both in the human and animal livestock sectors plus mechanisms for collaboration, and final scores reflect the average.

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<tr>
<th>PVS critical competency (cc)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>II-1. Veterinary laboratory diagnosis A. Access to veterinary laboratory diagnosis</td>
<td>This CC reviews the authority and capability of the VS to identify and record pathogenic agents, including those relevant for public health, that can adversely affect animals and animal products. The CC considers inter alia: - The lists of categories and distribution of laboratories in the country; - The physical, human (including competencies and continuing education) and financial resources of laboratories; - The list of notifiable and reportable diseases present in the country, present in the region or that could enter the country, including emerging diseases, for which the access to laboratory diagnostic is lacking; - The list of foreign laboratories providing access to diagnostic work; - The access to human health laboratory services when needed, and agreement on diagnostic methods and procedures including for an emerging event/new pathogens in animals and humans; - The list of diagnostic tests (defined for each disease) available for the VS.</td>
</tr>
<tr>
<td>II-1. Veterinary laboratory diagnosis B. Suitability of national laboratory infrastructures</td>
<td>This CC reviews the suitability, effectiveness and efficiency of the national (public and private) laboratory infrastructures to service the needs of the VS. The CC considers inter alia: - The organisation, management and financing of laboratory infrastructure.</td>
</tr>
</tbody>
</table>
### D.1.2 Specimen referral and transport system

**Key areas considered in this indicator:**
- Procedures for specimen collection, packaging and transport, both internally and outside the country;
- Regional or international laboratory network.

The OIE reviews the access to public and private diagnostic laboratory capacities within the veterinary laboratory network through collaboration with human public health laboratories or through a network of national or international reference laboratories (e.g., an OIE Reference Laboratory) to identify pathogenic agents, including those relevant for public health. The main issues to consider are the collaboration and agreement with diagnostic laboratories outside the country and the procedures for preparing and sending samples.

<table>
<thead>
<tr>
<th>PVS critical competency (cc)</th>
<th>Description</th>
</tr>
</thead>
</table>
| **II-1. Veterinary laboratory diagnosis**<br>A. Access to veterinary laboratory diagnosis | This CC reviews the authority and capability of the VS to identify and record pathogenic agents, including those relevant for public health, that can adversely affect animals and animal products. The CC considers inter alia:
- The lists of categories and distribution of laboratories in the country;
- The access to human health laboratory services when needed, and agreement on diagnostic methods and procedures including for an emerging event/new pathogens in animals and humans;
- The list of foreign laboratories providing access to diagnostic work;
- Knowledge of procedures for sample collection and submission to an OIE Reference Laboratory;
- The records of samples submitted to local, national, foreign, and OIE Reference Laboratories;
- The documented procedures and reports of sample tracing, sample collection and laboratories results, including time frames;
- The documented evidence of cold chain and appropriate sample collection kits;
- The knowledge of procedures for sample collection and submission to OIE Reference Laboratory, and dissemination of results. |

### D.1.3 Effective modern point of care and laboratory based diagnostics

**Key areas considered in this indicator:**
- Production and/or procurement processes for acquiring necessary reagents.

The OIE reviews the access to public and private diagnostic laboratory capacities within the veterinary laboratory network through collaboration with human public health laboratories or through a network of national or international reference laboratories (e.g., an OIE Reference Laboratory) to identify pathogenic agents, including those relevant for public health. The main issues to consider are the collaboration and agreement with laboratories outside the country.

<table>
<thead>
<tr>
<th>PVS critical competency (cc)</th>
<th>Description</th>
</tr>
</thead>
</table>
| **II-2. Laboratory quality assurance** | This CC reviews the quality of laboratories (that conduct diagnostic testing or analysis for chemical residues, antimicrobial residues, toxins, or tests for biological efficacy, etc.) as measured by the use of formal Quality Assessment systems and participation in relevant proficiency testing programmes. The CC considers inter alia:
- The list of authorised / accredited laboratories;
- The QA systems used (including standard operating procedures, testing manuals, records of results);
- The procedures for audit and updating of sampling, submission and laboratory analytical procedures;
- The procedures for national authorisation / accreditation of laboratories;
- The existing accreditation and/or twinning programmes. |
DETECT 2: REAL TIME SURVEILLANCE

A sensitive and flexible surveillance system is needed to be able to detect any zoonotic or unusual event and rapidly provide an alert when appropriate. Such an event can happen in humans, animals, or both, and real-time surveillance requests collaboration with relevant authorities, including other ministries and competent authorities, national agencies, and decentralized units. The structure of the system and the roles and responsibilities of those involved in implementing the system need to be clearly defined and preferably should be defined through public health policy and regulations. This technical area explores the real-time surveillance systems, including interoperable, interconnected electronic reporting systems.

**INDICATORS IN THE JEEF - DETECT 2: REAL TIME SURVEILLANCE**

**D.2.1 Indicator and event based surveillance systems**

Key areas considered in this indicator:
- The surveillance of events, sources used, mechanism to collect data;
- The structure of the surveillance system at sub-national levels.

The VS conduct passive and active surveillance. Passive surveillance supposes that appropriate field networks for the detection of the disease events are in place. Stakeholders’ involvement and compliance with their obligation to report the suspicion and occurrence of notifiable diseases to the VS is also assessed. Active surveillance presupposes a list of priority diseases, collection of data on susceptible (sub)populations on which the surveillance is applied, protocols and quality assessment of the programme, collaboration with stakeholders.

<table>
<thead>
<tr>
<th>PVs critical competency (cc)</th>
<th>Description</th>
</tr>
</thead>
</table>
| **II-5. Epidemiological surveillance and early detection**  
A - Passive epidemiological surveillance  
B - Active epidemiological surveillance | These CC review the authority and capability of the VS to determine, verify and report on the sanitary status of the animal populations, including wildlife, under their mandate. The CC considers inter alia:  
- The list of diseases on the territory, and the list of priority zoonosis diseases (e.g. rabies, brucellosis, bovine tuberculosis, anthrax, leptospirosis and other relevant diseases for the country) covered by specific active surveillance programmes;  
- The chain of command and information flow;  
- The procedures for data recording and management, and notifications of diseases;  
- Database on people involved in surveillance (e.g. professionals, paraprofessionals, producers, etc.);  
- The network of contact points for surveillance in other agencies on relevant areas (e.g., food safety, zoonoses, emerging diseases, wildlife);  
- The procedures for sharing relevant surveillance information with relevant partners. |
| **III-2. Consultation with interested parties** | This CC reviews the capability of the VS to consult effectively with interested parties on VS activities and programmes, and on developments in animal health and food safety. This competency includes collaboration with relevant authorities, including other ministries and competent authorities, national agencies, and decentralised institutions that share authorities or have mutual interest in relevant area. The CC considers inter alia:  
- The consultation with interested parties on surveillance activities and data sharing. |
**INDICATORS IN THE JEE - DETECT 2: REAL TIME SURVEILLANCE**

### D.2.2 Interoperable, interconnected, electronic real time reporting system

**Key areas considered in this indicator:**
- Connections of systems for real time exchange of data

Unusual events and results of passive and active surveillance on priority diseases including zoonotic diseases should be reported to the intermediate and central levels through a rapid consolidated system, and shared with interested parties as appropriate. The OIE terrestrial Code requests the demonstration of a functional animal disease reporting system for animal diseases which covers all agricultural regions of the country.

### PVS critical competency (cc) Description

**II-5. Epidemiological surveillance and early detection**

A - Passive epidemiological surveillance
B - Active epidemiological surveillance

These CC review the authority and capability of the VS to determine, verify and report on the sanitary status of the animal populations, including wildlife, under their mandate. The CC considers *inter alia*:
- The procedures for data recording and management;
- The procedures for sharing relevant surveillance information with relevant partners.

### D.2.3 Analysis of surveillance data

**Key areas considered in this indicator:**
- Dedicated resources
- Mechanism for integrating data from different sources (lab, hospitals…);
- Production of epidemiological reports

The OIE terrestrial Code encourages the analysis of surveillance data with the most appropriate methodology and all relevant type of data, and calls for transparency in order to ensure fairness and rationality, consistency in decision making and ease of understanding. Results of these analysis should feed routine information sharing or, when appropriate, risk communication or outbreak communication.

### PVS critical competency (cc) Description

**II-3. Risk analysis**

This CC reviews the authority and capability of the VS to base its risk management decisions on risk assessment. The CC considers *inter alia*:
- Database of hazards relevant to animal health;
- Database and procedures or tools used for risk analyses;
- Risk communication.

**III-1. Communication**

This CC reviews the capability of the VS to keep interested parties informed, in a transparent, effective and timely manner, of VS activities and programmes, and of developments in animal health and food safety. This competency includes collaboration with relevant authorities, including other ministries and Competent Authorities, national agencies and decentralised institutions that share authority or have mutual interest in relevant areas. The CC considers *inter alia*:
- Formal procedures and mechanisms for communication including coordination mechanisms with public health, wildlife and other agencies;
- Accessible communication tools (e.g. bulletin, website, hotline);
- Procedures for active circulation to stakeholders and for generating and responding to feedback.

### D.2.4 Syndromic surveillance systems

**Key areas considered in this indicator:**
- System able to detect core syndromes indicative of public health emergencies

Not relevant for the veterinary sector.
DETECT 3: REPORTING

All IHR (2005) States Parties have to report to WHO within 24h any incident that could be considered a Public Health Event of International Concern using the fastest available means of communication via their national IHR Focal Points. A decision instrument described in Annex 2 of the IHR (2005) is used by Member States to decide whether an acute public health event requires formal notification to WHO. In the animal health sector, the obligation to disclose all relevant information about animal diseases is set out in the OIE Organic Statutes, signed and ratified by the founding Member Countries. All OIE Member Countries must report the occurrence of animal diseases, the emergence of new diseases and significant epidemiological events within 24h of the event. This technical area explores the timely and accurate disease reporting according to these requirements and consistent coordination with FAO.

<table>
<thead>
<tr>
<th>INDICATORS IN THE JEET - DETECT 3: REPORTING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>D.3.1 System for efficient reporting to WHO, FAO and OIE</strong></td>
</tr>
<tr>
<td>Key areas considered in this indicator:</td>
</tr>
<tr>
<td>- Support provided to and performance of the IHR National Focal Point;</td>
</tr>
<tr>
<td>- Multisectoral process for assessing potential events for reporting.</td>
</tr>
</tbody>
</table>

Whenever an important epidemiological event occurs in the animal health sector, countries must inform the OIE by sending an immediate notification. This also includes zoonotic diseases and the intentional introduction of pathogens. Countries are also encouraged to inform FAO. The immediate notification is facilitated by an internet-based computer system WAHIS, World Animal Health Information System, able to process data on animal diseases (include in wildlife) in real-time and then inform the international community.

### PVs critical competency (cc)

#### III-5. Epidemiological surveillance and early detection

| A - Passive epidemiological surveillance |
| B - Active epidemiological surveillance |

These CC review the authority and capability of the VS to determine, verify and report on the sanitary status of the animal populations, including wildlife, under their mandate. The CC considers inter alia:

- The list of notifiable diseases;
- Knowledge of OIE standard on surveillance, including reporting duties on suspicions and confirmed cases.

#### IV-6. Transparency

This CC reviews the authority and capability of the VS to notify the OIE of its sanitary status and other relevant matters (and to notify the WTO SPS Committee where applicable), in accordance with established procedures. The CC considers inter alia:

- Procedures and organised mechanism for notifications to OIE and other relevant international organisations (OIE focal points, Codex and WTO notification and enquiry points where applicable);
- Knowledge of duties and obligations of membership.
### Key areas considered in this indicator:
- Legal bases, policies and procedures for internal reporting;
- Existence and test of communication mechanisms, including feedback to stakeholders.

Unusual events and results of event-based surveillance should be reported to the intermediate and central levels through a rapid consolidated system, and shared with interested parties as appropriate. The OIE terrestrial Code requests the demonstration of a functional animal disease reporting system for animal diseases which covers all agricultural regions of the country.

<table>
<thead>
<tr>
<th>PVs critical competency (cc)</th>
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</thead>
</table>
| **IV-2. Implementation of legislation and regulations and compliance thereof** | This CC reviews the authority and capability of the VS to ensure compliance with legislation and regulations under the VS mandate. The CC considers inter alia:
- The capacity of the VS to take legal action;
- The formal agreement and standard procedures for collaboration with other relevant authorities. |
| **II-5. Epidemiological surveillance and early detection**
  A. Passive epidemiological surveillance
  B. Active epidemiological surveillance | These CC review the authority and capability of the VS to determine, verify and report on the sanitary status of the animal populations, including wildlife, under their mandate. The CC considers inter alia:
- The procedures for sharing relevant surveillance information with relevant partners;
- Knowledge of OIE standard on surveillance, including reporting duties on suspicions and confirmed cases. |
| **I-6. Coordination capability of the Veterinary Services**
  B. External coordination | This CC reviews the capability of the VS to coordinate its resources and activities at all levels with other relevant authorities as appropriate, in order to implement all national activities relevant for OIE Codes (i.e., surveillance, disease control and eradication, food safety and early detection and rapid response programmes). The CC considers inter alia:
- Simulation exercises;
- Procedures for audit, reports, and updating of these activities. |
| **II-6. Emergency response** | This CC reviews the authority and capability of the VS to respond rapidly to a sanitary emergency (such as a significant disease outbreak or food safety emergency). The CC considers inter alia:
- Evidence that mandatory disease notification system operates effectively;
- Evidence of simulation exercises. |
**DETECT 4: WORKFORCE DEVELOPMENT**

States Parties should have skilled and competent health personnel from all relevant sectors for sustainable and functional public health surveillance and response at all levels of the health system and the effective implementation of the IHR (2005).

### INDICATORS IN THE JEE T - PREVENT 4: WORKFORCE DEVELOPMENT

**D.4.1 Human resources are available to implement IHR core capacity requirements**

<table>
<thead>
<tr>
<th>Key areas considered in this indicator:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- HR available at the different administrative levels;</td>
</tr>
<tr>
<td>- Collaboration through multi-disciplinary teams.</td>
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</tbody>
</table>

The assessment should include the forces in the veterinary sector, both in terms of number of staff and qualifications. Appropriate staffing of the Veterinary Services allows technical functions to be undertaken efficiently and effectively. The majority of veterinary and other professional positions should be occupied by appropriately qualified personnel at central, state/provincial and local (field) levels. Main issues to consider:

1. Allocation of appropriate number of qualified staff (veterinarian and para-veterinarian) to cover all the territory and all the key functions, with adequate capacity for the detection, assessment and response to unusual events;
2. Initial and continuing education of staff through training programmes adapted to the needs for adequate implementation of the IHR (2005).

<table>
<thead>
<tr>
<th>PVs critical competency (cc)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-1. Professional and technical staffing of the Veterinary Services</td>
<td></td>
</tr>
<tr>
<td>A - Veterinary and other professionals (university qualification)</td>
<td></td>
</tr>
<tr>
<td>B - Veterinary para-professionals and other technical personnel</td>
<td></td>
</tr>
<tr>
<td>This CC reviews the appropriate staffing of the VS to allow for veterinary and technical functions to be undertaken efficiently and effectively. The CC considers inter alia:</td>
<td></td>
</tr>
<tr>
<td>- The approach for defining job descriptions, qualifications, experiences and formal appointment procedures;</td>
<td></td>
</tr>
<tr>
<td>- The procedures for performance assessment and management;</td>
<td></td>
</tr>
<tr>
<td>- The procedures for supervision of technical staff.</td>
<td></td>
</tr>
<tr>
<td>I-2. Competencies of veterinarians and veterinary para-professionals</td>
<td></td>
</tr>
<tr>
<td>A - Professional competencies of veterinarians including the OIE Day 1 competencies</td>
<td></td>
</tr>
<tr>
<td>B - Competencies of veterinary para-professionals</td>
<td></td>
</tr>
<tr>
<td>This CC reviews the capability of the VS to efficiently carry out their veterinary and technical functions, measured by the qualifications of their personnel in veterinary and technical positions. The CC considers inter alia:</td>
<td></td>
</tr>
<tr>
<td>- The curriculum of veterinary faculties, including education on public health and One health issues;</td>
<td></td>
</tr>
<tr>
<td>- The curriculum of courses for veterinary para-professionals, and description of specialist qualifications and competencies</td>
<td></td>
</tr>
</tbody>
</table>

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16. For the purposes of the Terrestrial Code and the OIE PVSTool Veterinary Services means the governmental and non-governmental organisations that implement animal health and welfare measures and other standards and recommendations in the Terrestrial Code and the OIE Aquatic Animal Health Code in the territory. In this context, this Critical Competence covers both the public and the private Veterinary para-professionals and other technical personnel.

17. Reference in the Terrestrial Code of OIE, Article 3.2.5.1.: The Veterinary Services should demonstrate that their human resource component includes an integral core of full-time civil service employees. This core should always include veterinarians. It should also include administrative officials and veterinary para-professionals. The human resources may also include part-time and private sector veterinarians and veterinary para-professionals. It is essential that all the above categories of personnel be subject to legal disciplinary provisions. Data relating to the resource base of the Veterinary Services undergoing evaluation should be available.

18. Veterinary para-professional means a person who, for the purposes of the Terrestrial Code, is authorised by the veterinary statutory body to carry out certain designated tasks in a territory and delegated to them under the responsibility and direction of a veterinarian. The tasks for each category of veterinary para-professional should be defined by the veterinary statutory body depending on qualifications and training, and according to need.

19. In 2012 the OIE published Recommendations on the Competencies of graduating veterinarians (‘Day 1 graduates’) to assure the quality of national Veterinary Services at the entry-level. These recommendations are relevant to all Member Countries, regardless of the prevailing societal, economic and political circumstances. The document can be found at the OIE Website at http://www.oie.int/en/support-to-oie-members/veterinary-education/.
### INDICATORS IN THE JEET - PREVENT 4: WORKFORCE DEVELOPMENT

#### D.4.2 Applied epidemiology training programme in place such as FETP

**Key areas considered in this indicator:**
- Long term training programmes;

**PVs critical competency (cc) | Description**

| I-2. Competencies of veterinarians and veterinary para-professionals | This CC reviews the capability of the VS to efficiently carry out their veterinary and technical functions, measured by the qualifications of their personnel in veterinary and technical positions. The CC considers inter alia:
- The curriculum of veterinary faculties, including education on public health and One health issues;
- The number of veterinarians holding postgraduate qualifications;
- The number of para-veterinarians with specialist qualifications and competencies. |

| I-3. Continuing education | This CC reviews the capability of the VS to maintain and improve the competence of their personnel in terms of relevant information and understanding, measured in terms of the implementation of a relevant training. The CC considers inter alia:
- Existing training programmes for relevant staff and procedures for continuing education linked to functions or positions; including on trans-sectoral thematic and One Health topics;
- Procedures for continuing education management and individual follow-up;
- Existence of continuing professional development programmes for private veterinarians, veterinary paraprofessionals, and other professionals. |

#### D.4.3 Workforce strategy

**Key areas considered in this indicator:**
- Existence and implementation of a strategy to develop workforce;
- Plans to provide continuous education, track careers, retain and promote qualified workforce;
- Funding of the public health workforce.

| PVs critical competency (cc) | Description**

| I-3. Continuing education | This CC reviews the capability of the VS to maintain and improve the competence of their personnel in terms of relevant information and understanding, measured in terms of the implementation of a relevant training. The CC considers inter alia:
- Training plans for relevant staff;
- Budget for continuing education. |

| I-11. Management of resources and operations | This CC reviews the capability of the VS to document and manage their resources and operations in order to analyse, plan and improve both efficiency and effectiveness. The CC considers inter alia:
- Procedures for most operations and resources allocations (budgets, human resources);
- Strategic plan including analysis and regular updates. |

| I-8. Operational funding | This CC reviews the ability of the VS to access financial resources adequate for their continued and expanded operations (i.e. disease surveillance, early detection and rapid response, and veterinary public health), independent of political pressure. The CC considers inter alia:
- General operating budget;
- Documented procedures on financial governance and planning. |

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20 - In 2012 the OIE published Recommendations on the Competencies of graduating veterinarians ("Day 1 graduates") to assure the quality of national Veterinary Services at the entry-level. These recommendations are relevant to all Member Countries, regardless of the prevailing societal, economic and political circumstances. The document can be found at the OIE Website at [http://www.oie.int/en/support-to-oie-members/veterinary-education/](http://www.oie.int/en/support-to-oie-members/veterinary-education/).
RESPONSE 1: PREPAREDNESS

Annex 1 of the IHR (2005) stipulates that States Parties should utilize existing national structures and resources to meet their core capacity requirements under the Regulations. These include financial resources, human resources both in term of number and qualification of staff, infrastructures and physical resources. Preparedness includes the review of these resources and the development and maintenance of national, intermediate and local public health emergency response.

INDICATORS IN THE JEEF - RESPONSE 1: PREPAREDNESS

R.1.1 Multi-hazard national public health emergency preparedness and response plan is developed and implemented

Key areas considered in this indicator:
- Existence of a preparedness and response plan which includes participation of various sectors – including animal health sector – in its development and content;
- Specificity of this plan (specific vs multi-hazards);
- Surge capacities; location and capacity to reallocate resources;
- Test and revision of the plan.

The contribution of the Veterinary Services for this indicator can be explored by considering: i) the existence of physical resources and functioning capacities, ii) the coordination capacities of the resources (both internal and external) to implement activities associated with the detection, assessment, report and response at the 3 levels of implementation, iii) the coordinating mechanisms with other competent authorities including public health authorities, and iv) the development, test and update of preparedness and contingency plans.

PVS critical competency (cc) | Description
--- | ---
I-1.1. Management of resources and operations | This CC reviews the capability of the VS to document and manage their resources and operations in order to analyse, plan and improve both efficiency and effectiveness. The CC considers inter alia:
- Procedures for most operations and resources allocations (budgets, physical and/or human resources);
- Strategic plan including analysis and planning.

I-7. Physical resources | This CC reviews the access of the VS to relevant physical resources including buildings, transport, telecommunications, cold chain, and other relevant equipment. The CC considers inter alia:
- Inventory of physical resources;
- Geographical and functional distribution of physical resources and the procedures for their management.

II-6. Emergency response | This CC reviews the authority and capability of the VS to respond rapidly to a sanitary emergency (such as a significant disease outbreak or food safety emergency). The CC considers inter alia:
- Physical and financial resources, available for emergency response;
- Financial support and emergency equipment and consumables.

I-6. Coordination capability of the Veterinary Services
A - Internal coordination (chain of command)
B - External coordination | These CC review the capability of the VS to coordinate its resources and activities (public and private sectors) - (A) with a clear chain of command, from the central level to the field level - (B) at all levels with other relevant authorities as appropriate - in order to implement all national activities in their mandate (i.e. surveillance, disease control and eradication, food safety and early detection and rapid response programmes). These CC consider inter alia:
- Description of roles and responsibilities, coordination mechanisms and chain of command for the veterinary domain from central to field levels;
- Coordination mechanisms and shared responsibility with other competent authorities (public health, security, international customs, wildlife);
- Development of trans-sectoral national preparedness plans.
- Reports of efficiency reviews and simulation exercises.
**INDICATORS IN THE JEET - RESPONSE 1: PREPAREDNESS**

**R.1.2 Priority public health risks and resources are mapped and utilized.**

Key areas considered in this indicator:
- Development of national profiles on risks and resources;
- Logistics and experts.

The contribution of the Veterinary Services for this indicator can be explored by considering:
  i) the existence of physical resources and functioning capacities,
  ii) the rational guiding the distribution and allocation of resources, including based on the assessment of specific and/or multi-hazards risks.

<table>
<thead>
<tr>
<th>PVS critical competency (cc)</th>
<th>Description</th>
</tr>
</thead>
</table>
| I-7. Physical resources     | This CC reviews the access of the VS to relevant physical resources including buildings, transport, telecommunications, cold chain, and other relevant equipment. The CC considers *inter alia*:
  - The geographical and functional distribution of physical resources and the procedures for their management. |
| II-6. Emergency response    | This CC reviews the authority and capability of the VS to respond rapidly to a sanitary emergency (such as a significant disease outbreak or a food safety emergency). The CC considers *inter alia*:
  - Network of human and physical resources available for emergency response. |
| II-3. Risk analysis         | This CC reviews the authority and capability of the VS to base its risk management decisions on risk assessment. The CC considers *inter alia*:
  - Database of hazards relevant to animal health and food safety;
  - Database and procedures or tools used for risk analyses;
  - Documented risk management decision-making based on risk analyses; |
RESPONSE 2: EMERGENCY RESPONSE OPERATIONS

Emergency operations require a dedicated functioning physical or virtual structure. The JETT defines criteria for an emergency operation centre (EOC) functioning according to minimum common standards and able to rapidly activate investigation and response teams with trained staff. These teams should be multisectoral for events at the human-animal interface.

### INDICATORS IN THE JETT - RESPONSE 2: EMERGENCY RESPONSE OPERATIONS

#### R.2.1 Capacity to activate emergency operations

<table>
<thead>
<tr>
<th>Key areas considered in this indicator:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Procedures to activate operations;</td>
</tr>
<tr>
<td>- Availability of a dedicated point of contact and operational staff;</td>
</tr>
<tr>
<td>- Training of staff in emergency management and operating procedures;</td>
</tr>
<tr>
<td>- Exercises.</td>
</tr>
</tbody>
</table>

Command, communications and control operations mechanisms are required to facilitate the coordination and management of outbreak operations. Multidisciplinary/multisectoral Rapid Response Teams should be established, be available at all times and have a good knowledge of procedures to rapidly, and in a coordinated manner, respond to events including zoonotic events.

<table>
<thead>
<tr>
<th>PVS critical competency (cc)</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>II-6. Emergency response</td>
<td>This CC reviews the authority and capability of the VS to respond rapidly to a sanitary emergency (such as a significant disease outbreak or a food safety emergency). The CC considers inter alia:</td>
</tr>
<tr>
<td></td>
<td>- Network of human and physical resources available for emergency</td>
</tr>
<tr>
<td></td>
<td>- Documented chain of command, and evidence of effective coordination of response activities (including with other authorities);</td>
</tr>
<tr>
<td></td>
<td>- Procedures that identify roles and responsibilities of different parties for emergency response;</td>
</tr>
<tr>
<td></td>
<td>- Specific trainings</td>
</tr>
<tr>
<td></td>
<td>- Evidence of simulation exercises and pre-established communication procedures.</td>
</tr>
</tbody>
</table>

### INDICATORS IN THE JETT - RESPONSE 2: EMERGENCY RESPONSE OPERATIONS

#### R.2.2 Emergency operations centre operating procedures and plans

<table>
<thead>
<tr>
<th>Key areas considered in this indicator:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Procedure for emergency operations and incidents management structure (IMS);</td>
</tr>
<tr>
<td>- Organisation of key structural and operational elements;</td>
</tr>
<tr>
<td>- Terms of reference, distribution of roles, forms and templates, reporting material...;</td>
</tr>
<tr>
<td>- Logistics and finance.</td>
</tr>
</tbody>
</table>

Command, communications and control operations mechanisms are required to facilitate the coordination and management of outbreak operations. Multidisciplinary/multisectoral Rapid Response Teams should be established, be available at all times and have a good knowledge of procedures to rapidly, and in a coordinated manner, respond to events including zoonotic events.

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<th>PVS critical competency (cc)</th>
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<tbody>
<tr>
<td>II-6. Emergency response</td>
<td>This CC reviews the authority and capability of the VS to respond rapidly to a sanitary emergency (such as a significant disease outbreak or a food safety emergency). The CC considers inter alia:</td>
</tr>
<tr>
<td></td>
<td>- Documented chain of command, and evidence of effective coordination of response activities (including with other authorities);</td>
</tr>
<tr>
<td></td>
<td>- Procedures that identify roles and responsibilities of different parties for emergency response;</td>
</tr>
<tr>
<td></td>
<td>- Financial support and emergency equipment and consumables.</td>
</tr>
</tbody>
</table>
### PVs critical competency (cc) Description

| I-9. Emergency funding | This CC reviews the capability of the VS to access extraordinary financial resources in order to respond to emergency situations or emerging issues. The CC considers *inter alia*:  
- Funding of emergency operations including inter-institutional coordination;  
- Approval process for additional resources and financial arrangements (e.g. special funds). |

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### INDICATORS IN THE JEET - RESPONSE 2: EMERGENCY RESPONSE OPERATIONS

#### R.2.3 Emergency operations programme

**Key areas considered in this indicator:**
- Table-top exercises and functional exercises;  
- Experience with coordinated emergencies.

Command, communications and control operations mechanisms are required to facilitate the coordination and management of outbreak operations. Multidisciplinary/multisectoral Rapid Response Teams should be established, be available at all times and have a good knowledge of procedures to rapidly and in a coordinated manner respond to events including zoonotic events.

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### PVs critical competency (cc) Description

| II-6. Emergency response | This CC reviews the authority and capability of the VS to response rapidly to a sanitary emergency (such as a significant disease outbreak or a food safety emergency). The CC considers *inter alia*:  
- Evidence of effective coordination of response activities (including with other authorities), national disease contingency plans jointly developed between VS and other relevant partners;  
- Evidence of simulation exercises. |

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### INDICATORS IN THE JEET - RESPONSE 2: EMERGENCY RESPONSE OPERATIONS

#### R.2.4 Case management procedures are implemented for IHR relevant hazards

**Key areas considered in this indicator:**
- Human case management guidelines for i) epidemic-prone diseases, ii) other IHR relevant hazards;  
- Patients referral;  
- Transport of potentially infected patients.
RESPONSE 3: LINKING PUBLIC HEALTH AND SECURITY AUTHORITIES

In the event of a biological event of suspected or confirmed deliberate origin, a country should be able to conduct a rapid, multisectoral response, including the capacity to link public health and law enforcement, and to provide and/or request effective and timely international assistance, including to investigate events. Collaboration with security authorities may include law enforcement, border control, defence and/or customs enforcement.

<table>
<thead>
<tr>
<th>INDICATORS IN THE JEEET - RESPONSE 3: LINKING PUBLIC HEALTH AND SECURITY AUTHORITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>R.3.1</strong> Public health and security authorities, (e.g. law enforcement, border control, customs) are linked during a suspect or confirmed biological event.</td>
</tr>
</tbody>
</table>

Key areas considered in this indicator:
- Legal background, effective relationships or formalised agreements between public health, animal health and security authorities;
- Points of contact in these authorities;
- Simulations and exercises that include sharing information with security;
- Training programmes.

In case of zoonotic and some food safety events, the animal health sector should be engaged.

<table>
<thead>
<tr>
<th>PVS critical competency (cc)</th>
<th>Description</th>
</tr>
</thead>
</table>
| I-6. Coordination capability of the Veterinary Services | This CC reviews the capability of the VS to coordinate its resources and activities at all levels with other relevant authorities as appropriate, in order to implement all national activities relevant for OIE Codes (i.e. surveillance, disease control and eradication, food safety and early detection and rapid response programmes). This CC considers inter alia:  
- Coordination mechanisms with other authorities on area of joint responsibility;  
- Procedures and agreements with relevant competent authorities (may include those responsible for human health, security, customs…);  
- Simulation exercises |
| B. External coordination |  |
| III-3. Official representation | This CC reviews the capability of VS to regularly and actively participate in, coordinate and provide follow up on relevant meetings of regional and international organisations. This CC considers inter alia:  
- The representation of the VS in regional and international events;  
- Evidence of coordination among national delegations. |

RESPONSE 4: MEDICAL COUNTERMEASURES AND PERSONNEL DEPLOYMENT

A national framework should be in place for transferring (sending and receiving) medical countermeasures and public health and medical personnel among international partners during public health emergencies.

There is no clear contribution from the veterinary services in this technical area.
RESPONSE 5: RISK COMMUNICATION

Countries should have multi-level communication capacities and real time exchange of information, exchange of advice and opinion between experts in all relevant sectors and officials or people who face a threat or hazard to their survival, health or economic or social well-being so that they can take informed decisions to mitigate the effects of the threat or hazard and take protective and preventive action. It includes a mix of communication and engagement strategies like media and social media communication, mass awareness campaigns, health promotion, social mobilization, stakeholder engagement and community engagement.

INDICATORS IN THE JEET - RESPONSE 5: RISK COMMUNICATION

R.5.1 Risk communication systems (plans, mechanisms, etc.)

Key areas considered in this indicator:
- Multi-hazard emergency communication plan;
- Dedicated team and trained personnel;
- Financial resources.

Risk communication is an essential part of the response during crises. Risk communication help stakeholders to define risks, identify hazards, assess vulnerabilities and promote community resilience, thereby promoting the capacity to cope with an unfolding public health emergency. The dissemination of information to the public about health risks and events through community-based interventions at individual, family and community levels is critical for building trust between authorities, populations and partners and for the acceptability of control actions.

A risk communication system should be developed in order to rapidly gather appropriate expertise from the different sectors involved and develop communication material as describe above.

<table>
<thead>
<tr>
<th>PVs critical competency (cc)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>III-1. Communication</td>
<td>This CC reviews the capability of the VS to keep interested parties informed in a transparent, effective and timely manner on VS activities and programmes, and of development in animal health and food safety. This competency includes collaboration with relevant authorities, including other ministries and competent authorities, national agencies and decentralised institutions that share authority or have mutual interest in relevant areas. The CC considers inter alia:</td>
</tr>
<tr>
<td></td>
<td>- Formal procedures and mechanisms for communication including coordination mechanisms with public health, wildlife and other agencies outlined in national preparedness and contingency plans;</td>
</tr>
<tr>
<td></td>
<td>- Communication tools, plans and strategy including in national preparedness/ contingency plans/areas of shared responsibilities;</td>
</tr>
<tr>
<td></td>
<td>- Network of contact points in public health, wildlife and other partners relevant to inter-sectoral topics;</td>
</tr>
<tr>
<td></td>
<td>- Mechanisms for communication and communication tools (bulletin, website, hotline)</td>
</tr>
<tr>
<td></td>
<td>- Existence of an established communication unit and resources (e.g. qualifications, budget).</td>
</tr>
<tr>
<td>II-6. Emergency response</td>
<td>This CC reviews the authority and capability of the VS to response rapidly to a sanitary emergency (such as a significant disease outbreak or a food safety emergency). The CC considers inter alia:</td>
</tr>
<tr>
<td></td>
<td>- Evidence of pre-established communication procedures.</td>
</tr>
<tr>
<td>I-8. Operational funding</td>
<td>This CC reviews the ability of the VS to access financial resources adequate for their continued and expanded operations (i.e. disease surveillance, early detection and rapid response, and veterinary public health), independent of political pressure. The CC considers inter alia:</td>
</tr>
<tr>
<td></td>
<td>- Budget details for baseline operations (breakdown).</td>
</tr>
</tbody>
</table>
### R.5.2 Internal and partner communication and coordination

**Key areas considered in this indicator:**
- Coordination with partners, stakeholders and civil society organisations;
- Test by a simulation exercise or a real emergency.

An essential part of the response is around communication during crises. Risk communication helps stakeholders to define risks, identify hazards, assess vulnerabilities and promote community resilience, thereby promoting the capacity to cope with an unfolding public health emergency. The dissemination of information to the public about health risks and events through community-based interventions at individual, family and community levels is critical for building trust between authorities, populations and partners and for the acceptability of control actions.

<table>
<thead>
<tr>
<th>PVS critical competency (cc)</th>
<th>Description</th>
</tr>
</thead>
</table>
| III-1. Communication        | This CC reviews the capability of the VS to keep interested parties informed in a transparent, effective and timely manner on VS activities and programmes, and of developments in animal health and food safety. This competency includes collaboration with relevant authorities; including other ministries and competent authorities, national agencies and decentralised institutions that share authority or have mutual interest in relevant areas. The CC considers *inter alia*:
  - Formal procedures and mechanisms for communication including coordination mechanisms with public health, wildlife and other agencies;
  - Communication tools, plans and strategy;
  - Network of contact points in public health, wildlife and other partners relevant to inter-sectoral topics. |
| II-6. Emergency response    | This CC reviews the authority and capability of the VS to respond rapidly to a sanitary emergency (such as a significant disease outbreak or a food safety emergency). The CC considers *inter alia*:
  - Evidence of pre-established communication procedures;
  - Simulation exercises. |
| I-6. Coordination capability of the Veterinary Services  
  B. External Coordination | CC reviews the capability of the VS to coordinate its resources and activities at all levels with other relevant authorities as appropriate, in order to implement all national activities relevant for OIE Codes (i.e., surveillance, disease control and eradication, food safety and early detection and rapid response programmes). Relevant authorities include other ministries and competent authorities, national agencies and decentralised institutions. This includes *inter alia*:
  - Coordination mechanisms with other authorities on area of joint responsibility. |

### R.5.3 Public communication

**Key areas considered in this indicator:**
- Team and official spokespersons;
- Technology and outreach platforms.

An essential part of the response is around communication during crises. Risk communication helps stakeholders to define risks, identify hazards, assess vulnerabilities and promote community resilience, thereby promoting the capacity to cope with an unfolding public health emergency. The dissemination of information to the public about health risks and events through community-based interventions at individual, family and community levels is critical for building trust between authorities, populations and partners and for the acceptability of control actions.

<table>
<thead>
<tr>
<th>PVS critical competency (cc)</th>
<th>Description</th>
</tr>
</thead>
</table>
| III-1. Communication        | This CC reviews the capability of the VS to keep interested parties informed in a transparent, effective and timely manner on VS activities and programmes, and of development in animal health and food safety. This competency includes collaboration with relevant authorities; including other ministries and competent authorities, national agencies and decentralised institutions that share authority or have mutual interest in relevant areas. The CC considers *inter alia*:
  - Mechanisms for communication and communication tools (bulletin, website, hotline)
  - Existence of established communication facilities and trained staff. |
**R.5.4 Communication engagement with affected communities**

Key areas considered in this indicator:
- Social mobilisation, health promotion and community engagement;
- Practice for Information Education Communication (IEC).

An essential part of the response is around communication during crises. Risk communication help stakeholders to define risks, identify hazards, assess vulnerabilities and promote community resilience, thereby promoting the capacity to cope with an unfolding public health emergency. The dissemination of information to the public about health risks and events through community-based interventions at individual, family and community levels is critical for building trust between authorities, populations and partners and for the acceptability of control actions.

<table>
<thead>
<tr>
<th>PVS critical competency (cc)</th>
<th>Description</th>
</tr>
</thead>
</table>
| II-7. Disease prevention, control and eradication | This CC reviews the authority and capability of the VS to actively perform actions to prevent, control or eradicate OIE listed diseases and/or to demonstrate that the country or a zone are free of relevant diseases. The CC considers *inter alia*:
- The prevention, control and eradication programmes to be conducted in collaboration with relevant parties and beneficiaries;
- The procedures and/or protocols on roles and responsibilities of different parties |

**R.5.5 Dynamic listening and rumour management**

Key areas considered in this indicator:
- Systems for rumour listening and management.

An essential part of the response is around communication during crises. Risk communication help stakeholders to define risks, identify hazards, assess vulnerabilities and promote community resilience, thereby promoting the capacity to cope with an unfolding public health emergency. The dissemination of information to the public about health risks and events through community-based interventions at individual, family and community levels is critical for building trust between authorities, populations and partners and for the acceptability of control actions.

<table>
<thead>
<tr>
<th>PVS critical competency (cc)</th>
<th>Description</th>
</tr>
</thead>
</table>
| II-5. Epidemiological surveillance and early detection | These CC review the authority and capability of the VS to determine, verify and report on the sanitary status of the animal populations, including wildlife, under their mandate. The CC considers *inter alia*:
- Data recording and management,
- Knowledge of OIE standard on surveillance, including reporting duties and procedures on suspicions and confirmed cases. |

A - Passive epidemiological surveillance
B - Active epidemiological surveillance
ANNEX 1. Key obligations associated with the IHR (2005) for which the veterinary services contribute

**General provisions**

**Art. 44.1, IHR (2005):** States Parties (SPs) shall undertake to collaborate with each other, to the extent possible, in (a) detection, assessment and response to events; (b) providing or facilitating technical cooperation and logistical support; (c) mobilizing financial resources to facilitate implementation of their IHR (2005) obligations; and (d) formulating proposed laws and other legal and administrative provisions for the implementation of the IHR (2005).

**Responsible authorities**

**Art. 4., IHR (2005):** …Functions of the National Focal point (NFP) include….disseminating information to and consolidating input from relevant government sectors of the administration of the State Party concerned, including those responsible for surveillance and reporting, points of entry, public health services, clinics and hospitals and other government departments.

**Notification and reporting of events and cases**

**Art. 6.1., IHR (2005):** SPs shall notify WHO of all events which may constitute a PHEIC within its territory, within 24 hours of assessment, by most efficient means of communication, through their NFP, of all events that may be a PHEIC in accordance with decision instrument, as well as any response measures. SPs shall provide to WHO all relevant public health information if the SP has evidence of an unexpected or unusual public health event within its territory, irrespective of origin or source, which SPs may constitute a PHEIC.

SPs may keep WHO advised through the National IHR Focal Point and consult with WHO on appropriate health measures in the case of events occurring within its territory but not requiring notification.

**Public health response**

**Annex 1, IHR (2005):** SPs shall assess the ability of existing national structures and resources to meet the minimum core requirements and, as a result, develop and implement plans of action.
**ANNEX 2. List of PVS Critical Competencies to be considered in the IHR Monitoring Framework**

| I-1.A. | Staffing: Veterinarians and other professionals | II-6. | Emergency response |
| I-1.B. | Staffing: Veterinary paraprofessionals and other | II-7. | Disease prevention, control and eradication |
| I-2.A. | Professional competencies of veterinarians | II-8.A. | Regulation, authorisation and inspection of establishments |
| I-2.B. | Competencies of veterinary paraprofessionals | II-8.B. | Ante and post mortem inspection |
| I-3. | Continuing education | II-8.C. | Inspection of collection, processing and distribution |
| I-6.A. | Internal coordination (chain of command) | II-9. | Veterinary medicines and biologicals |
| I-6.B. | External coordination | II-10. | Residue testing |
| I-7. | Physical resources | II-12.B. | Identification and traceability of animal products |
| I-8. | Operational funding | III-1. | Communication |
| II-1.A. | Access to veterinary laboratory diagnosis | III-5.A. | Veterinary Statutory Body (VSB), VSB Authority |
| II-1.B. | Suitability of national laboratory infrastructures | III-6. | Participation of producers and other interested parties in joint programmes |
| II-2. | Laboratory quality assurance | IV-1. | Preparation of legislation and regulations |
| II-3. | Risk analysis | IV-2. | Implementation of legislation and regulations and compliance thereof |
| II-4. | Quarantine and border security | IV-3. | International harmonisation |
| II-5.A. | Passive epidemiological surveillance | IV-6. | Transparency |
| II-5.B. | Active epidemiological surveillance | | |
ANNEX 3. Description of the OIE PVS Pathway

A - THE IHR MONITORING FRAMEWORK

CONTEXT

The OIE provides assistance to its Member Countries to improve the governance of their national Veterinary Services in order that their capacity may be strengthened and better-aligned with OIE international quality standards. For that purpose, since 2006, the OIE has progressively developed a global programme, the PVS (Performance of Veterinary Services) Pathway. Veterinary Services, per the OIE definition, comprise both public and private sector veterinarians and veterinary para-professionals, working under the overall control and direction of the Veterinary Authority. Providing the foundation for the PVS Pathway is the dedicated chapter on the quality of Veterinary Services in the Terrestrial Code (Section 3, Chapter 3.1 'Veterinary Services' and Chapter 3.2 'Evaluation of Veterinary Services').

The PVS Pathway is a comprehensive, multi-staged continuous process which uses a set of complementary tools designed to assist Veterinary Services to improve their governance mechanisms. The PVS Pathway missions and corresponding tools strengthen the capacities of Veterinary Services by helping them understand and better align with the OIE intergovernmental standards that they have democratically adopted. This process focuses on building capacities of horizontal systems, giving national Veterinary Services tools to identify weaknesses and develop strategies to address these gaps.

Country engagement in the PVS Pathway is voluntary; a specific PVS Pathway mission will only be implemented further to the receipt of an official and formal request from the OIE National Delegate to the Director General of the OIE.

The sequence of support provided by the PVS Pathway includes the below steps, in chronological order (Figure 7):

- The **PVS Evaluation**, the first step in the PVS Pathway, is a qualitative assessment of the performance of a country’s Veterinary Services and their compliance with OIE intergovernmental using the PVS Tool. It is an external evaluation conducted by a group of OIE-certified PVS experts which collects and analyses baseline information to assess the country Veterinary Services’ level of compliance against 47 Critical Competencies (2013 edition). The final output is a comprehensive assessment, providing a complete overview of its condition, evaluating its performance and identifying weaknesses and assesses the performance of the national Veterinary Services’ and their compliance with the OIE international standards on the quality of Veterinary Services. The initial PVS Evaluation mission is commonly referred to as the “diagnostic” step.

- The **PVS Gap Analysis** or **PVS Costing tool** (also known as the “prescription” step) is the second step in the PVS Pathway. It is a brainstorming exercise with Veterinary Services to determine the goals, strategy, activities and investments required to improve national veterinary governance. During the mission, the country Veterinary Services supported by a team of OIE-certified PVS experts refer to the level obtained during the PVS Evaluation and using this information as a baseline, develop costed strategic actions to improve their performance and meet national targets. The final output, the PVS Gap Analysis report, identifies the country Veterinary Services’ objectives and priorities in terms of compliance with OIE quality standards and the estimated cost to reach the desired level of compliance within a five year timeframe. In the report, this cost is illustrated by an indicative annual budget and one budget for exceptional investments developed during the mission; these are also consolidated into a provisional five-year budget for the national Veterinary Services.

Further to the implementation of a PVS Gap Analysis mission, additional specific technical expertise can be provided by the OIE to support the country’s endeavours to bettering compliance (“treatment”) with international standards. Some of the ‘treatment’ activities available to OIE Members under the PVS Pathway include:
- The **PVS Veterinary Legislation Support Programme**, assisting Countries in developing a strong legislative framework in the context of Chapter 3.4. ‘Veterinary Legislation’ of the Terrestrial Code;

- The **PVS Pathway Laboratory mission**, providing Veterinary Services’ decision makers with information to better allocate appropriate budgets to the national veterinary laboratory network and to better advocate for sufficient resources to support accurate and timely diagnosis.

Lastly, PVS Evaluation Follow-up missions serve to monitor the progress that countries have made in sustainably improving their compliance to OIE intergovernmental standards. This mission may also suggest the implementation of other PVS Pathway activities to remedy persistent problems.

**Figure 3**: Visual representation of the OIE PVS Pathway
*For more details, see [www.oie.int/support-to-oie-members/pvs-pathway](http://www.oie.int/support-to-oie-members/pvs-pathway)*

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**PRACTICAL USE OF THE TOOL**

The aforementioned steps of the PVS Pathway are based on the PVS Tool. This Tool is based on the intergovernmental standards outlined in the Terrestrial Code, and considers that an effective Veterinary Services has the following fundamental components (Table 5):

**Table 5**: Fundamental Components of the PVS Tool

<table>
<thead>
<tr>
<th>Fundamental Component</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundamental Component 1</td>
<td>The human, physical, and financial resources to attract resources and retain professionals with technical and leadership skills;</td>
</tr>
<tr>
<td>Fundamental Component 2</td>
<td>The technical authority and capability to address current and new issues including prevention and control of biological disasters based on scientific principles;</td>
</tr>
<tr>
<td>Fundamental Component 3</td>
<td>The sustained interaction with interested parties in order to stay on course and carry out relevant joint programmes and services; and</td>
</tr>
<tr>
<td>Fundamental Component 4</td>
<td>The ability to access markets through compliance with existing standards and the implementation of new disciplines such as the harmonisation of standards, equivalence and zoning.</td>
</tr>
</tbody>
</table>
For these four Fundamental Components, there are a total of 47 Critical Competencies grouped according to the relevant Fundamental Components. The list of the 47 Critical Competencies are provided below in Table 6 and are accordingly revised and/or added based on modifications to the OIE Terrestrial Code. The 6th edition of the PVS Tool released in 2013 contained a series of modifications to the precedent version of the PVS Tool; these modifications primarily concerned Critical Competencies dealing with veterinary education, laboratory infrastructure, food safety and animal feed safety.

Table 6: 47 Critical Competencies of the PVS Tool

<table>
<thead>
<tr>
<th>Human, physical and financial resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-1.A. Professional and technical staffing of the Veterinary Services. Veterinarians and other professionals</td>
</tr>
<tr>
<td>I-1.B. Professional and technical staffing of the Veterinary Services. Veterinary paraprofessionals and other technical professionals</td>
</tr>
<tr>
<td>I-2.A. Professional competencies of veterinarians including the OIE Day 1 competencies</td>
</tr>
<tr>
<td>I-2.B. Competencies of veterinary para-professionals</td>
</tr>
<tr>
<td>I-3. Continuing education</td>
</tr>
<tr>
<td>I-4. Technical independence</td>
</tr>
<tr>
<td>I-5. Stability of structures and sustainability of policies</td>
</tr>
<tr>
<td>I-6.A. Coordination capability of the Veterinary Services. Internal coordination (chain of command)</td>
</tr>
<tr>
<td>I-6.B. Coordination capability of the Veterinary Services. External coordination</td>
</tr>
<tr>
<td>I-7. Physical resources</td>
</tr>
<tr>
<td>I-8. Operational funding</td>
</tr>
<tr>
<td>I-9. Emergency funding</td>
</tr>
<tr>
<td>I-10. Capital investment</td>
</tr>
<tr>
<td>I-11. Management of resources and operations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Technical authority and capability</th>
</tr>
</thead>
<tbody>
<tr>
<td>II-1.A. Veterinary laboratory diagnosis. Access to veterinary laboratory diagnosis</td>
</tr>
<tr>
<td>II-1.B. Veterinary laboratory diagnosis. Suitability of national laboratory infrastructures</td>
</tr>
<tr>
<td>II-2. Laboratory quality assurance</td>
</tr>
<tr>
<td>II-3. Risk analysis</td>
</tr>
<tr>
<td>II-4. Quarantine and border security</td>
</tr>
<tr>
<td>II-5.A. Epidemiological surveillance and early detection. Passive epidemiological surveillance</td>
</tr>
<tr>
<td>II-5.B. Epidemiological surveillance and early detection. Active epidemiological surveillance</td>
</tr>
<tr>
<td>II-6. Emergency response</td>
</tr>
<tr>
<td>II-7. Disease prevention, control and eradication</td>
</tr>
<tr>
<td>II-8.A. Food safety. Regulation, authorisation and inspection of establishments for production, processing and distribution of food of animal origin</td>
</tr>
<tr>
<td>II-8.B. Food safety. Ante and post mortem inspection at abattoirs and associated premises</td>
</tr>
<tr>
<td>II-8.C. Food safety. Inspection of collection, processing and distribution of products of animal origin</td>
</tr>
<tr>
<td>II-9. Veterinary medicines and biologicals</td>
</tr>
<tr>
<td>II-10. Residue testing</td>
</tr>
<tr>
<td>II-11. Animal feed safety</td>
</tr>
<tr>
<td>II-12.A. Identification and traceability. Animal identification and movement control</td>
</tr>
<tr>
<td>II-12.B. Identification and traceability. Identification and traceability of animal products</td>
</tr>
<tr>
<td>II-13. Animal welfare</td>
</tr>
</tbody>
</table>
Interaction with interested parties

III-1. Communication
III-2. Consultation with interested parties
III-3. Official representation
III-4. Accreditation/authorisation/delegation
III-5.A. Veterinary Statutory Body (VSB). VSB Authority
III-5.B. Veterinary Statutory Body (VSB). VSB Capacity
III-6. Participation of producers and other interested parties in joint programmes

Access to markets

IV-1. Preparation of legislation and regulations
IV-2. Implementation of legislation and regulations and compliance thereof
IV-3. International harmonisation
IV-4. International certification
IV-5. Equivalence and other types of sanitary agreements
IV-6. Transparency
IV-7. Zoning
IV-8. Compartmentalisation

For each of the Critical Competencies, five qualitative Levels of Advancement are described in a preformatted specific Critical Competency Card. Level of Advancement 1 corresponds to non-compliance to OIE intergovernmental standards; the higher the Level of Advancement, the more compliant the national Veterinary Services is for the corresponding Critical Competency. A higher level of advancement assumes that the Veterinary Services are complying with all preceding levels of compliance (e.g. level 3 assumes compliance with level 2 Advancement). Relevant references from the Terrestrial Code are quoted under each Critical Competency.

The following example in Figure 4 shows the Critical Competency (CC) III-1 related to the capability of the Veterinary Services to inform partners of their activities and programmes.

**Figure 4: PVS Critical competency III-1 : Communication**

<table>
<thead>
<tr>
<th>III-1 Communication</th>
<th>Levels of advancement</th>
</tr>
</thead>
<tbody>
<tr>
<td>The capability of the VS to keep interested parties informed, in a transparent,</td>
<td>1. The VS have no mechanism in place to inform interested parties of VS activities</td>
</tr>
<tr>
<td>effective and timely manner, of VS activities and programmes, and of developments in</td>
<td>and programmes.</td>
</tr>
<tr>
<td>animal health and food safety. This competency includes collaboration with</td>
<td>2. The VS have informal communication mechanisms.</td>
</tr>
<tr>
<td>relevant authorities, including other ministries and Competent Authorities,</td>
<td>3. The VS maintain an official contact point for communication but it is not always</td>
</tr>
<tr>
<td>national agencies and decentralised institutions that share authority or have</td>
<td>up-to-date in providing information.</td>
</tr>
<tr>
<td>mutual interest in relevant areas</td>
<td>4. The VS contact point for communication provides up-to-date information, accessible</td>
</tr>
<tr>
<td></td>
<td>via the Internet and other appropriate channels, on activities and programmes.</td>
</tr>
<tr>
<td></td>
<td>5. The VS have a well-developed communication plan, and actively and regularly</td>
</tr>
<tr>
<td></td>
<td>circulate information to interested parties.</td>
</tr>
</tbody>
</table>

References in the Terrestrial Code: Point 13 of Article 3.1.2. on Fundamental principles of quality: Communication. Sub-point b) of Point 2 of Article 3.2.6. on Administrative resources: Communications. Point 4 of Article 3.2.14. on Administration details. Chapter 3.3. on Communication.
During a PVS mission, a team of OIE-certified PVS Experts conduct a thorough evaluation of a national Veterinary Services’ performance against the 47 Critical Competencies. The final output of is a report which comprehensively and qualitatively assesses the country Veterinary Services’ compliance with OIE international standards, provides a complete overview of the Veterinary Services’ performance and identifies its gaps and weaknesses. It also provides the country Veterinary Services with detailed and constructive information on how to improve their animal health system to better meet national demands and needs. In order to ensure harmonisation of country missions and reports, the OIE has developed a Manual for Assessors, containing information and procedures relevant to the conduct of an OIE PVS Evaluation and PVS Evaluation Follow-Up Mission.

PVS Pathway reports inform and shape future national and/or regional investment plans to strategically build country Veterinary Services focusing and targeting the gaps emerging from the PVS Pathway reports. If a country waives the confidentiality of their PVS Pathway reports, the OIE can share these reports to OIE partner organisations and to international donors.

4 fundamental components

- Human physical, Financial resources
- Technical Capability and Authority
- Interaction with interested parties
- Market access

Critical competences (6-18)
47 in total

5 levels of advancement
HANDBOOK FOR THE ASSESSMENT OF CAPACITIES AT THE HUMAN-ANIMAL INTERFACE