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Strengthening good governance: exploiting synergies between the Performance of Veterinary Services Pathway and the International Health Regulations (2005)

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Summary
The ability to minimise the harmful impact of biological threats relies on our capacity to rapidly detect unusual events, including the accidental or deliberate release of pathogenic or toxic agents, and immediately implement control measures. The development of this capacity for each country is the aim of the International Health Regulations (IHR) (2005), a legally binding document adopted by 196 States Parties, including all Member States of the World Health Organization (WHO). Each country's animal health sector contributes to the implementation of the IHR through surveillance, disease reporting and its response to zoonotic diseases, foodborne diseases and other events that emerge at the interface between human and animal health. The World Organisation for Animal Health (OIE) Performance of Veterinary Services (PVS) Pathway allows countries to undertake a comprehensive evaluation of their Veterinary Services and identify areas that need improvement.
The OIE and WHO have conducted an in-depth analysis of the differences and synergies between the tools used by WHO to monitor the implementation of the IHR and the OIE PVS Pathway, revealing a wide range of similarities, complementarities and synergies. Taking advantage of the outcomes and outputs from the assessment and gap analysis tools used in the IHR Monitoring Framework and the OIE PVS Pathway, and exploiting the strength of these institutional frameworks, WHO and the OIE have jointly developed methods to facilitate communication between the animal health and human health sectors. This enhanced dialogue improves operational coordination and more efficiently informs policy-makers on strategic investments to strengthen their preparedness for controlling the spread of zoonotic diseases.

Keywords
Governance – Health security – International Health Regulations – Intersectoral collaboration – One Health – Performance of Veterinary Services – PVS Pathway – Zoonosis.

Introduction

Biological threats associated with pathogens are an increasing challenge to global health security. These threats include the emergence and rapid spread of known or novel infectious pathogens; the re-emergence of endemic and sometimes preventable diseases associated with inadequate health systems, civil unrest or natural disasters; and the development of strains resistant to antibiotics, etc. (1, 2). The ability to minimise the harmful impact of these events relies on our capacity to rapidly detect unusual events and immediately take control measures. This also applies to the accidental or deliberate release of pathogenic or toxic agents.

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One of the main tools available to prepare for these potentially large-scale biological threats is the International Health Regulations (IHR) (2005). This legally binding document for all States Parties which are signatories defines their rights and obligations in regard to their preparedness for and response to public health events, including the spread of pathogens, food-related events and the emergence of antimicrobial-resistant disease agents (3). The IHR (2005) call for collaboration and coordination among all sectors that are directly or indirectly involved in the surveillance and detection of and response to such threats. As the majority of biological events affecting humans originate in, or are shared with, domestic and/or wild animals (1), the animal health sector is a key contributor to the implementation of the IHR (2005).

Intersectoral coordination (within and between sectors and partners) has, however, proved to be difficult (4). While collaboration at the animal–human interface is crucial, many countries report this area as one of the weakest in their implementation of the IHR (2005). In practical terms, a number of institutional and administrative problems hamper collaboration between the sectors in general and across various administrations in particular. There may simply be legal or other structural and administrative barriers, or differences in priorities and ways of operating, or discrepancies in budget allocations. There may also be cultural and perception issues to overcome.

To resolve these difficulties, it is crucial to work towards strengthening good governance between human and animal health systems (5). Good governance requires shared key principles, dialogue between parties, acknowledgement of their respective mandates, references and missions, and a thorough understanding of the framework in which each sector operates.

While the IHR (2005) address such risks in the human health sector, they are not well known in the veterinary sector. The latter is more familiar with the Performance of Veterinary Services (PVS) Pathway of the World Organisation for Animal Health (OIE), which is used to evaluate and strengthen national Veterinary Service capability, including their capacities for preparedness, early detection and prompt response to events of potential public health concern. Recently, the OIE and World Health Organization (WHO) highlighted the links between the OIE PVS Pathway and the IHR Monitoring Framework (6), and developed mechanisms to facilitate the development of practical action to improve governance at the interface between human and animal health.

The International Health Regulations (2005) and contributions from the veterinary sector

The IHR may be described as a platform to strengthen countries' national capacity for the prevention and control of disease outbreaks, including those of zoonotic origin.

The IHR were adopted in 1969 by the decision-making body of WHO, the World Health Assembly (WHA). Taking into consideration the increase in international travel and trade, and the emergence, re-emergence and international spread of disease and other health threats, including biological threats, the WHA called for a substantial revision of the IHR in 1995. This revision extended the IHR's coverage of diseases and related health events to take almost all public health risks into account (biological, chemical, radiological or nuclear in origin), irrespective of the source.

The revised IHR, adopted in 2005, entered into force on 15 June 2007, with the objectives to: 'prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade' (3). The IHR (2005) provide a legally binding framework to coordinate events that may constitute a so-called 'public health emergency of international concern' (PHEIC), and to improve the capacity of countries to assess and manage acute public health risks.

As part of the IHR (2005), all States Parties (i.e. all WHO Member States, plus other States Parties) have committed to have, or to develop, minimum public health capacities to implement the Regulations effectively, and to report their level of compliance to the WHA on a yearly basis. In its tool to monitor a country's progress in implementing the IHR (2005), WHO defined eight Core Capacities, namely:

i) national legislation, policy and financing

ii) coordination and National Focal Points for communication

iii) surveillance

iv) preparedness

v) response

vi) risk communication

vii) human resources capacity

viii) laboratory capacity.

WHO further defined specific capacities at designated points of entry (ports, airports, border crossings) and for IHR-related hazards (i.e. biological [zoonotic, food safety], chemical, radiological and nuclear hazards).

These Core Capacities reflect a country's ability to detect a PHEIC early and to report on it, assess it and respond to it. They are implemented within countries at three levels: the central/national level, the intermediate level and the community level.

Contribution of the veterinary sector to the implementation of the International Health Regulations (2005)

The contribution of national Veterinary Services to early detection, risk assessment, early notification, and response to a disease is an important and obvious part of the IHR (2005) Core Capacities. Veterinarians and national Veterinary Services must operate efficiently, but also need to ensure strong coordination and synergies with the human health sector and any other relevant sectors if they are to swiftly detect, respond to and control public health threats at the human–animal interface. In this respect, robust, well-governed Public Health and Veterinary Services, as defined by the OIE (see Box 1) (7), which are capable of effective communication and coordination with each other in disease-control operations, are crucial (8, 9). Coordination increases efficiency, enables the pooling of resources, and creates opportunities for their optimal use.

Among many other examples, making use of veterinary networks, which include private veterinarians and other partners from the private sector, involved in various value chains, improves coverage of a country's territory for early detection, reporting and response, and is recognised as a key component for ensuring compliance with the IHR (2005).

Box 1: Definition of Veterinary Services (7)

'For the purposes of the OIE *Terrestrial Animal Health Code,* Veterinary Services means the governmental and non-governmental organisations that implement animal health and welfare measures and other standards and recommendations in the *Terrestrial Animal Health Code* and the OIE *Aquatic Animal Health Code* in the territory and under the overall control and direction of the Veterinary Authority. Private sector organisations, veterinarians, veterinary paraprofessionals or aquatic animal health professionals are normally accredited or approved by the Veterinary Authority to deliver the delegated functions.'

The OIE Performance of Veterinary Services Pathway, an important programme for the review of Core Capacities of the International Health Regulations (2005)

As stated in the Tripartite Concept Note (8), the OIE and the Food and Agriculture Organization of the United Nations (FAO) support Veterinary Services in their compliance with international standards, ensuring good governance to manage endemic, emerging and re-emerging animal and zoonotic disease threats. The task of strengthening animal health systems is supported through the OIE's PVS Pathway (10), which provides countries, thanks to experts trained by the OIE, with a comprehensive evaluation of the quality of their Veterinary Services and identifies areas that need improvement to meet the standards defined in the OIE *Terrestrial Animal Health Code* and *Aquatic Animal Health Code* (7, 11). Part of the programme is the PVS Gap Analysis, which enables a qualitative and quantitative assessment of the scope and costs of reform. This helps countries to prepare national investment programmes designed to meet their own specific context and priorities.

The OIE PVS Tool, used for the initial evaluation of a country's Veterinary Services, comprises the following four Fundamental Components, for which six to 14 Critical Competencies have been detailed:

– human, physical and financial resources to attract further resources and retain professionals with technical and leadership skills

– the technical authority and capability to address new and current issues, including the prevention and control of biological disasters, based on scientific principles

– interaction with interested parties to assist in 'staying on course' and carrying out relevant joint programmes and services

– access to markets through complying with existing standards and the implementation of new disciplines, such as the harmonisation of standards, equivalence and zoning.

Using this programme, Veterinary Services identify strengths and weaknesses in their structures, systems and operating procedures. These results can be related to some of the core functions and specific hazards of the IHR (2005). Furthermore, the outcomes of the PVS

Table I
List of Performance of Veterinary Services Critical Competencies to be considered in the review of a country's capacity to comply with the International Health Regulations (2005)

I-1.A. Staffing: Veterinarians and other professionals	II-5.B. Active epidemiological surveillance
I-1.B. Staffing: Veterinary paraprofessionals and other	II-6. Emergency response
I-2.A. Professional competencies of veterinarians	II-7. Disease prevention, control and eradication
I-2.B. Competencies of veterinary paraprofessionals	II-8.A. Regulation, authorisation and inspection of establishments
I-3. Continuing education	II-8.B. Ante- and post-mortem inspection
I-5. Stability of structures and sustainability of policies	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. Identification and traceability of animal products
I-8. Operational funding	III-1. Communication
I-9. Emergency funding	III-2. Consultation with interested parties
I-10. Capital investment	III-3. Official representation
I-11. Management of resources and operations	III-4. Accreditation/authorisation/delegation
II-1.A. Access to veterinary laboratory diagnosis	III-6. Participation of producers and other interested parties in joint programmes
II-1.B. Suitability of national laboratory infrastructures	IV-1. Preparation of legislation and regulations
II-2. Laboratory quality assurance	IV-2. Implementation of legislation and regulations and compliance thereof
II-3. Risk analysis	IV-3. International harmonisation
II-4. Quarantine and border security	IV-6. Transparency
II-5.A. Passive epidemiological surveillance	

Gap Analysis mission can be used in the preparation of countries' plans and national investment programmes for compliance with the Regulations.

Table I describes a selection of 36 (out of 47) OIE PVS Pathway Critical Competencies of particular interest in the context of implementing the IHR (2005). National Veterinary Services directly contribute to specific hazards involving zoonoses and food safety, but their activities and actions are also relevant for many other components of the eight Core Capacities: legal and regulatory framework, resources, coordination mechanisms between the sectors, operational capacities used to detect an unusual event, identify its aetiology and ensure a coordinated response.

Exploiting synergies to ensure good governance in the implementation of the International Health Regulations (2005)

After seven years of implementing the revised IHR (2005), and with lessons learned, particularly from the H1N1 pandemic and Ebola virus disease outbreak in West Africa, a recent IHR Review Committee recommended that 'approaches should consider, amongst other things, strategic and operational aspects of the IHR, such as the need for … whole of government/multi-sectoral engagement' (12).

Shared principles for good governance

In this paper, the word 'governance' refers to the definition from Bevir (13) (Box 2), and, more precisely, to its application at the national and international levels (14, 15). At the national level, the conditions for improved compliance of a country's national Veterinary Services have already been defined by the OIE and FAO (16). When examining governance at the national level, the authors focus more precisely on interactions between sectors, especially the human health and animal health sectors.

International organisations, including the OIE, FAO and WHO, are contributing to good international governance by providing common references, standards, guidance, and appropriate tools to assist countries to develop the required capacities. Strategic directions are described in the joint Tripartite Concept Note, which suggests that 'protocols and standards… should be jointly developed' to achieve coherence in any related global standard-setting activities, and to address gaps in the capacities of countries (8). Coherence requires common views and guiding principles.

Box 2: The three levels of governance, adapted from (15)

At its core, governance is made up of the structures, rules, and processes used by society to shape and apply power to identify and achieve objectives (13). The literature identifies three broad spheres of governance (14).

- National governance, which is normally hierarchical, refers to how a country organises power within its jurisdiction from the lowest administrative structure, up to central government. The rules of operation at the national level are based on the country's constitution, legislation, and administrative regulations;
- At the international level, governance deals with the regulation of political exchanges between countries. Governments govern their relations through jointly developed instruments and institutions, such as international laws and international governmental organisations, that allow the identification of common interests, negotiations, and cooperation;
- In global governance, states and non-state actors interact to influence the exercise of political power within and between countries. Governance is carried out through both binding laws and non-binding standards, rules, and principles that moderate individuals, corporates, and states' behaviour to meet common goals.

Effective disease surveillance and response requires states to implement international and global governance within their jurisdictions, from the local to the central level, through formal legal rules and informal partnerships.

The Tripartite Concept Note refers to some of the important shared principles guiding the prevention and control of emerging infectious diseases at the human–animal interface.

Defining the joint strategy for good international governance is critically important. However, success is only possible by improving good governance at the national level, defined by strong national coordination and collaboration between sectors. For that purpose, WHO and the OIE have prepared guidance material, using the institutional strength of the IHR (2005) and the OIE PVS Pathway frameworks.

Using the strength of institutional frameworks

To assist States Parties in their responsibility to report to the WHA about their progress in developing their core capacity to implement the IHR (2005), WHO developed a Monitoring Framework (IHR MF), based on indicators associated with the eight Core Capacities mentioned above (17). An online questionnaire based on the IHR MF, designed primarily for use by a designated National IHR Focal Point, enables each State Party to provide standardised and self-assessed information. To date, all Member States (196) have reported at least once on their level of capacity development using the suggested indicators.

In 2014, an IHR Review Committee suggested that: '…with a longer-term vision, the Secretariat should develop … options to move from exclusive self-evaluation to approaches that combine self-evaluation, peer review and voluntary external evaluations involving a combination of domestic and independent experts' (12). The improved IHR Monitoring and Evaluation Framework (IHR MEF Framework), with its broader scope, is currently in development, and includes four complementary components:

i) a self-reporting tool to report annually to the WHA on the progress made in implementing the IHR

ii) an after-action review

iii) simulation exercises

iv) a Joint External Evaluation (JEE).

The JEE, which was the first component to be developed and implemented, is a dialogue between national and external experts (drawn from an international roster of experts with the relevant technical expertise). The JEE is done on a voluntary basis and under the leadership of WHO. It includes an initial self-assessment by the country concerned, using the JEE tool (JEET), followed by an in-country visit by the nominated experts, who conduct a peer-to-peer review of the country's national capacities. It is recommended that the JEE be conducted every four to five years.

The use of legal and regulatory frameworks as starting points to improve good national governance was a deliberate decision of WHO and the OIE. Professionals from the human health and animal health sectors are familiar with and have experience of the IHR MF and the OIE PVS Pathway. This collective knowledge is an asset in ensuring that both sectors take ownership of the results and make the necessary adjustments at the human–animal interface. The joint use of these frameworks facilitates the engagement of human and animal health systems in a constructive, practical dialogue that improves the coordination of operations and enhances their effectiveness. This is particularly relevant for biological threat reduction, since there is a need to consider all pathogen pathways and ways to minimise their threat in both susceptible human and animal populations.

The OIE and WHO have conducted an in-depth analysis of the differences and synergies between the IHR MF and the OIE PVS Pathway, revealing a wide range of similarities and complementarities in their structure and approach, as well as possible junctures that could help national human and animal health services to gain a greater understanding of when and how they should work in collaboration. Similar work is currently being undertaken with the improved

IHR MEF, and preliminary results indicate that these synergies should become even more apparent with the JEET (Table II).

Pragmatic and operational approaches

Experience has shown that intersectoral dialogue is greatly facilitated when professionals are involved in joint operations to tackle concrete events. Technical counterparts can identify gaps and options for improvement more easily if they are using familiar tools, or by referring to case studies, enabling them to see how to inform decision- and policy-makers more efficiently.

Aware of their crucial role in supporting countries to develop good governance at the human–animal interface, WHO and the OIE have developed practical tools to encourage dialogue between professionals and policy-makers from both sectors in various situations. These include WHO–OIE tools for the joint review of existing strengths and gaps in capacities, which take advantage of the outcomes and outputs from the assessment and gap analysis tools used in the IHR MF and OIE PVS Pathway (see below).

The *WHO–OIE Handbook for the assessment of capacities at the human–animal interface*

The objective of this handbook is to help the IHR National Focal Point to assess existing IHR Core Capacities for areas in which the work performed by Veterinary Services also contributes to the IHR (2005) objectives (18). It facilitates the annual report to the WHA by using the results of the OIE PVS Pathway missions and guiding the users to the relevant PVS Critical Competencies. Through this process, the role of Veterinary Services in implementing the IHR (2005) is made more visible.

The Joint External Evaluation missions

Of the first ten JEE missions, six were led or co-led by a veterinarian. Animal health is considered in at least 16 of

Table II
Comparison between the OIE Performance of Veterinary Services Pathway, the WHO International Health Regulations Monitoring Framework and the WHO Monitoring and Evaluation Framework

	PVS Pathway and tools	**IHR MF** **Self-assessment tool** (2016 and before)	**IHR MEF** (Annual reporting: 2017 and after; JEE 2016 and after)
Objective	Continuous process to help Member Countries to sustainably improve compliance of their Veterinary Services with OIE intergovernmental standards (OIE *Terrestrial* and *Aquatic Animal Health Codes*)	Assesses the capacities of States Parties to promptly and effectively respond to public health risks and emergencies according to the International Health Regulations	
Use of *Manual* and tools	Mainly via third party (OIE-certified PVS experts)	Mainly via self-evaluation	Self-evaluation for annual reporting Dialogue with third party (international expert for the JEET)
Obligation	Voluntary process initiated solely after a request from the country to the OIE (country-driven)	Mandatory annual report to the World Health Assembly (States Parties can choose their preferred monitoring process)	
			JEE: Voluntary process initiated solely after a request from the country to WHO (country-driven)
Time frame	Step-based and continuous process	Specific deadlines outlined in the IHR (2005)	
			JEE: one mission every 4–5 years
Scope	Improve compliance and performance of Veterinary Services	Countries' capability to address an international public health emergency of international concern	
Outcome	Sustainable foundations for the integrated protection of human health and animal health at the national, regional and international levels		
Confidentiality	The outputs are the property of the country and are kept confidential by WHO and the OIE		Countries are encouraged to make the reports publicly available

IHR MEF: International Health Regulations Monitoring and Evaluation Framework
IHR MF: International Health Regulations Monitoring Framework
JEE: Joint External Evaluation
JEET: Joint External Evaluation tool
OIE: World Organisation for Animal Health
PVS: Performance of Veterinary Services
WHO: World Health Organization

the 19 technical areas covered by the JEE. During missions, available OIE PVS Pathway reports are used to inform the experts and to align recommendations. WHO and the OIE have adapted the handbook to facilitate reference to the OIE PVS Pathway reports during missions. Moreover, and in order to ensure alignment, FAO and OIE PVS Pathway experts have participated in a number of JEE missions; their participation guarantees that the role and impact of Veterinary Services is duly considered and that OIE international standards are upheld.

The International Health Regulations – Performance of Veterinary Services National Bridging Workshops

The IHR–PVS National Bridging Workshops (NBWs) create an opportunity for representatives of both the human and animal health services of hosting countries (about 25 technical and managerial staff from each of the Ministries/sectors) to share their views and to review the results of assessments conducted in the human health (IHR MF) and animal health (OIE PVS Pathway) sectors (6). A structured approach during the NBWs, employing user-friendly material, enables gaps to be reviewed, synergies to be identified and operational strategies for human and animal health policy-makers to be defined. Such strategies should take concerted corrective measures and invest in the creation of national roadmaps to strengthen collaboraton between the two sectors in the prevention and detection of and response to zoonotic disease events. The expanded approach of the IHR MEF paves the way for other tools of potentially great interest to make further use of the synergies between the IHR (2005) and the OIE PVS Pathway. This could include, for example, a joint approach to simulation exercises and after-action reviews, and a joint format for the development of national action plans, leading to further support through clear political and financial commitment and substantial long-term investment.

Conclusion

Efficient intersectoral collaboration has often been possible in disease-specific programmes or in emergency situations. Formalising such interactions is more challenging in 'peace time', when diseases appear to be under control and other priorities assert their demands (9). However, this is precisely the time to reinforce and develop such mechanisms and agreements for intersectoral coordination. Institutional and legal frameworks can be judiciously used to facilitate this dialogue, develop and promote policies, design and implement systems and processes, and target investments at the national, regional or international level.

In that regard, the revised IHR MEF contributes to a more comprehensive and integrated approach, from evaluating a country's national capacities to developing action plans and evaluating costs to be included in the national budget and/or presented to potential donors. Such a progressive approach is well known by professionals who work with the OIE PVS Pathway. It is important that WHO and the OIE maintain their joint work to ensure and further exploit synergies between the OIE PVS Pathway and the IHR (2005) to enhance good governance at the human–animal interface. This work will target the development of strong, well-governed health systems and significantly contribute to mitigating the occurrence of biological threats, and preventing infectious diseases from rapidly spreading and getting out of control.

■

Renforcer la bonne gouvernance en exploitant les synergies entre le Processus PVS relatif aux performances des Services vétérinaires et le Règlement sanitaire international (2005)

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Résumé

La faculté de minimiser l'impact néfaste des menaces biologiques dépend de la capacité des pays à détecter rapidement tout événement inhabituel, en particulier la dissémination accidentelle ou délibérée d'agents pathogènes ou toxiques, et à mettre en œuvre des mesures immédiates pour maîtriser ces événements. Le Règlement sanitaire international (RSI) (2005), un document

juridiquement contraignant adopté par les 196 États parties, dont les États membres de l'Organisation mondiale de la santé (OMS) a précisément pour objectif de développer cette capacité dans chaque pays. Le secteur de la santé animale d'un pays participe à la mise en œuvre du RSI à travers une surveillance appropriée, la notification des maladies et l'adoption de mesures en cas de zoonoses, de maladies d'origine alimentaire et de tout autre événement émergeant à l'interface entre la santé humaine et la santé animale. Le Processus relatif aux performances des Services vétérinaires (Processus PVS) de l'Organisation mondiale de la santé animale (OIE) fournit aux pays la possibilité d'entreprendre une évaluation complète de leurs Services vétérinaires et d'identifier les domaines susceptibles d'être améliorés.
L'OIE et l'OMS ont analysé de manière approfondie les différences et les synergies entre les outils utilisés par l'OMS pour vérifier la mise en œuvre du RSI, d'une part, et le Processus PVS de l'OIE, d'autre part, ce qui a mis en lumière de nombreuses similitudes, complémentarités et synergies. Sur la base des résultats et des données produites par les outils d'évaluation et d'analyse des écarts du Cadre de suivi du RSI et du Processus PVS de l'OIE, l'OMS et l'OIE ont exploité la puissance de ces cadres institutionnels pour mettre au point conjointement des méthodes visant à améliorer la communication entre les secteurs de la santé animale et de la santé humaine. Ce dialogue renforcé a pour effets d'améliorer la coordination opérationnelle et d'informer plus efficacement les décideurs politiques sur les investissements stratégiques permettant de mettre en place les conditions de préparation nécessaires pour lutter contre la propagation des zoonoses.

Mots-clés
Collaboration intersectorielle – Gouvernance – Performance des Services vétérinaires – Processus PVS – Règlement sanitaire international – Sécurité sanitaire – Une seule santé – Zoonose.

Fortalecimiento del buen gobierno aprovechando las sinergias entre el Proceso de evaluación de las prestaciones de los Servicios Veterinarios y el Reglamento Sanitario Internacional (2005)

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Resumen
La aptitud de reducir al mínimo los efectos perjudiciales de las amenazas biológicas depende de nuestra capacidad para detectar con rapidez episodios inusuales, como la liberación accidental o deliberada de agentes patógenos o tóxicos, e instituir de inmediato medidas de control. El Reglamento Sanitario Internacional (RSI) (2005) es un documento jurídicamente vinculante aprobado por 196 Estados Partes, entre ellos todos los Estados Miembros de la Organización Mundial de la Salud (OMS), que precisamente tiene por objetivo dotar de esta capacidad a todos y cada uno de los países. El sector zoosanitario de cada país contribuye a la aplicación del RSI con actividades de vigilancia, notificación de enfermedades y respuesta ante enfermedades zoonóticas, enfermedades de transmisión

alimentaria u otros episodios que puedan darse en la interfaz de la salud humana con la sanidad animal. El proceso de evaluación de las prestaciones de los Servicios Veterinarios (Proceso PVS) de la Organización Mundial de la Salud (OIE) sirve a los países para llevar a cabo una evaluación completa de sus Servicios Veterinarios y determinar aquellos ámbitos en que se requieran mejoras.
La OIE y la OMS han analizado a fondo las diferencias y sinergias existentes entre las herramientas que utiliza la OMS para seguir de cerca la aplicación del RSI y el Proceso PVS de la OIE, labor que ha puesto de relieve un buen número de semejanzas, sinergias y aspectos complementarios de diversa índole. Partiendo de los resultados y productos que deparan las herramientas de evaluación y análisis de carencias utilizadas en el Marco de seguimiento del RSI y el Proceso PVS de la OIE, y aprovechando la solidez de estos marcos institucionales, la OMS y la OIE han definido conjuntamente métodos para facilitar la comunicación entre los sectores de la salud humana y la sanidad animal. La existencia de un diálogo más fluido se traduce en una mejor coordinación operativa y permite informar con más eficacia a los planificadores de las inversiones estratégicas necesarias para reforzar las medidas de preparación destinadas a controlar la propagación de enfermedades zoonóticas.

Palabras clave
Colaboración intersectorial – Gobernanza – Prestaciones de los Servicios Veterinarios – Proceso PVS – Reglamento Sanitario Internacional – Seguridad sanitaria – Una sola salud – Zoonosis.

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