

# MULTISECTORAL HEALTH SECURITY BULLETIN



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# MULTISECTORAL HEALTH SECURITY BULLETIN

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# EDITORIAL



Dear esteemed readers, welcome to the second edition of the multisectoral health security bulletin. As you all know the bulletin is being published every three months in line with its aim to document key implementation progress and accomplishments, success stories and best practices, as well as news, events, and expertise articles of the National Health Security Plan (NAPHS) in Ethiopia.

Dear readers, we are very much grateful for your first edition comments and feedback. We always value your comments and suggestions. We have come to understand that our readers are the pillar and backbone of the bulletin's success. We have cooperated with our reader's suggestions in many ways. We do hope that your unreserved support will be with us in the next many editions as well. The first edition of the bulletin was an achievement in many ways and it was more than what we are expected.

The first edition was a success in many ways, first and foremost because of it we came to establish the multisectoral public relation and communications professional's forum. The establishment of this forum enables us to have perpetual content writers from each sector. The forum also agreed to have a regular meeting and evaluate the progress of the bulletin. Henceforth, this will give the bulletin to have sustainability and a multisectoralism face. We hope that from now on covering all up-to-date multi-dimensional activities will be smooth. As the proverb says "two hands are better than one", a room was open for all NAPHS sectors to be an actor and members of the bulletin and participate in all aspects. It is obvious that working together in a coordinated and harmonious manner will help each of the sectors to achieve their planned activities to be a reality.

In this edition, a lot of interesting and readable issues are covered. Hence, the second edition of Ethiopia's national health security bulletin covers a message from the Ministry of Agriculture; it gives an outlook on the colorful Global One Health Day Celebration. The program of the prominent sector's coordination events of the multisectoral agreement which will give leverage for the works of the institutions to handle issues in a harmonious and coordinated way also articulated in this edition. The events of the Ethiopian SPAR 2021 workshop and the multisectoral zoonotic diseases outbreak investigation guideline and the zoonotic diseases risk communication strategy validation workshop which are hoped to be instrumental for the sector's day-to-day activities also covered thoroughly.

Articles from well-known experts and professionals were also entertained. Hence, the success of Ethiopian epidemiology training, and also Legal preparedness for public health emergencies are also presented. Success achievements of the Ethiopian Wolf rabies vaccination, as well as the joint avian flu risk-based surveillance on wetland and different sectors training and capacity building activities also reported.

On this occasion we would like to thank officials and experts from the Ministry of Health, the Ministry of Agriculture, the Ethiopian Public Health Institute, the Ethiopian Environment Protection Authority, the Ethiopian Wildlife Conservation Authority, Animal Health Institute, other sectors and partners for their teamwork, collaboration and their unreserved commitment and hard work to make this publication a reality.

As it has been said always One Health is an approach for the collaborative efforts of multiple disciplines and multiple sectors working at all levels, to attain optimal health for people, animals, & our environment, this bulletin can be taken as a good example as it is an organ for these collaborative, coordinated, and harmonious achievements of the sectors. Dear readers, as usual, we value your feedback to improve the quality and effectiveness of the bulletin towards achieving its intended purposes. Accordingly, please send us your comments, suggestions, remarks, or feedback through the bulletin email address [healthsb566@gmail.com](mailto:healthsb566@gmail.com). We hope you will find this second edition useful and enjoy reading it. Thank you for your precious time.

## MESSAGE FROM STATE MINISTER, MINISTRY OF AGRICULTURE



### H.E. DR. FIKERU REGASSA (PH.D.) STATE MINISTER, MINISTRY OF AGRICULTURE

The Ministry of Agriculture is one of the sectors involved in carrying out a five-year (2019-2023) launched Multi-sectorial National Action Plan for health security (NAPHS). One of the main objectives of our sector is to improve livestock products and productivity by improving animal health through creating a sustainable environment. As we know, animals play critical roles in society, providing income and food, but also clothing, building materials, and fertilizers. However, the presence of endemic and emerging diseases negatively impacts not only the animals but also human beings as well as creatures and sixty percent of animal diseases are zoonosis that can transmit to the human being. Therefore, the Ministry of Agriculture is working to prevent and control the animal disease by different means, for example by vaccinating an animal, making research works collaborating with other sectors like research institutes, universities, regional governments, NGOs, and with cross border countries too. This activity can also reduce health and health-related problems in the country in progress.

As the sector, our aim can be achieved when the health of humans, animals, plants, and all creatures is safe and working by cooperating with other stakeholders on the health issues. We have observed that the effective enactment and monitoring of the International Health Regulations (IHR) requires multispectral and multidisciplinary approaches. The national multi-sectorial coordination like the One Health steering committee has great contribution application of NAPHS. Furthermore, our sector also works actively in the One Health approach especially on eradicating the cause of zoonotic disease. Finally, I want to inform all stakeholders in these multi-sectors and from others to work responsibly for implementation and monitoring of the NAPHS for better health security consequences since health is the basic necessity of life.

# IN THE NEWS



**H.E. Dr Lia Tedesse,  
Health Minister of the Federal Democratic Republic of Ethiopia**

## **GLOBAL ONE HEALTH DAY WAS COLORFULLY COMMEMORATED**

This year Global One Health Day was commemorated on January 2022 at the Ethiopian Public Health Institute meeting hall in the presence of higher government officials, stakeholders, and partners. H.E. Dr Lia Tedesse, Health Minister of the Federal Democratic Republic of Ethiopia, at her opening speech on the Global ONE Health Day expressed that, the multi-sectoral and multi-disciplinary coordination mechanism and the concomitant engagement through one health approach towards ensuring Global Health Security and International Regulation (IHR-2005) capacity development is turned out to be not optional, but mandatory to address emergence and re-emergence of zoonotic diseases, emergence microbes resistant to existing therapeutic substances, changes in agriculture practices and growing food safety concerns.

The Minister further noted that it is essential to leverage the multi-sectoral capacities developed through the one health approach in the fight against zoonotic diseases as it has been once done in the fight against the COVID-19 pandemic in the country. In addition to this, H.E. appreciates the historical move done by the Ministry of Agriculture for the initiation and active engagement in the mass dog vaccination program towards rabies elimination in the country.

Hence, H.E. urged all partners and stakeholders to continue to support the intervention in order for the country's aim to eradicate epidemics by 2030 to be realized. Dr. Lia finally stressed and reaffirmed the Ministry of Health's commitment, to the urgent need for the establishment of a more robust one health coordination platform/secretariat, to ensure the national and global health security through the implementation of, but not limited to the National Action Plan for Health Security (NAPS) and the prioritized zoonotic diseases prevention and control programs (including Rabies, Anthrax, Brucellosis, Rift Valley Fever, Highly Pathogenic Avian Influenza,...) designed by the national one health steering committee, technical working groups and partners.



**H.E. Dr. Fikru Regasa, state minister of Agriculture of the Federal Democratic Republic of Ethiopia**

**H.E. Dr. Fikru Regasa, state minister of Agriculture of the Federal Democratic Republic of Ethiopia, on his part pointed out that the health of animals, the environment and humans are interconnected each other that the health of one determines the others as their lives and livelihoods are strongly dependent on human activities.**

**Dr. Fikru strongly expressed his ministry's commitment in promoting for sustainable one health approach institutionalization, recognizing the interdependence of animal, human and environmental health. He underlined coordination is a key to all sectors' success and said that by implementing a sustainable one health approach coordination platform all can find tangible results in the strive for a healthier society.**

**The state minister indicated that the Ministry of Agriculture has been closely working with the Ministry of Health in combating some of the zoonotic diseases through one health approach. H. E. mentioned that the currently ongoing Rabies control campaign coordinated and being run by the Ministry of Agriculture is a good example that needs one health approach. He further pointed out that many disease scenarios need multisectoral cooperation and coordination to develop and implement the national strategies to tackle such priority zoonotic diseases and broader health threats, such as antimicrobial resistance.**



**Ato Shiferaw Negash, from the Ethiopian Environmental Protection Authority, on his part, said that with the one health approach in place, it will be easier for people to better understand the co-benefits, risks, trade-offs, and opportunities to advance equitable and holistic solutions. Through the combined energies of all the relevant organizations, he said that it is possible to bring sustainable solutions. Nowadays according to the world health organization's estimates that about a quarter of the diseases facing mankind today occurs due to prolonged exposure to environmental pollution.**

**Ato Shiferaw Negash, from the Ethiopian Environmental Protection Authority**

**H.E. Mr. KumeraWakjira, Ethiopian Wildlife Conservation Authority, Director General, on his part expressed the fact that Ethiopia is a country endowed with a diverse range of wild fauna and flora in all corners of its territory. These natural resources have enormous value and benefits for every person's life in Ethiopia and the entire world. However, because of population growth and challenges of the world –domestic interface sites towards the wildlife protection areas, climate change, and wildlife resources are under threat than ever before.**

**H.E. further explained that zoonotic diseases such as Rabies and Canine Distemper Virus have their impact on damaging endemic Ethiopian wolves; Anthrax attacks wild herbivorous mammals and other plane animals; and Avian Influenza on birds. To overcome these threats, the authority has been doing various executions in collaboration with stakeholders, partners, and government sectors**

**The Director-General noted that all stakeholders have to have a concern for the healthy life of humans, domestic and wild animals, and the ecosystem as a whole because these are closely linked and interdependent with one another. H.E. mentioned some of the major activities done so far. He mentioned the joint outbreak investigations and response activities coordinated through one health approach to tackle health threats. Such as the unknown Hippopotamus disease at Gibe Sheleko National Park, Mass Mortality of wild birds (Doves) in Hammer and Benatsemay Woredas, south Omo zone, Guinea worm eradication in primates and humans in Gambella Region, and recently the joint surveillance of Avian Flu (Highly Pathogenic Avian Influenza) around Rift Valley Lakes and other wetlands.**



**H.E. Mr. Kumera Wakjira, Ethiopian Wildlife Conservation Authority, Director General**

In his speech, Dr. Boureim, WHO representative, emphasized that the One Health strategy is more important than ever before in history. According to him, COVID-19 was mentioned as a clear symptom and effect of important drivers in the twenty-first century. This covers how we use land, how our actions have impacted the ecology and ecosystem, the impending threat of climate change, changes in animal-human relationships, and overall changes in how we engage with nature.

Dr. Boureim continued, "In Ethiopia, WHO has been working closely with the government, alongside other UN agencies and international partners, to promote multi-sectoral responses to food safety hazards, zoonoses risks, and other public health threats at the human-animal-ecosystem interface, and to provide guidance on how to reduce these risks." He stated that WHO is dedicated to continuing to assist Ethiopia's government in this endeavor.



**Dr. Boureim Sambo,, WHO representative,  
Ethiopia**

Mr. Jacopo Damelio, the FAO Programme Officer, speaking on behalf of Ms. Fatouma Seid, the Food and Agriculture Organization (FAO) Representative in Ethiopia, in his Keynote speech stated that the FAO strategic framework 2022-31 articulates FAO's vision of a sustainable and food secure world for all, in the context of the Agenda 2030 for sustainable development, through the transformation to a more efficient, resilient, and sustainable agro-food systems for better production, better nutrition, and better life, leaving no one behind. He went on to say that one sector cannot successfully address health challenges at the human-environment interface. As a result, collaboration across all sectors and disciplines responsible for health hazards is required through a single health approach.



**Mr. Jacopo Damelio,  
the FAO Programme Officer**





**Mr. Sean Jones, USAID Mission Director**

Mr. Sean Jones, USAID Mission Director, in his speech at the commemoration of the Global One Health expressed that since 2005, USAID has worked closely with many of the organizations in the country and the Ministry of Health to support Ethiopia's effort in the prevention, detection, and response to infectious disease outbreaks that have the potential to become pandemics. He stressed that to have a better healthier world it is expected that governments and international actors must cooperate and invest in One Health-related initiatives. Mr. Jones further elaborated the concept that one health approach requires a collective effort, not just one or two partners but also citizens, communities, and the private sector.

The USAID Mission Director further articulated that while Global One Health Day was celebrated, we must also continue to recognize that tomorrow's public health challenges are increasingly linked to the human-animal-environment interface. There is much work to do to implement One Health, and USAID will remain a partner of the Ethiopian people and government toward a more prosperous and healthy Ethiopia.

The director further said the US will enthusiastically support the Government of Ethiopia's leadership in establishing the National One Health Steering Committee and for its diligence in cascading this structure down into several regional health systems. We've also greatly appreciated the Government of Ethiopia's leadership in developing a One Health strategic plan and other technical frameworks to operationalize One Health across the country. The Government of Ethiopia's leadership is fundamental for the journey to institutionalize One Health in Ethiopia, and USAID is proud to have been a key supporter of the National One Health Steering Committee from the outset.

In Ethiopia, the Global One Health Day 2021 was celebrated (GOHD-2021) for the 4th time under the theme of "Connecting Human, animals and environment Health: we protect one, we help protect them all". The Day was commemorated as a global campaign that emphasizes the need for a One Health approach to address shared health problems by acknowledging the interconnectedness of humans, animals, and the environment. It was stated that it is only through the one health approach that the deadly endemic disease like rabies, and the pandemics and public health emergencies of international concern (PHEICs) like COVID-19 can be effectively and efficiently be addressed.



# MOU WAS SIGNED AMONG FOUR GOVERNMENTAL INSTITUTIONS

The Ministry of Health, the Ministry of Agriculture, the Ethiopian Wildlife Conservation Authority, and the Environment Protection Authority have signed an agreement to reaffirm their commitment to work together collaboratively on the day of celebrating one health day on the 18th January 2022, at the Ethiopian Public Health Institute.



On behalf of their ministry and authority, H.E. Dr. Lia Tadesse, Minister of Health; H.E. Dr. Fikru Regasa, State Minister of Agriculture; Ato Shiferaw Negash, representative of the Environmental Protection Authority, and H.E. Mr. Kumera Wakjira, Director General, Ethiopian Wildlife Conservation Authority have signed the reaffirmation agreement.

It is hoped that this multisectoral agreement will give leverage for the works of the institutions to handle issues in a harmonious and coordinated way. At the signing ceremony of the memorandum of understanding it was conveyed that to have a better and healthier world the dynamics of the time need collaborative effort and working together bringing onboard of all potential resources.

One Health is an approach for the collaborative efforts of multiple disciplines and multiple sectors working at all levels, to attain optimal health for people, animals, and our environment. nowadays it is a must that to work together and secures the value and importance of the “One Health” approach among different sectors. Hence it is important to work across policy, environmental, and healthcare disciplines at local, regional, national, and global levels .

Wondwosen Asfaw



## **RABIES VACCINATION PROGRAM OFFICIALLY LAUNCHED IN AMARA REGION**

**Rabies disease vaccination program was officially launched in the Amara region of Baherdar and Gondar cities. The campaign was attended by federal and regional high-level leaderships. At the opening of the vaccination campaign, Dr. Yohannes, advisor of state minister, Ministry of Agriculture, said rabies had not gotten attention for several years and it caused significant damage to society at large. He further elaborated that among many some of the main problems were lack of policy support, low community awareness, and absence of reporting large numbers of deaths.**

**Hence, giving due attention to the problem, now it is planned to vaccinate 70 percent of the dogs in the country over the next 5 years. Accordingly, the advisor stated that it is planned to free the country from dog-mediated human rabies disease by 2027, 3 years ahead of the global strategy target in 2030. Dr. Yohannes urges all stakeholders, regional officers and concerned bodies must work with determination to eradicate the disease within the set time limit.**



**Dr. Feyisa Regassa, Ethiopia, one health steering committee chairperson and IHR Focal Person, said, rabies is not only a global killer but also a disease that causes great damage to humans, domestic animals, wildlife, and the national economy, and emphasized that strong effort should be properly implemented to eradicate the disease.**

**Dr. Sisay Getachew, Ministry of Agriculture, Veterinary Public Health Directorate director said, based on the designed and launched multisectoral Rabies Prevention and Elimination strategy the primary way of preventing and treating the disease is mass vaccination of dogs by creating awareness towards the community through different means.**



**Dr. Shemels Dagnachew, Dean of Animal Health and Sciences at Gondor University said they had been vaccinating dogs in every countryside over the past eight years. The rabies vaccination campaign has officially begun in Oromiya, Sidama, SNNP, Benishangol Regions, as well as in the city of Dire Dawa. So far, through the campaign a total of more than 35,000 dogs have been vaccinated and in addition to this, it is expected that in the five days of the vaccination campaign program further ten thousand dogs will be vaccinated.**

## **ETHIOPIAN WOLF RABIES VACCINATION**

**For the past three months in a row, Ethiopian Wolves and local dogs have been vaccinated against rabies in and around the Bale Mountains National Park. The Ethiopian Wolf Conservation Program at Bale Mountain National Park vaccinated twenty-four Ethiopian wolves against rabies from January until the end of March 2022. Out of 1081 dogs registered visiting the villages around the Park, 951 were vaccinated at random. The immunization, which was carried out in collaboration with the Ethiopian Wolf Conservation Program (EWCP) and the Ethiopian Wildlife Conservation Authority (EWCA), is a last-resort wolf-prevention measure.**



**Ethiopian wolves vaccination**

# **THE ETHIOPIAN SPAR 2021 WORKSHOP SUCCESSFULLY CONDUCTED**

**The Ethiopian SPAR 2021 workshop was successfully conducted from March 10-13, 2022 in the southern nation and nationalities region of Ethiopia at Hawassa town. The International Health Regulations (IHR) State parties self-assessment annual reporting (SPAR) workshop is used to be conducted with participants from key government sectors and stakeholders. The workshop aims to apply and make use of the revised IHR State Party Self-Assessment Annual Reporting tool (SPAR) launched by the World Health Organization (WHO) to support IHR States Parties to fulfill their obligation, i.e. reporting and reviewing the IHR to report to the World Health Assembly (WHA) and to encourage the transparency and mutual accountability amongst States Parties leading towards global public health security.**



**Mr. Fekadu Yadeta, Chief of the state minister's office, Ministry of Health**



**SPAR 2021 workshop was officially opened by Mr. Fekadu Yadeta, Chief of the state minister's office, ministry of Health, and Mr. Aschalew Abayneh, Deputy Director-General, Ethiopian Public Health Institute and entailed presentations on IHR-2005, revised SPAR tool, trend of the previous years, plenary discussions, group work sessions, group output reporting presentation, final plenary discussion, and compilation of the group work. Through the process, the 2021 IHR State Party Self-assessment Annual Report for Ethiopia was produced, made ready for endorsement by the government, and submission.**

**Mr. Aschalew Abayneh, Deputy Director-General,  
Ethiopian Public Health Institute**

The objective of the workshop was to conduct State Party Self-assessment Annual Reporting 2021 for Ethiopia using the newly revised second edition) SPAR tool, ensuring the active participation of relevant state parties/sectors through the multisectoral One Health approach.

Accordingly, the Ethiopian State Parties conducted SPAR2021 from March 10-13/2022 using the revised edition (second edition). The major changes of the second edition vs the first edition SPAR tool include: the total number of IHR capacities increased to 15 vs 13 in the first edition, the number of indicators increased to 35 vs 24 in the first edition, various indicators changed, and rephrased, numberings rearranged, two indicators sub-divided into two, 9 new indicators included to the tool and comment boxes provided under each indicator to enable the assessing parties to put their comments and suggestions to be considered in the grading and customization

of the report as well as for the future planning and improvement of issues such as multisectoral coordination, policy, and legal support, funding, etc...

The newly included indicators are: gender equality in health emergencies; advocacy for IHR implementation; financing for public health emergency response; laboratory quality system; effective national diagnostic network; workforce surge during a public health event; risk communication; community engagement & risk-based approach to international travel-related measures.

The workshop was conducted using one health approach with the support of the National One Health Steering Committee (NOHSC) members and collaborators (WHO & RTSL) in the presence of 44 participants drawn from the relevant state parties/sectors/institutions who were able to actively and curiously contribute to the process.

## A VALIDATION OF GUIDELINES AND STRATEGIES WORKSHOP WAS HELD

The multisectoral zoonotic diseases outbreak investigation guideline and zoonotic diseases risk communication strategy validation workshop was conducted from March 4-5, 2022 at Adama town.

Dr. Feyessa Regassa, NOHSC chair and Ethiopia- IHR Focal Point at the opening of the validation workshop stated that based on the available strategies and guidelines the NOHSC was coordinating different outbreak investigation and response activities, which were facing communication and coordination challenges. Hence, to overcome this disorganization and lack of communication in the coordination of joint zoonotic diseases surveillance and outbreak investigation, developed and finalized a multisectoral Zoonotic Diseases Outbreak Investigation (ZDOBI) guideline and Zoonotic Diseases Risk Communication (ZDRC) Strategy through a series of consultative workshops and individual expertise inputs, and made ready for validation and familiarization.

The purpose of the validation workshop was to present, review, validate and familiarize stakeholders with the ZDOBI guideline and ZDRC Strategy that serves as guidance for timely and effective prevention, detection, and response to zoonotic diseases and other health threats through the One Health approach.

Since its establishment, the National One Health Steering Committee (NOHSC) in collaboration with its partners has developed and employed different multisectoral strategic documents and guidelines that help to facilitate the prevention, detection, and response activities to the national priority of zoonotic diseases (ZDs) and other health threats. Among these are the national OH Strategic Plan, National Action Plan for Health Security (NAPHS), National Multisectoral Rabies Prevention and Elimination Strategy, National Multisectoral Anthrax Prevention and Control Strategy, National Multisectoral Brucellosis Prevention and Control Strategy are some of them.





**The two-day validation consultative workshop was attended by a total of 52 multidisciplinary experts drawn from different national and regional government sectors and non-government agencies.**

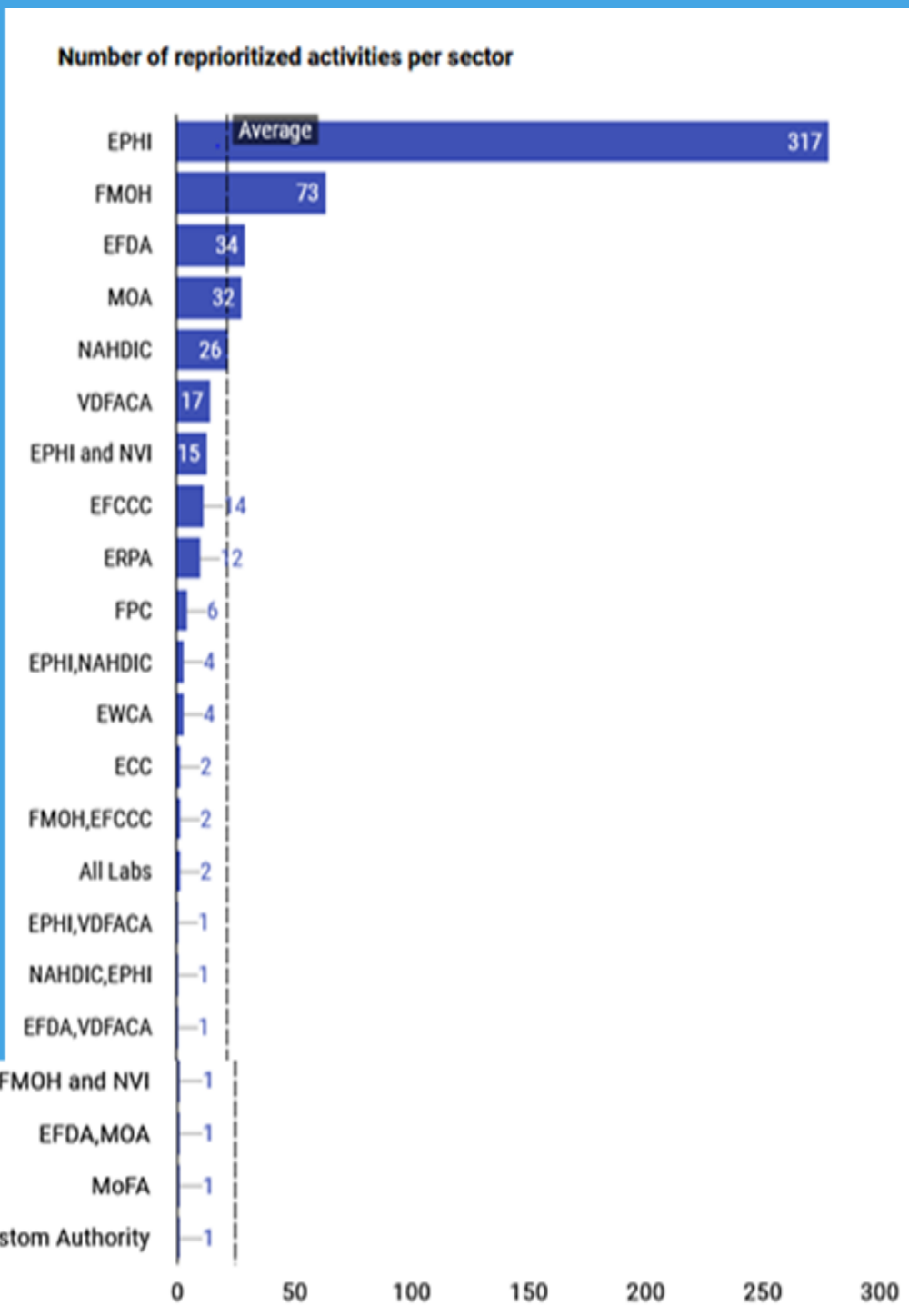


# NAPHS PROGRESS UPDATE

## THE NATIONAL ACTION PLAN FOR HEALTH SECURITY (NAPHS) STATUS REPORT

The NAPHS designed to fill the gap observed in the country with respect to International Health Regulation /IHR/ core capacity of public health, which is identified by 2016 Joint External Evaluation assessment. Currently there are around 568 multi-sector activities, which implemented by more than 14 NAPHS responsible sectors, striving to attain the country international standards IHR capacities.

(Fig 1: Sectoral responsible for NAPHS activities)



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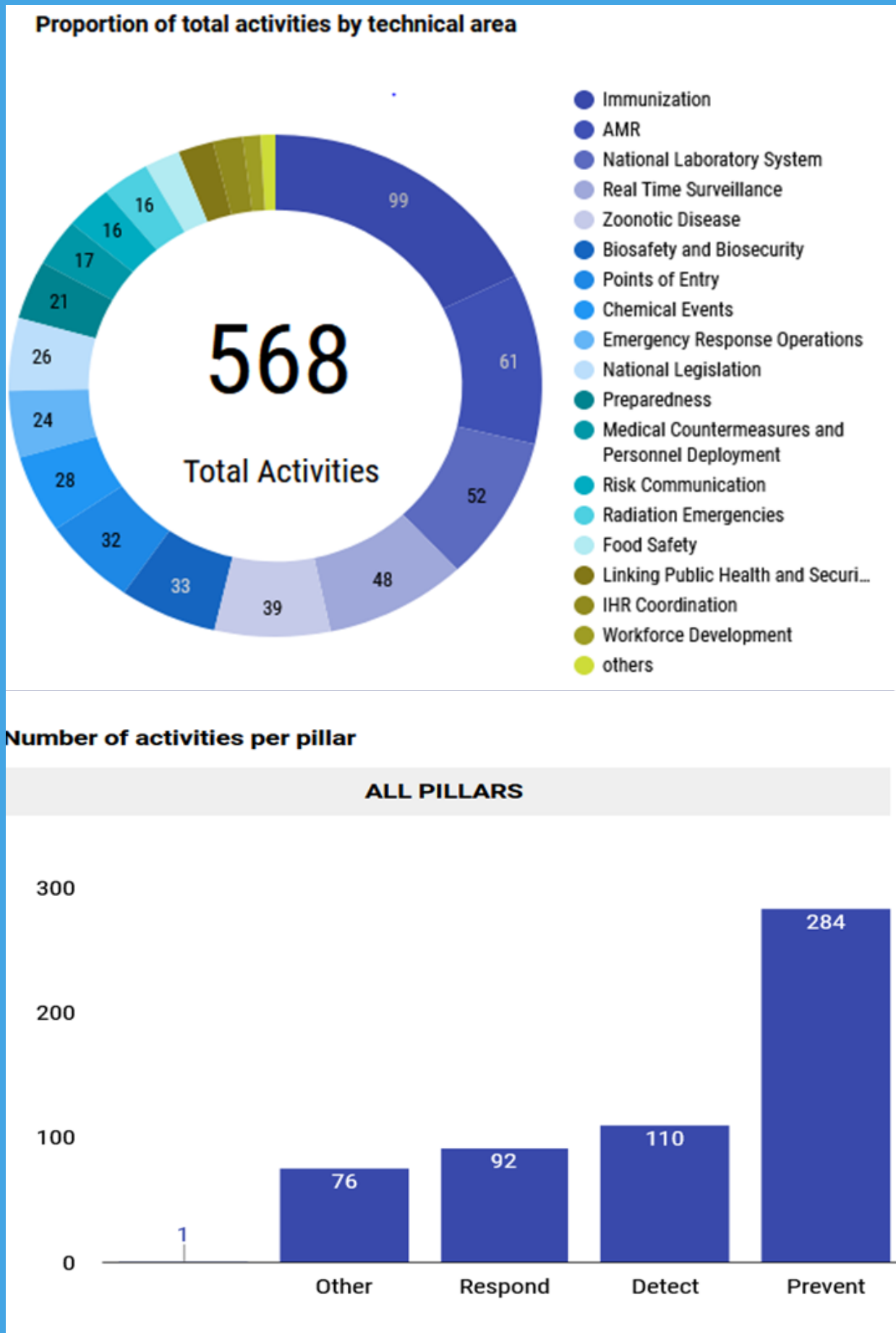
**Majority of the activities are performed by sectors independently, there are also activities which will be performed in collaboration with two sectors.**

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**More than half percent of the activities 317(56%) are responsible by Ethiopia Public Health Institutes /EPHI/ and followed by Ministry of Health/MOH/ 73(13%) and others.**

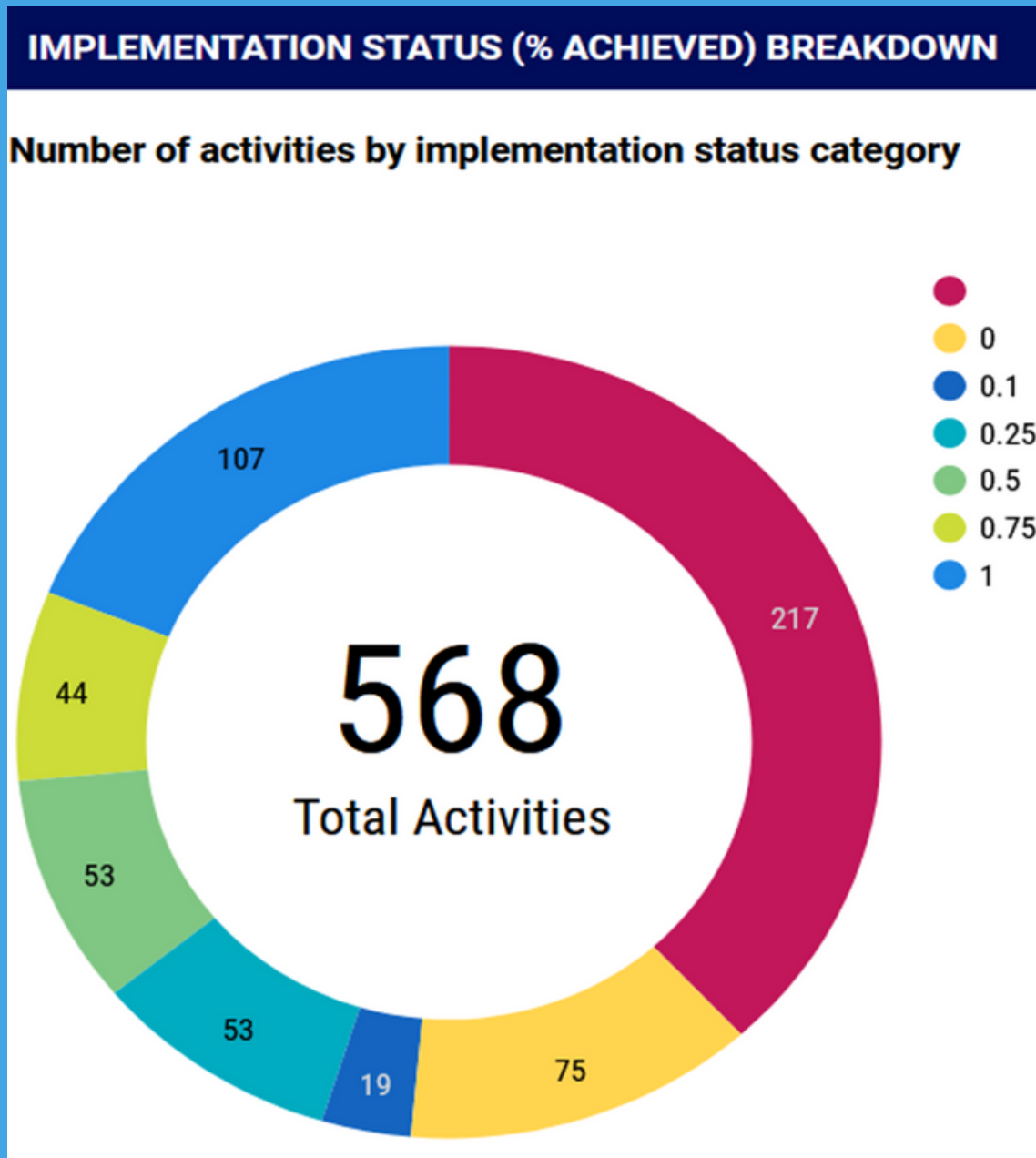
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These activities can be categorized into four main thematic areas of IHR-health security: Prevent (284 activities), Detect (110 activities), Response (92 activities), and Other IHR-related hazards (76 activities). And the four thematic areas have its own technical areas, which is around 19 technical areas that the activities are organized through it.



(Fig 2: NAPHS activities in four thematic area/pillars with respective technical areas)

The NAPHS tracker makes use of Air table, an online database service for tracking NAPHS implementation status, and Google Data Studio, a data analytics tool for analyzing and visualizing this data in real time. As a result, this new system will enable frequent monitoring of all sectors, i.e., all 568 activities achievements. Those activities will be tracked using developed data collection tool/database and dashboard. All sectors will feed the status in quarterly based by responsible focal person assigned for data entry in database (Airtable). The performance report/ status updates will be present based up on the NAPHS dashboard.



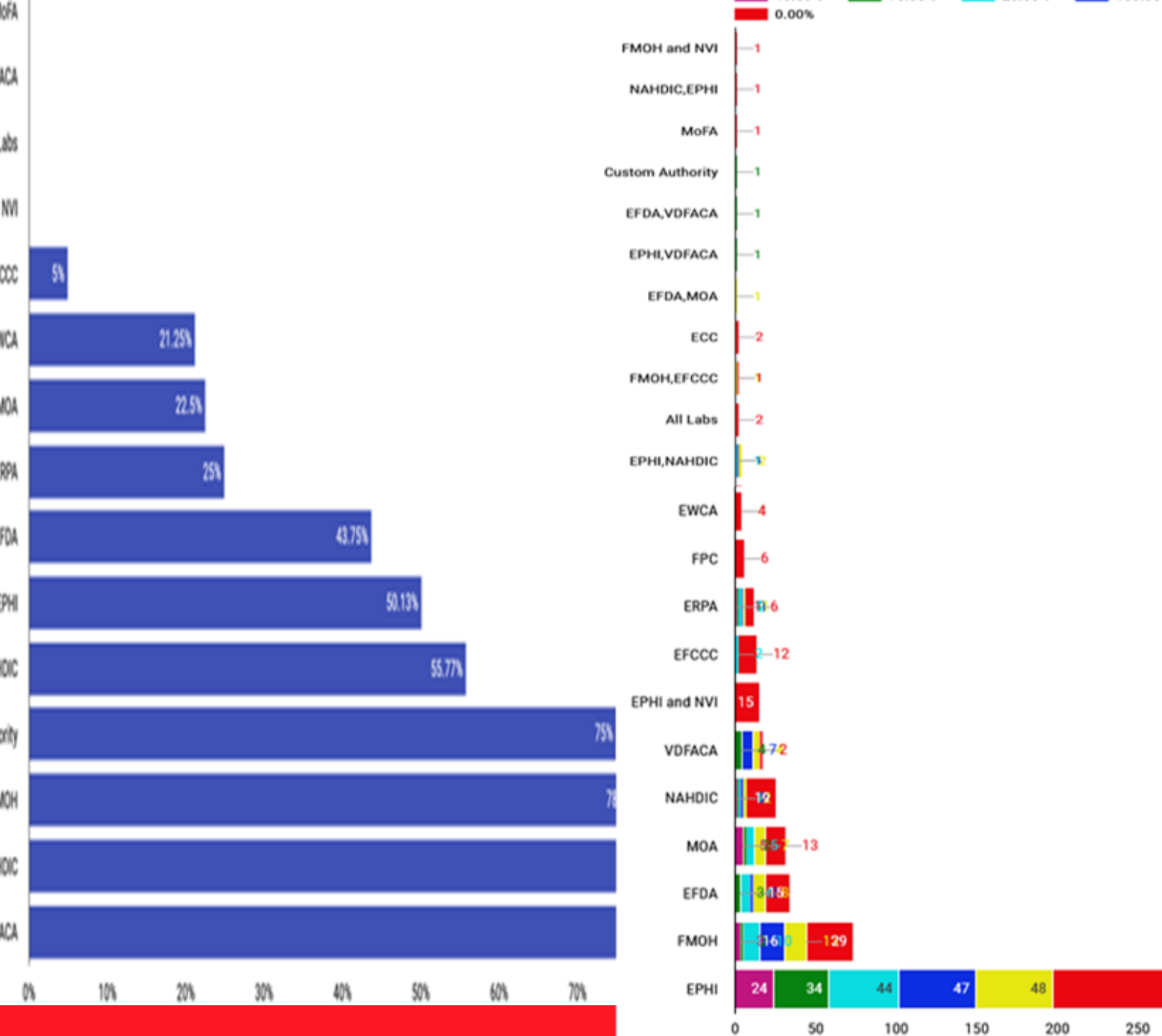
- Among the total 568 NAPHS activities, the performance of majority 217 (38%) of NAPHS activities the data are not yet filled.
- In addition, 107(19%), 44(8%) and 53(9.3%) of the activities are completed 100% and 75% (advanced) and 50% (On-going) respectively. Further 53(9.3%), 19 (3.3%) and 75 (13%) of NAPHS activities are implementation status of 25% (just started), 10% (pending) and (0%) not started.
- Generally, the implementation status of NAPHS is somehow progressive improvement, attained 51.8% average implementation status. However, efforts are required to accelerate the NAPHS implementation and follow up on the activities not filled by responsible sector.

**KEY**

0% - NOT-STARTED  
10% - PENDING

25% - JUST-STARTED  
50% - ON-GOING

75% - ADVANCED  
100% - COMPLETED



**Among the 14 NAPHS responsible sectors, only three sectors attain >75% performance: Veterinary Drug and Animal Feed Administration and Control Authority/VDFACA/ (89%), Ministry of Health/MOH/ (78%), and National Animal Health Diagnosis and Investigation Centre/NHADIC/ (75%).**

**Ethiopian Food and Drug Authority/EFDA/ & Ethiopian Public Health Institute /EPHI/ achieve 56% and 50% respectively. The remaining sectors perform below 50%.**

**Generally, most of the sectors that have majority activities number will not attain the good performance, attention will require for those sectors and sectors below low performance.**

# IN THE NEWS

## A PROFESSIONAL FORUM FOR MULTISECTORAL COMMUNICATION HAS BEEN FORMED

The multisectoral public relation and communication professionals consultative meeting was held on March 16, 2022, in Addis Ababa town, Inter Lixiourious hotel. Dr. Feyesa Regasa, IHR Focal Point in Ethiopia, at the opening of the consultative meeting expressed that organizing and establishing such kind of multisectoral public relations and communication professional forum will help all to work together and pave the way to have a successful multisectoral one health approach.

Dr. Feyesa further stated that the public relation and communication professional's forum will be a bridge for the integration of all NAPHS sectors to be under one umbrella through the one health approach. On this occasion, Dr. Feyesa thanked the preparation of a quarterly "Multisectoral Health Security Bulletin" which will cover all the relevant sector's activities and achievements with special reference to one health activities.

The participants attended and made thorough discussions on presentations given on one health concept, Ethiopia's initiatives and progress; the National Action Plan for Health Security (NAPHS);

NAPHS Emergency Risk Communication and Community Engagement; and multisectoral health security Bulletin guidelines. It was hoped that the consultative meeting will strengthen the collaboration in the development and dissemination of the multisectoral health security bulletin to be readable, successful, and be a standard bulletin.

Professionals from the Ministry of Agriculture, the Ethiopian Wildlife Conservation Authority, the Environment Protection Authority, and the Ethiopian Public Health Institute attended the meeting. At the end of the event, the participants agreed upon the editorial guideline; on the bulletin preparation, content, schedule process & other related issues as well as on the next bulletin preparation, contribution, and dissemination process. In addition to this bulletin, a content developers or writers group was established and member writers from each sector were nominated.



## A TRAINING SESSION ON SPATIAL MONITORING AND REPORTING TOOLS HELD



Professionals from Ethiopia's Wild Life Conservation Authority were trained to help the country's conservation efforts in managing protected areas. The Ethiopian Wild Life Conservation Authority's Director General, Ato. Kumera Wakjira, indicated at the outset of the program that the training will help professionals strengthen their expertise areas while also benefiting the country's conservation efforts in sustaining protected areas. The Director General went on to say that in order for the conservation effort to be successful as a whole, the trainers must put up a lot of effort and commitment. From March 3 to 8, 2022, thirty wildlife experts were trained in SMART (Spatial Monitoring and Reporting Tool) at the Ethiopian Wild Life Conservation Authority (EWCA) headquarters.

**Ato. Kumera Wakjira, Ethiopian Wild Life Conservation Authority's Director General.**



According to the training, gathering, measuring, and assessing data to improve the efficacy of wild animal conservation initiatives is a critical task that should be carried out by professionals in protected areas. Furthermore, the system will facilitate data collection, analysis, and implementation, including disease information and protected area warning data. The use of this technology system will also aid the daily patrol for conservation purposes.

The system is a combination of software, training materials, and patrolling standards designed to aid conservation managers in monitoring animals, recognizing threats such as wild animal poaching or disease, and enhancing patrol efficacy, according to what was learned. This method has already been applied in the Nechsar, Omo, and Borena Saynet Werehimeno National Parks. The other four parks will be replicated in the near future. The SMART system is designed to improve the network of animal disease alerts, as well as early detection and response times.

The system's training and installation were supported by the GIZ-BFP project, while technical support was provided by EWCA undertakings. In order for the system to function well, practitioners must perform well in their roles, and continuing training is essential.



## A NEW LEGISLATIVE DIRECTIVE HAS BEEN ISSUED

The Ethiopian Public Health Institute (EPHI) has issued a new directive No. 882/2014 for the Prevention and Control of the Covid-19 Epidemic. Over the past two years, various laws have been enacted in Ethiopia to control and prevent the spread of the Covid-19 epidemic. When the Covid-19 virus occurs in our country and during the first stage of the outbreak, the government declared a state of emergency that imposed various restrictions and obligations on Regulations and directives and Effective work has been done.

However, taking into account that the virus persists for an extended time and the social and economic consequences of prolonging the restrictions imposed under the state of Emergency Proclamation, the government lifted the state of emergency and decided to prevent the outbreak through regular laws. Based on the relevant laws a directive 30/2021 has been issued which has been in place for some time until it is replaced by directive 803/2021 which has been effective until recently.

Due to the current situation and the outbreak level of the epidemic, the prevalence and distribution of the vaccine, and the fact that the supply and distribution of the vaccine are encouraging and the government is giving it free, however, a new directive 882/2022 is issued that focus on more effective precautionary measures and that take also the vaccination into consideration. In the new directive, the precautionary measures provided under the former directive are amended, partially amended, or removed. The new directive for the prevention and control of Covid-19 No 882/2022 can be found by clicking this link.

[https://www.moh.gov.et/site/Directive\\_882\\_2014](https://www.moh.gov.et/site/Directive_882_2014)



## WORLD ANIMAL DAY 2022 WAS CELEBRATED

World Animal Day was celebrated in Ethiopia to raise the status of animals to improve welfare practices. The day was celebrated to raise awareness among the public at large too.

Elnet an emerging partner established recently promised to support One Health and Animal welfare in Ethiopia produced a 10-minute short video documentary that focuses on the status of working animal initiatives by different stakeholders, including the government and NGOs working in the country. It is expected that the video will be used widely to highlight the plight and best practices for these important animals!

In this advocacy video Dr. Feyesa Regassa from MoH/EPHI, the chairperson of NOHSC, along with H.E Dr. Fikru Regassa, state minister for MoA, and Dr. Rahel Jigi, Elnet Foundation Regional Program Director shared their expert insights and reflections of the development and achievement of One Health initiatives in Ethiopia.

The short video highlights the general welfare practices of working animals and the basics of animal freedoms in Addis Ababa and its surrounding areas. The collaboration with the Ministry of Agriculture, in particular, the Directorate for Livestock Identification, Traceability and Animal Welfare has enabled the organization to produce the short documentary.

World Animal Day is celebrated each year on October 4th Globally, it was celebrated for the 90th time and in Ethiopia, it was celebrated for the seventh time to promote the status of animals to improve welfare practices. It was understood that the recently established organization “Elnet Foundation” is now official NOHSC member.



# SUCCESS STORY



## THE 13TH YEAR JOURNEY OF ETHIOPIAN FIELD EPIDEMIOLOGY & LABORATORY TRAINING PROGRAM (EFELTP)

BY DR. ZEGEYE HAILEMARIAM

The Ethiopian Field Epidemiology and Laboratory Training program is an in-service training program in Field Epidemiology training program adopted by the center of disease control and prevention (CDC) and Epidemic Intelligence Program (EIS) which was started in 1951 in the USA. The program is designed to assist the Ministry of Health in building or strengthening systems by training and capacitating professionals (workforce) in outbreak investigation /response and surveillance

Ethiopia like other developing countries lacks the skill to use data for effective decision-making in public health as a reason for this fact leadership in strategic information building skilled public health capacity and field epidemiology training program developed in Ethiopia. Simultaneously Ethiopia has a limited number of persons with the skills to use data to assist with decision-making concerning HIV and other related diseases. Hence, the center for disease control and prevention (CDC) has implanted the workforce development with the acceptance of the federal ministry of Health of Ethiopia

In Ethiopia, the program has started in 2009 and it was introduced based on the need identified during the restructuring of the overall health system using the business process reengineering (BPR) approach. The main challenges and gaps in addressing recurrent, emerging, and re-emerging infectious diseases outbreaks and responding to geo-epidemiological events are limited multi-sectoral engagement and collaboration to adequately and timely deliver rapid response and interventions, limited laboratory

diagnostic capacity for early detection, untrained and limited surveillance workforce for essential public health actions, for disease surveillance and reporting, and limitations in all sorts of capacities at the ports of entry/exit to meet border public health security measures.

To fill gaps especially in shouldering emergency and disaster management, outbreak response the developing field epidemiology workforce for Ethiopia was inevitable, to revitalize the existing situation in Ethiopia, as this fact, The CDC people from Atlanta came with this global project, FETP to embark on Ethiopia in 2009, the ministry of health has accepted the principle concept of FETP to launch in Ethiopia With the support of all partners the one university training program went until 2014.

Then the FMOH identified that one university training will not satisfy Ethiopia and gave direction to expand the program in other universities, after thoroughly surveying the need assessment and preparedness of the newly identified universities the program revitalized the expansion program in 2015 in additional seven universities.

The expansion was used mainly to improve the surveillance and laboratory detection capacities, to

develop adequate workforce development (expansion of the FETP program to meet 1field epidemiologist for 200,000 people), and for the establishment of Emergency Operation Centers (one state level). Furthermore, border (POEs) health security will also be enhanced with the establishment of strong surveillance, reporting, and rapid response capacities at the national level. Field Epidemiology Training program run globally in over 80 countries and more than 100 programs, Ethiopian Field Epidemiology and laboratory training program is globally the largest program, and due to that, The program run in eight universities and forty-five field bases

To date, there are globally 18,000 field epidemiologists and Ethiopia has 690 advanced Field epidemiologists, more than 850 front line graduates, these are shoe-leather epidemiologists (workforces), who played or play key roles in responding to major public health emergency events like Ebola, Polio, yellow fever, Cholera, MERS covid 19 pandemic, Earthquake, Landslide, etc. The Ethiopia field epidemiology and laboratory training program are based in Human Resource Development Directorate (HRD) at the Federal Ministry of Health. The program is led by the country director which is the director of the Human Resource Development Directorate Director Mr. Asseged Samuel and has the program country coordinator, Dr. Zegeye Hailemariam.

The program has 15 technical staff and 45 active field bases with field base supervisors, resident mentors, and academic coordinators. Of the 15 technical staff, 8 are resident advisors. The Program coordinators are mainly responsible to oversee the program alongside field bases and universities and are based at the HRD office in the Federal Ministry of Health. The resident advisors are graduates of the program assigned to every eight universities where the training is taking place. in addition, consultants from CDC and AFENET work closely with the program. Program coordinators, the program have 45 active field bases that are located in all regional health bureaus of the country PHEM offices including the Ethiopian Public Health Institute. Field bases are places where the resident practices their 75% field attachments and the 25% accounts for class teachings. All field bases have assigned field base supervisors that are responsible for coordinating and planning activities on logistics, financial, and technical needs of the field-based training. In addition, mentors are assigned by field base supervisors for each mentee with experience to support residents on different academic output

## CRITICAL ACHIEVEMENTS OF EFELTP SINCE 2011

- The Program, EFELTP has pyramidal model(Advanced ,Intermediate and frontline)
- More Than 690 Advanced Field epidemiologists
- More than 1200 outbreak investigations
- More than 900 surveillance activities performed
- 3000 public health officials trained in surveillance by residents
- 5 Graduates have become PHEM heads in different regions
- Investigated re-emerging and emerging diseases like yellow fever, Dengue fever, chikungunya virus infection, Sandfly, cholera, MERS
- Active contribution to Ebola virus detection (EVD)surveillance
- Actively participation in Covid 19 pandemic surveillance, response and management
- 35 scientific papers published
- 115 scientific presentations in EFELTP,EMA,EPA, EPHI, ASFENET, TEPHINET, ICID etc

# ARTICLE

## **RISK BASED SURVEILLANCE ON HIGHLY PATHOGENIC AVIAN INFLUENZA (HPAI) AND OTHER SELECTED POULTRY DISEASES FROM SELECTED RIFT VALLEY LAKES OF ETHIOPIA THROUGH ONE HEALTH APPROACH**

BY

**DR. REDEAT BELAYNEH , DR. MISGANA AMENU & DR. ASHENAFI G/MARIAM**

### **1. Introduction**

Avian influenza (AI) represents one of the greatest concerns for public health that has emerged from the animal reservoir. In recent times, the worldwide spread of avian influenza (AI) viruses, particularly specific highly pathogenic AI viruses of H5 and H7 subtype, have put the livelihood of small rural poultry establishments and the farming community at high risk in countries like Ethiopia where the life of animals and people are interconnected.

Ethiopia has a diversified ecology, wetland, and lakes located in the rift valley basin which hosts several migratory birds in different seasons.

The current risk-based surveillance program will be part of the ongoing AI & other selected poultry disease (NCD, IBDV, and Marek's ) surveillance plan which AHI usually carried once a year on risk areas of the country.

To accomplish this surveillance program, a team composed of molecular biology laboratory AHI, the experts from Ethiopian Wild Life Conservation Authority (EWCA), and Experts from the Ministry of Agriculture in a multi-sectoral approach, had made to carry out the surveillance having with the following objectives.

- To collect appropriate samples and perform molecular detection of the AI virus and sub-type strains. And molecular detection of other poultry diseases.
- To do the experience of Surveillance HPAI jointly with EWCA and MOA in a multi-sector approach.
- For Early detection of AI to facilitate rapid and effective control measures.
- To gain a more comprehensive understanding of the current status of avian influenza & other poultry diseases in risk areas.

**Table 1. The surveillance Sites covered and number of samples collected during the joint surveillance in Ethiopia, Oromia and southern Ethiopia water bodies**

S/N	Sample Type	Group 1	Group 2	Total collected samples
1	Traacheal swab	100 pool = 500	65 pool= 325	825
2	Cloacal swab	100 pool = 500	62 pool= 310	810
3	Fecal droplet	83 pool = 415	96 pool=480	895
4	Tissue sample:- From one sicked Wild bird:-brain sample, liver sample, lung sample, heart sample, kidney sample and spleen		Pool tissue	2 Pool tissue
	-From one sicked domestic bird (poultry):-liver sample, lung sample, heart sample, kidney sample and spleen sample		Pool Tissue	2 Pool Tissue
5	Accessed water body	Lake-Tikur Lake-Weha,Lake-Awassa,Lake-Abaya ,Lake-Camo	Lake Ziway,Lake Abiyata,Lake Shala,Lake Hora,Lake Koka,Lake Langano	



## 2. The surveillance team

Two team members from the molecular laboratory of AHI, Two Animal health experts from the Ethiopian Wildlife Conservation Authority (EWCA), and Two experts from the Epidemiology directorate MOA including drivers were deployed for the fieldwork to assess and collect samples from water body areas of the eastern part of Ethiopia from wild birds, migratory birds, and backyard chickens. And collect epidemiological data from study areas.

The study design was - Risk-based surveillance has conducted in two sites (Oromia and Southern Ethiopia ) from December 28/2021 - to January 28/2022 to detect the presence or absence of avian influenza in and around the rift valley water bodies found along with the rift valley areas where migratory wild birds are expected to temporarily live and the back yard chickens which have epidemiological linkage to rift valley lakes where wild birds found. Conduct epidemiological assessment will be performed in and around risk water body areas.

Risk-based sampling used in domestic poultry taking into account of the location and proximity of the smallholder poultry farms to the water bodies which might increase the risk of transmission of avian influenza viruses from migratory water birds to domestic poultry farms... . In the current surveillance the water bodies and village poultry markets of eastern Ethiopia have been accessed at two sites which are:- in and around - In Oromia sites ( Lake Hora , Lake Bisheft , Lake babogay, Lake Koka , Lake Ziway , Lake Shala, Lake Abiyata, Lake langano), In Southern Ethiopia sites (Lake Tikur Wuha , Lake Hawasa , Lake Chamo , lake Abaya).

The study populations were migratory/wild birds and domestic chickens. All study village chickens were often kept out-door and scavenged all day near the vicinity of the house of the owners. The domestic poultry was not vaccinated for any diseases. The community is the owner of poultry and the people living around the rift valley lakes.

### Sample size and sample type -

- Total of 825 tracheal 810 cloacal swabs, 895 fecal droplets, 4 pools of five tissue samples, and 10 pools of ten feather samples will be collected in both sites. Tissue samples will be collected from active poultry disease in a time.
- Fecal droplets and Swab samples were analyzed by Real-time Polymerase Chain Reaction (RT-PCR) for detection of avian influenza viral nucleic acid Mareks, and NDV in the molecular lab according to the test method AHI ( Oie Reference).

### The joint Surveillance Output

- Strengthen experience of joint Surveillance HPAI EWCA, AHI, and MOA in a multi-sector approach.
- Able to know the presence or absence of avian influenza in and around the study water bodies areas and take observation of the status of the disease.
- Able to know the presence or absence of other poultry diseases such as NDV, IBDV and marek's around the study water bodies areas and take observation of the status of the disease.
- Collect epidemiological data to Provide information for officials on the presence and absence of AI and other poultry diseases; it helps to perform early prevention and control measures.

# ARTICLE

## LEGAL PREPAREDNESS FOR PUBLIC HEALTH EMERGENCY BY SOLOMON EMIRU



One of the foundational technical areas for epidemic preparedness that contribute to health system strengthening is whether the country has legislation in place to support overall preparedness for the prevention of epidemics. Laws can help create an effective emergency preparedness framework by enabling the active participation of actors and the development of a plan that would be implemented at all levels.

Generally, laws enable better prevention, detection, and response to public health emergencies by helping countries build capacities required under the International Health Regulation (IHR) and meet Global Health Security Agenda (GHSA) targets. All the GHSA[1] /JEE [2] (Joint External Evaluation) domains share one typical role of the law – establishing a coordination mechanism for information sharing and emergency preparedness and response activities across relevant sectors.

Even though the report of the Joint External Evaluation conducted for Ethiopia in 2016 identified Ethiopia's capabilities as having a legal framework in place to enable and support its implementation of the IHR, it recommended also that all relevant components that facilitate the implementation of Ethiopia's rights and obligations be reviewed and incorporated into legislation.

The Coronavirus pandemic has also highlighted several gaps and weaknesses in the country's national public health legal framework. Likewise, the evolving role and mandates of EPHI on the Public Health Emergency, laboratories, and research necessitates a comprehensive assessment of the legislation to identify the gaps and to have comprehensive provisions for the Institution to carry out its function efficiently with a well-defined legal basis for multi-sectoral coordination.

While law reform and legislation development can be a long process, consideration of law reform well ahead of a health crisis is an important part of preparedness. Country experiences also show that the basic legislative architecture needs to be established, understood, administered, funded, and fully implemented before a health emergency arises.

Hence, the Ethiopian Public Health Institute in collaboration with Resolve to save lives has conducted the assessment of public health legislation and a compiled assessment report is produced pending validation. The legal assessment is conducted by an independent consultant under the lead of the legal office at EPHI and under close monitoring and involvement of the senior Legal Advisor of Resolve to save lives.

The general objective of the assessment is to review and analyze the state of Ethiopia's legislation related to IHR and EPHI's growing public health emergency management functions, and then develop new public health legislation that complies with IHR and EPHI's general mandate on public health research and national laboratory system strengthening.

Accordingly, the assessment report; identifies the gaps and weaknesses in existing legal frameworks governing IHR implementation, public health emergency management, and other mandates of EPHI. In addition to this, it maps out legislative directions and informs the development of comprehensive national public health emergency legislation to implement the IHR fully, effectively, and efficiently in the Ethiopian health system.

[1] In 2014, the Global Health Security Agenda (GHSA) was launched to help build countries' capacity to prevent, detect and rapidly respond to public health threats. The agenda covers eleven areas of public health and gives countries measurable targets to meet within each area. The GHSA seeks to promote global health security as an international priority and to assist with the implementation of the International Health Regulations (2005).

[2] This evaluation was a joint exercise between a team of experts from the Federal Democratic Republic of Ethiopia (Ethiopia) and an external team of experts, using the World Health Organization (WHO) International Health Regulation (IHR) (2005), joint external evaluation (JEE) tool.

**Thank you for reading**

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