



Photo credit anses.fr

OIE's activities during the COVID-19 pandemic crisis and opportunities for OIE work programmes

OIE Delegates and Partners Seminar
7 July 2020



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Agenda

1. Drivers for disease emergence
2. Origins of SARS-CoV-2
3. OIE COVID-19 Response
4. Mitigating risks of disease spill-over between wildlife, humans and livestock
5. Supporting resilience at OIE and in our Members



Duration of Travel

<1

(hours)

>20

Population Growth

Mass Livestock Production

Climate Change

Global Air Travel

Bioterrorism

Urbanization

Deforestation

Wildlife Disruption

Antibiotic Resistance

Mass Gatherings



Kamran Khan, BlueDot
Integrating and using big data



Origins of SARS-CoV-2

REPORTS

Bats Are Natural Reservoirs of SARS-Like Coronaviruses

Wendong Li,^{1,2} Zhengli Shi,^{2*} Meng Yu,³ Wuze Ren,² Craig Smith,⁴ Jonathan H. Epstein,⁵ Hanzhong Wang,² Gary Crameri,³ Zhihong Hu,² Huajun Zhang,² Jianhong Zhang,² Jennifer McEachern,³ Hume Field,⁴ Peter Daszak,⁵ Bryan T. Eaton,³ Shuyi Zhang,^{1,6*} Lin-Fa Wang^{3*}

Severe acute respiratory syndrome (SARS) emerged in 2002 to 2003 in southern China. The origin of its etiological agent, the SARS coronavirus (SARS-CoV), remains elusive. Here we report that species of bats are a natural host of coronaviruses closely related to those responsible for the SARS outbreak. These viruses, termed SARS-like coronaviruses (SL-CoV), display greater genetic variation than SARS-CoV isolated from humans or from civets. The human and civet isolates of SARS-CoV nestle phylogenetically within the spectrum of SL-CoVs, indicating that the virus responsible for the SARS outbreak was a member of this coronavirus group.

survey bats in the search for the natural reservoir of SARS-CoV.

In this study, conducted from March to December of 2004, we sampled 408 bats representing nine species, six genera, and three families, from four locations in China (Guangdong, Guangxi, Hubei, and Tianjin) after trapping them in their native habitat (Table 1). Blood, fecal, and throat swabs were collected; serum samples and cDNA from fecal or throat samples were independently analyzed, double-blind, with different methods in Wuhan and Geelong (14).

Among six genera of bat species surveyed (*Rousettus*, *Cynopterus*, *Myotis*, *Rhinolophus*, *Nyctalus*, and *Miniopterus*), three communal, cave-dwelling species from the genus *Rhinolophus* (horseshoe bats) in the family *Rhinolophidae* demonstrated a high SARS-CoV antibody prevalence: 13 out of 46 bats (28%) in *R. pearsoni* from Guangxi, 2 out of 6 bats (33%) in *R. pussilus* from Guangxi; and 5 out

Li et al. (2005) Science 310: 676-679

Lau et al. (2005) PNAS 102: 14040-14045

Li et al. (2005) Science

Slide credit: Dr William Karesh, OIE Working Group on Wildlife





RESEARCH ARTICLE

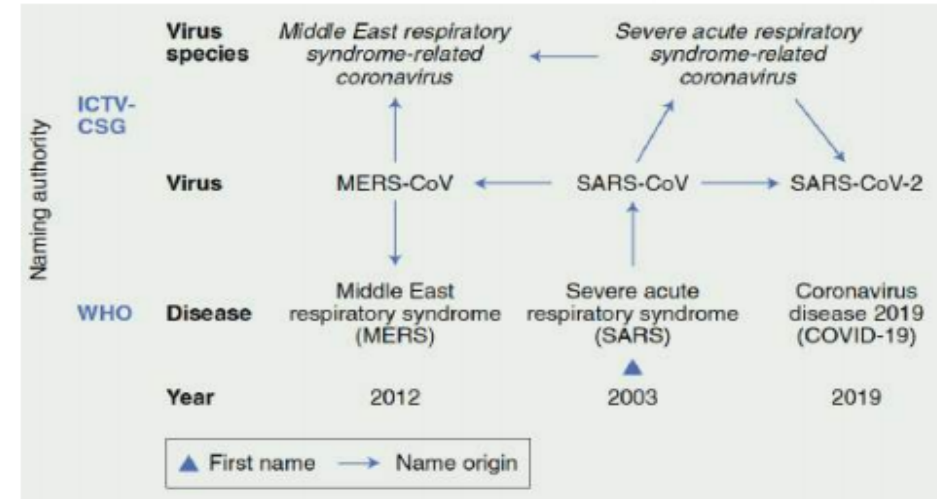
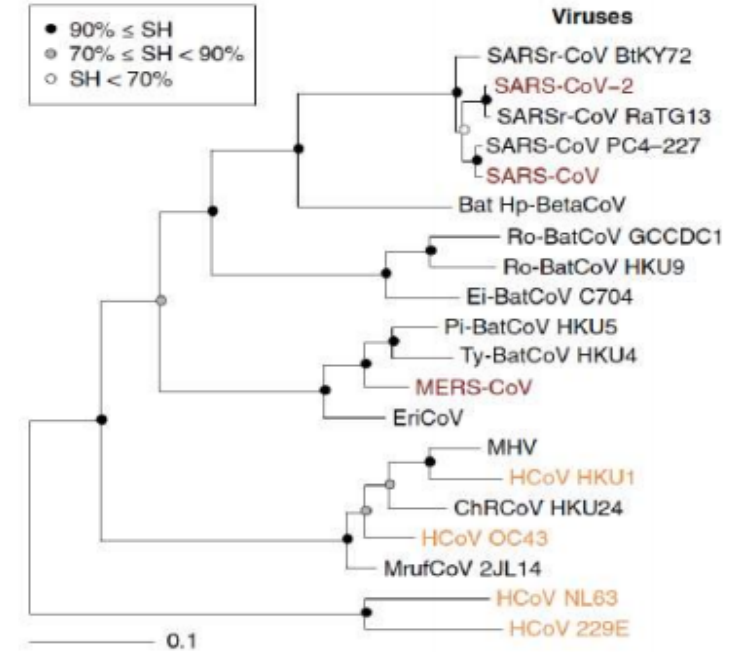
Discovery of a rich gene pool of bat SARS-related coronaviruses provides new insights into the origin of SARS coronavirus

Ben Hu¹*, Lei-Ping Zeng¹*, Xing-Lou Yang¹*, Xing-Yi Ge¹, Wei Zhang¹, Bei Li¹, Jia-Zheng Xie¹, Xu-Rui Shen¹, Yun-Zhi Zhang^{2,3}, Ning Wang¹, Dong-Sheng Luo¹, Xiao-Shuang Zheng¹, Mei-Niang Wang¹, Peter Daszak⁴, Lin-Fa Wang⁵, Jie Cui^{1*}, Zheng-Li Shi^{1*}

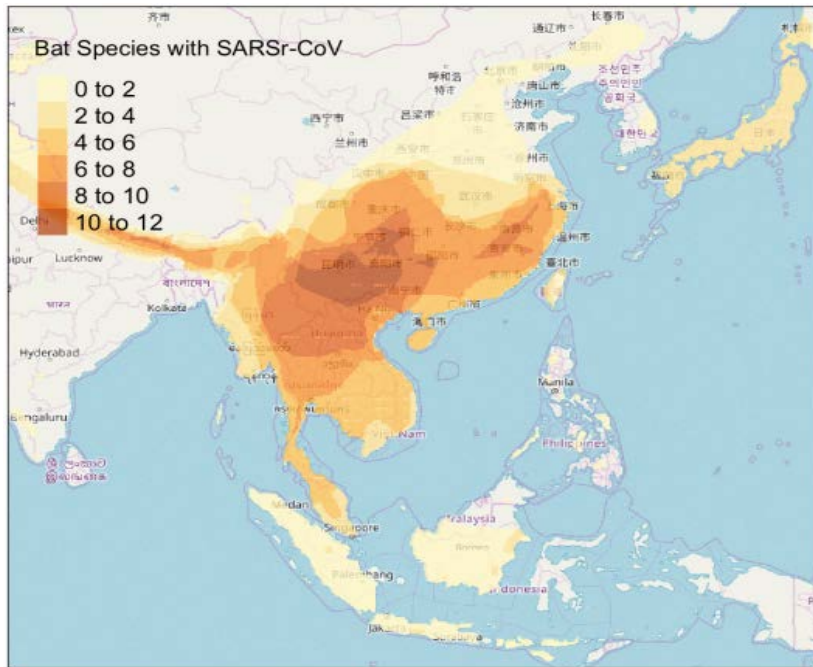
Hu *et al.* (2017) *PLoS Pathogens*

SARS-CoV-2

- Part a family of enveloped positive-strand RNA viruses (*coronaviridae*)
- Belongs to the *betacoronavirus* genus
 - 98% similarity with bat coronavirus RaTG13
 - 79% genetic similarity with SARS-CoV
- 7 coronavirus known to infect humans
 - 4 coronavirus infect only the upper respiratory tract
 - HCoV HKU1 – OC43 – NL63 – 229E
 - 3 coronavirus can replicated in lower respiratory tract and cause pneumonia
 - SARS-CoV = Case Fatality Rate (CFR) of 10% (2002 – 2003)
 - MERS-CoV = CFR of 37% (2012 -)
 - SARS-CoV-2 = CFR unknown (2019 -)



Bat-CoV risk is regional, not restricted to China



Distribution of bats harboring SARSr-CoVs Distribution of *Rhinolophus affinis*

Wildlife Trade

Bats in their natural environments



Hunting

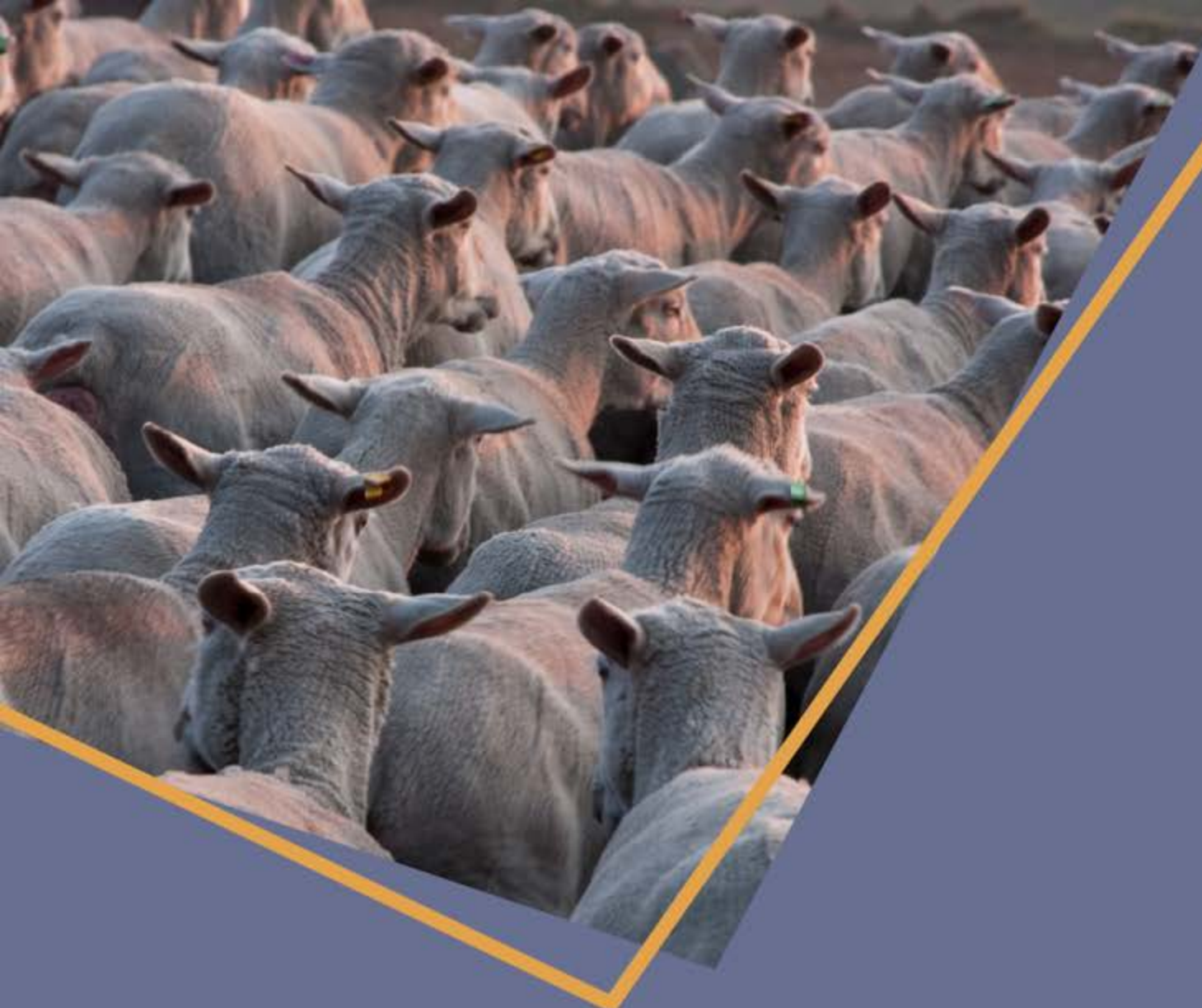


Intermediary traders



Traditional markets (wet markets) selling live and dead wild animals direct to public





OIE COVID-19 Response



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WHO's work in emergencies – achievements in numbers – 2018

PREPARE

ASSESSMENTS FOR ACTION

187 Member States International Health Regulations (IHR) 2005 annual reports
24 Joint External Evaluations
31 Simulation exercises
28 National action plans
18 After action reviews
11 IHR-public veterinary sector bridging workshops

STRENGTHENED CAPACITIES FOR ALL HAZARDS

Health security workforce development

Goal: all countries prepared for the full emergency-cycle management

400

professionals at ports and airports trained on surveillance

850

laboratory personnel trained in 62 countries

2800

health professionals in 141 countries trained on health security

6300

enrolments in online course offered through the Health Security Learning Platform

16 000

downloads of the Managing Epidemics handbook

100 000

subscribers to OpenWHO learning platform

READINESS

41

risk-profiling workshops were conducted in the African region

83%

of high-risk countries in the Index for Risk Management have interagency preparedness plans in place

PREVENT

ELIMINATE YELLOW FEVER STRATEGY

61 million

people vaccinated in 24 African countries

20,8 million

doses of oral cholera vaccine were shipped to 10 countries

ENDING EBOLA

60 000

people vaccinated during response operations in the Democratic Republic of the Congo

GLOBAL INFLUENZA PREPAREDNESS AND RESPONSE

500 million

people are estimated to have been vaccinated around the world

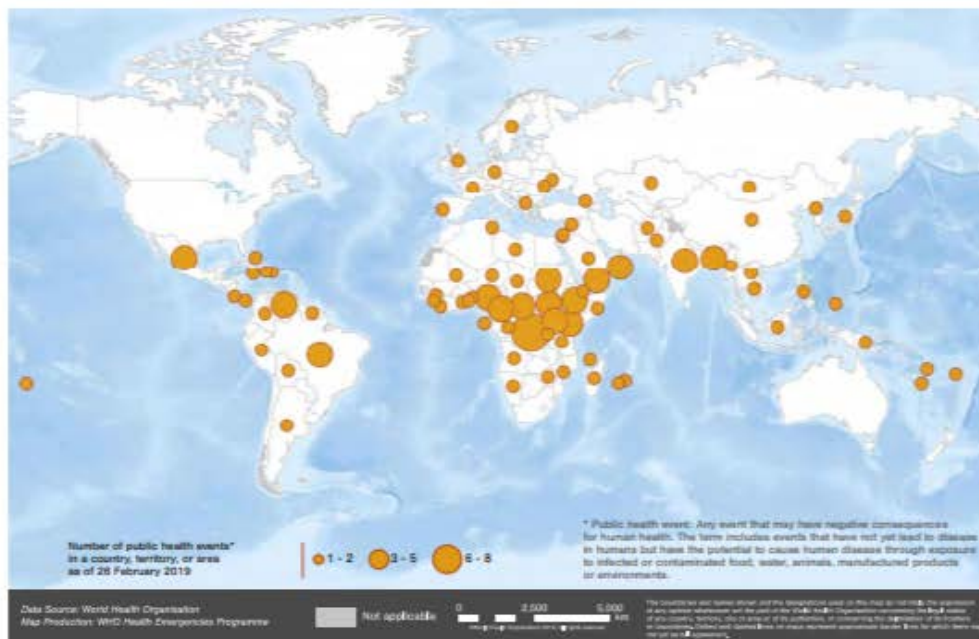
400 million

doses of pandemic vaccine secured through the Pandemic Influenza Preparedness (PIP) Framework

EMERGENCY VACCINATION

16 million

doses of vaccines deployed through the WHO International Coordinating Group on Vaccine Provision mechanism



1821 health emergencies experts from WHO and its partners deployed in 32 countries

DETECT AND RESPOND

24/7/365
EACH DAY,
EVERY DAY

the global surveillance system detects public health events

52

WEEKS A YEAR the early warning system (EWARS) collects data each week, generates and manages alerts

7000

PUBLIC HEALTH THREAT SIGNALS PICKED UP EVERY MONTH with about 0.5% of these resulting in a formal field investigation and a formal risk assessment

22

COUNTRIES developed humanitarian response plans with a health response led by WHO

1600

TECHNICAL/ OPERATIONAL PARTNER INSTITUTIONS

WHO relies on its global network of technical and operational partners when responding to health emergencies, and when helping countries be better prepared to prevent, detect and respond to health emergencies

481

NEW EVENTS IN 141 COUNTRIES AND TERRITORIES

Some of the public health events included: cholera, Ebola virus disease, measles and monkeypox in the Democratic Republic of the Congo; plague in Madagascar; measles in Argentina, Brazil and Ecuador; emergency operations in Libya; West Nile fever in Serbia;

Nipah virus in India; diphtheria in Bangladesh; and hand foot and mouth disease in Viet Nam

30

EVENTS IN 29 COUNTRIES

The contingency fund for emergencies was provided within 24 hours



Coronavirus disease (COVID-19)

Situation Report – 163

Data as received by WHO from national authorities by 10:00 CEST, 1 July 2020

Highlights

It has never been clearer that [communication is an important public health intervention](#) that contributes to controlling pandemics. The WHO Regional Office for Europe discusses this and the risks of an “infodemic” – an overabundance of information, some of which can be misleading or even harmful. [WHO launched the first Infodemiology conference on 29 June](#), which includes talks with experts on how the infodemic affects the world and reflections on how it can be managed.

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

Tripartite Partner Frameworks for emergency management

- Pandemic Influenza Preparedness Programme
- WHO International Health Regulations
- Global Outbreak Alert and Response Network
- FAO Emergency Management Centre



The screenshot shows a web browser window with multiple tabs open. The active tab is titled 'extranet.who.int/goarn/content/understanding-coronavirus-disease-2019'. The browser's address bar shows the URL. The page content includes the GOARN logo, navigation links (Home, COVID-19 Knowledge Hub, About us, Media, Cont), and a main heading 'Understanding the Coronavirus disease 2019'. Below the heading is a photograph of a healthcare worker in a hospital setting, with a GOARN 2020 logo overlaid. To the right of the photo is a text block discussing the COVID-19 pandemic and the role of the GOARN network. The Windows taskbar is visible at the bottom of the screen.

GOARN

Home COVID-19 Knowledge Hub About us Media Cont

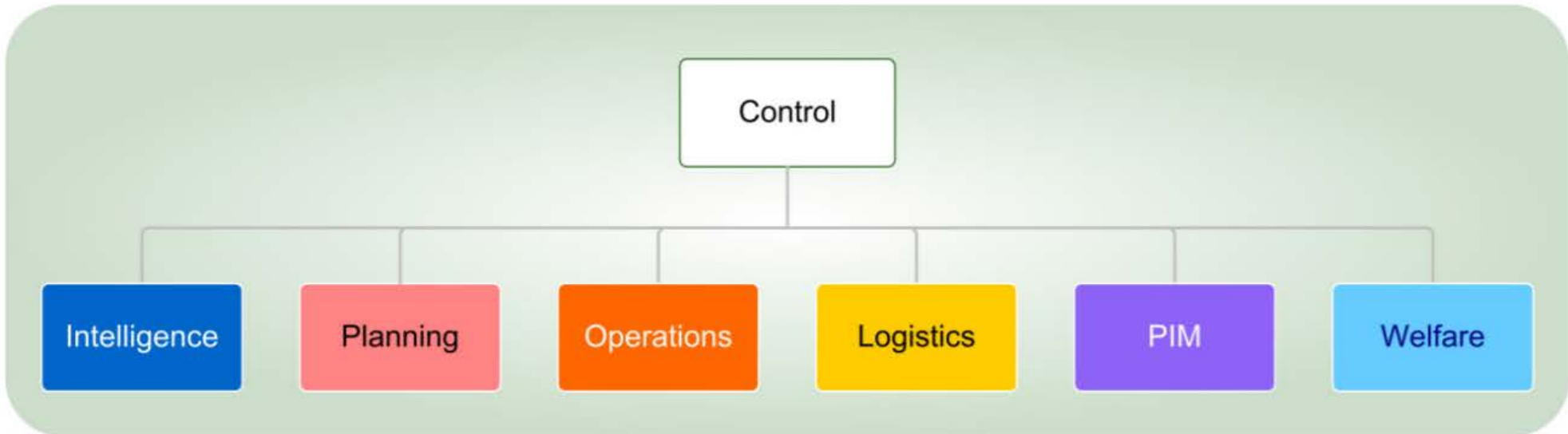
Understanding the Coronavirus disease 2019

Fueled by a novel virus, the COVID-19 pandemic has placed unprecedented demands on evidence-based response. Demonstration of efficacy and impact of interventions significantly affect livelihoods and prove challenging to implement in resource-diverse settings. The GOARN network has the distinct potential to connect dots between multidisciplinary expertise, resources, and mandates across partner institutions, to provide guidance, and frontline response. This requires engaging already stretched resources in others. It requires GOARN learn to work intra-nationally, intra-regionally, and ourselves to innovate and problem solve in ways we have not done before.

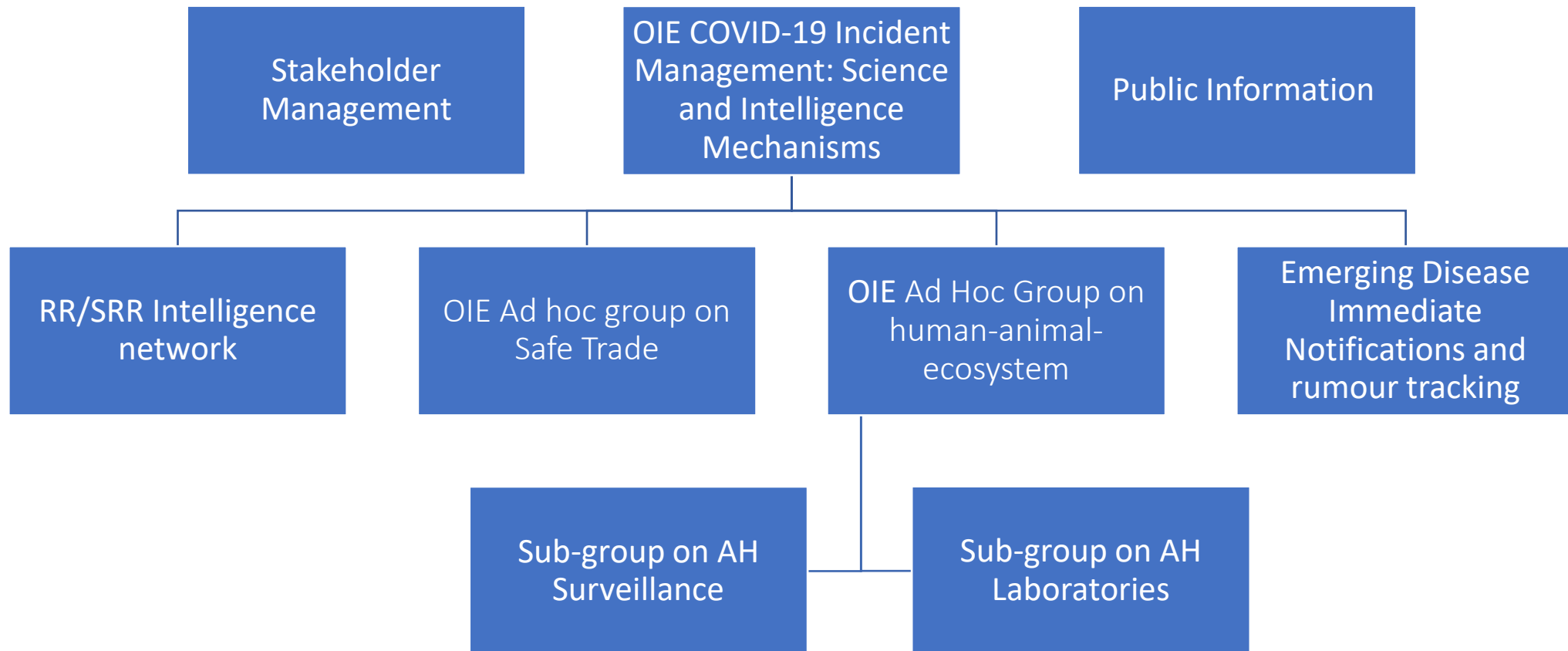
The GOARN Research community was activated for COVID-19 research response through several reiterations and reassessments of where it can deliver the most impact capacity. The ultimate goal of the research response is that GOARN partners have the and tools needed to 1) characterize the COVID-19 pandemic within their local context; 2) implement evidence-based practices for COVID-19; and 3) assess the effectiveness of the response. The group has built out work areas for technical and research working groups for the management of evidence, investigation tools and protocols, regional and in-country research support, and GOARN partner engagement. Each area is interlinked with the other.

What is an Incident Management System?

- Systems describing coordination, command and control for management of emergency events
- National standardization to provide for inter-departmental / inter-organizational interoperability
- Bespoke structure with generic functions and reporting lines
- Set daily and weekly rhythm of data cut-off times, reporting, briefings, media
- Key concepts: interoperability and scalability



OIE COVID-19 Incident Management Approach



OIE and World Veterinary Association Statement on Veterinary Activities as Essential




“COVID-19: Maintaining the activities of Veterinary Professionals is essential.”



©OIE/S.Owusu/G.Espin/C.Nadal

COVID-19 and veterinary activities designated as essential: OIE - World Organisation for Animal Health
oie.int




COVID-19 and Veterinary Activities designated as Essential

In the framework of the Covid-19 pandemic, the World Organisation for Animal Health (OIE) and the World Veterinary Association (WVA) jointly draw attention to the roles and responsibilities of the veterinary profession for public health. They highlight the specific veterinary activities which are key to ensure a continuum in food safety, disease prevention and emergency management.

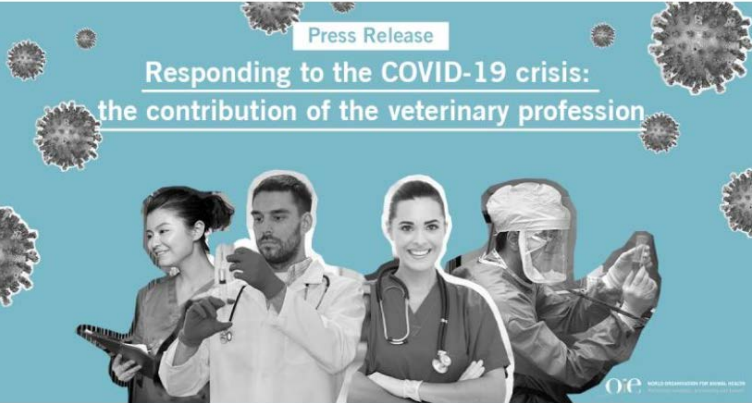
To effectively tackle the challenges posed by the Covid-19 pandemic, many governments around the world have taken restrictive measures to close non-essential businesses. These decisions raise questions regarding potential adaptations that need to be implemented by the veterinary profession.

In this context, the World Organisation for Animal Health (OIE) and the World Veterinary Association (WVA) advocate for the specific activities of Veterinary Services to be considered as essential businesses.



World Organisation for Animal Health (OIE)
28,095 followers
2w • 🌐

It's [#WorldVeterinaryDay](#) and we highlight the contributions of the veterinary sector to support the [#publichealth](#) response to the [#COVID19](#) pandemic.
...see more



Responding to the COVID-19 crisis: the contribution of the veterinary profession: OIE - World Organisation for Animal Health

<https://www.oie.int/en/for-the-media/press-releases/detail/article/covid-19-and-veterinary-activities-designated-as-essential/>



WORLD ORGANISATION FOR ANIMAL HEALTH
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Statement of the OIE Wildlife Working Group, April 2020

Wildlife Trade and Emerging Zoonotic Diseases

The majority of recently-emerging infectious diseases have wildlife origins, among them Lassa, Monkeypox, Marburg, Nipah and numerous other viral diseases. Within the coronavirus family, zoonotic viruses have been linked to the Severe Acute Respiratory Syndrome (SARS) epidemic in 2003 and the Middle East Respiratory Syndrome (MERS) first detected in 2012. The COVID-19 pandemic stemmed from introduction of a novel coronavirus (“SARS-CoV-2”) into human populations. While the specific mechanism of SARS-CoV-2 emergence has not been

mentioned risks. Thus, there is a need to support legal, sustainable and responsible wildlife use by providing sound guidance, standards, and risk assessment and risk management tools.

The OIE is developing guidelines or standards for trade in wildlife based on sound governance and regulatory principles that reduce health risks, and support animal welfare and biodiversity conservation. These standards will result in sustainable and responsible practices in legal trade, transportation, capture, farming,

https://www.oie.int/fileadmin/Home/eng/Our_scientific_expertise/docs/pdf/COVID-19/A_OIEWildlifeTradeStatement_April2020.pdf

Guidelines for safe wildlife trade will result in sustainable and responsible...

- ✓ ...transport
- ✓ ...capture
- ✓ ...farming
- ✓ ...consumption



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SARS and Ebola occurred as a consequence of the poorly regulated wildlife trade .



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OIE ad hoc group on COVID-19 and the human-animal- ecosystem interface

Terms of Reference

1. Advise on investigations into the possible role of animals as a reservoir of the SARS-CoV2 and in zoonotic transmission;
2. Contribute to OIE's technical coordination with WHO and FAO;
3. Share relevant scientific information and opinion on COVID-19 at the human-animal-ecosystems interface;
4. Provide advice to support national veterinary services on human animal interface aspects of COVID-19;
5. Advise on knowledge gaps and associated animal related research priorities;
6. Monitor and interpret scientific publications and communications;
7. Contribute to the implementation of WHO R&D Blueprint.



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A COORDINATED GLOBAL RESEARCH ROADMAP: 2019 NOVEL CORONAVIRUS

MARCH 2020

There is broad consensus on the need for research to: focus on actions that can save lives now; facilitate actions so that those affected are promptly diagnosed and receive optimal care; and catalyse the full integration of all innovations within each research area.

Moreover, there is an imperative to support research priorities in a way that leads to the development of sustainable global research platforms pre-prepared for the next disease X epidemic. This will allow for accelerated research, innovative solutions and R&D of diagnostics, therapeutics and vaccines, as well as the timely and equitable access to these life-saving tools for those at highest risk.

Eight immediate research actions were agreed as part of the Global Research Forum

- 1. Mobilize research on rapid point of care diagnostics for use at the community level** - this is critical to be able to quickly identify sick people, treat them and better estimate how widely the virus has spread.
- 2. Immediately assess available data to learn what standard of care approaches from China and elsewhere are the most effective** - there is an imperative to optimize standard of care given to patients at different stages of the disease and take advantage of all available technological innovations to improve survival and recovery.
- 3. Evaluate as fast as possible the effect of adjunctive and supportive therapies.** The global research community needs to understand what other adjunctive treatments being used we have at our disposal that may help with the standard of care provided to patients, including the quick evaluation of interventions such as steroids and high flow oxygen.
- 4. Optimize use of personal protective equipment and other infection prevention and control measures in health care and community settings** - It is critical to protect health care workers and the community from transmission and create a safe working environment.
- 5. Review all evidence available to identify animal host(s), to prevent continued spill over and to better understand the virus transmissibility in different contexts over time, the severity of disease and who is more susceptible to infection-** Understanding transmission dynamics would help us appreciate the full spectrum of the disease, in terms of at risk groups, and conditions that make the disease more severe as well as the effectiveness of certain public health interventions.
- 6. Accelerate the evaluation of investigational therapeutics and vaccines by using "Master Protocols".** Rapidly developing master protocols for clinical trials will accelerate the potential to assess what works and what does not, improve collaboration and comparison across different studies, streamline ethics review and optimize the evaluation of new investigational drugs, vaccines and diagnostics.
- 7. Maintain a high degree of communication and interaction among funders so that critical research is implemented.** Funders reiterated their current financial commitments to tackling this outbreak and agreed that the priorities agreed at the Forum would help to coordinate existing investments and inform mobilization of additional resources in the coming days, weeks and months.
- 8. Broadly and rapidly share virus materials, clinical samples and data for immediate public health purposes** - It was agreed that virus materials, clinical samples and associated data should be rapidly shared for immediate public health purposes and that fair and equitable access to any medical products or innovations that are developed using the materials must be part of such sharing.

TESTING OF HUMAN DIAGNOSTIC SPECIMENS IN VETERINARY LABORATORIES

Considerations:

- Regulatory affairs
- Business continuity and prioritisation
- Types of test and testing requirements
- Scalability
- Quality assurance
- Biosafety
- Biosecurity
- Data management and reporting
- Personnel and logistics
- Training needs

https://www.oie.int/fileadmin/Home/eng/Our_scientific_expertise/docs/pdf/COVID-19/A_Guidance_for_animal_health_laboratories_1April2020.pdf

Veterinary laboratories have experience in **quality assurance**, **biosafety**, **biosecurity**, and **have high capacity testing for the control and surveillance of diseases.**



DID YOU KNOW?

Accra Veterinary Laboratory in Ghana has tested more than 3000 human samples of COVID-19 so far.



Veterinary laboratories are well-equipped to serve as facilities for the testing of #COVID19 in humans.



OIE WAHIS

Early warning activity



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Objective:

- Publish through WAHIS as soon as possible - if relevant - the immediate notifications and follow-up reports received from our Member Countries using “*emerging disease*” as reason of notification.

Terms of Reference:

- Chapter 1.1. of OIE *Terrestrial Animal Health Code*, Article 1.1.4. and Article 1.1.6.

Findings in animals

OIE Member Countries have been keeping the OIE updated on any investigations or outcomes of investigations in animals:

Animal surveillance in China: [China update](#) (5/02/2020).

SARS-CoV-2 positive test results in dogs in Hong Kong: [Follow-up report no.1](#) (09/03/2020), [Follow-up report no. 2](#) (16/03/2020), [Follow-up report no. 3](#) (23/03/2020)

SARS-CoV-2 positive test result in a cat in [Belgium](#) (28/03/2020)

SARS-CoV-2 positive test result in a [tiger](#) (06/ 04/2020), a [lion](#) (17/04/2020) and a [dog](#) (03/06/2020) in the USA

SARS-CoV-2 positive test result in two domestic cats in the [USA](#) (22/04/2020), [Follow-up reports](#) latest (10/06/2020)

SARS-CoV-2 positive test result in two mink farms in [The Netherlands](#) (26/04/2020), [situation update 1](#) (15/05/2020), [situation update 2](#) (9/06/2020)

SARS-CoV-2 positive test result in two domestic cats in France [1st](#) (02/05/2020) and [2nd](#) (12/05/2020)

SARS-CoV-2 positive test result in domestic cats in Spain [1st](#) (11/05/2020) and [2nd](#) (08/06/2020)

SARS-CoV-2 positive test result in a domestic cat in [Germany](#) (13/05/2020)

SARS-CoV-2 positive test result in a domestic cat in [Russia](#) (26 /05/2020)

SARS-CoV-2 positive test result in a mink farm in [Denmark](#) (17/06/2020)



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Animal Health Surveillance during the COVID-19 events

Considerations for sampling, testing, and reporting of SARS-CoV-2 in animals

Prepared by the OIE Preparedness and Resilience Department and the OIE *ad hoc* Group on COVID-19 and the human-animal interface

Purpose

The purpose of this document is to provide high level considerations on sampling, testing, and reporting of SARS-CoV-2 in animals.

Scope

The following considerations are intended to be non-prescriptive and broad enough to cover a range of human and animal interactions. The document aims to differentiate individual case management from research.

This document will be reviewed and updated as new scientific evidence of SARS-CoV-2 infection in animals comes to light.

1. SARS-CoV-2 as an emerging disease in animals
2. High level guiding principles for sampling and testing
3. Rationale for testing of animals to manage risk
4. Suggested case definition
5. Reporting to the OIE

https://www.oie.int/fileadmin/Home/eng/Our_scientific_expertise/docs/pdf/COVID-19/Sampling_Testing_and_Reporting_of_SARS-CoV-2_in_animals_final_7May_2020.pdf



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OIE considerations on the application of sanitary measures for international trade related to COVID-19

Recommendations for OIE Members

That Members work collaboratively and cooperatively during the COVID-19 pandemic to:

1. **facilitate safe international movement** of live animals and animal products (accordance OIE Terrestrial Animal Health Code)
2. introduce **no** COVID-19-related sanitary measures **unless and until these have been shown necessary to protect human or animal health**, are **scientifically justified by a risk analysis**, and are **fully in line with relevant International Standards**
3. continue implementing OIE standards under WTO SPS principles, and (where possible) **apply administrative flexibility** to minimize the impact that this pandemic may have on procedural aspects of trade e.g. allowing electronic certification, making allowances

Public Information: OIE Communications

The screenshot shows the OIE website header with the logo and tagline "WORLD ORGANISATION FOR ANIMAL HEALTH Protecting animals, preserving our future". It includes a search bar, language options (Français, English, Español), and a navigation menu with items like Home, About us, Scientific expertise, Solidarity, Animal health in the World, and Standard Setting. A main banner features "Q&A COVID-19" with a video player and a "Registration" button. A sidebar on the right displays "LATEST DISEASE ALERTS" for "19.05.20: Highly pathogenic avian influenza, Iraq".

Questions and Answers on the COVID-19

(last updated: 18/05/2020)

What causes COVID-19?

Are animals responsible for COVID-19 in people?

Can animals be infected with SARS-CoV-2?

What precautionary measures should be taken when companion or other animals have close contact with humans suspected or confirmed to be infected with SARS-CoV-2?

What can National Veterinary Services do with regards to companion animals?



OIE Wildlife Programme:
Mitigating Risks of disease spill-over
between wildlife, humans and livestock

IMPROVING EARLY WARNING SYSTEMS and preventing viral haemorrhagic fevers



PROJECT

5 YEARS
2017 2021

Financed by
THE EUROPEAN UNION



10 COUNTRIES
from West and Central Africa



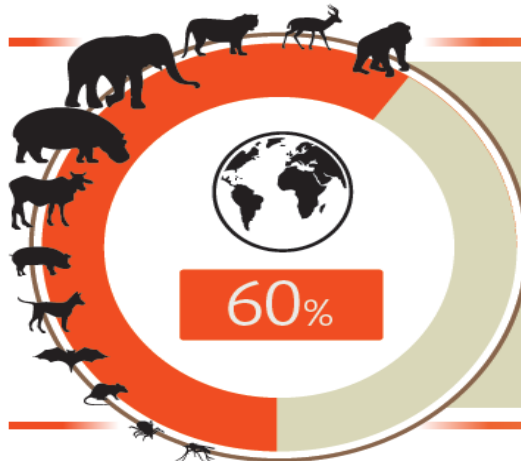
PROJECT IMPLEMENTERS



In partnership with



ZOONOSES



**60% OF INFECTIOUS
DISEASES AFFECTING PEOPLE**
are of animal origin,
meaning they are zoonoses

**5 MAJOR
PATHOGENS
STUDIED**

VIRUSES

- Ebola virus
- Marburg virus
- Rift Valley Fever
- Crimean-Congo Fever
- Lassa Fever

1

**INCREASE SURVEILLANCE
CAPACITY FOR VIRAL
HAEMORRHAGIC FEVERS**



Professional
TRAINING and
EDUCATION



Laboratory
TWINNING



AWARENESS raising
workshops for human and
animal health services



Sustainable
STRENGTHENING
of national
health systems and
veterinary services

2

**RAISE COMMUNITY
AWARENESS OF VIRAL
HAEMORRHAGIC FEVERS**



COMMUNICATE
with Ministers, schools,
and local communities



**SCIENTIFIC
COMMUNICATION**
conferencies and
publications



Produce
AWARENESS-RAISING
communications tools

3

**STRENGTHEN SURVEILLANCE
PROTOCOLS FOR VIRAL
HAEMORRHAGIC FEVERS**



**COLLECT
AND ANALYSE**
samples



Undertake
socio-economic,
epidemiological and
ecological **STUDIES**

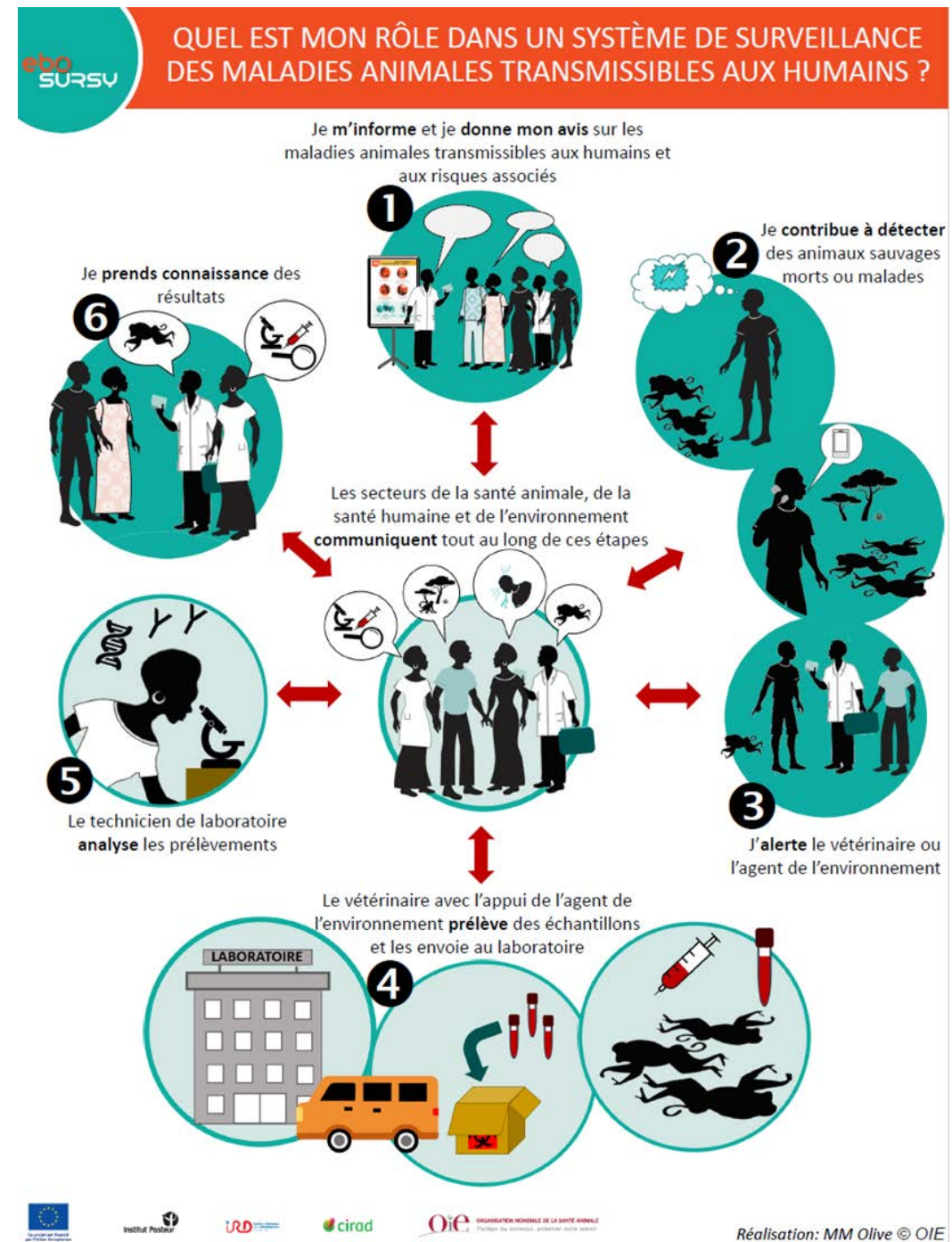


Develop a
DATABASE



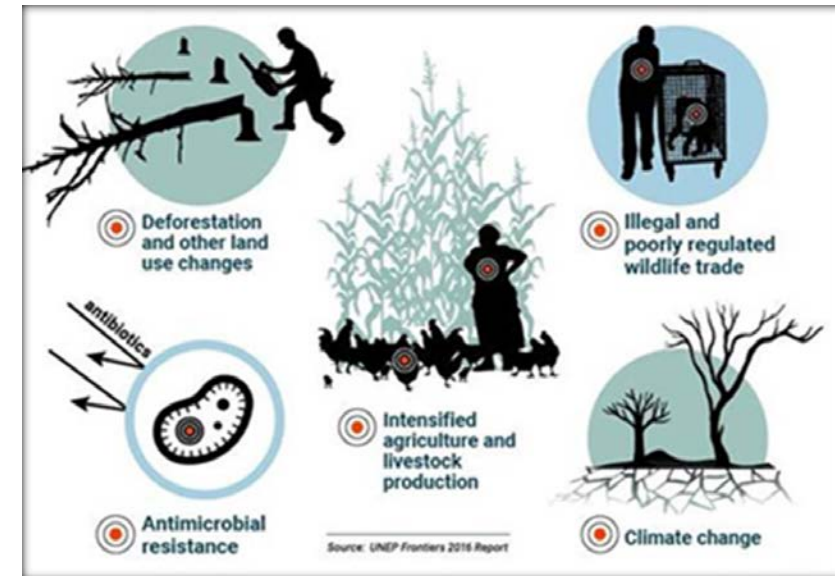
Lessons learned from EBO-SURSY Project

1. Wildlife health management is rarely included in the VS mandate
2. Develop and sustain intersectoral collaboration and partnerships
3. Engage key stakeholders early on in the surveillance systems
4. Translate scientific findings into practical recommendations, guidelines and policies
5. Develop and improve integrated protocols of surveillance

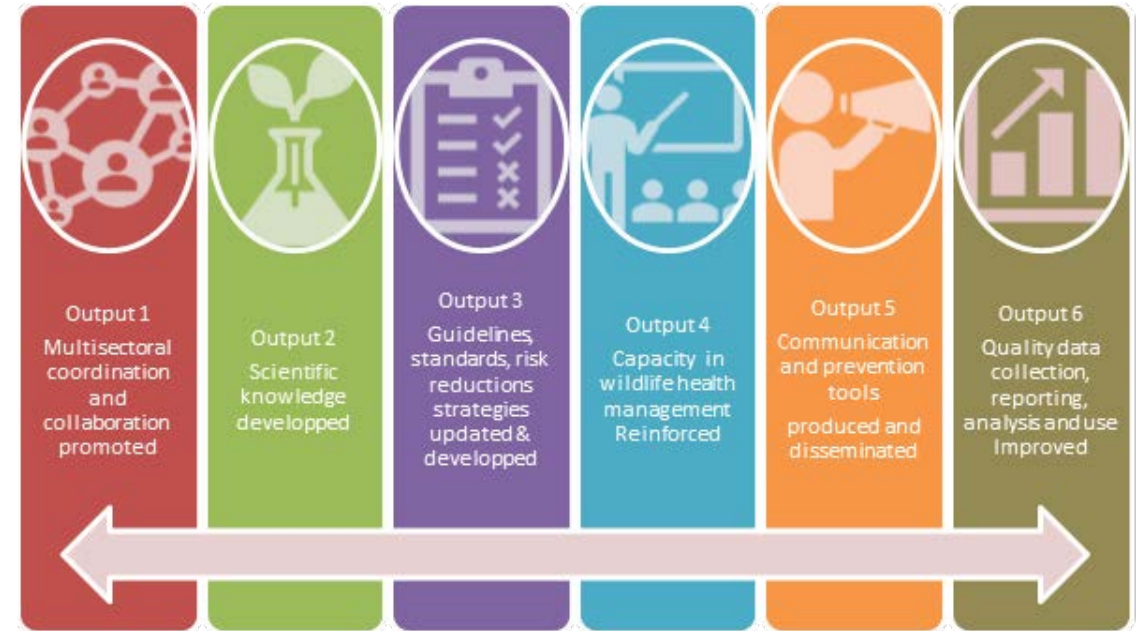
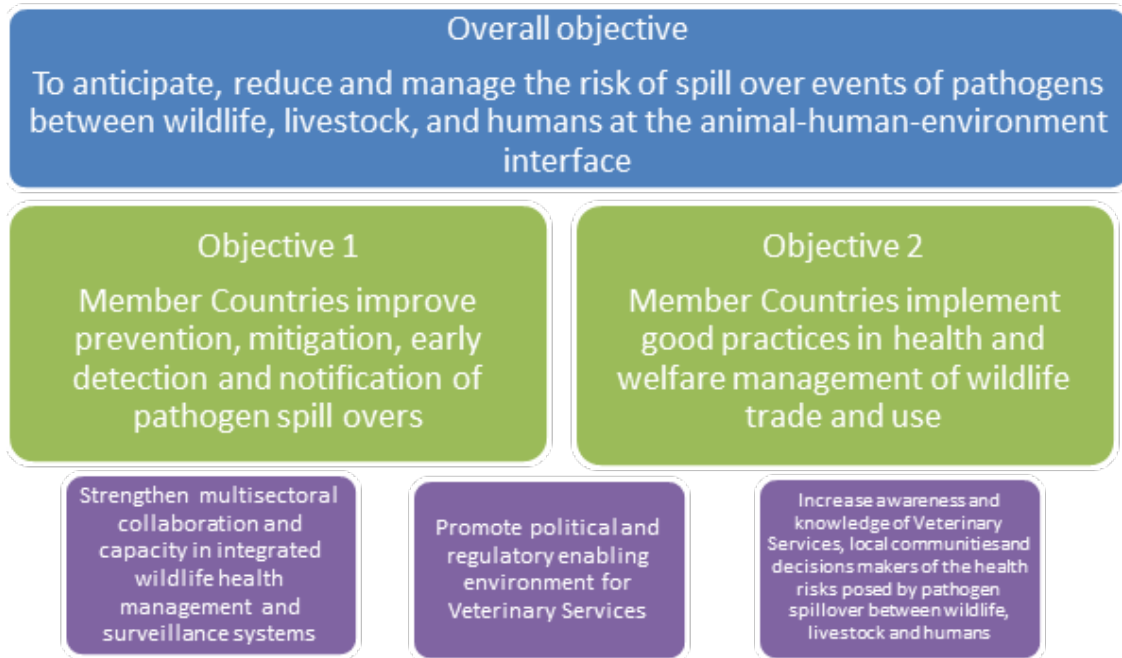


Wildlife Health Problem Statement

- Emerging diseases from animal sources can have severe economic and health impacts.
- Disease spread between wildlife, livestock and humans occurs through complex transmission pathways at the One Health interface, with collateral impacts for biodiversity and food system sustainability.
- The risk of disease emergence has increased as a result of increasing opportunities for human-livestock-wildlife contact.
- This is exacerbated by human activity: intensified agriculture and livestock production; deforestation and land use change; illegal and under-regulated wildlife trade; climate change; antimicrobial resistance.



OIE Wildlife Health Management Framework



- A new OIE work programme building on WWG priorities and EBO-SURSY experience
- Programme design advancing through stakeholder engagement and surveys
- Resource and implementation partners welcome



5

COVID-19 – adapting to the shifting focus from members and partners



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OIE COVID-19 After Action Review (AAR)

Purpose

- To learn and improve, to build institutional resilience
- What happened, why it happened, how it could be done better in future
- Organisational learning, not the performance of individuals

Scope

- Administration (finance, procurement, work from home, recruitment, staff wellbeing)
- Logistics (occupational safety, tools, (IT, office equipment))
- Events (meetings, General Session)
- Science and Technical (technical response, expert groups, guidance, coordination with partners, communications)
- Institutional communications and coordination (internal and with regions)



Broader negative impacts of the COVID-19 global response

- Animal health programme interruptions
 - Surveillance activities
 - Vaccination programmes
- National economy fragility
 - Increased national indebtedness, unemployment and business failures
- Food insecurity and trade
 - Food sector as essential service (plus sectors supporting)
 - Impacts on national and international food supply chains
- Globalisation and market access
 - Further weakening of multi-lateral global institutions

Prepare for, Prevent & Build Resilience against Health Crises in OIE Members

Enhancing our current service offering to Members:

- Integrated surveillance and early warning systems for disease emergence
- Emergency preparedness and contingency planning
- Resilient “One Health” Veterinary Services
- Sustainable Laboratories
- Notification & data analysis
- Standards, guidelines and considerations
- Wildlife value chain management
- Risk communication
- Public Private Partnerships
- Biological Threat Reduction
- Research and Development coordination



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OIE ad hoc group on COVID-19 and the human-animal- ecosystem interface

Core members

- Billy Karesh (Chair)
- Dirk Pfeiffer (Epi, HKU)
- Hiroshi Kida (Hokkaido University, Japan)
- Jean-Claude Manuguerra (Institut Pasteur, France)
- Linfa Wang (coronavirus, Duke, Singapore)
- Malik Peiris (SARS, Coronavirus, HKU)
- Primal Silva (BSL4 ZNET, Canada)
- Thomas Mettenleiter (FLI, Germany)
- Zengren Zheng (CAHEC, China)

Partner Organisations' Representatives

- Peter Ben Embarek (WHO)
- Stéphane De La Roque (WHO)
- Sophie VonDobschuetz (FAO)



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Advisory Group for Animal Health Laboratory Support for Public Health Response to COVID-19

Expert participants

- **Ann Cullinane**, Irish Equine Centre, Ireland (**Chair**)
- **Salama Al Muhairi**, Abu Dhabi Agriculture and Food Safety Authority, Abu Dhabi
- **Giovanni Cattoli**, International Atomic Energy Agency
- **Joseph O’Keefe**, Animal Health Laboratory, Ministry for Primary Industries, New Zealand
- **Tony Fooks**, Animal and Plant Health Agency, United Kingdom
- **Kazunobu Kojima**, WHO
- **Karin Von Eije**, WHO
- **Filip Claes**, FAO Regional Office for Asia and the Pacific
- **Ana Maria Nicola**, National Service of Agri-Food Health and Quality, Argentina
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- **Giovanni Savini**, IZS Teramo, Italy
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OIE *ad hoc* Group on COVID-19 and safe trade in animals and animal products

Members

- Cristóbal ZEPEDA (SCAD) [Chair]
- Etienne Bonbon (TAHSC)
- Louise KELLY (OIE CC)
- Nikolaus KRIZ (EFSA)
- Sophie LE PODER (ANSES)
- Thomas METTENLEITER (FLI)
- Francisco REVIRIEGO (EC)
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OIE Working Group on Wildlife

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- **Dr Marcela Uhart, Argentina**
- **Dr Rupert Woods, Australia**



The OIE Working Group on Wildlife works towards maintaining a global perspective and foresight on wildlife health and biodiversity and how these relate to veterinary and public health.



Thank you for your attention!



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