



SPC/FAO Regional Meeting on One Health Issues Pacific Region

Tanoa International Hotel, Nadi, Fiji: October 28 - 30, 2013

Introduction

'One Health' which emphasizes a multisectoral and multidisciplinary approach at multilevel (international, regional, national and community levels) is increasingly being adopted to more effectively address zoonoses and other emerging infectious diseases. To date, three FAO, OIE and WHO tripartite One Health meetings have been conducted, with country representatives from public health and animal health sectors attending. The meetings underscored the particular importance of emerging zoonoses (e.g. H7N9) and their significant threats to animal and/or human health, food security, livelihoods, and trade. It was repeatedly recognized that a critical element in prevention and control of zoonoses is the effective collaboration among the animal, human and environment sectors based on sustainable, functional, and effective coordination mechanisms through a One Health approach.

The partners and country representatives acknowledged that these tripartite meetings serve as a platform for sharing information on the prevailing health situation and for sharing experiences of collaborative efforts, and problems and constraints encountered in the prevention and control of zoonotic diseases.

Representation in these meetings however is almost always restricted to countries from South Asia and Southeast Asia while the Pacific sub-region remains unrepresented, due in part to the distance and funding constraints for Pacific countries to attend. Currently there is no external funding available for the Pacific countries as compared to countries in the South and Southeast Asia region where external funding is available.

During the 2nd GF-TADs SPC Sub-regional Meeting held in Fiji in March 2013, attending countries acknowledged that due to the sub-region's unique animal health and production status and its particular public health problems, most issues can best be addressed through a One Health approach. Briefing of SPC representatives on One Health issues a One Health Meeting to be conducted in the Pacific sub-region with FAO, the Secretariat of the Pacific Community, OIE, WHO and the Pacific countries as participants were proposed as steps towards improving sub-regional One Health capacity. The One Health Meeting was conducted in Fiji in October 2013, with the proposed agenda topics:

- The One Health Approach
- Sharing of experiences by representatives from South and Southeast Asia
- Identification of One Health issues in the SPC for on the ground application (eg Brucellosis)
- Platforms for information sharing on experiences and technical issues.

The objectives of the meeting were s follows:

- 1. To advocate One Health approach at the country level in the Pacific sub-region
- 2. To assess existing capacities for One Health implementation
- 3. To identify priority issues for One Health application

To develop One Health Action Plan (i.e. on the ground

Summary, Conclusions and Recommendations

- 1. The conduct of the One Health workshop for the Pacific was set up to produce the following outcomes:
 - Assessment of the capacities of each country in the Pacific to implement One Health approach
 - Identification of priority issues for One Health
 - Agreement and action plan to operationalize and advocate One Health at all levels and across all sectors of respective country governments
- 2. Sessions on the following topics were conducted:
- Introduction of One Health Principles and Approach
- Changing landscape
- Perspectives from development partners on One Health
- Perspectives and country experiences from two sub regions
- SPC Resource Persons
 - Food security
 - Health promotion
 - Livestock waste management
 - Zoonoses
- Country reports
 - Problem areas: brucellosis, leptospirosis, etc
 - · Collaboration with the willing
 - Facilities/infrastructure
 - Tools used by public health may also be used by the livestock sector
- 3. Assessment of capacities

Strengths

- Geographic size makes for easier collaboration
- Collaboration:
 - o Structure of Human Health and Agriculture Sectors allow for good collaboration
 - Good working relationship amongst staff (collaboration)
 - LabNet collaboration works towards sharing of facilities e.g. IATA training with human health laboratory
 - Nutritional committee exists in most countries and could be used to help improve food security in a One Health setting
 - PNG Institute for Medical Research collaboration in terms of neglected zoonoses and emerging disease
- Tools/resources:
 - o Technical Tools used by public health sector can be used by the livestock sector
 - o Resources/tools of public health sector can be shared with the livestock sector
 - Experiences/lessons learned from the PRIPP on preparedness, response and capacity building were built on for sustainability

- Animal surveillance programs exist in PNG and Fiji; public health surveillance exists in Cook Islands, and Fiji which can all be shared with the other countries
- Policy and legislation:
 - o public health is aligned with the IHR
 - biosecurity law template prepared by SPC where some countries are already adapting

Weaknesses

- Advocacy:
 - o One Health is a very new concept.
- Surveillance, monitoring and response
 - o Lack of baseline information (SI, PNG) surveillance information old
 - Legislative gaps to be able to implement animal control activities (NC)
 - Not good animal disease surveillance (SI)
 - Lab capacity (PNG, SI)
- Policy and Legislation
 - Weak animal health legislation
 - Legislation is old need to work together to actualize legislation (PNG)
 - Some legislations contradict, aren't based on science or outcomes are not satisfactory (Fiji)
 - Policies exist but are outdated legislation does not provide sufficient disincentive (Fiji)
 - Agencies which are mandated to manage the legislation don't have the capacity to implement it fully (Fiji)
 - Animal waste management (Cook, SI)
- Capacity and coordination
 - o No regular meeting between health and agriculture, framework etc (SI)
 - o Capacity of field officers e.g. epidemiology, lab capacity (Fiji, SI)
 - Human resources in animal health not enough people to do everything esp small island states – jack of all trades
 - Resource difference between health and animal health e.g. laboratories (SPC) opportunities for training animal health staff in human health labs.
 - o Need to work more with environment (PNG) e.g. no capacity in wildlife health
 - One Health issues are low on the priority other more pressing priorities (PNG)
 - o Different objectives across disciplines
- 4. One Health Priority areas
 - a. Areas for collaboration
 - i. Food security
 - ii. Health promotion (NCDs and nutrition)
 - iii. Zoonoses and infectious diseases (brucellosis, AMR)
 - iv. Food safety
 - v. Environment (land degradation, waste management, water quality)
 - vi. Policy and legislation (structure and capacity)
- 5. An initial step to implementing One Health on the ground is to plan and implement manageable activities at the regional and country levels in the next two years, after which a review of the progress will be undertaken.

- a. Strengthen information networking through establishment of a One Health Secretariat located at the SPC focused on the following tasks:
 - Develop an advocacy strategy and implementation plan on One Health
 - Develop a template action plan as a guidance document for countries
 - Establish discussion platforms on One Health
 - Collect and put together baseline information that exists on imports vs local foods and impacts on human health and lifestyle diseases (NCDs) and how that links with food security – some data already exists (SPC)

b. Country specific activities

- (after advocacy strategy is developed), commence country advocacy activities (dissemination of materials, meetings/workshops) through channels as practiced in respective countries
- Collect baseline data on nutrition, zoonoses, antimicrobial use and share it with the human health sector
- Convene informal talks between animal and human health sector officers to develop trust to work together
- Use brucellosis control and diagnosis as an example to demonstrate One Health approach
- 6. The meeting requests SPC to champion One Health in the region and to seek technical assistance from FAO, OIE, and WHO and other regional support organizations, in operationalizing One Health in the Pacific.





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Agenda

Monday, 28 Octobe	r 2013	
08:30 - 09:00	Registration	SPC
09:00 - 9:15	Opening Ceremony	
09:15 – 10:00	One Health Principles and Approach	Dr Carolyn Benigno (FAO)
10:00 – 10:30	Livestock production and health amidst the changing landscape	J.Otte delivered by C.Benigno (FAO)
10:30-11:00	Group Photo and Coffee/Tea Break	
11:00 – 12:30	Tripartite Collaboration: Perspectives	FAO (C. Benigno) OIE (TBA) WHO (TBA)
12:30 -13:30	ASEAN and Philippines Perspectives and Experiences on One Health Implementation	ASEAN (TBA)
	Bangladesh Perspectives and Experiences on One Health Implementation	Dr Nitish Debnath
13:30 – 14:30	Lunch	
14:30 – 1500	Presentations on One Health issues in the Pacific (Food Security, Lifestyles, Environment, Zoonosis)	
	- SPC LRD Food Security in the region	Dr Siosiua Halavatau
	- SPC PH NCD's (Nutrition and Lifestyles)	Dr Josaia Samuela
	- SPC LRD Animal Waste Management	Nichol Nonga/Andrew

		Tukana
	- SPC LRD Land degradation	Maria Elder Ratutokarua
	- SPC LRD Zoonosis in the Pacific region	Dr Ilagi Puana/Dr Ken Cokanasiga
15:00 – 15:30	Coffee /tea break	
15:30 – 17:30	Continue presentations of One Health issues in the Pacific - Fiji Country Report - PNG Country Report - Cook Islands Country Report	
17:30	End of day 1	
Tuesday, 29 October	r, 2013	
09:00 - 09:30	Recap of Day 1	
09:30 - 10:30	Group Work: Identification of issues and assessment of capacities for One Health Implementation: Discussions	
10:30 - 11:00	Coffee/Tea Break	
11:00 – 11: 30	Prioritizing One Health Issues	
11:30 – 13:00	One Health Action Plan	
13:00 – 14:00	Lunch	
14:00 – 15:00	Discussions, Way Forward and Closing	
15:00 – 15:30	Coffee/Tea Break	
Wednesday 30 Octo	ber 2013 Onwards	
	Internal Meeting of SPC members	

Annex 2: List of Participants

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COUNTRY REPRESENTATIVES

COOK ISLANDS Mr Tiria N Rere

Chief Livestock Officer Ministry of Agriculture

PO Box 96 RAROTONGA

Tel: (682) 28711/25403; Home: (682) 21893

Fax: (682) 21881

Email: tiria@agriculture.gov.ck; or cimoa@oyster.net.ck;

COOK ISLANDS

Dr Rangiau Fariu

Director of Public Health Ministry of Health PO Box 109, Avarua Rarotonga, Cook Islands

Tel: (682) 291 10 Fax: (682) 291 00

Email: r.fariu@health.gov.ck;

FIJI Mr Tomasi Tunabuna

Director

Animal Health and Production Division

Ministry of Agriculture

Private Mail Bag, Raiwaqa, Suva

Tel: (679) 3315-322 Fax: (679) 3301-368

Email: tomasi.tunabuna@govnet.gov.fj;

FIJI Dr Leo Felicito Borja

Senior Veterinary Officer Ministry of Agriculture,

Fiji Veterinary Pathology Laboratory

PO Box 77, Nausori, Fiji Tel: (679) 3400-184 Fax: (679) 3400-012

Email: borjavets@yahoo.com;

NEW CALEDONIA Mr Frederic GIMAT

Head of Biosecurity division Direction des Affaires

Veterinaires Alimentaires et Rurals BP 256, 98845 Noumea Cedex

Tel: (687) 24 37 45 Fax: (687) 25 11 12

Email: sivap.davar@gouv.nc
or: frederic.gimat@gouv.nc;

PAPUA NEW GUINEA

Dr Nime Kapo

Chief Veterinary Officer

National Agriculture Quarantine & Inspection Authority (NAQIA) Ministry

of Agriculture & Livestock

PO Box 741,

PORT MORESBY NCD
Tel: (675) 3112-100
Fax No: (675) 325 1673
Email: nkapo@naqia.gov.pg;
Or: cvovet@online.net.pg

PAPUA NEW GUINEA

Mr Andy Keponge Yombo

Epidemologist

National Agriculture Quarantine & Inspection Authority (NAQIA)

Ministry of Agriculture & Livestock

PO Box 741,

PORT MORESBY NCD Tel: (675) 3112-100 Fax No: (675) 325 1673

Email: andy.yombo@gmail.com;

SAMOA

Mr Tony Aiolupo

Senior Meat Inspector MAF-APHD-SAMOA P.O.Box 1874,Apia,Samoa.

Tel: (+685) 21052 Fax: (+685) 26532

Email: tony.aiolupo@maf.gov.ws

SAMOA

Mr Samuela Tatafu Hafoka Vi

Senior Animal Health Officer

MAF-APHD-Samoa

P.O.Box 1874, Apia, Samoa

Tel: (+685) 21-052 Fax: (+685) 26523

Email: v samuela@yahoo.com

SOLOMON ISLANDS

Mr Barney Barnabas Keqa

Director – Livestock & Veterinary Services

Ministry of Agriculture & Livestock Department of Agriculture & Livestock

P O Box G13, HONIARA Tel: (677) 23007/20226

Fax: (677) 28365

Email: brnkq29@gmail.com

SOLOMON ISLANDS Dr Emma Rooke

Chief Veterinary Officer

Ministry Of Agriculture & Livestock P.O.Box GI3, Honiara, Solomon Island

Tel: (677) 740 4011

Fax:

Email: emmarooke@gmail.com

TONGA Mr Semi Kailomani Hausia

Livestock Officer MAFF, P.O.Box 14, Livestock Division,

Tonga.

Tel: (676) 29715

Fax:

Email: shausia@yahoo.com

TONGA Mr Mikaele Puli Saipaia

Senior Livestock Officer Livestock Division Ministry of Agriculture, Food, Forests & Fisheries

PO Box 14, Nuku'alofa TONGA

Tel: (676) 29715

Fax:

Email: mikasaipaia@gmail.com;

VANUATU Mr Lonny Bong Jonah

Acting Director

Department of Livestock

Ministry of Agriculture, Livestock, Forestry, Fisheries & Biosecurity

PMB 9095, Port Vila,

VANUATU

Tel: (678) 23519/ 7710062/5388083

Fax: (678) 23185

Email: lbong@vanuatu.gov.vu

VANUATU Dr Sina Moala

Principal Veterinary Officer

Biosecurity Vanuatu

Ministry of Agriculture, Livestock, Forestry, Fisheries & Biosecurity

PMB 9095, Port Vila,

VANUATU

Tel: (678) 23519 Fax: (678) 23185

Email: smoala@vanuatu.gov.vu

NAL & OTHER ORGANISATIONS

ASEAN

Dr Emelinda L Lopez

Officer-in-Charge Animal Health Division Bureau of Animal Industry Visayas Avenue, Diliman Quezon City 1100/ PHILIPPINES

Telefax: (632) 928 2836/928 2743

Mobile: +63 929 573 7929

Email: doc minniee12@yahoo.com;

FAO Bangkok

Dr Carolyn Benigno

Animal Health Officer

FAO Regional Office for Asia and the Pacific

Bangkok **THAILAND**

Tel: +6626974330 Mobile: +66816847890

Email: Carolyn.Benigno@fao.org

FAO

Bangladesh

Professor Nitish C Debnath

One Health Coordinator

Emergency Centre for Transboundary Animal Diseases (ECTAD)

Bangladesh

Food and Agriculture Organization of the United Nations

Pranisampad Bhaban (3rd Floor)

Krishikhamar Sarak Farmgate, Dhaka 12 15

BANGLADESH

Cell no: +88 01712079147

E-mail: Nitish.Debnath@fao.org
Or: principalcgvc@gmail.com
Web:http://www.fao.org

OIE Japan

Dr Batsukh Zayat

World Organisation for Animal Health OIE Regional Representation for Asia and the Pacific Food Science Building 5F, The University of Tokyo 1-1-1 Yayoi, Bunkyo-ku, Tokyo 113-8657, Japan

E-mail: b.zayar@oie.int; Or: zbatsukh@mail.mn; Tel: +81-3-5805-1931 Fax: +81-3-5805-1934

SECRETARIAT OF THE PACIFIC COMMUNITY LAND RESOURCES DIVISION Private Mail Bag, Suva, Fiji Islands

Tel: (679) 3370-733; Fax: (679) 3386-326/3370-021

Website: http://www.spc.int/lrd

Dr Ken Cokanasiga

Coordinator
Animal Health & Production Services

Ext: 35364

Email: kenc@spc.int

Mr Nichol Nonga

Animal Production Officer
Animal Health & Production Services

Ext: 35363

Email: nicholn@spc.int

Dr Elva Borja

Consultant
Animal Health & Production Services

Mobile: 9747840

Email: borjaelva@gmail.com;

Dr Josaia Samuela

Health Manger Advancement Unit Public Health Division Suva Office, SPC Nabua,

Ext:

Email: josaias@spc.int

Dr Ilagi Puana

Animal Health Specialist
Animal Health & Production Services

Ext: 35260

Email: ilagip@spc.int

Dr Siosiua Halavatau

Participatory Extension Specialist/Coordinator Crop Production

Ext: 35464

Email: siosiuah@spc.int;

Ms Maria Karalo

Programme Assistant Animal Health & Production Services

Ext: 35359

Email: mariak@spc.int