



SAARC Experience on Workforce Development

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**GHSA Meeting: 4-year Workplan Development & Strengthening
Workforce Development
7-8 February 2017, Bangkok, Thailand**

Action Package-Background info

1. AMR
2. Zoonotic Diseases
3. Biosafety & Biosecurity
4. Immunization
5. National Lab system
6. Real-time surveillance
7. Reporting
8. Workforce development
9. Emergency Operation Centers
10. Linking Public Health with Law enforcement & multi-sectoral rapid response
11. Medical countermeasures and personal development

Focus of Current GHSA meeting - Background info

- Potential linkage mechanisms for workforce development and strengthening of national laboratory system;
- 4-year Work plan Development & Strengthening (Animal and human health) Workforce Development”

SAARC RSU-A Regional Mechanism

- SAARC is comprised of 8 countries in South Asia;
- SAARC Secretariat did not have technical support units within its structure and direct contact with technical line agencies in Member States, but rather communicated through the Ministries of Foreign Affairs, which had an impact on the efficiency of the communication chain;
- SAARC RSU was therefore established under EU Funded FAO implemented HPED Program in 2010 to strengthen cross-border activities and collaboration including reviewing animal health legislations, cross-border studies of animal movements and regulatory controls to manage animal trade.
- SAARC RSU is supported by:
 - Regional epidemiology center (REC)
 - SAARC regional epidemiology network (EpiNet)
 - Three regional leading diagnostic laboratories
 - Lab Directors' Forum
- SAARC RSU is implementing ADB funded program which is expiring in July this year;

Regional epidemiology center and SAARC regional epidemiology network (EpiNet)

- Promote the establishment and provide support to a common disease information system for the sub-region
- supported national disease control strategies;
- assisted with on-the-ground epidemiological activities;
- established a regional epidemiological network;
- implemented epidemiology capacity building activities; and
- distributed weekly and bimonthly epidemiological information on disease occurrences throughout the region.

Regional Leading Diagnostic Laboratories (RDLs)

- Three RDLs:
 - the Bangladesh Livestock Research Laboratory for PPR,
 - the Indian Veterinary Research Institute (Mukteswar campus) for FMD and
 - the Pakistan National Reference Laboratory for Poultry Diseases for HPAI.
- Key approaches:
 - Identify training needs and conduct training on appropriate diagnostic testing;
 - Isolate and characterize viral strains in each country to define disease prevalence;
 - Provide appropriate information for the usage of vaccine strains in the control programme;
 - Supply laboratories with necessary reagents and other expendable and non-expendable materials; and
 - Develop harmonized diagnostic procedures, standards and training related to cross-cutting HPED issues, in close collaboration with WHO and the human health sector.

IMPACT of RSU

- RSU under EU and now ADB funded projects contributed to:
 - the improvement of SAARC Member States ability to prevent, control and eradicate priority HPEDs (FMD, PPR, HPAI) by:
 - Identifying Epidemio-surveillance gaps
 - Enhancing epidemiology and laboratory capacities
 - Developing progressive roadmaps for FMD & PPR,
 - Sharing of diseases information and early warning;
 - Establishing regional networks for epidemiology and diagnostic labs;
 - Organizing on hand trainings on FETPV, disease risk analysis, GIS and disease information system;
 - RSU conducted value chain and economic analysis for the identification of risk factors for informed policy and operational decision making at national level;
 - RSU organized cross-border awareness meetings in the indo-gangetic basin.
 - RSU provided valuable technical support to the CVO meetings, which resulted in greater responsibility for disease control.
 - RSU promoted One Health approach in the region to address the TADs effectively;

S AARC Agriculture Centre

- The oldest Regional Centre of SAARC
- Initial focus on crop agriculture, livestock gaining prominence gradually
- Increasing focus on one-health activities.
- FETPV: one of the notable insertions in this year's need based programme.

SAARC-FETPV

- A regular meeting of SAARC Chief Veterinary Officers (CVOs), held in Nepal in 2015, recommended this programme
- Trainings would be imparted to field veterinarians on use of the tools of epidemiology for disease prevention and control
- Up to 20 veterinarians from SAARC regions are expected to be brought under this programme. Partner institutions include: SAC, SAARC-FAO-RSU on TAD, Indian Centre for Agricultural Research (ICAR), Indian National Institute of Veterinary Epidemiology and Disease Informatics (NIVEDI), Hyderabad

Looking Forward

- Since the Global Health Security Agenda (GHSa) is primarily based on stopping the epidemics at its source (whether naturally occurring, deliberate, or accidental) and at human-animal-environment interface by . Therefore, I would stress upon GHSa to consider collaboration with SAARC RSU for their activities in South Asia where risk of emergence/re-emergence of high impact diseases especially the diseases of zoonotic importance is considered high due to presence of contributing risk factors in this region;
- So I look forward deliberations on developing a 4 year Work plan surrounding Workforce Development. I would urge the meeting to consider following activities for their likely inclusion in the Work plan to build SAARC countries' capacity to early detect, control and respond to health emergencies / epidemics exactly in accordance with International Health Regulations 2005:
 1. Support for conduct of field epidemiology training for vets and public health practitioners to develop workforce in the region for epidemiological studies, field outbreak investigation and reporting;
 2. Support capacity building in epidemio-surveillance system besides establishing SAARC Animal Health and Zoonoses Surveillance network.
 3. Support ongoing regional disease information sharing mechanism (SADIS) for early warning and evidence generation for policy and operational decision making by participating countries;
 4. Support for One Health advocacy to address TADs and zoonoses at national and regional level;