

FAO IN GENEVA

## One Health Dialogue Series

*Health through healthy agrifood systems*



### **Operationalization of Joint Risk Assessment tool in Ethiopia Lessons learnt and way forward**

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# Outline

- Background
- Diseases preparedness and response
- Joint risk assessment roll out
- Benefits and Challenges of JRA operationalization
- Best practices

# Ethiopia

## Human population:

- >115, 000,000 (CSA and EDHS projections); 12<sup>th</sup> in the World

## Livestock population

- >65,350,000 – Cattle
- >39,890,000 – Sheep
- >50,500,000 – Goats
- >2,100,000 – Horses
- >8,890,000 – Donkeys
- >380,000 – Mules
- >7,700,000 - Camels

Agricultural  
Sample survey,  
2019

## Agro-ecology and wildlife:

- Ethiopia is one of the top 25 biodiversity-rich countries in the world with 320 species of mammal including 39 endemics, 918 birds with 19 endemic species, 240 reptiles (16 endemics), 71 amphibians (30 endemics) and 172 freshwater fishes with 38 endemics



# Diseases preparedness and response

- Prioritized top five zoonotic diseases of greatest national concern identified using the CDC tool One Health Zoonotic Disease Prioritization (OHZDP) (Sept 2019); Anthrax, Rabies, Brucellosis, Rift Valley Fever and Zoonotic Avian Influenza
- Disease Prevention and Control Plans for Rabies and Anthrax;
- Disease Preparedness and Response Plans for HPAI and RVF;
- Guideline for Anthrax Surveillance and Outbreak Management;
- Ethiopia One Health Zoonotic Diseases Risk Communication Strategy
- Brucellosis prevention and control guideline



# JRA Training and Roll out in Ethiopia



Sept 2019; JRA Training in Debre Zeit



March 2021; JRA roll out in Adama



# Joint risk assessment roll out

**Purpose:** The NOHSC recommended the JRA to be applied on HPAI and RVF. The NOHSC oversaw the JRA process by bringing multidisciplinary experts/partners and information from relevant sectors together and apply the JRA to evaluate, understand and manage risks at the human-animal-environment interface for a coordinated One Health response against priority and emerging zoonotic diseases.

**Preparation and roll out of JRA:** The NOHSC took the leading position in planning and preparation of the JRA process, through its EPT-TWG. FAO ECTAD, John Hopkins University Centre for Communication Program (JHU CCP) and WHO Ethiopia facilitated the process.

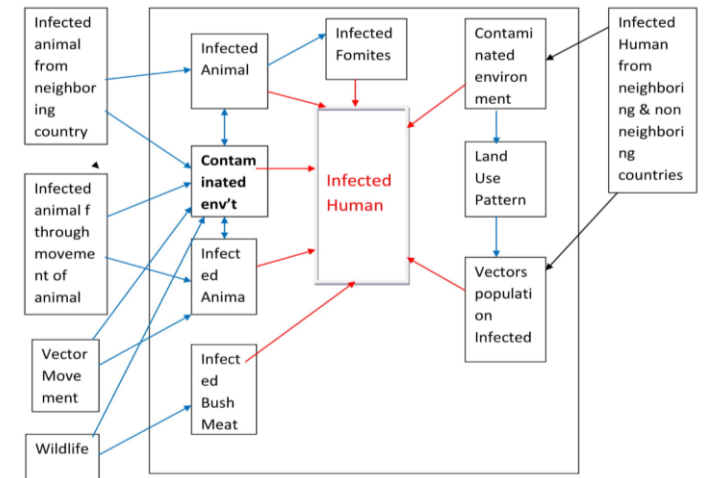
**Planning and preparation involved:** (1) learning from other countries with JRA operationalization experience; (2) identification of hazards of concern; (3) complete risk framing for each identified hazard and (4) Dry run (Day-0 exercise).

**Recommendations** for management options and communication messages were put forward to the government through the NOHSC.

JRA outputs motivated government authorities to strengthen their organization specific disease surveillance and risk assessment specifically import risk analysis on the diseases whose risk was estimated



Figure 1. Diagram for Risk path way of RVF



# Benefits and Challenges of JRA operationalization

## Institutional (benefits):

- The government learnt that JRA is essential to estimate and manage risks that needs multi-sectoral collaboration.
- As a result, government risk assessors and risk managers recommended the rolling out of JRA at national and local levels of the country(federal and regional levels).

## Technical (benefits):

- Risk estimates of priority zoonotic diseases HPAI and RVF were documented; and
- Recommendations on management options and communications were forwarded
- Output were owned by the government to use them as a guiding documents.
- In addition, government participants confirmed that they trained regional staff during this rolling out process will strengthen the national risk analysis capacity from JRA point of view

## Operational and financial (benefits):

- FAO in collaboration with other partners supported the first round of JRA roll out in March 2021

# Challenges of JRA operationalization

- Availability of limited HR capacity on JRA both at the national and sub-national levels was indicated by government authorities as a challenge
- Synchronization of information across the sectors is to get early alert
- Hence, Authorities forward recommendation to expand the rolling out to further rounds



# Best practices

## Institutional

- Presence of multi-sectoral One Health coordinating platforms (NOHSC, TWGs, Sub-national OH taskforces in some sub-national states)
- Presence of inter-sectoral memorandum of understanding foundation for collaboration in JRA
- National One Health Strategic plans
- NAPHS

## Technical

- Presence of priority list of zoonotic diseases, which sectors agreed on
- Presence of sector specific risk assessment experience
- Presence of previously trained JRA experts from different sectors (though with limited number)
- Presence of disease prevention , control, preparedness and response plans for future JRA operationalization

## Operational

- Presence of partners which can support JRA operationalization
- Tripartite plan to strengthen multi-disciplinary and multi-sectoral collaborations at the national, regional and Sub national levels

Thank you!!