

### Organizational challenges

- Poor level of awareness among policy and decision-makers about the serious nature of the disease.
- Presence of other competing health priorities that often take precedence.
- Being zoonotic in nature, control of VHF is mostly dependent on its control in animal reservoirs.
- Lack of transparency of countries in reporting outbreaks, and countries' denial of the existence of human cases.
- Poor level of inter-sectoral collaboration and cooperation between public health and veterinary health authorities.
- Lack of integration between human and veterinary medicine for exchange of epidemiological and laboratory surveillance data of the animal and human health sectors.
- Absence of cross-talk within the health sector between the surveillance, clinical services and laboratory services departments.

### Diagnosis and detection

- Occurrence of VHF in remote areas makes it impossible to provide services rapidly to hard-to-reach populations.
- Lack of laboratory diagnostic capabilities in countries to detect novel viral pathogens.
- Difficulties in international transfer of samples for logistic and economic reasons.
- Difficulties in conducting field investigation in remote areas where most of the VHF occur.
- Lack of clear understanding of the epidemiology and disease manifestations of VHF.
- Problems in differential diagnosis due to the clinical symptoms of many of VHF resembling each other and often overlapping.

### Control and interruption of transmission

- Insufficient capacities of countries to plan, mobilize and implement appropriate control measures.
- High probability of nosocomial transmission of some of the filo- and arboviral haemorrhagic fevers in health-care settings.
- Poor application of strict barrier nursing and other appropriate infection control measures in health-care facilities.