

《关于禁止发展、生产和储存细菌(生物)  
及毒素武器和销毁此种武器的公约》  
缔约国会议

BWC/MSP/2009/MX/INF.1  
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2009 年会议

2009 年 12 月 7 日至 11 日，日内瓦

专家会议

2009 年 8 月 24 日至 28 日，日内瓦

临时议程项目 5

审议如何促进疾病监测、检测和诊断以及传染病遏制等  
领域的能力建设，以加强用于和平目的的生物科学和  
技术方面的国际合作、援助和交流

政府间组织与疾病监测、检测、诊断和遏制相关的最新动态

执行支助股提交 \*

摘 要

本文件概述了政府间组织在疾病监测、检测和诊断以及传染病遏制等领域中的近期主要动态，尤其侧重于这些领域的能力建设活动。它更新了 2004 年关于如下议题的类似文件：政府间组织正在实施的疾病监测机制和非政府组织正在实施的疾病监测重要机制(BWC/MSP/2004/MX/INF.1)以及政府间组织正在实施的疾病突发应对机制(BWC/MSP/2004/MX/INF.2)。

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\* 文件迟交，但秘书处收到需要纳入的资料后立即处理。

## 一、世界卫生组织的《国际卫生条例》<sup>1</sup>

1. 为应对重大的国际疾病事件，例如严重急性呼吸道综合征(非典)的出现，在进行了广泛协商和谈判进程之后，世界卫生大会于 2005 年修订了《国际卫生条例》，通过了一份新案文(经修订的《国际卫生条例》)。这一条例于 2007 年 6 月 15 日生效。

2. 经修订的《国际卫生条例》的目的和范围是“以针对公共卫生风险，同时又避免对国际交通和贸易造成不必要干扰的适当方式，预防、抵御和控制疾病的国际传播，并提供公共卫生应对措施”。经修订的《国际卫生条例》的重大创新包括：涵盖“对人类构成或可能构成严重危害的任何病症或医疗状况，无论其病因或来源如何”，而不是一份具体的疾病清单；会员国发展最低限度的特定核心公共卫生能力的义务；会员国通报构成国际关注的突发公共卫生事件的义务；授权世卫组织利用非官方来源的信息(例如媒体报道的疫情细节)并寻求缔约国核实细节的条款；世卫组织总干事宣布一个“国际关注的突发公共卫生事件”和发布相关临时建议的授权；个人和旅行者的人权保护；以及建立《国际卫生条例》国家归口单位和世卫组织联络点。

### 国际关注的突发公共卫生事件

3. 根据经修订的《国际卫生条例》，一个“国际关注的突发公共卫生事件”是“一个经确定的不同寻常事件，它 (1) 通过疾病的国际传播构成对其他国家的公共卫生风险，(2) 可能需要采取协调一致的国际应对措施”。世卫组织总干事根据标准并与受影响国家协调后确定一个“国际关注的突发公共卫生事件”的存在。在确定是否发生了“国际关注的突发公共卫生事件”时，总干事考虑：会员国提供的信息；一个突发事件委员会的建议、科学原则以及科学依据和其他有关信息；对人类健康危险度、疾病国际传播风险和对国际交通干扰危险度的评估。已制定了一个决策文件，以协助世卫组织确定是否已发生一个“国际关注的突发公共卫生事件”，并协助各国确定是否应根据经修订的《国际卫生条例》向世卫组织通报一个事件(见附件一：仅有英文本)。

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<sup>1</sup> <http://www.who.int/ihr>

### 最低限度的核心公共卫生能力

4. 根据经修订的《国际卫生条例》，世卫组织会员国承诺尽快发展、加强和保持其发现、评估、通报和报告事件的能力，以及迅速有效应对公共卫生风险和“国际关注的突发公共卫生事件”的能力。缔约国应在条例生效后五年内落实必要措施。经修订的《国际卫生条例》详述了地方社区、中级和国家层级的能力并表述了所需公共卫生应对能力(见附件二：仅有英文本)。与此相关的期望是，各国将利用现有国家结构和资源以满足其核心能力要求。缔约国承诺在条例生效两年内(2009 年 6 月 15 日前)审评它们是否能利用现有资源和结构满足最低限度的核心公共卫生能力。这些审评可使各国就如何落实必要安排拟订和实施行动计划。在完成审评和相关行动计划后，缔约国可获得两年延长期以落实最低限度的核心能力。在特殊情况下，也可再次获得两年延长期。因此，所有世卫组织会员国都必须在 2016 年前拥有核心能力。

### 能力建设

5. 经修订的《国际卫生条例》还为国家和世卫组织规定了合作与援助义务；其中一些承诺专门涉及能力建设问题。条例设想，通过多种渠道(双边、区域和国际)的合作，将提供打造必要能力的资源。缔约国已承诺在如下方面开展合作：提供技术合作和后勤支持或给予方便，尤其是在发展、加强和保持核心能力方面；筹集财政资源以促进履行根据经修订的《国际卫生条例》承担的义务；为履行该条例制订法律以及其他法律和行政规定。世卫组织负责(根据要求)协助各国发展、加强和保持其核心能力，并通过提供技术指导和援助以及通过评估所采取的控制措施的有效性和调动专家组开展现场援助的方式进行合作，以应对公共卫生风险和其他事件。世卫组织还承诺在如下方面开展协作：评价和评估公共卫生能力；向各国提供技术合作和后勤支持或给予方便；以及筹集财政资源以支持发展中国家建设、加强和保持核心能力。其后的《国际卫生条例》新闻季刊中详细载录了世卫组织能力建设活动范例详情。<sup>2</sup>

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<sup>2</sup> <http://www.who.int/ihr/ihrnewsissue7/en/index.html>

## 二、世界卫生组织管理知识产权问题的全球战略<sup>3</sup>

6. 在 2008 年的第六十一届世界卫生大会上，世卫组织通过了一项决议，以便“为针对严重影响发展中国家的疾病并以需求驱动的基本卫生研究与开发确保强化和持久的基础，为研究与开发提出明确的目标和重点，并估算该领域内的供资需求”<sup>4</sup>。该决议载有一项全球战略和一份行动计划。

7. 该战略旨在促进创新、建设能力、提高可及性以及动员资源，以便更好地回应发展中国家的公共卫生需求。它建立在如下原则之上：加强发展中国家的创新能力，对于应对公共卫生需求是不可或缺的；有必要确保发达国家的研究与开发更好地反映出发展中国家的需求。该战略促进开发发展中国家所需要的卫生产品和医疗装置，尤其是以下列方式开发的产品和装置：以合乎道德的方式开发；可提供足够数量；有效、安全和优质；经济上可负担得起和具有可及性；以合理方式使用。该战略有 8 个要素：确定研究与开发需求的重点；促进研究与开发；建设和增进研究与开发创新能力；技术转让；应用和管理知识产权，以促进创新和增进公众健康；改善提供和可及性；促进可持续供资的机制；并建立监测和报告制度。每个要素都细分为若干独立步骤(见附件三：仅有英文本)，而且每个步骤都有若干相关活动；行动计划详细说明了哪些利益攸关方将在何时间段实施何种具体行动。

## 三、联合国粮食及农业组织(粮农组织)

### 越境动植物病虫害紧急防治系统(紧急防治系统)<sup>5</sup>

8. 紧急防治系统有四个主要组成部分，密切对应于为 2004 年专家会议编写的背景文件中所讨论的活动。应急防治系统涵盖：预警、早期反应、协调和赋能研究<sup>6</sup>。预警要求快速发现新发疾病或发病率的突然增加。预警经常侧重于有可能发展成流行病、有重大社会经济后果或引发公共卫生关注的疾病。这些努力可促成对突发疾

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<sup>3</sup> <http://www.who.int/phi>

<sup>4</sup> “世界卫生大会公共卫生、创新和知识产权全球战略和行动计划”，WHA61.21, 2008 年 5 月。

<sup>5</sup> <http://www.fao.org/EMPRES/>

<sup>6</sup> <http://www.fao.org/ag/againfo/programmes/en/empres/home.asp>

病的来源和演变进行预测。也可用以监测疾病控制措施的有效性。早期反应包含可迅速和有效遏制疾病事件的行动。它还涵盖如下事项：消除疾病疫情，或在尽可能短的时间内以最具成本效益的方式返回到正常感染水平。有效的早期反应应防止疫情演变成严重的流行病。粮农组织侧重于国际和区域协调活动，以便在全球根除或逐步控制动物疾病。赋能研究包括为帮助建立与科学英才中心的合作所作的努力，引导解决动物疾病的研究方向，召集技术协商或协商小组，以确定研究需要和重点。

### 粮农组织和突发事件

9. 粮农组织旨在减少风险敞口、增加各国的抗御力和能力并促进有利于从救济过渡到恢复粮食和农业系统的业务活动。它帮助各国通过如下途径防止、减轻、防备和应对突发事件<sup>7</sup>：

- (一) 缓解预备——帮助各国制定有关政策和做法，包括拟订更有规划性的长期风险预防和准备战略；
- (二) 预警——围绕着它提供的两个全球信息服务：紧急防治系统(上文已讨论)和全球粮农资料和预警系统；
- (三) 准备工作——与当地政府和社区合作，以增进其应对突发事件的能力，包括通过支持协调和能力建设项目并帮助制定应急规划工具；
- (四) 需求评估——包括信息收集工具，以涵盖作物和粮食供应、生计可行性、粮食安全和特定部门需求；
- (五) 应对分析和规划——帮助确保可持续性并缩小突发事件与恢复工作之间的差距；
- (六) 突发事件业务活动、救济和恢复工作。

### 《国际植物保护公约》(《植保公约》)和能力建设

10. 《植保公约》为修订如何建设缔约国的能力而开展的漫长进程已进入尾声。在整个 2008 年和 2009 年，一个不限成员名额的建设国家植物检疫能力问题工作组一直在拟订一份关于国家植物检疫能力的概念文件、一份能力建设战略草案和一份

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<sup>7</sup> <http://www.fao.org/emergencies/home0/disaster-risk-reduction/en/>

执行该战略的拟议行动计划。迄今为止，这一进程已产生了一个辅导方案和一套能力建设原则。

11. 《植保公约》为秘书处和缔约国均规定了能力建设义务。《植保公约》秘书处促进通过文件、出版物和《植保公约》网站共享官方植物检疫信息。它还支持《植保公约》在统一和制定国际标准、建立《植保公约》国家联络点和协调缔约国技术援助的提供等方面所作的努力。《植保公约》秘书处还就具体问题和标准草案举办技术会议并澄清问题，以及由其办事处提供专项培训。《植保公约》缔约国已承诺促进技术援助的提供，以帮助执行该条约，尤其是改善发展中国家的国家植物保护组织的有效性。《植保公约》还举行了一系列区域培训研讨会以解释国家义务、为联络点提供基本培训并说明如何使用《植保公约》工具。这些研讨会旨在加强各国加入《植保公约》制度的能力、确保所有缔约国可平等获取官方信息并提供培训机会和技术信息获取权。

#### 四、非洲植物检疫理事会<sup>8</sup>

12. 非洲植物检疫理事会的目标是：确保合乎环境要求的植物保护政策和做法对人类健康是安全的，而且不阻碍植物和植物产品的贸易或交换。非洲植物检疫理事会有四个主要目标：信息管理，为非洲和国际植物保护组织提供服务；鼓励非洲植物检疫条例的统一；制定区域战略防止植物病虫害的传入和传播；促进安全和可持续的植物保护技术。为实现这些目标，非洲植物检疫理事会具有建设区域能力的任务，具体而言：收集、评估和传播植物保护信息；汇集并发表关于现代植物保护的文章；协调区域和次区域层级的植物保护活动；促进关于植物检疫措施的国际公约；组织关于培训、协调和知识转让问题的会议；在国际委员会和会议上阐述非洲植物保护组织的需求；向国家农业决策者提供植物保护建议；负责公共部门和私营部门之间的联络；并且为植物保护建立部门网络和工作组。

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<http://www.au-appo.org/en/>



## 五、世界动物卫生组织与能力建设

13. 世界动物卫生组织认为，检测、诊断、控制和应对动物疾病和动物传染病的最有效方法是确保良好的兽医管理。良好的兽医管理取决于遵守准则、建议和标准的能力。除了在以前的背景文件中讨论过的活动之外<sup>9</sup>，世界动物卫生组织还一直在从事如下活动：

- (一) 开发技术概念，例如 2007 年 5 月提交给世界动物卫生组织国际委员会第 75 届全体会议的技术概念<sup>10</sup>，包括：使用流行病学模型管理动物疾病；加强非洲国家流行病系统的一项战略；非洲兽医医疗产品登记与控制的统一；法定兽医机构和兽医协会在促进兽医职业和改进兽医服务中所起的作用；地理信息系统在控制和预防动物疾病中所起的作用；
- (二) 确保其指南具有全球相关性并符合发展中国家的需要。例如，《分子诊断多聚酶链式反应技术手册》特别侧重于发展中国家的诊断医师和科学家；
- (三) 举办区域研讨会，重点讨论加强现有的动物疾病管理制度。例如，2008 年 1 月在博茨瓦纳的哈博罗内市举行的“兽医服务良好管理研讨会”，该研讨会就兽医服务的健全管理和促进牲畜与牲畜产品的区域和国际贸易问题提出了建议(附件四：仅有英文本)；
- (四) 推出了一项倡议，以帮助各国确定其系统的弱点，这些弱点使其难以履行与良好的兽医管理相联系的准则、建议和标准。该项目发现有必要在各国内部构建科技专门知识，使其在疾病的早期检测和诊断方面拥有自足能力，并能为拟采取的控制措施提供足够的科学理据；
- (五) 建立一个实验室配对方案，以解决在识别过程中存在的现有缺点，为此，在世界动物卫生组织的发展中国家现有参考实验室和设施之间建立了实际联系，以交流科学专门知识和开展能力建设<sup>11</sup>。

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<sup>9</sup> BWC/MSP/2004/MX/INF.1 & BWC/MSP/2004/MX/INF.2, 2004 年 7 月 1 日。

<sup>10</sup> <http://www.oie.int/eng/Session2007/infos.htm>

<sup>11</sup> [http://www.oie.int/eng/OIE/organisation/en\\_LR.htm?\\_e1d8](http://www.oie.int/eng/OIE/organisation/en_LR.htm?_e1d8)

## 六、重大动物疾病(包括人兽共患病) 全球预警系统(全球预警系统)<sup>12</sup>

14. 全球预警系统是粮农组织、世界动物卫生组织和世界卫生组织开展的一个组织间活动。其创建目的是加强对涉及动物病原体的疾病事件的预警和应对能力<sup>13</sup>。全球预警系统使这些机构能更好地协调和补充相互的预警活动，包括通过下列方法：收集信息，以确定疾病事件；扩大地域覆盖面；考虑到动物传染病的双宿主性质；改进用以确定或否定某国存在某种疾病的核证程序；促成风险评估结果的联合传播。在处理具有复杂的流行病表征的动物流行病、尤其是具有区域或国际传播潜力的疾病或可产生公共卫生影响的疾病时，在应对措施方面开展密切合作也很有益。合作方式包括：通过分享有关信息对现有疫情进行联合评估；汇集各组织特有的专门能力和资源；制订感染控制联合战略和协调通信。

## 七、国际卫生伙伴关系<sup>14</sup>

15. 国际卫生伙伴关系是 2007 年发起的，旨在“改善捐款方资金承诺的协调性，改善国际机构、捐款方和发展中国家合作制订和实施国家卫生计划的方式”。其目的是帮助实现千年发展目标所承诺的健康方面的改善。该伙伴关系包括国家、国际组织、双边捐款方、民间社会和私营部门合作伙伴<sup>15</sup>。目前在国际卫生伙伴关系下开展的一项倡议是，保健系统创新性国际筹资高级别工作队<sup>16</sup>，该工作队致力于“寻找创新性筹资机制，以加强世界最穷困国家的保健系统”。该工作队由各国

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<sup>12</sup> <http://www.who.int/zoonoses/outbreaks/glews/>

<sup>13</sup> 全球预警系统有 10 项目标：使各国更好地对预防动物疾病作出准备并能迅速遏制这些疾病；改善特别流行病事件的检测；改善警报的及时性和对警报的敏感性；提高透明度；改善动物卫生信息的质量；改善国家监测工作和监测系统并加强公共卫生、医疗和兽医实验室网络；改进国际备灾工作；改善粮农组织、世界动物卫生组织和世界卫生组织检测新发疾病的能力；向区域和国家提供技术支持；改进人类与动物疾病监测的一体化。

<sup>14</sup> <http://www.internationalhealthpartnership.net>

<sup>15</sup> 其中包括：世界卫生组织；世界银行；联合国儿童基金会；联合国人口基金；联合国艾滋病规划署、全球疫苗和免疫联盟；全球防治艾滋病、肺结核和疟疾基金；以及比尔和梅林达·盖茨基金会。

<sup>16</sup> <http://www.internationalhealthpartnership.net/en/taskforce>



际组织负责人、各国总理和卫生部长、财政部长、外交部长和发展部长组成。其工作由两个工作组支持，它们将全球专家网络汇集一起，就新资源的确定和部署问题提出建议。一旦完成这项工作，将指定“全球倡导方”，由其负责获得必要的财政支持。为确保合作伙伴履行其在国际卫生伙伴关系下的承诺，其创始文书规定须进行年度独立监测和评价进程，名为“国际卫生伙伴关系+结果”。<sup>17</sup>

## 八、国际农业研究磋商组织<sup>18</sup>

16. 国际农业研究磋商组织致力于“通过农业、林业、渔业、政策和环境领域的科学研究以及研究相关活动实现发展中国家的可持续粮食安全并减少贫穷”。其工作重点是：开展能力建设以实现与粮食相关的千年发展目标，并处理粮食供应中的疾病问题。参与其中的 21 个发达国家、26 个发展中国家、4 个共同主办者和 13 个国际组织投入财力、人力和技术资源。国际农业研究磋商组织向 15 个国际中心提供支持；在 100 多个国家中活跃着该组织的 8,000 多名科学家和工作人员。在过去，国际农业研究磋商组织帮助制定了生物控制战略和毒素检测方法。国际农业研究磋商组织还建立了一个有害生物综合治理全系统方案。

## 九、同一个世界、同一项健康策略<sup>19</sup>

17. 2004 年 9 月 29 日在洛克菲勒大学举行的“同一个世界、同一项健康策略”会议产生了一套原则(附件五：仅有英文本)，以“建立一个更具整体性的方针用以防止流行病/动物传染病并保持生态系统的完整性，以益于人类、其家养动物以及为我们所有人提供支持的基本生物多样性”。在该次会议上讨论的概念促使与会者(包括来自粮农组织、世界动物卫生组织、世卫组织、世界银行、儿童基金会和联合国系统流感协调问题办公室的代表)探讨如何以统一协调的方式调整全球、区域和国家各级的现有卫生管理系统。高致病性禽流感的突发以及对流感可能成为流行病的恐惧，促使这些国际组织开展合作和协调以新的方法处理跨越人畜疾病交接面的疾病

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<sup>17</sup> <http://network.human-scale.net/community/ihp>

<sup>18</sup> <http://www.cgiar.org>

<sup>19</sup> <http://www.oneworldonhealth.org/>

事件<sup>20</sup>。这一进程最终就如下问题产生了一份共识文件：需采取哪些必要措施，以更有效地协调医疗和兽医卫生政策，同时考虑到预防和控制人畜共患病的新要求(见附件六：仅有英文本)<sup>21</sup>。

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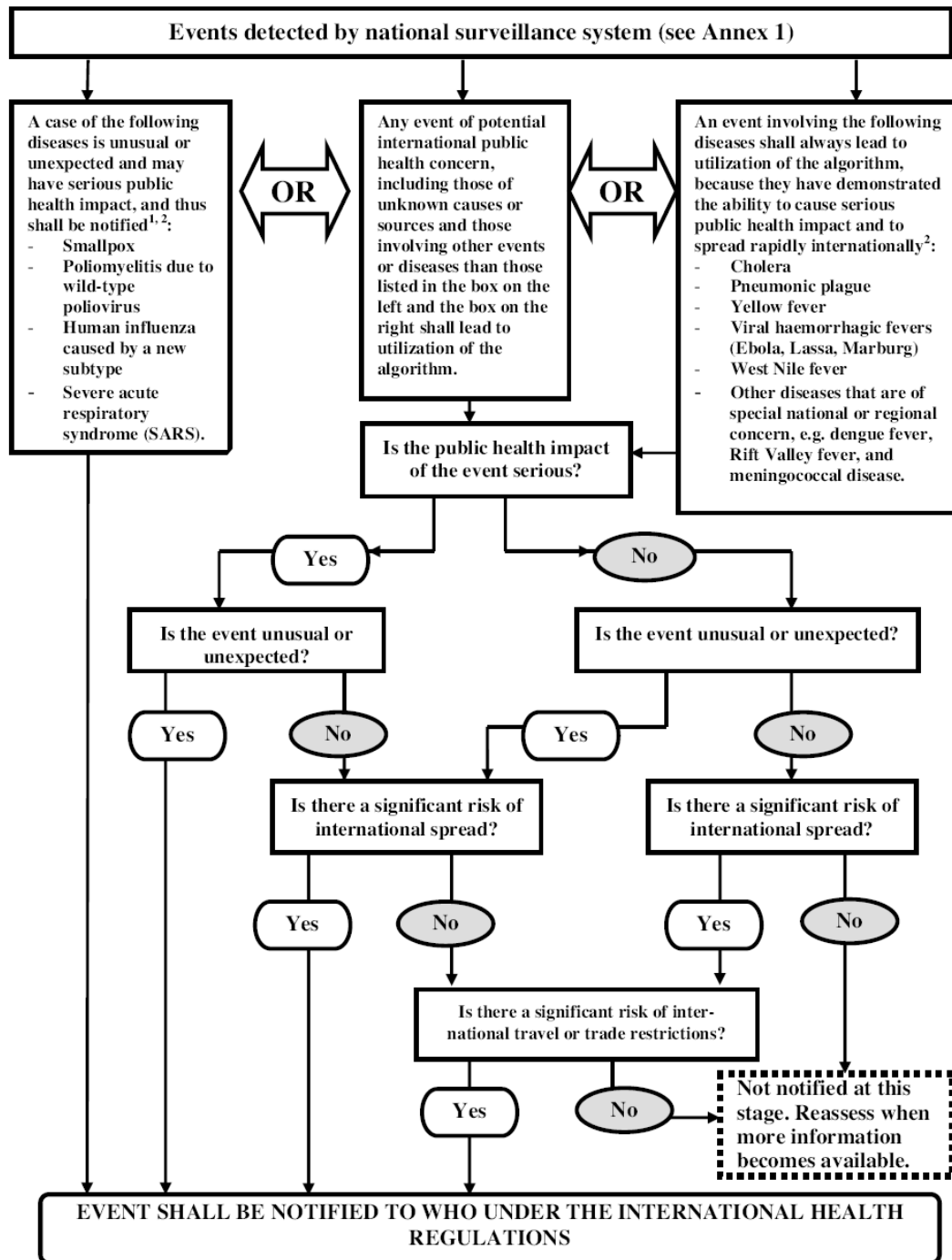
<sup>20</sup> Scoones & Forster, The International Response to Highly Pathogenic Avian Influenza: Science, Policy and Politics, STEPS Centre, University of Sussex, 2008, <http://www.steps-centre.org/PDFs/Avian%20flu%20final%20w%20cover.pdf>

<sup>21</sup> 粮农组织、世界动物卫生组织、世卫组织、联合国系统流感协调员、儿童基金会、世界银行，“促进同一个世界、同一项健康策略：减少动物－人类－生态系统交接面的传染病风险战略框架”，2008年10月14日。[http://un-influenza.org/files/OWOH\\_14Oct08.pdf](http://un-influenza.org/files/OWOH_14Oct08.pdf)

ANNEX I

[ENGLISH ONLY]

IHR DECISION MAKING INSTRUMENT <sup>22</sup>



<sup>1</sup> As per WHO case definitions.

<sup>2</sup> The disease list shall be used only for the purposes of these Regulations.

<sup>22</sup> WHO, International Health Regulations, WHO, Geneva, 2005 Annex 2, available at: <http://www.who.int/ihr/9789241596664/en/index.html> in Chinese, English, French, Russian and Spanish

## ANNEX II

[ENGLISH ONLY]

CORE PUBLIC HEALTH CAPACITIES REQUIRED UNDER THE  
REVISED INTERNATIONAL HEALTH REGULATIONS<sup>23</sup>

At the **local level**, states must be able to: detect events involving disease and death above expected levels for the particular time and place; report all available essential information<sup>24</sup> immediately up the chain of command; and implement preliminary control measures immediately.

At the **intermediate level**, states must be able to: confirm the status of reported events and to support or implement additional control measures; and assess reported events immediately and if found urgent<sup>25</sup> to report all relevant information to the national level.

At the **national level**, states must be able to assess and report urgent events within 48 hours and notify WHO immediately of all PHEIC.

In addition, all states must be able to:

- Determine rapidly the control measures required to prevent domestic and international spread;
- Provide support through specialized staff, laboratory analysis of samples (domestically or through collaborating centres) and logistical assistance<sup>26</sup>;
- Provide on-site assistance to supplement local investigations;
- Provide a direct operational link with senior health and other officials capable of approving and rapidly implementing containment and control measures;
- Provide direct liaison with other relevant government ministries;
- Provide, by the most efficient means of communication available, links with all relevant facilities<sup>27</sup> for the dissemination of information and recommendations received from the WHO;
- Establish, operate and maintain a national public health emergency response plan (including multidisciplinary / multisectoral response teams); and
- Provide all these capabilities on a 24 hour basis.

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<sup>23</sup> Adapted from WHO, International Health Regulations, WHO, Geneva, 2005 Annex 1, available at: <http://www.who.int/ihr/9789241596664/en/index.html> in Chinese, English, French, Russian and Spanish

<sup>24</sup> Such as clinical descriptions, laboratory results, sources and types of risk, numbers of human cases and deaths, conditions affecting the spread of a disease and the health measures employed.

<sup>25</sup> Urgent events include those with a serious public health impact, an unusual or unexpected nature or with a high potential to spread.

<sup>26</sup> Including equipment, supplies and transport.

<sup>27</sup> Including hospitals, clinics, airports, ports, ground crossings, and laboratories.

ANNEX III

[ENGLISH ONLY]

STEPS TO BE TAKEN UNDER THE WORLD HEALTH ORGANIZATION GLOBAL STRATEGY FOR MANAGING INTELLECTUAL PROPERTY ISSUES<sup>28</sup>

- Prioritizing research and development needs of developing countries is to be achieved through: mapping global research and development with a view to identifying gaps associated with diseases that disproportionately affect developing countries; formulating explicit prioritized strategies for research and development at country, regional and inter-regional levels; and encouraging research and development in traditional medicine.
- Promoting research and development on diseases that disproportionately affect developing countries is to be achieved by: supporting governments to develop and improve national health research programmes and to establish strategic research networks; promoting upstream research and product development in developing countries; improving cooperation, participation and coordination of health and biomedical research and development; promoting greater access to knowledge and technology relevant to meet public health needs of developing countries; and establishing and strengthening national and regional coordinating bodies on research and development.
- Building and improving innovative capacity can be achieved by: building capacity in developing countries to meet research and development needs for health products; framing, developing and supporting effective policies and promoting the development of capacities for health innovation; providing support for improving innovative capacity in accordance with the needs of developing countries; supporting policies that will promote innovation based on traditional medicine; and developing and implementing possible incentive schemes for health related innovation.
- The transfer of technology both from developed to developing countries and amongst developing countries is to be tackled by: promoting transfer of technology and the production of health products in developing countries; supporting improved collaboration and coordination of technology transfer for health products; and developing possible new mechanisms to promote transfer of and access to key health related technologies.
- Application and management of intellectual property to contribute to innovation and promote public health should involve: supporting information and capacity building in the application and management of intellectual property; providing technical support to countries that intend to make use of provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights, the flexibilities recognized by the Doha Declaration and other World Trade Organization instruments in order to promote access to pharmaceutical products;

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<sup>28</sup> Adapted from WHO, Global Strategy and Plan of Action on Public Health Innovation and Intellectual Property, WHO Geneva, WHA61.21, 24 May 2008, available at: [http://apps.who.int/gb/or/e/e\\_wha61r1.html](http://apps.who.int/gb/or/e/e_wha61r1.html) in Chinese, English, French, Russian and Spanish

and exploring promoting possible incentive schemes for research and development on diseases that disproportionately affect the developing world.

- Improving delivery and access to all health products and medical devices by effectively overcoming barriers to access through: encouraging increased investment in health-delivery infrastructure and encourage financing of health products in order to strengthen the health system; establishing and strengthening mechanisms to improve ethical review and regulate the quality, safety, and efficacy of health products and medical devices; and promoting competition to improve availability and affordability of health products consistent with public health policies and needs.
- Securing and enhancing sustainable financing mechanisms for research and development and developing and delivering health products and medical devices to address the health needs of developing countries is to be accomplished by: and endeavouring to secure adequate and sustainable financing for research and development and improve coordination of its use; making maximum use of current initiatives and complementing them as appropriate.
- Developing mechanisms to monitor and evaluate the implementation of the strategy and plan of action is to be addressed by: making a progress report every two years to the World Health Assembly; conducting a comprehensive evaluation of the strategy after four years; and measuring performance and progress towards the objectives contained in the strategy and plan of action.



ANNEX IV

[ENGLISH ONLY]

RECOMMENDATIONS ON SOUND GOVERNANCE OF VETERINARY SERVICES AND THE FACILITATION OF REGIONAL AND INTERNATIONAL TRADE OF LIVESTOCK AND LIVESTOCK PRODUCTS FROM THE OIE SEMINAR ON GOOD GOVERNANCE FOR VETERINARY SERVICES, GABORONE, BOTSWANA, JANUARY 2008<sup>29</sup>

Relevant recommendations include:

- The need to assess options for strengthening national veterinary services;
- The provision of resources for the recruitment of appropriate staff where an urgent need is identified by these assessments;
- International organizations and donors pursue and reinforce support for programmes aimed at the prevention and control of major animal diseases;
- Addressing surveillance on a holistic approach taking into account social, economic and cultural contexts;
- That all member countries develop emergency plans and intensify efforts to study preventative and control measures against priority animal and zoonotic diseases;
- Enhance laboratory twinning activities;
- Reviews of legislation and budgets to ensure timely, fair and sustainable compensation for losses caused by control measures;
- A more thorough investigation into the role of trade and especially that conducted illegally, on the epidemiology of diseases;
- Greater use of public-private partnerships to build capacity; and
- To update legislation so as to bring it in line with international standards and guidelines.

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<sup>29</sup> Adapted from OIE, Seminar on Good Governance for Veterinary Services, OIE Bulletin, No.2 2008, available at: [http://www.oie.int/eng/publicat/en\\_bulletins.htm](http://www.oie.int/eng/publicat/en_bulletins.htm) in English, French and Spanish.

ANNEX V

[ENGLISH ONLY]

ONE WORLD ONE HEALTH PRINCIPLES<sup>30</sup>

Participants at the One World One Health conference held at Rockefeller University on 29 September 2004, identified the need to:

- "Recognize the essential link between human, domestic animal and wildlife health and the threat disease poses to people, their food supplies and economies, and the biodiversity essential to maintaining the healthy environments and functioning ecosystems we all require;
- Recognize that decisions regarding land and water use have real implications for health. Alterations in the resilience of ecosystems and shifts in patterns of disease emergence and spread manifest themselves when we fail to recognize this relationship.
- Include wildlife health science as an essential component of global disease prevention, surveillance, monitoring, control and mitigation.
- Recognize that human health programs can greatly contribute to conservation efforts.
- Devise adaptive, holistic and forward-looking approaches to the prevention, surveillance, monitoring, control and mitigation of emerging and resurging diseases that take the complex interconnections among species into full account.
- Seek opportunities to fully integrate biodiversity conservation perspectives and human needs (including those related to domestic animal health) when developing solutions to infectious disease threats.
- Reduce the demand for and better regulate the international live wildlife and bushmeat trade not only to protect wildlife populations but to lessen the risks of disease movement, cross-species transmission, and the development of novel pathogen-host relationships...
- Restrict the mass culling of free-ranging wildlife species for disease control to situations where there is a multidisciplinary, international scientific consensus that a wildlife population poses an urgent, significant threat to human health, food security, or wildlife health more broadly.
- Increase investment in the global human and animal health infrastructure commensurate with the serious nature of emerging and resurging disease threats to people, domestic animals and wildlife. Enhanced capacity for global human and animal health surveillance and for clear, timely information-sharing (that takes language barriers into account) can only help improve coordination of responses among governmental and nongovernmental agencies, public and animal health institutions, vaccine / pharmaceutical manufacturers, and other stakeholders.

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<sup>30</sup> Wildlife Conversation Society, Manhattan Principles, New York, September 2004, available at: <http://www.oneworldonehealth.org>

- Form collaborative relationships among governments, local people, and the private and public (i.e.- non-profit) sectors to meet the challenges of global health and biodiversity conservation.
- Provide adequate resources and support for global wildlife health surveillance networks that exchange disease information with the public health and agricultural animal health communities as part of early warning systems for the emergence and resurgence of disease threats.
- Invest in educating and raising awareness among the world's people and in influencing the policy process to increase recognition that we must better understand the relationships between health and ecosystem integrity to succeed in improving prospects for a healthier planet."

## ANNEX VI

[ENGLISH ONLY]

MEASURES NEEDED TO COORDINATE MEDICAL,  
VETERINARY AND ENVIRONMENTAL HEALTH POLICIES<sup>31</sup>

The FAO, OIE, WHO, World Bank, UNICEF and the United Nations System Influenza Coordination have agreed on a range of measures to:

- Examine the achievements and lessons learned from Highly Pathogenic Avian Influenza and their relevance to emerging infectious disease;
- Develop a strategic framework that will: include elucidating guiding principles; identify priority actions and target specific diseases; be based upon cost-benefit analysis of the burden of disease; examine the public-private good; detail roles for international agencies; and build on existing institutions and their unique strengths;
- Focus on six specific objectives for future action, including: developing surveillance capacity; strengthening public and animal health capacity; strengthening national emergency response capability; promoting inter-agency and cross-sectoral collaborations and partnerships; controlling Highly Pathogenic Avian Influenza and other existing and potentially re-emerging infectious diseases; and conducting strategic research;
- Discuss a range of cross cutting issues that are relevant to all organizations and settings, including: surveillance and disease intelligence; improving biosecurity; bioterrorism; measures to address socio-economic disincentives; the need to address broader developmental issues; communication strategies; public-private partnerships; and monitoring and evaluation;
- Confront various institutional issues, including: how to build successful networks at the national, regional and international levels; and strengthening institutional coordination and collaboration domestically and at the international level; and
- Review options for financing the framework, including: broadening current activities on avian and pandemic influenza; the global public good and international commitments; responding to avian and human influenza; capacity building for prevention; contingency funding for the unknown; sources of funds; existing initiatives; and options for moving forwards.

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<sup>31</sup> Adapted from , OIE, WHO, World Bank, United Nations Children's Fund and the United Nations System Influenza Coordination, Contributing to One World One Health: A Strategic Framework for Reducing Risks of Infectious Diseases at the Animal-Human-Ecosystems Interface, 14 October 2008, available at: [http://un-influenza.org/files/OWOH\\_14Oct08.pdf](http://un-influenza.org/files/OWOH_14Oct08.pdf)