



Professor Gervais Ondobo Andze is a Professor of Pediatric surgery since his brilliant success at the competitive examination of aggregation of the African and Malagasy Council for Higher Education (AMCHE) in 1998.

After medical studies between 1978 and 1984, in October 1984 he was made Doctor of Medicine from the Yaounde University Teaching Hospital (YUTH), notably after defending a thesis which advocated the DUHAMEL operation in the surgical treatment of Hirschsprung Disease in children in Cameroon.

Thereafter, he furthered his post-graduate surgical training at the Cheikh Anta Diop University of Dakar from late October 1984 where he obtained the Certificate of Special Studies (CSS) in General Surgery in October 1988, and at the University of Montreal from December 1988 to December 1990 where he obtained the Diploma of Special Studies (DSS) in General Pediatric Surgery.

Upon his return to Cameroon in late December 1990, he was recruited in early 1991 in the Ministry of Public Health, and posted as a surgeon in the Surgical Unit of the Yaounde General Hospital where he worked for 10 years before being appointed in 2002 as Head of the Paediatric Surgical Unit of the Yaounde Gynaeco-Obstetrics and Pediatric Hospital.

In the meantime, he served as Secretary General to the organization of the Cameroon National Medical Conference from 1992 to 1997 and as such, he played a vital role in the field of Continuing Medical Education of health professionals from the Ministry of Public Health of Cameroon. He contributed over time to make the National Medical Conference of Cameroon at that period the most important annual Medical Forum in the Central African sub-region. This earned him the privilege of organizing many other international scientific meetings, particularly in the field of laparoscopic surgery and telemedicine.

In June 2008, he was appointed Director of Disease Control in the Ministry of Public Health and cumulatively, Chairperson of the National Onchocerciasis Technical Group (NOTG). This was the beginning of a career at high levels in the Cameroon Administration where he distinguished himself by numerous reforms in the field of disease control, including the development of several national strategic plans

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to prevent and control certain diseases, as well as a political statement by the highest authorities of the country resolved to eliminate onchocerciasis in the national territory.

Between 2010 and March 2012, as Director of Disease Control, he chaired the Malaria Control Steering Committee along the Chad-Cameroon pipeline corridor and the SURVAC Project Committee (Strengthening Epidemiological Surveillance in Central Africa) funded by the Bill and Melinda Gates Foundation. He also participated in several statutory government missions in the field of public health with multinational institutions (WHO, UN) and took part in many international ministerial conferences, particularly in Europe and Africa on health issues of current concern, especially cross-border cooperation in the fight against cholera and other emerging / re-emerging diseases.

As a result of performing such duties he became an actor in strengthening the Integrated Disease Surveillance and Response (IDSR) in his country, including the EPT component with USAID/RESPOND. At the same time, he became an African stakeholder in the implementation of the "One Health" approach in collaboration with the African Union Interafrican Bureau for Animal Resources (AU-IBAR).

In April 2012, he was appointed Inspector of Medical and Paramedical Services in the Ministry of Public Health, by Decree of the Prime Minister, Head of Government, a position he holds to this day.

He has published hundreds of scientific papers as author or co-author in national and international medical journals and is a member of several learned societies in the world.

ENABLING POLICY ENVIRONMENTS FOR A “ONE HEALTH” APPROACH: The Cameroonian Experience, An Example of Multi-Sector Collaboration.

Gervais ONDOBO ANDZE, PHD

INTRODUCTION

The first decade of the 21st century was marked by the emergence of global pandemics such as HIV/AIDS, the influenza A (H1N1) pandemic in 2009, the highly pathogenic avian influenza A (H5N1), or severe acute respiratory syndrome. About 75% of these zoonotic diseases have a significant public health and socio-economic impact. Lessons learned from the strategies put in place, for the prevention and fight against these diseases of animal origin have highlighted the need for an inter-sector collaboration, particularly in the human health, animal health and environmental domains.

For long, we have completely separated the human health, animal health and even environmental health domains. This separation should be resolved, because the interaction between the environment, animals and human life is inevitable. Thus, men are constantly exposed to risks associated with this Human-Animal-Ecosystem interface. Indeed, according to the World Organization for Animal Health (OIE), 60% of human pathogens are of zoonotic origin and 80% of the agents which may have potential bioterrorist use are zoonotic

pathogens. The development of a holistic approach here therefore has all its importance and relevance, hence, the need to develop principles and set objectives to facilitate this inter-sector collaboration.

Promoting a collaborative approach like the “One Health” type at the national level will confer an enhanced political support over time, to ensure coordinated disease prevention with major impact on public health and animal health in the man-animal-ecosystem (OIE) interface. That is why, we should insist on the importance of continuous improvement of inter-sector collaboration of all actors working for the well-being of the ecosystem (human-animal-environment).

II- THE CAMEROONIAN EXPERIENCE OF MULTI-SECTOR COLLABORATION

II-1. The Common Fund Project (2006-2010)

During the management of zoonotic risks that the country has faced in recent years, the Cameroon Government fully integrated the principle of multi-sector participation in the response to epidemics, notably with the Common Fund Project for the

Prevention and Control of Avian Influenza in Cameroon. To facilitate this operation, the project consists of:

- An Ad Hoc Inter-ministerial Committee (IMC) in charge of administrative coordination: 13 Ministries were involved;
- The UNDP ensured the financial management of funds allocated by the various donors in accordance with the management procedures of the United Nations system;
- A Steering Committee co-chaired by the Chairperson of the IMC and the UNDP Resident Representative;
- The Coordination Unit based in the Prime Minister's Office: it was the centre of operations and the communication link between the various stakeholders;
- A Technical Committee (housed in the Prime Minister's office) and Focal Points designated in each ministry;
- A National Brigade.

The Inter-ministerial Committee has shown its effectiveness in the management of health risks associated with avian influenza A(H5N1) and mobilized all forces of the country against this phenomenon. The partnership that was within the Government has not only proven its effectiveness in crisis and disaster management, but also in the rational use of resources, through the establishing of a common fund with efficient financial management procedures.

II-2. The development of the Integrated Disease Surveillance and Response (IDSR) guide and the management of rabies

The IDSR Guide for Cameroon was developed in 2005 by the Ministry of Health with support from

WHO, and revised in 2011. The revision of the IDSR Guide was carried out while integrating the "One Health" concept with a strong involvement of livestock, fisheries and animal industries.

Moreover, interventions in the management of certain diseases such as rabies are carried out in conjunction with the Ministry of Fisheries and Animal Industries, the Ministry of Territorial Administration and Decentralization and even Communities. Indeed, the investigation teams of suspected cases of canine and/or human rabies are multi-sector, and this therefore provides an opportunity for all sectors to better identify or target interventions and carry out appropriate responses in a coordinated manner.

II-3. The National Programme for Prevention and Control of Emerging and Re-emerging Zoonosis (NPPCERZ)

Lessons learned from the Common Fund Project were enhanced by the creation of an Ad Hoc Inter-Ministerial Committee responsible for developing and implementing the NPPCERZ in accordance with Decree No.070 of April 28th 2008 of the Prime Minister, Head of Government.

Through a participatory and consensual approach, the Committee, composed of representatives of 8 ministries under the supervision of two consultants, developed the programme from September 2011 to February 2012.

In its execution, this programme aims to implement the multi-sector and inter-disciplinary approach based on three axes:

- Epidemiological surveillance and response, notably establishing a network of

epidemiological surveillance of wildlife at the level of protected areas. In this perspective, it involves initiating a common agreement with hunting guides, collecting samples from wildlife animals legally hunted within the context of strengthening epidemiological surveillance and even epidemiological vigilance;

- Training;
- Research.

Institutionally, it consists of three main organs, namely:

- The Steering Committee;
- The Technical Committee Orientation;
- The National Coordination.

The lessons learned from this measure clearly reveal that the “One Health” concept which materializes through inter-sector collaboration in the fields of human health, animal health and the environment health is not a new phenomenon in Cameroon. Moreover, this collaboration needs to be operationalized, so that it is no longer only a reactive approach but rather an anticipatory and proactive approach faced with the potential health risks associated with interactions between recurring human life, animal life and global warming.

This means that the lessons learned from the Cameroonian experience mentioned above allow us to assert that the success of a multi-sector and even inter-sector collaboration greatly relies among other things, on good multi-sector system coordination and the existence of an integrated national policy document.

III- BASIC PILLARS OF AN EFFECTIVE MULTI-SECTOR COLLABORATION

III-1. 1st pillar: One Coordination

Coordination is defined as the harmonious management of the actions of several persons towards a common goal. There are several types of coordination systems, it is therefore necessary to adopt a coordination system that best suits the socio-political environment, that is to say, a system which respects the administrative and political structure of the country.

In the case of Cameroon, the Government is headed by the Prime Minister. The coordination strategy of inter-ministerial and / or multi-sector places him at the head of intervention mechanisms. A regulatory text signed by him obligatorily commits all ministers concerned, on behalf of the principle of subordination. Similarly, coordination at the intermediate level (regional and divisional) of multi-sector activities is ensured by the Governor and Senior Divisional Officer, local authorities and representatives of the Government.

- **III-1.1 The sharing of information and knowledge between different sectors of human health, animal health and the environment.**

This involves breaking down the barriers between the different disciplines of human health, animal health and environmental health (general medicine, human biology, public health, zoology, animal biology, nutritionists, veterinarians, eco-guards, environmentalists, etc...). It is therefore necessary to set up a platform and /or a network that will allow

information sharing and data harmonization, to optimize prevention, Human-Wildlife conflict management in Protected Areas and management of potential epidemics. This network should be a group of persons and structures established throughout the country that constantly carry out monitoring, in order to detect any occurrence of priority diseases and inform the central level for quick decisions and consequent actions. The establishment of such an inter-sector network to monitor health, based on the use of a multi-sector coordinated dynamic mapping of geo-referenced potential health risks (diseases and their vectors) will thus facilitate the development of a common language between experts of different sectors.

- **III-1.2. An Appropriate Institutional Framework**

Health risks management, associated with the Human-Animal Interface, through inter-sector collaboration in the fields of human health, animal health and environmental health, needs to be legally framed. This legal framework is achieved through the creation of a multi-sector structure by the highest authority of the country if necessary, with regulations governing the organization and operation. This is about giving that structure the legal characteristics necessary for an effective implementation of its recommendations in the community. All this would de facto enable each entity of the structure to fully play its complementary role in relation with the other entities. This institutional framework would primarily aim at harmonizing the coordination of various interventions.

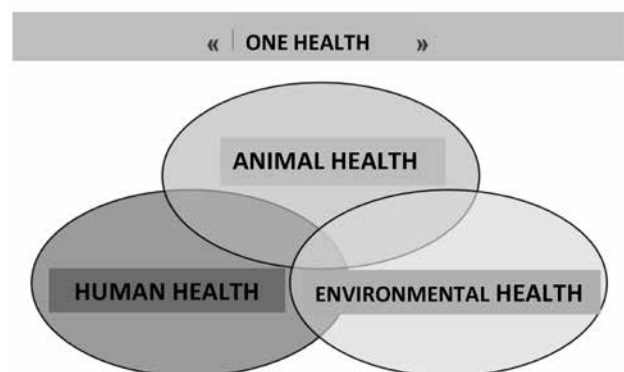
In addition, this regulatory framework aims in a short-term at ensuring the follow-up of activities registration related to the National Programme for

Prevention and fight against emerging and re-emerging zoonosis in budget lines (programme budget 2013-2015) of key sectors (Health, Forest and Wildlife, Environment, Research, Livestock and Animal Industries) for the implementation of this programme from 2013.

Finally, it is planned to conduct awareness campaigns on the concept of “One Health” in training schools and faculties of human and veterinary medicine, wildlife and forests, public health administration.

- **III-1.3. The designation of Focal Points in different sectors of human health, animal and environmental health.**

To avoid the dispersion of energy and create an atmosphere of confusion in the work of different sectors, resource persons should be designated to collect and disseminate data and/or information for the benefit of these sectors: they are Focal Points. They are chosen within each ministry involved in the management of health risks.



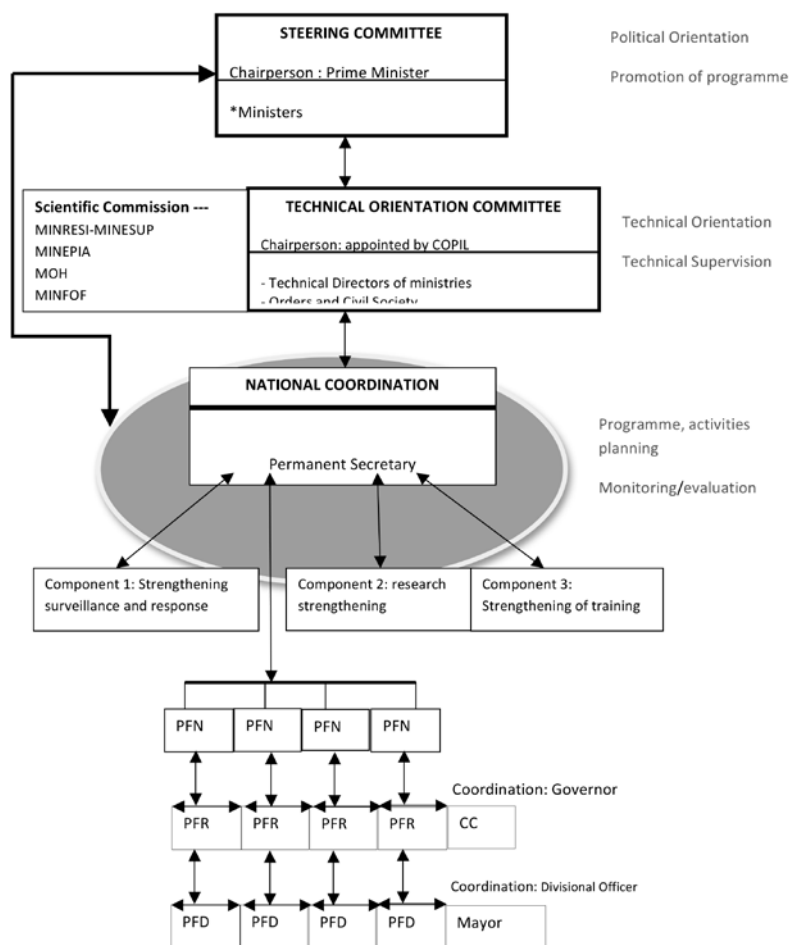


Figure 1: Diagram of PNPLZER Coordination System

III-2. 2nd pillar: A single integrated national strategy document

The philosopher Ludwig Wittgenstein said that: “The strategy comes when forecasts are no longer possible.” The existence of a national strategy is essential in the resolution of health risks related to the emergence of infectious diseases in a country, because of their unpredictability. A national strategy is therefore a detailed plan to achieve success, all decisions and activities selected to achieve long-term goals. It is in this perspective that Cameroon has developed its “One Health” national strategy.

The “One Health” national strategy is the result of efforts to be produced by the health animal sectors themselves (domestic and wildlife), human

health and Cameroon environmental health to now work together, in an inter-sector and synergic manner for the management of health security of human and animal species. This is the operational framework within which all programmes and projects related to animal, human and ecosystem health must be registered.

III-3. 3rd pillar: Capacity building and awareness of human resources of human health, animal and the environmental health.

Human resources from different sectors should be sensitized on the need for dialogue between the actors from these sectors for the well-being of humans, the preservation of animal species and the preservation of ecosystem or environmental health.

Capacity building through training of staff and organization of refresher seminars are essential for the acquisition of key concepts relating to the Human-Animal-ecosystem interface by the different actors. All this would contribute to a good mastery of decisions taken collectively and coordinated for effective and efficient inter-sector collaboration.

III-4. 4th pillar: Broadening the dialogue platform to other related sectors

Health risks management related to the Human-Animal-Environment interface do not only challenge the human, animal and environmental health sectors, but also all other related activities sectors which suffer little or no consequences of abnormalities of this interface. This is the case for example of the economy and town planning, social housing, tourism, education, higher education, water and energy sectors with structural projects or industrial development. All these sectors should actually participate in the multi-sector collaboration network at the research, prevention level as well as response level to the abnormalities of the interface.

CONCLUSION

In the context of multi-sector and inter-sector collaboration mentioned above, the implementation of a single integrated national

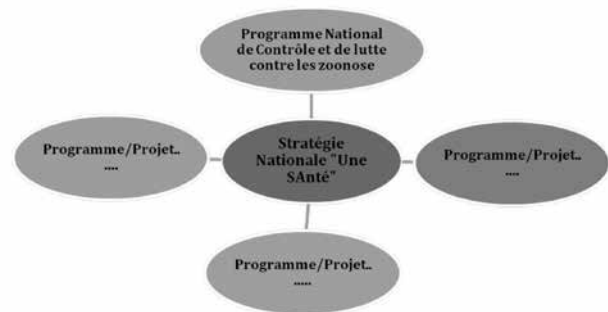


Figure 2 : Diagram of the "One Health" strategy approach in Cameroon.

strategy is essential to the success of any national programme for the prevention and control of zoonosis and emerging/re-emerging diseases under the leadership of an efficient centralized coordination with decentralized organized and operational multi-sector structures.

The national multi-sector collaboration should invest in baptismal fonts of a more active international cooperation in the field of prevention and control of any zoonotic risks, for the purpose of protecting the entire planet against the adverse health effects related to such risks on public health worldwide, while also preserving the inherent hazards and scourges that threaten global food security and the survival of the human race.

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