
Inter-Agency Forum: "Toward integrated epidemiologic surveillance"

Santiago, Chile, 25 July 2012

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ORIGINAL: SPANISH

RECOMMENDATIONS

INTER-AGENCY FORUM: "Toward integrated epidemiologic surveillance"

1. The Inter-Agency Forum, "Towards integrated epidemiologic surveillance" took place in Santiago, Chile, on 25 July 2012, as convened by the PAHO/WHO Director.
2. The following international organizations were represented at the Forum: World Health Organization (WHO); Pan-American Health Organization (PAHO); Food and Agriculture Organization of the United Nations (FAO); World Animal Health Organization (OIE); Inter-American Institute for Cooperation on Agriculture (IICA); Regional Organization on Animal Health (OIRSA); and the World Bank (WB). The following national organizations were also represented: Chilean Food Safety Agency Ministry of Agriculture, Chile (ACHIPIA); Sanitary Planning Division, Public Health Department, Ministry of Health, Chile (DIPLAS); Agricultural and Livestock Service, Ministry of Agriculture, Chile (SAG); Agri-Food and Biosciences Institute, United Kingdom (AFBI); Health Surveillance Secretariat, Ministry of Health, Brazil (SVS); Center for Disease Control and Prevention, United States of America (CDC); Public Health Agency of Canada, Canada (PHAC); and the Colombian Agriculture and Livestock Research Corporation, Colombia (CORPOICA).
3. The opening ceremony was attended by Dr. Jorge Díaz, Undersecretary for Public Health, Ministry of Health, Chile; Dr. Jarbas Barbosa, Deputy Minister, Health Surveillance Secretariat, Ministry of Health, Brazil; Dr. Juan Lubroth, Head, Animal Health Service, FAO; Dr. Bernard Vallat, Director General, OIE; and Dr. Mirta Roses, Director, PAHO/WHO.
4. The Forum was presided by Dr. Bernard Vallat and Dr. Jarbas Barbosa. Dr. Marcos Espinal, Manager, Health Surveillance, Disease Prevention and Control (HSD) served as Rapporteur.
5. Dr. Keiji Fukuda, Assistant Director General, WHO, delivered the keynote address on "Integration of surveillance mechanisms for managing health risk".
6. Three sessions, as listed on the agenda, followed: Session 1: Examples of integrated surveillance experiences; Session 2: Country integrated surveillance perspectives; and Session 3: Integrated epidemiologic surveillance systems in the Americas: "International Organization Perspectives".
7. The presentations and discussions led to the following considerations and recommendations:

CONSIDERING

SESSION 1: Examples of experiences

1. The cases presented of integrated surveillance experience on “The occurrence of animal influenza in the United States”; “The antimicrobial resistance surveillance systems in Canada and Colombia”; and “The rapid alert system for food and feed of the European Union” and Chile’s “Food Information and Warning Network (RIAL)”; as well as the reports on “Innovation in disease surveillance” and “Integrated health-agriculture surveillance in the eradication phase of canine rabies in the Americas: experience and challenges”.
2. The examples of successful epidemiologic surveillance initiatives at the regional, sub regional, and local levels involving the public and the private sectors related to the health-agriculture-environment interface. These initiatives help strengthen national capabilities to implement early warning and response systems for risks that may arise by food contamination, antimicrobial resistance, zoonoses, and foodborne diseases.
3. The need to work with different sectors, particularly health, agriculture, and the environment, to face new challenges stemming from population growth and urbanization, increased life expectancy, as well as globalization and interconnectivity and their impact on public health, animal health, and ecosystems.
4. The coordination of disease surveillance, prevention, and control systems of communicable diseases, increases the efficiency of interventions and allows priority setting, policy formulation, and the mobilization and allocation of resources in anticipation of emergency situations. An example of such coordination is the genetic database on animal influenza viruses as an indicator of epidemiologic alert.
5. The realization that, in a globalized society, it is critically important to ensure the continuity of integrated health-agriculture-environment surveillance initiatives conducive to the advancement of the control and elimination of poverty-related diseases, such as canine-transmitted human rabies, which the Region has committed to eradicate by 2015.
6. The existence of inter-agency frameworks, such as the FAO-OIE-WHO Memorandum of Understanding, establishes the areas of responsibility and coordination of the technical cooperation and provides a mechanism to design joint synergistic work programs aimed at reducing health risks in vulnerable groups, establishing or reinforcing multisectoral agreements and effective regulation to ensure food safety and nutritional quality, as well as the prevention and control of events of public health, domestic and international food trade relevance.

SESSION 2 – Country integrated surveillance perspectives

7. The cases of joint intervention by human and animal health sectors in influenza outbreaks and salmonella monitoring programs, cystic echinococcosis, hantavirus, brucellosis, anthrax, Chagas disease, cholera, hemolytic uremic syndrome, and various foodborne diseases.
8. The importance of coordination between veterinary diagnostic and public health laboratories; including the challenge of making progress in defining protocols and validation of zoonotic diseases diagnostic kits.
9. The importance of the WHO's International Health Regulations and other international standards for human and animal health systems in the countries.
10. The media's role in disseminating information on public health events of national and/or international importance, which often have socio-economic impacts.

SESSION 3 - Integrated epidemiologic surveillance systems in the Americas: *Perspectives of International Organizations*

11. Integrated surveillance should generate information to guide decision-making by all stakeholders and new scientific knowledge of the socioeconomic determinants of health-disease processes, so as to provide a foundation for prevention strategies.
12. The various cooperation agencies should work together to promote the “one health” approach in Ministries of Health, Agriculture, and Environment. This requires common platforms and tools for the prevention and detection of and timely response to zoonotic and foodborne diseases, emerging and re-emerging transmissible diseases common to both humans and animals, and chronic non-communicable diseases.
13. Given the existence of several global and regional epidemiologic surveillance systems, duplication of efforts should be avoided, favoring and supporting the synergistic action of the different cooperation agencies, so as to effectively contribute to the undertaking of studies on the burden of illness and their socioeconomic impact, as well as cost-benefit analysis.
14. The need for a joint risk assessments and national and local emergency response capabilities, with regards to both animal and public health, so as to ensure the safety of the population and the socioeconomic development of the countries.
15. Financial cooperation projects aimed at the implementation of epidemiologic surveillance systems, should be based on results and on clearly defined mechanisms and indicators, so as to ensure accurate evaluation.
16. The need to continue generating innovative technologies and strategies to reach those communities without access to public health and animal health services, especially those located in areas with high poverty levels, linking them to rural development programs.

RECOMMENDS:

1. To organize at the country-level “inter-agency health-agriculture-environment committees” to act as permanent platforms for technical coordination, monitoring and evaluation of epidemiologic surveillance activities.
2. To design and establish communication bridges that coordinate the various international cooperation agencies for supporting the development and implementation of coordinated systems for the surveillance of events taking place at the human health, animal health and environment interface. The range of surveillance activities for which processes may be established includes:
 - Sharing data;
 - Interconnecting existing epidemiologic surveillance networks;
 - Implementing a fully coordinated focus among the different sectors.
3. To establish surveillance systems capable of:
 - Monitoring animal and human health data and environmental events; identifying potential transmission routes; and enhancing predictive capacity;
 - Interconnecting the databases of the monitoring systems; and analyzing risk factors and the links between animal and human diseases, including emerging diseases;
 - Enhancing the emergency response capability.
4. To maintain and strengthen the results achieved by the integrated systems for the surveillance of foodborne diseases, the control of antimicrobial resistance and neglected diseases associated with poverty, such as canine-transmitted human rabies, whose goal of eradication by 2015 is considered feasible, within a cooperative health-agriculture-environment framework.

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