Cross-border Co-operation in Animal and Human Health in Asia 2007-2013

-Flashback, State of Play and Perspectives-

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ASEF Network for Public Health
Thematic Working Group 1 on Regional Integration and Infectious Diseases
Expert Meeting – Luxembourg 18-20 May 2010
1. The broad context.
2. Flashback: support of European Commission to Health in Asia since 1990.
5. “One Health”: vision for the future.
The broad context: A changing world

- Over the past 40 years: 39 new infectious diseases.
- Last 5 years alone: 1100 epidemics, 20 drug-resistant diseases, old diseases have reappeared. Increased movements of humans and animals. Globalization of sanitary hazards.
- BSE, SARS...
- Since 2005, an unprecedented process of global mobilization against HPAI.
- Pandemic A/H1N1 in 2009.
The European Commission is supporting Animal Health in Asia since 1990

- 1989 India-EC Strengthening veterinary services for livestock disease control project (SVSLDC).
- 1990 Bhutan-EC SVSLDC project.
- 1994 Nepal-EC SVSLDC project.
- 1996 Vietnam-EC Strengthening Veterinary Services project.
- Cambodia-EC projects.
- Pakistan-EC Balochistan Livestock Development + Emergency supply of Rinderpest vaccine + SVS.
- Mongolia-EC SVS.
- 1996 Regional South Asia Rinderpest Eradication Campaign.
The European Commission is supporting Human (Public) Health since 1996

- Health programmes closed: 0.47 billion €.
- Health programmes in implementation worldwide: 8.4 billion €.
- Health programmes in pipe-line globally: 3.2 billion € (2009).
- Asia: 1.650 billion €.
- South-East Asia: 152 million €.
- Annually 406 million € added.
Regional Co-operation on Health in Asia
Flashback 2005-2009
EU Regional Strategy Asia 2007-2013

- Approved by the College of Commissioners in July 2007.
- Strategic regional priorities are:
  - Support to regional integration and dialogue
  - Policy and know-how based cooperation
    - Environment, energy and climate change
    - Higher education and research
  - **Cross-border cooperation in animal and human health**
    - Support to uprooted people
  - Mid-term review 2009.
  - Annual planning exercise.
Regional co-operation with Asia
Financial allocations 2007-2013

- Under DCI 2007-2013: 775 million € for regional cooperation in Asia.
- Comes in addition to the national programmes.
- **Two regional indicative programmes (2007-2010 and 2011-2013).**
- Support to reg. integration: 157.5 million € (9 million/y ASEAN, 4.5 SAARC, 9 ASEM).
- **Cross-border coop. in animal and human health: 48 million € for 2007-2010** (12 million per year -12% of allocation 2007-2010) -fully committed-. 


Highly Pathogenic Avian Influenza: An Unprecedented Global Response

- **Step 1**: the coordinated response to the HPAI crisis.
  - Ministerial conferences and SOM: Beijing, Vienna, Bamako, New Delhi, Sharm El Sheikh, Hanoi (April 2010).
  - More than 3 billion USD in grants and loans; remarkable commitment rate.
  - Unprecedented partnership and dynamic.

- **Step 2**: 2007-2010 regional cooperation programmes on Highly Pathogenic, Emerging and Re-emerging Diseases (European Commission with ASEAN and SAARC: 20 million €).

- **Step 3**: 2011-2013 putting the « One Health » approach into practice.
Underlying Principles of the Commission Response to HPAI

- Sanitary major crisis prevention and management in line with the Commission political decision: EU as a major global actor in crisis prevention and response.

- Linking crisis prevention and response to long-term capacity building and improvement of livelihoods.
Approach of the European Commission to the HPAI crisis

- Addressing the problem at source: animal health and production.
- Prevention and mitigation of a possible pandemic.
- Enhance structural capacities to cope with any future crisis caused by high-risk or high-impact pathogens.
- Improve livelihoods.
- Multilateral, cross-sectoral and multi-level response.

NB: This is already “One Health”…
Responding to the AI crisis: key figures 2007-2010

Total global pledges since Beijing:
approx. 3 billion USD
Total EU pledges since Beijing:
413 million € (out of which 245 from COM)
European Commission first contributor to AHIF:
70.9 million € out of which 55.9 for Asia
Regional programmes Asia and Africa:
110 million €
Research on Influenza:
65 million €
Pandemic A/H1N1 (2009) in a nutshell

- Unexpected but probably a chance...
- Currently mild morbidity/mortality and difficulties in communication at all levels.
- Margaret Chan (DG WHO): “Never has the world been so well prepared” (result of GRAI).
- Observing the start and the development of a pandemic “live”.
- Reaction of COM inside the EU. Difficulties.
- Support to third countries = CONTINUITY.
- From now on: the world should learn to live with “infectious uncertainty” and institutionalise coordination mechanisms for prevention, detection and response to ALL unpredictable sanitary hazards.
- Management of uncertainty is directly linked to “One Health”.

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HPED programme is starting

- Regional Asia with focus on ownership by SAARC, ASEAN and some other countries.
- 20 million EUR over 4 years.
- Implementation through contribution agreements with OIE, FAO and WHO.
- Steering Committee back to back and in synergy with GF-TADs SC for Asia.

Overall objective:

to minimize the socio-economic impact of HPED, by strengthening the capacity of regional institutions and of Asian developing countries to increase the standard and coordinate HPED control and epidemics or pandemics preparedness.
**HPED Programme Asia: the essentials**

- **Specific objective:** to strengthen in a sustainable manner the institutional capacities of ASEAN and SAARC and their secretariats (including, when needed, the capacities of selected individual countries in Asia) to control HPED and improve epidemic and pandemic preparedness in the region.

- **An opportunity:** to develop complementarities and synergies between AH and HH sectors. Good practical step towards the further development of the OWOH approach.

- **Regional program:** not a sum of national activities but real focus should be placed on empowering regional organizations and on activities with regional scope *per se*. However, national activities are also eligible for inclusion, if these complement and ensure the success of the regional activities.

- **Targeted diseases:** all diseases (animal diseases, zoonoses, and human diseases) with a high potential for ‘crises’ (pandemic crises, economic and food security crises that can seriously affect household and/or national economies and possibly contribute to famines and poverty).

- **Inter-sectoral approach:** to develop an integrated AH-HH approach to disease prevention and control. While the 3 proposals will be implemented separately, optimal coordination, collaboration and interaction will be sought wherever relevant.

- **Duration of the program:** 4-year period for all 3 projects.

- **Budget:** COM 20 million €; partners together 3.605 million €.
HPED Programme Asia: expected results and activities

- **Enhanced capacities and capabilities of ASEAN and SAARC Secretariats and Member countries to prevent, control and eradicate HPED**
  - Assist ASEAN and SAARC to establish 1 Regional Support Unit (RSU) in their Region to promote regional cooperation, in the area of HPED control in AH and HH (joint activities of WHO and FAO - training in Epidemiology and diagnostic, risk analysis and improvement of live bird and food markets.)
  - ASEAN: Establish a Regional Epidemiology Network that will strengthen regional capacity to understand the Epidemiology of HPEDs in animals and humans, in order to design appropriate control measures (joint activities of WHO and FAO).
  - ASEAN: Establish a Regional Laboratory Network, to organize and coordinate networks of national laboratories in order to provide technical support to improve the laboratory diagnosis of the priority HPED ensuring coordination with Human Health (joint activities of WHO and FAO).
  - SAARC: Establish a Regional Epidemiology Centre, ensuring collaboration between AH and HH Sector (joint activities of WHO and FAO).
  - SAARC: Establishment of 3 Leading Diagnostic Laboratories (FAO).

- **Strengthening of Veterinary Services in Asia.**
  - Establish and manage a Regional Vaccine Bank in regard to HPED (OIE).
  - Carry out Evaluation of the Performance of Veterinary Services, follow-up activities to PVS Gap analysis (OIE).
  - Carry out National and Regional seminars and workshops on Good Governance of Veterinary Services, as a support to control Animal diseases and capacity building (OIE).
Specific objectives:
- To set up an operational regional Vaccine Bank for HPED, including HPAI, FMD and possibly Rabies, for Asia, based on international standards of quality;
- To build capacity through Evaluation of Performance of Veterinary Services in Asia – Gap analysis on compliance of Veterinary Services with International Standards in the Region;
- To build capacity through national and regional seminars and workshops for policy makers on Good Governance of Veterinary Services.

Expected results and activities:
- Expansion of the OIE global vaccine bank for AI to other HPED.
- Evaluation of Performance of Veterinary Services in Asia, mainly in SAARC countries, as ASEAN is covered by the AusAID funded project.
- Capacity building: support to trans-boundary prevention and control operations against animal diseases in China, North Korea and Mongolia and between China and its neighbours; national and regional seminars and workshops on Good Governance of Veterinary Services and on the necessity of appropriate legislation and: (i) Early detection, Transparency, Notification; (ii) Rapid response to animal disease outbreaks; (iii) Biosecurity; (iv) Compensation; (v) Vaccination when appropriate; and (vi) Alliances between Public and Private sectors (notably with farmers and private veterinarians).
HPED Animal Health Component (FAO)

Improvement of regional capacities for prevention, control and eradication of highly pathogenic and emerging diseases (HPED) including HPAI in ASEAN and SAARC Countries

- **Specific objective:**
  The improvement of the capacity for prevention, control and eradication of HPED with a focus on HPAI in ASEAN and SAARC countries.

- **Expected results and activities:**
  - Enhanced capacities and capabilities of ASEAN Member countries to prevent, control and eradicate HPEDs, with a focus on HPAI
    - Establish a Regional Support Unit (RSU): strengthen regional cooperation, disease response capacity and policy development through sustained coordination and partnership with stakeholders.
    - Establish a regional epidemiology network through sharing training, expertise and information that will strengthen regional capacity to understand the epidemiology and the socioeconomic context of HPAI and other HPEDs in animals and humans in order to design appropriate control measures.
    - Establish a regional laboratory network and share training, expertise, reagents, facilities and information.
  - Enhanced capacities and capabilities of SAARC Member countries to prevent, control and eradicate HPEDs, with a focus on HPAI
    - Establish a Regional Support Unit (RSU): develop and promote a mechanism for regional cooperation and collaboration and facilitate regional policies and technical activities under the framework of GF-TADs.
    - Establish a Regional Epidemiology Centre (REC): organize and coordinate Epidemiology networks of national epidemiology units including socio economic analysis.
    - Strengthen Regional Leading Diagnostic Laboratories: organize and coordinate networks of national laboratories in order to provide technical support to improve the laboratory diagnosis of the priority HPEDs and backstop epidemiological studies to develop rational disease control strategies.
Specific objective:
To strengthen mechanisms and response capacity of ASEAN and SAARC Member countries in WHO South-East Asia and Western Pacific Regions to prevent, detect, notify and react to HPED through preventive and control activities.

Expected results and activities:
- Improved understanding of public health threat and economic impact of HPED at policy, professional and public levels.
- Established coordination mechanism for control of HPED.
- Improved laboratory diagnostic capacities for HPED.
- Strengthened surveillance and response capacity for HPED including regional networking.
- Implemented priority HPED control activities at the regional and national levels.
- Improved understanding of HFM and application of risk reduction measures in live animal market (LAM).
- Project activity effectively coordinated, managed and technical support provided.
HPED CHALLENGES AHEAD

- Strong ownership by ASEAN et SAARC secretariats and member countries > capacity building > sustainability.
- Technical agencies are implementation facilitators, not programme owners, and certainly not the beneficiaries...
- One programme composed of three projects: need for coherence, articulation, coordination, sound steering and management. One common overall objective.
- Coordination and coherence with sister projects: e.g. AusAid-funded ASEAN+3 Emerging Diseases project; ADB-funded Prevention and Control of Avian Influenza in Asia and the Pacific
- A test case for the Commission with implications for the future, including 2011-13.
1. The broad context.
2. Flashback: support of European Commission to Health in Asia since 1990.
5. “One Health”: vision for the future.
Perspectives 2011-13

- Africa: new regional (continental) programme on Governance of veterinary services will integrate the “One Health” concept.
- Regional Asia 2011-13: the line “Cross-border cooperation in animal and human health” is reconfirmed and despite budget cuttings, is likely to be sufficiently funded.
- This policy chapter is being updated to “One Health”, tackling health risks at the interface between animals, humans and ecosystems.
- DG Research is integrating formally the “One Health” approach, like DG Health (focus on animal/human link).
« One Health »: From a Classical Concept to a Modern Dynamics for Global Co-operation
FLASHBACK: « ONE HEALTH » IN A NUTSHELL

- Ancient times.
- Rudolf Virchow 19th Century (German physician and politician): interdependence between human and animal health.
- His disciple Osler (1849-1919): father of the “One Medicine” concept?
- Calvin Shwabe (1960s): coined the expression “One Medicine” and called for a unified approach between human and veterinary medicines (against zoonoses).
- Wildlife Conservation Society in New York September 2004: the “One World, One Health” concept and the 12 “Manhattan Principles”.
« One Health »: the Vision of the European Commission (1)

- COM welcomes and encourages the evolution of the AI response towards a concept of a more integrated and global approach to Health.
- Intersections between human health, animal health and ecosystems are multiple: ecology of diseases, relation between health and availability of RNR, sanitary aspects of environment, food safety, food security, animal-human interactions.

Source: intervention of Director James Moran “Global Health: a policy framework for an integrated approach against serious hazards -and towards development- at the animal, human and ecosystems interface.

Acknowledgments to Drs Karcher, Brouw, Steinmetz and to Mrs Soukupova for contributions.
Emerging and re-emerging diseases including those at the interface human/animal/ecosystems are a threat, together with climate change, natural disasters, deforestation and armed conflicts. They affect human security. Therefore they should be part of the EU policies for crisis prevention.

“One Health” is linked to livelihood and equity: no resignation vis-à-vis the existence of different health standards across nations.

Diseases affecting animal production or labour force have negative economic and social impact.

“One Health” fits with EU objectives: promote global security, social justice, international cooperation, multilateralism and fight poverty.
Representatives from 111 countries and 29 International or Regional Organizations.

Privileged dialogue EU, US, UNSIC and GoI (preparation process and during the conference).

Broad and ambitious vision: to take forward the concept of “One World, One Health™” as a contribution to pandemic preparedness and human security.

“Each Government should encourage functional links between human and animal health systems, while investing in sustainable capacity for preventing and controlling high risk infectious diseases in animals [...] both within country and in conjunction with neighbouring nations (through cross-border co-operation).

Drawing on the standard guidelines of international organizations.

To aid Governments and other stakeholders move more rapidly towards the OWOH vision, the Conference hosts have developed a road map.

UNSIC, FAO, WHO, UNICEF, OIE, WB.
Consultation Document.
Contributing to OWOH – A Strategic Framework for Reducing Risks at the Animal-Human-Ecosystems Interface.
Representatives from more than 120 countries and 26 international and regional organizations.

Efforts [...] have paved the way for an enhanced worldwide effort to reduce risks associated with emerging diseases of animal origin. [...] discussed “Contributing to OWOH” a strategic framework for reducing risks of infectious diseases at the animal-human-ecosystem interface (document produced by FAO, OIE, WHO, UNICEF and the World Bank).

Accepted that this approach shows promise and discussions in the conference represent a first step in its development and implementation.

National and regional authorities should take the time to consider this approach.
COMMISSION STATEMENT ON « ONE HEALTH » made in Sharm-El-Sheikh

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Author: A. Vandersmissen (DG External Relations) with contributions of Drs F. Karcher and A. Brouw (DG Health and Consumers), Dr P. Steinmetz (DG Development) and Mrs Soukupova (DG EuropeAid Co-operation office).
COMMISSION STATEMENTS ON
« ONE HEALTH » -followed-

- “One Health” is linked to livelihood and equity: no resignation vis-à-vis the existence of different health standards across nations.
- Diseases affecting animal production or labour force have negative economic and social impact.
- Gender aspects (see elsewhere).
- “One Health” fits with EU objectives: promote global security, social justice, international cooperation, multilateralism and fight poverty.
Recent initiatives:

- The new EU animal health strategy: focuses on all issues linked to animal health, including public health, research and sustainable development; importance of preventative measures like vaccination, disease surveillance and emergency preparedness; reliance on cross-sector support and cooperation.

- Research: joint infectious diseases programmes, key areas for cooperation: vector-borne diseases, novel integrated surveillance methods, vaccine development and “neglected zoonosis”.

- Regional programme Asia: HPED.
IMCAPI HANOI 2010
19 (technical), 20-21 (ministerial) April 2010

- Attended by 71 countries and regional bodies participants plus international organizations, development banks and other stakeholders (despite closure of European airspace).
- Major background documents (UNSIC/WB-GoV) and common platform. Available at: http://www.imcapi-hanoi-2010.org/home/en/ under “documents”.
- Hanoi Declaration adopted unanimously.
- Focus on cross-sectorality -while respecting autonomy of the various disciplines contributing to OH (AH-PH-others-and strengthening all of them-.
Opening Speech of EU, Co-organizer of IMCAPI Hanoi 2010

“The Way Forward, in our view, should not only address the continuation of responses to HPAI H5N1, or other zoonotic diseases, but also a permanent readiness for all potential pandemics (not only influenza as per the current crisis scenarios) and more generally all high impact health threats.”

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

“At the end of the first decade of this 21st century, mankind is experiencing dramatic changes of environment and increased movements in all dimensions. Leaders and populations have to learn to live -again- with uncertainty and to prepare to respond to risks and incidents of an unpredictable nature. Like an eruption in Iceland that impacts a global event in Asia. Like emerging diseases and other major health risks, under the umbrella of a “One Health” cross-sectoral approach.”
Not a revolution but a federating vision and a dynamic for partnership and cross-sectoral collaborations.

Support to third countries: continuity with previous efforts, including on H5N1 and A/H1N1.

Epidemics and pandemics of the 21st century can start anywhere anytime. We have to live -again- with the infectious risk and learn how to handle “infectious uncertainty”. Coordination mechanisms for prevention, detection and response to ALL unpredictable sanitary hazards have to be defined and enforced at national, regional and global level.

“Whole of Society” approach.

This management of uncertainty and “whole of society” preparedness is directly linked to “One Health”.

2011-2013 (European Commission)
Putting the « One Health » Approach into Practice.
The Hanoi Declaration April 2010

- Adopted unanimously.
- New key milestone an political reference, after the Beijing Declaration January 2006.
- Forward looking and opening an avenue for further partnership and involvement (countries, regions, global) in “One Health”.
- “To strengthen jointly animal and human health systems on a long-term basis”
- “The majority of high impact infectious diseases that have recently affected humans have arisen at the animal-human-environment interface”.
- “Need for a sustained cross-sectoral policy and coordination to deal with serious threats that arise at the animal-human-environment interface”.
- “One Health” is a first step towards improving health outcomes incorporating human and animal health policies in all relevant sectors.
The Hanoi Declaration April 2010

-followed-

- “The new challenge of the 21st century, “live again with uncertainty” and strengthen systems so they can respond to unpredictable health risks [...]”.
- “[...] Country strategies should be aligned naturally and regionally to address the global “One Health” challenges”.
- “Call for [...] understanding the cross-sectoral nature of any threat, with particular focus on the capacity of health systems for rapid interdisciplinary action [...]”.
- “Call for the development of national strategies, plans and interventions to stimulate whole-of-society, multi-sector, multi-disciplinary and community-based actions when addressing disease threats that arise at the animal-human-environment interface”.
- “Call for concerted worldwide efforts by all countries and relevant agencies of the UN system, and other international and regional partners, to better understand the emergence of disease threats at the AHE interface through multisectoral actions and to develop appropriate and sustainable means to reduce such threats”.

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Thank you for your attention!
Merci de votre attention!