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## 10<sup>th</sup> Meeting of the One Health High-Level Expert Panel (OHHLEP) 8 & 9 June 2023

### Note for the record

#### Day One- 9<sup>th</sup> of June 2023

##### 13:30 – 13:50: Welcoming remarks

The four technical leads of the Quadripartite (QPT) organizations welcomed the participants to the 10th full panel meeting of the One Health High Level Expert Panel (OHHLEP).

- **Dr Francesco Branca, Director Food Safety and Nutrition at the World Health Organization (WHO)**, praised the achievements of OHHLEP during its inaugural term and scientific excellence in its role of advisor to the QPT organizations. He thanked the panel members for their time and efforts dedicated to the work of the panel that has led to the development of important products as well as their active response to requests from the QPT. He highlighted the importance of advocating for the inclusion of One Health (OH) in the Pandemic Accord, and to have the Prevention definition at the heart of the discussions, to emphasize the importance of the Prevention in the pandemic Prevention, Preparedness and Response (PPR) triad. He added that OH was also clearly integrated in the World Health Assembly (WHA) resolution on Chemical Hazards and human health that was adopted at the 76th WHA. To conclude, **Dr Francesco Branca** thanked the **World Organization for Animal Health (WOAH)**, for their contribution and support to the WHO Secretariat in organizing this in person meeting of OHHLEP.
- **Dr Julian Blanc, Programme Officer at the United Nations Environment Program (UNEP)**, expressed his gratitude to OHHLEP for its support to the environment agenda and explained that UNEP is keen to strengthen the OH environment agenda in the future. He expressed that UNEP was pleased that the WHA resolution on Chemical Hazards utilizing a OH approach passed at the WHA; He added that UNEP is currently facilitating the negotiations on a treaty on plastic pollution that has great impacts on human-animal- and environmental health. As current chair of the Secretariat of the QPT, UNEP is looking forward to receiving OHHLEP scientific support in guiding the implementation of the One Health Joint Plan of Action (OH JPA).
- **Dr Keith Sumption, Chief Veterinary Officer of the Food and Agriculture Organization (FAO)**, thanked the panel for their work and the co-chairs for their leadership as OHHLEP contributed greatly to the QPT's work. He highlighted the importance of the different dimensions of OH and the mitigation of climate change for an efficient agri-food system to achieve zero hunger by 2030. FAO wishes to increase the scope of OH addressed by OHHLEP in order to support the QPT in their upcoming agenda. He thanked OHHLEP and reiterated the panel's importance to the QPT.
- **Dr Jean Philippe Dop, Deputy Director General of the World organization for Animal Health (WOAH)** presented an overview of OHHLEP's path since its initiation, highlighting the panel's achievements and thanked the members. The science base provided by OHHLEP and collaboration between the QPT organizations has helped strengthen the advocacy for OH in major scientific and political events. The General assembly of WOAH which took place a week earlier, focused on Highly Pathogenic Avian Influenza (HPAI). OHHLEP could guide the QPT to mitigate the risk for influenza and implement the OH aligned integrated surveillance framework developed by OHHLEP. WOAH is glad to pursue the work in collaboration with OHHLEP and the QPT.

- **OHHLEP co-chairs, Prof Wanda Markotter and Prof Thomas Mettenleiter**, reflected with pride the accomplishments of the panel over the two previous years, and highlighted the importance and the value in broadening the panel's scope from the current zoonotic diseases focus, to cover other aspects of One Health. The co-chairs are looking forward to the outcome of the critical discussion on the future direction of OHHLEP.

## 9:45 – 12:00: Panel Session One: OHHLEP Thematic Group (TG) Updates and Products

### TG1: Publication of the theory of change and review of the OH JPA Implementation Guide

**Dr Catherine Machalaba and Dr Osman Dar, TG1 co-leads**, provided an update on the work of the group. They expressed gratitude for the responsiveness and input from all panel members. The key highlights of TG1's work include:

- The publication of the Theory of Change (ToC) as well as the publication of the OH and equity commentary in The Lancet increasing awareness that equity lies at the heart of the OH approach.
- In recent months, TG1 has provided further input and support to the OH JPA Implementation Guide. It has also supported the QPT to advocate for greater alignment of the Pandemic Instrument process with the principles of OHHLEP's OH definition, ensuring consistency across all documents.
- Representation of OHHLEP members in the World Bank's Pandemic Fund has supported as much as possible the integration of OH. The prevention-focus on many of the recent submissions to the Fund respond to this OH considerations.
- TG1 has been actively responding to requests from the QPT, including requests with a short time frame, demonstrating the panel's capacities and responsiveness to the QPT needs.

#### **Discussion:**

- Recently in the Pandemic Instrument process, the WHA resolution and in G20 communiques, OHHLEP's definition of OH has been shortened or used in part, and usually without reference to the underlying principles. The panel discussed the possibility to provide a shorter version and a reference to the full version, advantages and disadvantages to doing this were discussed, but it was decided that the complete definition contains essential aspects such as the principles and the four C's for implementation that could be lost in a shortened version and diminish the accuracy and application of the definition, so it would better not to confuse users by issuing multiple versions.
- The Secretariat has been requested to translate the definition and underlying principles of OH, and these will be provided on the OHHLEP website. The translation process highlighted some areas where more clarity is needed in the concepts and ideas behind the original version in English.

#### **Action point/next steps:**

- More awareness needs to be raised that the underlying principles are an integral part of the definition and that it goes beyond zoonoses. For the time being, no shortened version was recommended for use.
- The translations of the OH definition and guiding principles will be published on OHHLEP website.

### TG2: New focus and update on the current state of advancement

**Dr Casey Barton Behravesh, TG2 co-leader**, presented an update on the OHHLEP inventory of OH Tools.

- TG2 is leading work to build on work published in 2018 (Pelican et al<sup>1</sup>) that presented available OH tools to guide countries in their implementation of OH. The framework consists of 5 phases of a OH system/cycle: assessment, prioritization, action planning, implementation, and monitoring. With inputs from OHHLEP and QPT, an updated database of OH Tools has been compiled. This database will be used to update and inform a framework to ensure countries and regions are able to use the most appropriate OH tools various assessments or situational analyses, and to identify gaps, and provide guidance on collaboration and information sharing.

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<sup>1</sup> Synergizing tools for capacity assessment and One Health operationalization: <https://doi.org/10.20506/rst.38.1.2942>

- The database currently includes 59 tools that met the inclusion criteria. Additionally, there are 20 forthcoming OH Tools. Many tools were developed by the QPT, and most of them were multisectoral, assessment and implementation tools.
- Tools were classified by the intended application organizational level, audience level, and scope.
- Tools were analyzed and categorized by OH JPA Action Tracks and Outcomes, and by the 5-phase of the OH system framework from the 2018 paper. This analysis was presented.
- The tools in the database cover all OH JPA Action Tracks, although some tracks may require more attention. Linkages between the different Action Tracks, the OH Tools Scope, and the OH Tools Outcomes were identified and presented. Forthcoming OH tools were also analyzed and linked.
- Gaps were noted in tools targeting implementation, compared to assessment and prioritization ones.
- Few tools assessed gender and inequalities from a OH perspective. This is a gap that has been identified and needs to be highlighted. However, there are opportunities to use some of the identified tools as a starting point and adapt them accordingly.
- There are only a few tools available that consider animal welfare or competencies of a OH workforce. The next steps are in two phases. The first, is to finalize the description and analysis of the tools and prepare for publication aligned in time with that of the OH JPA Implementation Guide (October 2023). A second phase would be to organize the tools according to the 5-phase framework from the 2018 paper.

#### **Discussion:**

- Suggestions from the panel included creating targeted summaries of the findings for different stakeholder groups, highlighting tools that include budgeting and financing.
- There is expected to be considerable demand for this output of OHHLEP, given the proliferation of tools.
- The database will undergo further refinement and a manuscript will be prepared for publication, with the aim of providing an extensive and complete overview of available tools.
- There was a discussion on how to keep the database evergreen and how this might be accomplished, given that new tools are constantly being produced.
- Considerations on how to access this guidance and how to mainstream across the different QPT organizations need to be discussed. The end-user needs to be kept in mind.

#### **Action point/next steps:**

- The panel members and QPT partners will review the database in the coming weeks. The publication for the first phase paper (descriptive analysis) is targeted to Sept/Oct 2023.

#### **TG3: OH aligned surveillance system, peer review manuscript and recommendations**

**Prof David Hayman, TG3 co-leader**, presented an overview of the work and progress of TG3, which focused on integrated surveillance systems and their implementation. The key points discussed include:

- TG3 developed a framework on how to establish and implement integrated OH surveillance systems, highlighting more how to build a strong foundation, such as governmental structures, before taking action. This was based on considerable inputs from OHHLEP (the survey) and other works.
- High-level guidance document for the QPT was produced and shared.
- The OH surveillance framework manuscript underwent multiple rounds of refinement with OHHLEP before submission to a journal. It is currently undergoing peer-review.

#### **Action points/next steps:**

- TG3 now offers additional support for other TGs.

#### **10:30 – 10:45: Coffee break**

#### **Update on TG4 systematic review of pathogen spillover**

**Prof Salome Bukachi, TG4 co-leader**, reported on the ongoing work related to the identification of drivers and the review of reviews.

- TG4 is leading a systematic literature review for the evidence of 11 drivers of zoonotic disease emergence previously identified by TG4.

- Three different abstract databases were searched using specific search terms for each of the drivers (determined by TG4 with inputs from QPT). The results were screened according to defined agreed inclusion criteria. Currently, single reviewer screening of title and abstract for the 55,000 identified papers is almost complete. A second review is required for consistency.
- **Prof Serge Morand** presented the potential of data/text mining for categorizing the literature and analyzing relationships between pathogens and drivers. Some challenges were found, for example, the data mining was unable to find clear groupings of drivers and pathogens. This suggests considerable overlap among the drivers. This tool requires further thinking before it could be applied practically to the task of TG4.

#### **Discussion:**

- The panel discussed the use of network analysis, the inclusion of a lexicon for pathogens and diseases, inclusion of other sources like Epi bulletins, review the classification of upstream vs downstream the drivers, identification of gaps, and the possibility of exploring protective factors for prevention of emergence, although this would be for future work.
- The panel highlighted the importance to ensure automatic screening does not introduce further biases and that processes are described clearly and openly to allow others to repeat the process.
- The first planned output of this systematic review is a review of reviews. A great gap that became clear during this process was that many of the existing claims of links between a purported driver and disease emergence are based on (expert) opinions instead of empirical evidence. There is a small number of case studies with empirical evidence that are repeatedly cited and on which global assumptions have been based over time despite providing only a very small and weak database. This is an opportunity to highlight the lack of evidence.

#### **Action points / next steps:**

- The data mining approach will be further tested for the following steps of the review of the drivers.
- The review of reviews offers an opportunity to highlight the existing gaps and establish/define a research agenda for the future. this piece will be completed for September 2023.

### **12:00 – 13:00: Lunch break**

#### **Quadripartite AMR joint secretariat**

**Dr Kefas Samson** and **Dr Jean Pierre Nyemazi** presented on the Quadripartite AMR Joint Secretariat.

- The purpose of the secretariat is to coordinate the global response to anti-microbial resistance (AMR) and support the implementation of the Global Action Plan on AMR.
- The Joint Secretariat established the AMR Global Leaders Group in 2020, comprising high-level political leaders, ministers, and private sector leaders. The group advocates for high political engagement to address AMR and works towards implementing the Global Action Plan on AMR at the country level.
- The Global Leaders Group has increased awareness of AMR and placed it on the agenda of high-level meetings. The group facilitates discussions and collaborations among different sectors, creating momentum and advocacy.

#### **Discussion:**

- As AMR is one of the Action Tracks in the OH JPA, it is important for OHHLEP to understand the ongoing work and establish links for collaboration rather than competition/duplication of efforts.
- However, it seems that despite the similarities, fundamental differences between stakeholders and approaches exist. It seems that AMR discussions are more anthropocentric and despite the overall term 'antimicrobial resistance' the main goals and objectives seem to focus solely on a small number of defined antibiotics. To include the holistic OH, the scope needs to be broadened.
- The opportunity to update and refine the AMR Global Action Plan was highlighted, with an upcoming high-level meeting planned for next year.

#### **Action points/next steps:**

- Co-Chairs to represent OHHLEP to provide update on its work at the next global leaders meeting.

## 13:20 – 15:00: Panel Session Two: presentations of OHHLEP members work

### Serge Morand – Disease Ecology

**Prof Serge Morand** presented a historical overview of disease ecology followed by an overview of projects in Southeast Asia on rodent disease ecology and the impact of land use change.

- Clear gaps in knowledge of rodents and their pathogen diversity and ecology exists. A massive sampling methodology was developed and applied involving local community of hunters to collect rodents.
- Over 4,000 specimens were collected and assessed and from which 80,000 samples were analyzed for different microbial/pathogen families and species.
- The correlation between rodent parasite and human domination of the habitat was investigated as was the effect of anthropogenically altered tropical landscapes on rodent pathogen distribution.
- Among the findings were insights into the origin and evolutionary patterns of rodent borne pathogens, and a decreased diversity parallel to an increased transmission risk of rodent-borne diseases linked to a change in landscape in Southeast Asia as well as rodent-borne disease emergence risk in urbanized areas (land use change) in Southeast Asia.
- In terms of data management, the data sharing and recycling is considered of value in addition to the generation of new data, and efficient management process of this data.
- Stake holder and community engagement played a key role in a 10 year-long disease ecology project where Scenario thinking, Systems thinking, Planning thinking and Ethics thinking were applied.
- Finally, the question of risk assessment and value in rewilding areas following their reforestation in the purpose of ecological restoration was discussed and is a subject of current research.

### Catherine Machalaba – One Health and Veterinary systems in Africa

**Dr Catherine Machalaba** presented an application of the EcoHealth OH assessment tool on Veterinary systems in Africa. (This tool is included in the work described by TG2 above).

- This assessment was conducted with support from expert consultants and conducted at different levels including at country level. Eleven selected countries were assessed, from a systems-level perspective, to identify the gaps in veterinary systems in regard to a OH approach and opportunities for investment.
- The elements of equity taken into consideration in this project were: access to diagnostics, access to health care, training and workforce, food security, livelihood options and land rights.
- The expert consultants selected topics for a series of case studies that covered different needs related to endemic diseases such as, anthrax, HPAI, rabies, and others, in addition to a case study on early warning systems in South Africa.
- Reports were made for the 11 countries, covering data dashboards, SWOT analyses, status of OH and Veterinary systems, disease management, measures of prevention and control, ethics, with a case study.
- **Dr Catherine Machalaba** then presented an overview in the case of Ghana, starting with a context of the major existing issues assessed through a OH lens, followed by an emerging infectious diseases risk profiling that addresses factors of emergence, spread, vulnerability factors as well as protective factors.
- Further information on the Ghana report and case study on rabies control and prevention were presented. Findings from this assessment related to the vulnerabilities, workforce and training, surveillance and disease management, laboratory systems and ethics.

### Osman Dar – The Lancet One Health series

**Dr Osman Dar** presented an overview of The Lancet OH series on the subject of [One Health and Global health security](#), in which four papers were published. This series also included the Comment Paper by OHHLEP *One Health action for health security and equity*<sup>2</sup> that highlighted the ToC as a guide to expand current concepts of health security to include and reflect ecological equity. This same issue included an editorial by the Lancet citing OHHLEP's definition and calling for ecological equity in the application of OH.

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<sup>2</sup> One Health action for health security and equity: [https://doi.org/10.1016/S0140-6736\(23\)00086-7](https://doi.org/10.1016/S0140-6736(23)00086-7)

- The work that led to the publication of this series started 2018, with a contribution from over 100 authors. Equity factors such as gender equity LMIC and HIC ratios, were taken into consideration to balance contributions. Positive feedback was received for this series.
- The first paper<sup>3</sup> focused on presenting evidence, of benefits of OH approach with strong evidence presented in the context of control of endemic and neglected diseases.
- The second paper<sup>4</sup> presents an analysis of the OH networks, their global distribution, power dynamics, hierarchy analysis, subvention systems and other aspects. Four case studies were developed based on the conducted search.
- The third paper<sup>5</sup> assesses the existing frameworks of assessment and tools and highlights the gaps.
- Fourth paper<sup>6</sup> explores four challenges of OH in global health security architecture, specific analyses on global health systems and global instruments, etc.

#### Nitish Debnath – Views of the Financial Intermediary Fund (FIF) for Pandemic PPR first call for proposals

**Prof Nitish Debnath** presented perspectives on the World Bank's [Financial Intermediary Fund for Pandemic PPR](#)'s first call for proposals. As a member of the Fund's Board, he represents civil society organizations.

- The Fund is a multilateral funding mechanism was developed in response to the Covid-19 pandemic, to support countries and regions to prevent prepare and respond adequately to pandemic risk.
- An overview was presented on the organization/structure. Eligible recipients include 16 implementing entities, primarily international, including the World Bank, FAO, WHO and other UN agencies and some external entities. Additional information was shared regarding the organization of the first call<sup>7</sup> launched in January 2023 and closed in May 2023.
- A technical advisory panel was constituted to guide the development of the first call for proposals document, and in which Dr Osman Dar from OHHLEP is a member.
- A ToC was proposed detailing short-term, mid-term and long-term outcomes of the Fund.
- One Health was clearly adopted as a guiding principle in this call. A total of 179 applications were received covering 129 countries out of which 133 applications were eligible and 98 proposals had OH components. Not all three pillars of OH were as strong in the proposals. The proportion of proposals focused on prevention was low relative to those focused on preparedness and response.
- Selected proposals expected to be announced at the end of July 2023.

#### David Hayman – IPBES

**Prof David Hayman** provided information on Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services (IPBES) Nexus assessment activities. The specific content of the assessment is confidential, so only an overview was given.

- Many **Quadripartite** partners and OHHLEP members are part of this Nexus Assessment process, notably on biodiversity, health and food, and participate in the different cross cutting topic groups. OHHLEP's OH definition is used as a framework but the current focus of IPBES is around human health.
- IPBES Nexus Assessment addresses drivers leading to a large spectrum of issues and may intersect with or overlap with OHHLEP's review of drivers of zoonotic spillover.
- IPBES review groups obtained 100,000 citations from their search. Part of these references contain information on the drivers of spillover. The drivers are characterized as direct and indirect.
- This process started in 2022 and will end in 2024. It involves approximately 170 authors, with the aim to provide a science base for policy and associated political options and decision support for instruments.
- There are options on sustainable delivery, private and public partnerships, financing and statements for policy makers as well.

<sup>3</sup> Advancing One human-animal-environmental Health for global health security: what does the evidence say: [https://doi.org/10.1016/S0140-6736\(22\)01595-1](https://doi.org/10.1016/S0140-6736(22)01595-1)

<sup>4</sup> A global analysis for One Health Networks and the proliferation of One Health collaborations: [https://doi.org/10.1016/S0140-6736\(22\)01596-3](https://doi.org/10.1016/S0140-6736(22)01596-3)

<sup>5</sup> How prepared is the world? Identifying weaknesses in existing assessment frameworks for global health security through a One health approach': [https://doi.org/10.1016/S0140-6736\(22\)01589-6](https://doi.org/10.1016/S0140-6736(22)01589-6)

<sup>6</sup> Global and regional governance of One Health and implication from global health security: [https://doi.org/10.1016/S0140-6736\(22\)01597-5](https://doi.org/10.1016/S0140-6736(22)01597-5)

<sup>7</sup> Financial Intermediary Fund for Pandemic Prevention, Preparedness, and Response Call for Proposals: [Funding \(worldbank.org\)](https://www.worldbank.org/fifppr)



- All deliverables are externally peer reviewed, the review of the first order and second order drafts process is open for reviewing applicants. Each comment must be addressed, and review editors will supervise and review how the comments are addressed. The second order draft (SOD) will be open for review from 20/11/2023 until 14/01/2024. OHHLEP members and members from the QPT were encouraged to register and review the SOD.

#### Natalia Cediél – Mainstreaming Gender-Responsive One Health

**Prof Natalia Cediél** presented the research in her team and in association with NEO, on the mainstreaming of Gender-responsive OH where gender equity, poverty and other issues were addressed.

- This presentation was focused on food systems in Colombia assessed under a gender responsive lens. A systematic review was conducted to investigate the impact of gender inequities on society and its effect at all levels of the food chain.
- The complexity of Colombian food system was highlighted. Statistics relating to female ownership of land and the challenges faced by Colombian women in the field of agriculture were presented.
- It was demonstrated that women in agri-food systems are often more vulnerable and have limited access to primary resources such as water and energy, education, In addition to a reduced access to financial resources and land. Various additional factors impact negatively in this issue, such as the impact of climate change on women, and higher mortality rates for women vs men in the field.
- Five areas of improvements were proposed and synthesized from the literature in the context of OH policies to allow women's empowerment, including eliminating gender-blind policy and adopting gender transformative policies. In the context of this work, the women's equity index (WEI) tool was applied.
- She concluded by emphasizing the crucial role that women play in the achievement of Sustainable Development Goals (SDGs).

#### 11:00 – 11:45 Panel Session Three I: Updates from the Quadripartite

##### Barbara Haesler – Knowledge Nexus

**Dr Barbara Haesler** presented the OH Knowledge Nexus (KN). This concept is to create a space that facilitates collective knowledge generation and dynamic learning on OH. It is intended to be open access, making use of knowledge integration and core production of knowledge and promote collective information use and learning whilst connecting with other existing platforms.

- It consists of a library of OH expert communities of practice (CoPs) with an online space that facilitates connections between the different CoPs that each focus on a OH relevant topic.
- Each CoP should have community interactions, exchange and sharing of resources and products based on practical experience and knowledge, a social space, and a learning space.
- Existing CoPs include, animal biosecurity, return of Investment for OH, Acaricide Resistance Management of Livestock Ticks and CoP on Laboratory, AMR.
- The aim is for the KN to be powered by the QPT, with joint QPT CoPs which should support the OH JPA.
- Currently the KN utilizes opportunities attached to relevant projects, which can be a good model to follow for establishing further CoPs as a way to generate sufficient funds to support these CoPs. Core funds are also being established to support the core functions of the KN. Resource partners can also provide further support depending on the demand for certain CoPs.
- The CoPs require resources to be effective and productive.

#### **Action point / next steps:**

- OHHLEP can contribute to the CoP selection, quality control and the concept and design of the CoP.

#### Closing of day one

**09:00 – 09:30: Panel Session Three II: Updates from the Quadripartite**

Chadia Wannous - Pandemic instrument, IHR, OH at the G20, G7, UNGA and other high-level engagements

**Dr Chadia Wannous** provided updates on some of the global processes currently underway.

**International Health Regulations (IHR) amendments**

- WHO has established a working group to review over 300 changes that have been submitted by countries, which will be negotiated throughout 2023-2024. The main agreement is that these amendments should be limited in scope, and address specific and clearly defined challenges including equity, technological developments, or gaps that could not effectively be addressed by other means.
- The main focus is to ensure coherence between the INB and IHR.

**Pandemic Instrument:**

The latest bureau text for the Pandemic Instrument was released on 22 May along with a compilation of proposals from ~40 countries. The QPT discussed this with the OH Group of Friends (GoF) at the WHA, with the following issues raised:

- Option to remove the OH principle and OH article from the text should not be put on the table.
- Prevention is not given equal weight as preparedness and response.
- Definition for OH capacity, OH surveillance and prevention are needed.
- Some countries are concerned over increased requirements for reporting, sharing of data, and implementation cost.
- Countries requested evidence for cost-effectiveness of OH approach.
- Provide indication of QPT technical and financial support to countries in implementing the provisions that will be in the 'Instrument'.
- The QPT partners do not have direct access to the negotiations.

**Action points/next steps:**

- QPT to provide a summary of OH core elements to be included in the instrument, including governance and QPT support to countries; and organize an information session to the OH GoF and other countries regarding the economic case of OH and OH case studies compiled by OHHLEP.
- The QPT to organize information sessions to permanent missions on the OH JPA and its implementation guide for concrete activities, deliverables, and timeline.
- OHHLEP to support the QPT for the above actions/next steps and provide support on the OH research agenda and ways to link science to policy.
- Clarify scope of the instrument and link to other global frameworks.

**High-Level Meeting on Pandemic Prevention, Preparedness and Response**

- The meeting will take place during UNGA on 20 September 2023. The goal is to have a political declaration to ensure political support for Pandemic PPR, that can inform the International Negotiating Body (INB) and International Health Regulations (IHR). Participation will include Heads of States, Prime Ministers and Health Agencies.
- The member countries will provide comments on the zero draft within the next two weeks, with the final draft to be presented on 24-25 July.

**Action points / next steps:**

- OHHLEP to provide guidance and recommendations on OH and prevention aspects in the different instruments through policy briefs, statements, white papers, etc.
- OHHLEP to engage in relevant high-level meetings and roundtables, presenting work on OH case studies to show OH is cost effective.

**Discussion:**



- Concern over gaps between the global, national, regional and local commitments being addressed in high-level meetings. It is essential that OHHLEP has a role in establishing this communication and networks.

#### Amina Benyahia - OH JPA implementation Process

**Dr Amina Benyahia** presented the updates on the OH JPA implementation process.

- The draft OH JPA implementation guide has been shared with OHHLEP in April, with their comments incorporated into the 5<sup>th</sup> version.
- As part of the implementation process, the first of six planned regional stakeholder workshops took place in May in Oman for the EMRO region. The meeting was attended by approximately 130 participants from Health, Agriculture, Animal & wildlife, and Environment sectors. It included 22 participating countries, with representatives from CDC, QPT, Academia, OHHLEP and others in attendance, and covered agenda items on the three pathways of change from the OH JPA.
- Countries identified many challenges related to the implementation of OH, including: the limited OH workforce; the unclear organization structure for OH; the important number of tools covering different aspects of OH; and poor information sharing between the OH sectors.
- Key recommendations were suggested during the meeting, some of which are:
  - Establishing a regional mechanism to bring all relevant stakeholders together.
  - Provide resources and technical support to countries to implement OH plans.
  - In collaboration with universities and technical institutions, develop a standardized OH training package for the roll out in countries.
  - Conduct annual OH Meeting to review progress and accelerate implementation.
- Next steps for the implementation of the OH JPA include the launch of the Implementation Guide in October; and a regional stakeholder workshop will be held on 4-8 September for SEARO/WPRO.

#### **Action points/next steps:**

- OHHLEP to support the establishment of a strong connection between the panel's work on OH tools and the Implementation Guide and how to structure this within the Guide to help countries select the tools most relevant to them.
- OHHLEP to support the design of the Monitoring, Evaluation and Learning Framework, especially for the development of indicators and targets.
- OHHLEP to consider writing a short policy brief on how to institutionalize OH as a way of working, which needs to be done more effectively – need to change the way OH resources are used as opposed to the need to add more resources. Resources need to be shared between siloed sectors.

#### 09:30 – 09:40: Chair summary of day one

**Prof. Thomas Mettenleiter and Prof. Wanda Markotter**, presented highlights of the key discussion and action points addressed on day one.

#### 9:40 – 10:45 Panel Session Four: Priorities in term two of OHHLEP

##### **Quadripartite Priorities in Term Two of OHHLEP**

**The Quadripartite** organizations presented their respective views on the priorities that OHHLEP should focus on for the panel's next term.

The Quadripartite recognized the important contributions, guidance and advice of OHHLEP over past two years, which had fulfilled a key technical function for the QPT. The QPT see an ongoing role for OHHLEP in its advisory capacity to the four organizations.

Considerations for a future mandate include:

- a) Greater focus on guidance for policy processes internationally rather than conducting technical research and reviews
- b) Continued work to identify key gaps in OH - for example the work on drivers of spillover
- c) Continued support and guidance for implementation at country level

#### **11:00-12:30: Moderated Session with the Panel**

##### ***Moderated discussion with the panel***

A moderated discussion across OHHLEP members regarding the next term was guided by the following questions:

- 1. Where do we see the state of One Health? What are the greatest needs to keep One Health high on the political agenda and in financing discourse over the next two years? What are the biggest barriers? What is the role of OHHLEP in this regard?**

OHHLEP members commented on progress made in the two years and the successful partnership with the QPT. They identified a need for additional efforts in advocating for a OH lens on post-pandemic global and national initiatives, particularly since too little attention is given to systemic approaches to prevention and addressing key drivers. Members identified the need and opportunity for even more collaboration and coordination between different groups working on OH and AMR. Members also noted the need for greater support to countries in implementing the OH JPA across a range of issues, not only zoonotic disease emergence. Opportunities for communicating the impact of OH were mentioned, for example on OH Day November 3.

- 2. What are the most important One Health research questions/ knowledge and evidence gaps in your view?**

OHHLEP members highlighted continued challenges and gaps in the integration of environmental and ecosystemic aspects, beyond wildlife reservoirs of zoonotic pathogens, to consider ecosystems sustainability for example. OHHLEP members highlighted gaps in the integration of social, equity and gender aspects in OH implementation and pandemic PPR efforts. Gaps in the integration of indigenous and traditional knowledge in OH were noted. Gaps in empirical evidence are prominent across many aspects of OH, including drivers of spillover, as mentioned, as well as impact of OH implementation. The opportunity to synergize and better link OH frameworks to action plans on AMR was noted. Gaps in guidance and tools to strengthen the governance and policy frameworks for OH implementation were also noted.

- 3. How can OHHLEP best support the Implementation of the OH-JPA? What do you see as the most important OHHLEP deliverables in support of the JPA over the next year? Two years?**

OHHLEP members advised the alignment of OHHLEP mandate to the OH JPA, to address all action tracks such as AMR, food safety, the environment, and not only zoonotic disease emergence. The mandate should continue to evolve along OH JPA implementation, supporting QPT agencies at the regional and country level.

##### ***Plans for OHHLEP Term 2***

The OHHLEP Secretariat reported on recent QPT discussions on plans for Term 2. The Secretariat expressed deep gratitude and appreciation by the QPT for the work accomplished by OHHLEP thus far in service of the QPT and to elevate OH globally. The Secretariat expressed that over the next two years the QPT would be focused on the roll out of the OH JPA and in Term 2 aimed to reorient OHHLEP to support this priority. The Secretariat highlighted that this meeting would mark the end of Term 1 of OHHLEP, following which a review of the Terms of Reference (ToR) and the composition of the membership of the panel would take place in order to align the ToR of OHHLEP Term 2 and the expertise of the panel to better support the QPT work in OH, namely the roll out of the OH JPA. The Secretariat indicated that they would be in communication with OHHLEP over the next few months to update members on the process and notify members whether they would be invited to continue for a second term. The Secretariat thanked OHHLEP again for their important contribution, the high quality of work, and the important relationships that had been developed over the last two years.

### 12:30 - 13:30 Lunch break

### 13:30 – 15:00 Panel Session Five: OHHLEP Case Studies

#### Wanda Markotter – Overview of OHHLEP Case Studies work

Panel members were invited to collect information on OH activities that can be published as case studies on OHHLEP website. Currently, information from 17 case studies have been submitted and an initial five are being worked into the CABI format as agreed in the Singapore OHHLEP meeting. The Secretariat will share the first set of stories with the panel as soon as they are finalized for their review. During the meeting, 3 of the case studies were presented to the panel.

#### Margaret Khaitisa – The Coordinating office for Control of Trypanosomiasis in Uganda (COCTU): A One Health Best Practice

**Prof Margaret Khaitisa** presented the work and impact of the Coordinating Office for Control of human African trypanosomiasis (HAT) in Uganda (COCTU). The broad spectrum of their tasks included inter alia coordination, monitoring, collection and dissemination of information, and organization of workshops and events. COCTU effort was crucial to coordinate cooperation and facilitate collaborations from local to international levels. Those comprised a large number of partners including NGOs, international organizations, donors, academia and seven Government of Uganda ministries and departments. Different capacity building initiatives for professional workforce but also for communities at various levels were presented.

This led to a steep decline in HAT cases over the last 20 years as well as to a reduction in livestock cases. Eventually in 2020, after 30 years of tremendous efforts in enabling strong collaborations and applying holistic approaches on different levels the UTCC and COCTU succeeded in the control of HAT cases. After this success, the UTCC and COCTU now lack resources. However, there is now an opportunity to re-develop the established structures to create a sustainable coordination mechanism that can also be used for other diseases and for strengthening OH surveillance in general in Uganda. Advocacy for continued commitment and support is required.

The panel highlighted the exemplary cross-border collaborations and resource sharing between Uganda and bordering countries during these endeavors. It was further suggested to evaluate the impact of OH on the success further and to follow up to see if there is evidence available to demonstrate how OH made a difference. It was suggested that a cost for the implementation be included, as this may be relevant to other countries looking to replicate models.

#### Nitish Debnath – Towards the Institutionalization of a One Health Agenda: What the world can learn from Bangladesh

**Prof Nitish Debnath** presented how Bangladesh has transferred the OH approach from an idea to concrete engagement and action. The first intersectoral discussions began in 2006 by preparing Avian Influenza pandemic preparedness plan, however, without labelling this yet as OH. This was done later, when stakeholders decided to broaden the disease spectrum and formalized their commitment by founding OH Bangladesh civil society platform. This included identification of professional and institutional barriers and the need for strong political commitment. The platform is based on three pillars: a whole of government approach, a whole of society approach and active engagement with the global community. It has steadily grown, and participation and engagement has increased over the years.

Currently more than 1,500 members of OH Bangladesh form an active community of practice, working in various ways to mobilize professional networks, secure endorsements or engage with government agencies. Over the years National OH strategic, framework and Action plan was developed engaging all the major stakeholders in 2012, the plan was endorsed by three Ministries of the Government –Ministry of Health and Family Welfare, Ministry of Fisheries and Livestock and Ministry Environment, Forest and Climate Change, OH institutional governance and program management systems have been refined and revised to incorporate newly identified challenges. Integrated disease surveillance and outbreak investigation is now routinely used for different diseases and OH capacity building including OH human resource development programs are being undertaken. A three-tier OH coordination mechanism are in place and OH Secretariat has been established to coordinate OH activities in government sector and collaborate with OH Bangladesh and other stakeholders to conduct various OH related activities.

[Natalia Cediél – Public, private, and public-private partnerships to implement One Health in the fight against AMR in Colombia](#)

**Dr Natalia Cediél** presented how OH is implemented in Colombia in the context of public, private, and public-private partnerships (PPP) in the fight against AMR. With agriculture being the primary industry in many regions in Colombia, PPP provides an effective framework to implement sustainable, preventative, and protective interventions on AMR whilst enabling different sectors to work synergistically. This involves the creation of alliances for collaborations, knowledge sharing and decision making. Different examples of initiatives including cross-disciplinary training, communication, integrated surveillance, were shared. Further opportunities for expansion included improved data sharing, increased involvement of environmental institutions and WASH stakeholders (especially around waste management). The impact on improving social determinants of health still needs to be evaluated.

#### **Discussion:**

- The panel discussed how to align all of the gathered case studies with OHHLEP's definition of OH as it became clear that a holistic definition like the panel has established, is not represented in all case studies. A critical discussion could be included at the end of each case study pointing out strengths and weaknesses of the presented approach.
- The panel agreed that the presentations of these activities is important, and the name case study could lead to a faulty impression that these are officially endorsed. It was suggested to find a better wording that reflects the purpose of the studies, to start a dialogue and to keep a critical perspective and an open eye for learning and improvement. A graphical illustration showing the different connections in the stories could be added to have a recognizable, standardized disease ecology network represented.

#### **Action point / next steps:**

- Panel members are invited to continue to submit case studies. Draft case studies will be shared with the panel for review and comments prior to publication on OHHLEP website.
- Secretariate to consider improving visibility of the case studies on the website.

#### **15:00 – 15:30 Closing remarks**

- **Dr Sylvie Briand**, congratulated the panel and highlighted that efforts and initiatives made by groups such as OHHLEP, that support the inclusion of OH high on the global agenda. She added that although

emergency states are currently lifted, the potential health threats are still present, and that there are current concerns on HPAI as new cases have recently emerged.

- She emphasized the importance of the prevention and the necessity to direct efforts towards it in line with OH approach and encourage collaborative efforts to build more element to the OH architecture.
- Thanked OHHLEP again and reminded that in every major health emergency faced in the past, there has always been additional initiatives and collaborative efforts to improve effectiveness such as the initiation of the Tripartite and now QPT collaborations. These collaborative efforts are important to maintain after a health emergency has been controlled, to work on preventing and preparing for future risks.
- **The QPT senior management** presented their warm congratulations and thanks to the panel for their brilliant efforts leading to this successful ending term of OHHLEP. The QPT Partners are looking forward to pursuing this collaboration.
- **On behalf of the co-chairs, Prof Wanda Markotter** presented the final closing remarks, thanked the panel members and colleagues, and praised the collaborations and discussion that took place during the meeting. She highlighted that some work of the current mandate must continue over the summer, and thanked OHHLEP members for their continued efforts and engagement. She thanked the members and the QPT for the successful outcomes of OHHLEP's first mandate.

## List of participants

### **OHHLEP members**

In person: Wanda Markotter; Thomas Mettenleiter; Dominique Charron; Salome Bukachi; Osman Dar; Nitish Debnath; Margaret Khaita; John Mackenzie; Catherine Machalaba; Serge Morand; Baptiste Dungu; Casey Barton Behraves; Elmoubashar Farag; Abhishek Chaudhary; Wiku Bakti Adisasmito; Janice Zanella; Natalia Cedié; David Hayman; Andrew Cunningham

Virtual: Marion Koopmans; Natalia Casas; Vyacheslav Smolenskiy; Salama Almuhairi; Pépé Bilivogui

### **FAO**

In person: Keith Sumption; Barbara Haesler, Julio Pinto

Virtual: Fernanda Dorea; Fairouz Larfaoui; Baba Soumare; Xiaoyi Wang

### **UNEP**

In person: Julian Blanc; Wondwosen Asnake Kibret

Virtual: Levis Kavagi

### **WOAH**

In person: Jean Philippe Dop; Chadia Wannous

Virtual: Eugenia Chimenti; Claire Kayol; Amelie-Lisa Arnecke; Juliana Gonzalez Obando; Sophie Muset; Barbara Alessandrini; Keith Hamilton; Marina Sokolova

### **WHO**

In person: Francesco Branca; Abigail Wright; Amina Benyahia; Cheng Liang; Amira Preure; Liz Manful; Katrin Bote; Maria Van Kerkhove; Sylvie Briand; Laetitia Sieffert; Christina Romanelli; Kefas Samson; Jean Pierre Nyemazi

Virtual: Stephane de la Roque; Nadisha Sidhu; Aim Prasarnphanich; Lisa Scheuermann

### **External participants:**

Constanze Boenig (GIZ)

### **Absent:**

OHHLEP: George Gao; Zhou Lei