



PARALLEL SESSION 2.5

REDUCING THE GAP: ADDRESSING NEGLECTED DISEASE; NEGLECTED POPULATIONS



| BACKGROUND

Preventable, endemic diseases are rarely prioritized for surveillance as they do not pose a risk of epidemic or pandemic outbreak. This is a failing on two levels: (1) the presence of preventable diseases acts an indicator of the overall state of the health system; and (2) the knowledge of 'usual' allows for detection of the unusual. Strengthening surveillance and other systems for endemic diseases, infectious or otherwise, provides necessary infrastructure to combat the existing and target the emerging. In addition, most of these subsisting populations live in close proximity with their animals and experience a double burden, disease in their animals and disease in their families and communities. A pro-poor initiative on a massive scale, control of NTDs has much to offer in terms of what can be adapted, innovated and built in low-resource settings most burdened by NTDs in an agenda that makes poverty alleviation its overarching objective and aims to leave no one behind.

The success celebrated for some of the NTDs shows that it is possible to build private-public partnerships that lead to concrete results, such as the Global Partners' Meeting on NTDs based on the theme "Collaborate. Accelerate. Eliminate". This encapsulates an exemplary informal collaboration that marks a 'turning point' in global efforts to control and eliminate poverty-related diseases.

The discussion will center on forging cross-sectoral partnerships to tackle NTDs and "diseases of poverty", and will include a range of elements crucial to an effective collaboration across sectors such as financing, research and development, production and delivery of vaccinations and treatment, disease surveillance, role of local communities and other actors on the field. It will elucidate the incentives of building effective cross-sectoral and public-private partnerships by using the case of NTDs. Lessons may be derived from the NTD experience to other areas requiring cross-sectoral partnerships in health where a population-based intervention is appropriate.

| OBJECTIVES

Marginalized and neglected populations bear the epidemic risk of infectious diseases especially neglected tropical diseases. They are more exposed to disease vectors as well as have less access to effective and timely health care. Without addressing prevention, detection and response among this segment of the population, the world cannot be safe from infectious disease. This session aims to discuss successful examples of cross-sectoral partnerships across human and animal health sectors to tackle "diseases of poverty" including financing, vaccine development, and distribution as well as delivery. It will also address how to target this neglected segment of the population against the threat of infectious diseases. Intervention based approaches through specific diseases can be discussed as well as tackling access and inclusion into the health system through a social determinants approach. Tackling NTDs is addressing the causes of poverty and the pathways to reach the poorest and most vulnerable in society those that will have slower access to universal health coverage and would be a pathway to strengthen health systems, human, animal and environmental.





Panelist

Harentsoaniaina Rasamoelina Andriamanivo

Veterinary Epidemiologist

Indian Ocean Commission
Mauritius

Harena Rasamoelina Andriamanivo (DVM, MPH, PhD), is a veterinary epidemiologist. Formerly a researcher at the National Agricultural Research Centre and lecturer at the Faculty of Medicine of Antananarivo in Madagascar, he is currently posted at the Indian Ocean Commission (IOC) which is a regional organisation with five Member States (Madagascar, Mauritius, Comoros, Seychelles and Reunion Island/France). He is a member of an epidemic intelligence unit, based in Mauritius, and which coordinates the SEGA One Health Network. This latter is a regional network of epidemiological surveillance and outbreak management. It gathers the diseases surveillance services for both animal and human sectors and the research institutes in the Member States of the IOC. The SEGA One health network is based on three pillars: information sharing between the epidemiological surveillance units of the countries, capacity building at national level and multidisciplinary. Harena Rasamoelina participates in all activities of capacity building of the epidemiological surveillance units and laboratory of the Member States both for human and animal diseases and for common and neglected diseases. Here are some examples, all of them include animal and human sectors: surveillance of rabies in Madagascar, surveillance of antimicrobial resistance at regional level, surveillance of Q-fever and Rift Valley fever in Comoros, regional field epidemiology training programme (FETP). He is also involved in the coordination of a program of external quality assessment of laboratory on diagnosis of arboviruses (chikungunya, dengue, Rift Valley fever, ...) and a regional e-surveillance of animal diseases. He is part of the regional mobile team deployed in case of health emergency like it was the case during the foot and mouth disease in Mauritius in 2016 or during the pneumonic plague in Madagascar in 2017. He participates in research projects in the region and has authored papers on wide range of topics: disease-oriented (Newcastle disease, avian influenza, African swine fever, cysticercosis, Rift Valley fever, ...), or method-oriented (e-health, field epidemiology, participatory epidemiology, social network analysis applied in epidemiology, ...).

