

# Implementing National Bridging Workshop roadmaps for One Health collaboration

Successes and challenges from 17 countries



Food and Agriculture  
Organization of the  
United Nations



World Organisation  
for Animal Health  
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Design: Crayon bleu, Lyon, France



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# Abbreviations and acronyms

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<b>AMR</b>	Antimicrobial Resistance
<b>FAO</b>	Food and Agriculture Organization of the United Nations
<b>HQ</b>	Headquarters
<b>IHR</b>	International Health Regulations (2005)
<b>JEE</b>	Joint External Evaluation
<b>JRA</b>	Joint Risk Assessment
<b>MCM</b>	Multisectoral Coordination Mechanism Operational Tool
<b>MDA</b>	Ministries, Departments and Agencies
<b>MEF</b>	Monitoring and Evaluation Framework
<b>NBW</b>	National Bridging Workshop
<b>OHJPA</b>	One Health Joint Plan of Action
<b>PHEIC</b>	Public Health Event of International Concern
<b>PVS</b>	Performance of Veterinary Services
<b>Q&amp;A</b>	Questions and Answers
<b>REPREP</b>	Response and Preparedness Operational Tool
<b>SISOT</b>	Surveillance and Information Sharing Operational Tool
<b>SOP</b>	Standard Operating Procedures
<b>TOR</b>	Terms of Reference
<b>TZG</b>	Tripartite Zoonosis Guide
<b>UNEP</b>	United Nations Environment Programme
<b>WHO</b>	World Health Organization
<b>WOAH</b>	World Organisation for Animal Health



# Introduction

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## ■ BACKGROUND

The health of humans, animals and environment is vitally interlinked. A majority of emerging and endemic human diseases have their origins in animals, be they transmitted directly, through food or the environment. The World Health Organization (WHO), the World Organisation for Animal Health (WOAH, founded as OIE) and the Food and Agriculture Organization (FAO) of the United Nations are the main international organizations responsible for proposing references and guidance for the public health, agriculture and animal health sectors respectively. WHO, FAO, WOAHA has been an active promoter and implementer of an intersectoral collaborative approach between institutions and systems to prevent, detect, and control diseases among animals and humans.

In 2014, WHO and WOAHA started to develop the National Bridging Workshop (NBW), bringing together human, animal and environment health sectors. The method supports the development of a joint and consensual Roadmap guiding short term activities for improved coordination between these sectors. As of November 2022, NBWs have been conducted in 44 countries.

In 2020, WHO, WOAHA and FAO initiated a second phase to the NBW Programme, focusing on the follow-up of the NBWs, the monitoring of the implementation of the NBW Roadmap, and in-country support (both technical and financial) for this implementation. Notably, a network of Regional Coordinators and NBW Catalysts, was developed. NBW Catalysts are One Health experts recruited nationally to support the implementation of the NBW Roadmap activities and the follow-up of the NBW. NBW Regional Coordinators, NBW Catalysts and NBW Headquarters Focal Points from the three organizations form a strong community of practice, which meets regularly via virtual meetings to update each other, share lessons learned, present new tools, and share their experience and challenges in operationalizing One Health at all levels.

## ■ PURPOSE OF THIS BOOKLET

NBW Catalysts are on the first line when it comes to concrete implementation of NBW Roadmaps and more generally, the operationalization of One Health in their countries. Their return of experience provides remarkable insights on this challenging change of paradigm that countries are now embracing. The purpose of this booklet is to share success stories, solved and unsolved challenges, and lessons learned, from countries embarked in the NBW Programme.

# Overview on the tripartite's NBW program

## NBW PROGRAM STATE OF PLAY

A total of 45 NBWs have been conducted worldwide: 9 in Asia, 22 in Africa, 2 in Americas, 9 in Europe and 3 in the Middle East regions (Figure 2). After a few pilots and finalization of the methodology, NBWs started to be rolled-out in 2017. The COVID-19 pandemic slowed the delivery of the program (only 1 NBW in 2020 and 4 in 2021) but as the situation has improved, countries have started organizing NBWs again starting in the second half of 2022.

NBW Catalysts have been recruited in 16 countries (Belize, Cameroon, Ethiopia, Guinea, Indonesia, Kazakhstan, Kenya, Kyrgyzstan, Liberia, Morocco, Nigeria, Senegal, Serbia, Sierra Leone, United Republic of Tanzania, Uganda).

NBW Follow-up Surveys have been organized in 12 countries (Ethiopia, Guinea, Indonesia, Kazakhstan, Liberia, Niger, Nigeria, Senegal, United Republic of Tanzania, Uganda, Belize, and Sierra Leone) and several are planned for early 2023 (including Cameroon, Kenya, Morocco). These one-day meetings with key national stakeholders allow for the monitoring of the implementation of the NBW Roadmaps, the identification of challenges and possible support opportunities from the Tripartite, as well as the updating/refreshing of the NBW Roadmap.

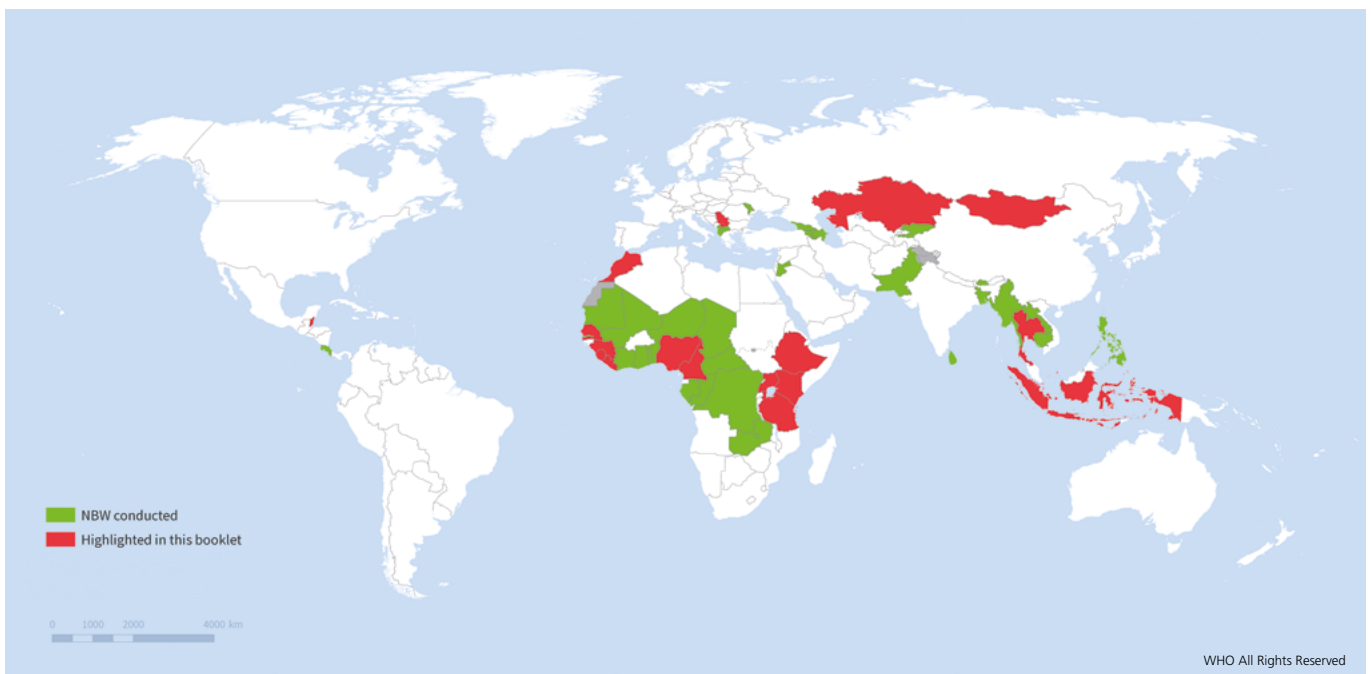


Figure 1: NBWs have been conducted in 45 countries across all regions. The 17 countries in red are highlighted in this booklet.



NBW Roadmap implementation, as assessed by 15 countries with an NBW Catalyst, is very heterogeneous across countries, but on average, 29% of activities have been fully implemented, 37% have been partially implemented and 34% have not yet been implemented. These figures are only indicative as some countries have conducted their NBWs as far back as 2017 and some others much more recently (2022), but they show that things are at least moving forward, even in a conflictual period where a lot of the focus and resources have been diverted towards the management of the Covid pandemic.

## FRAMEWORK FOR IMPROVED CAPACITIES AT THE ANIMAL-HUMAN-ECOSYSTEM INTERFACE

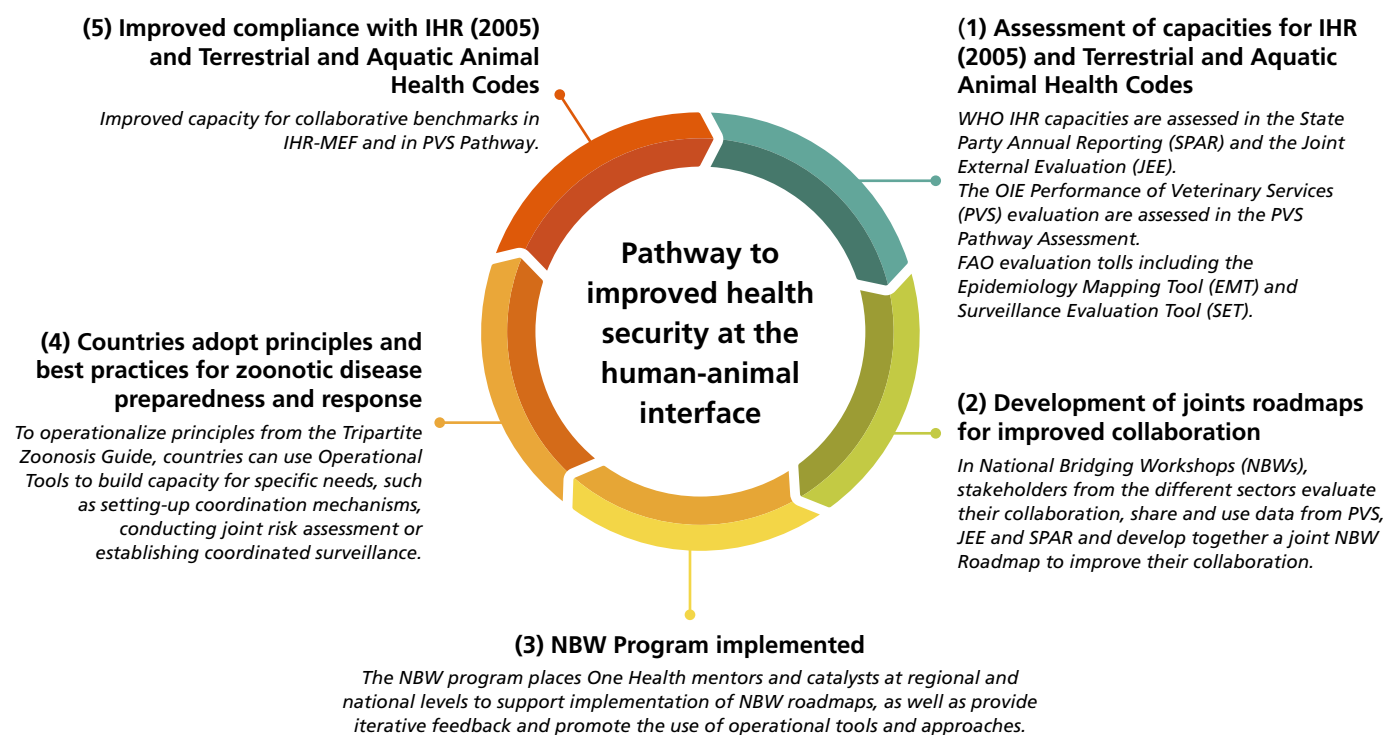


Figure 2: The logical framework used by WHO, WOA and FAO to strengthen capacities at the human-animal-ecosystem interface through the NBW Programme and TZG Programme.

# BELIZE

- ▶ Date of NBW: **October 2018**
- ▶ Date of last NBW Follow-up Survey (if any): **May 2022**
- ▶ Activities fully implemented: **7/18 (40%)**
- ▶ Activities partially implemented: **8/18 (44 %)**
- ▶ Activities not yet implemented: **3/18 (17%)**
- ▶ Number NBW Roadmap updates: **2** (last in July 2022)

**Focal point:** Dr Isani Chan (NBW Catalyst WHO Country Office, Belize)



## OVERALL IMPLEMENTATION

Since the implementation of the National Bridging Workshop conducted on 20-22 November 2019 in Belize Central America, the roadmap has been successfully implemented in collaboration with the Ministry of Health and Wellness (MOHW), the Ministry of Sustainable Development, Climate Change and Disaster Risk Management, the Department of the Environment (DOE) the National Meteorological Service of Belize, the Ministry of Agriculture, Food Security & Enterprise, the Belize Agricultural Health Authority (BAHA). Therefore, the National One Health Committee was formally established in collaboration with focal points that represents various Government line Ministries. Hence, key actions identified in the roadmap were implemented by the National One Health Committee with the establishment of an organogram structure of sub-committee's such as the Anti-Microbial Sub-Committee (AMR), Zoonosis, Food Safety, and Environmental Health Sub-Committee, Climate Change & Disaster Risk Management Sub-Committee, Clinical Governance, Research & Ethics Sub-Committee, and the Legislative Sub-Committee.

Furthermore, with the successful establishment of the National One Health initiative in the country of Belize, a formal Memorandum of understanding was signed by the ministers of the Ministry of Health and Wellness (MOHW), the Ministry of Sustainable Development, Climate Change and Disaster Risk Management, the Ministry of Agriculture, Food Security & Enterprise, and the director of the Belize Agricultural Health Authority (BAHA) by increased collaboration, communication and coordination across all sectors under a National One Health initiative to increase surveillance.



## BEST SUCCESS STORY

The Government of Belize in collaboration with the Pan American Health Organization/World Health Organization (PAHO/WHO) Belize country office launched the National One Health Platform on 26 October 2022. This approach recognizes the interconnection between humans, animals and our shared environment and aims to address diseases control and contribute to global health security. The information shared through this multisectoral, and collaborative effort can be accessed at <https://onehealth.gov.bz/>. This website is being managed by the Ministry of Health and Wellness (MOHW).

To highlight some of the positive impacts of the National One Health platform, 1. provides a successful collaboration between Government Ministries by the generation of indicators to increase surveillance 2. Provides an alert system for Zoonosis 3. and provides scientific information generated by the Centers for Disease Control and Prevention (CDC). Therefore, as the NBW Catalyst for the country of Belize, I played an important role in the establishment of the National One Health Platform in collaboration with the Government Ministries in Belize.



## **BIGGEST CHALLENGE THAT YOU MANAGED TO SOLVE**

One of the biggest challenges we've managed to solve was to effectively collaborate with the different Government Ministries for successful implementation of the National One Health Initiatives. Therefore, the National One Health Committee was established after the NBW and focuses on issues that include zoonosis, antimicrobial resistance, food safety and food security, vector-borne diseases, environmental contamination, and other health related threats shared by humans, animals, and our shared environment. The respected ministries involved are the Ministry of Health and Wellness (MOHW), the Ministry of Agriculture, Food Security and Enterprise, the Ministry of Sustainable Development, Climate Change and Disaster Risk Management, the Department of the Environment, the National Meteorological Service of Belize, the Forest Department, and the Belize Agricultural Health Authority (BAHA).



## **BIGGEST CHALLENGE THAT YOU DIDN'T MANAGE TO SOLVE**

To establish a formal data sharing agreement, Government Ministries that are signature to the Memorandum of Understanding for the National One Health Initiatives will also need to generate a TORs and SOP to accomplish this task.



## **KEY LESSONS LEARNED**

- For a successful implementation of the National One Health initiatives in Belize, there is the need to increase collaboration for sustainability between Government Ministries.

# CAMEROON

- Date of NBW: **August 2021**
- Date of last NBW Follow-up Survey (if any): **N/A**
- Activities fully implemented: **7/55 (13%)**
- Activities partially implemented: **28/55 (51%)**
- Activities not yet implemented: **20/55 (36%)**
- Number NBW Roadmap updates: **0**

**Focal point:** Dr Marc-Cyrille Eloundou (NBW Catalyst WHO Country Office Cameroon)



## OVERALL IMPLEMENTATION

The NBW Roadmap was validated during a three-day workshop in August 2021 which brought together stakeholders of the One Health approach. The NBW Catalyst was recruited in May 2022 to support the implementation of the roadmap. I held several meetings with the National Programme for the Prevention and Control of Emerging and Re-emerging Zoonoses (PNLZER) and then with the National Public Health Observatory (ONSP) for the implementation of the NBW Roadmap. We have made a situation analysis and the activities that we will be able to support this year.

Most of the activities are partially implemented 28/55 (51%) because the country budget is used, and several other technical and financial partners contribute to the activities of the various structures. The activities that are not yet implemented 20/55 (36.36%) are mainly due to the non-validation of the regulatory texts of the One Health platform. I participated in the revision of the decree creating of the PNPLZER, which is now considered as the One Health platform. I had stressed the need to consider the decentralisation in the new text, which will enable the implementation of activities in the regions.



## BEST SUCCESS STORY

The PNPLZER Technical Committee is in the Prime Minister's Office. It is responsible for the technical supervision, monitoring and evaluation, and implementation of the Programme's projects. It should be noted that the present PNPLZER decree only considers zoonoses. The NBW Roadmap includes the elaboration of the text for the creation, organisation and functioning of the intersectoral coordination platform «One Health». The technical committee of the PNPLZER, instead of creating a One Health platform, preferred to revise the decree for the creation, organisation and functioning of the PNPLZER so that this programme becomes the One Health platform. The texts of the One Health Platform were developed during a workshop. It remains to be validated by the Prime Minister.



## BIGGEST CHALLENGE THAT YOU MANAGED TO SOLVE

The National Observatory of Public Health (ONSP) played the role of a One Health platform with limited missions before the validation of the PNPLZER in 2014. The ONSP is pushing for the creation of a One Health platform within its structure. The competition between these two institutions is the biggest challenge that I have not been able to solve. This competition can limit the implementation of the NBW Roadmap.



## BIGGEST CHALLENGE THAT YOU DIDN'T MANAGE TO SOLVE

The National Programme for the Prevention and Fight Against Emerging and Re-emerging Zoonoses (PNPLZER), which currently acts as One Health platform, has regulatory texts that are limited to interventions against zoonoses. The need to develop new texts that integrate not only zoonoses but also the fight against antimicrobial resistance, food safety, environmental issues, etc. was highlighted in several workshops by stakeholders. To this end, a workshop to draft the text on the creation, organization and functioning of the intersectoral coordination platform «One Health» was held to revise the basic text of the PNPLZER. The draft of the revised texts was submitted to the Prime Minister's Office for validation during the summer of 2022. The validation of the new text by the government is a significant pending challenge.



## KEY LESSONS LEARNED

- Cameroon's NBW Roadmap is an opportunity to strengthen multi-sector collaboration.
- Since 2014, the Cameroon government has validated the PNPLZER whose areas of activity are limited to the fight against zoonoses. The revision of the PNLZER regulatory text this year and certainly their validation by the Prime Minister will make it possible to integrate other areas of activity such as antimicrobial resistance, food safety and environmental issues, etc.
- The One Health intersectoral collaboration is well known at the national level. There is a need to strengthen this collaboration at the sub-national level.



Credit: WHO/Marc-Cyrille Eloundou



Credit: WHO/Marc-Cyrille Eloundou

Figure 3: Handing over of the laboratory equipment to the WWF Campo Wildlab manager after the mpox simulation exercise.

# ETHIOPIA

- Date of NBW: **May 2018**
- Date of last NBW Follow-up Survey (if any): **August 2021**
- Activities fully implemented: **2/30 (7%)**
- Activities partially implemented: **16/30 (53%)**
- Activities not yet implemented: **12/30 (40%)**
- Number NBW Roadmap updates: **1** (August 2021)

**Focal point:** Dr Mohammed Abdikadir (NBW Catalyst WHO Country Office, Ethiopia)



## OVERALL IMPLEMENTATION

The national One Health Steering Committee (NOHSC) conducts monthly meetings to review the activities updates from the steering committee, TWGs and other updates from the partners. To cascade the national One Health activities, 3 new regional One Health taskforces were established in Sidama, Dire Dawa and Harari regions. Supportive supervision led by the NOHSC were conducted in regions followed by regional One Health taskforces review meeting. To enhance the operationalization of One Health in the country, multi-sectoral zoonotic disease outbreak investigation and response guideline as well as One Health risk communication strategy were developed and validated. The 2021/22 annual plan was reviewed and new annual action plan for the 2022/23 was prepared. For all these activities, my role as NBW Catalyst was coordinating and providing technical and financial support to the NOHSC. On top of that, I have also initiated creating partnership projects with UK-HSA and USAID on strengthening One Health operationalization in Ethiopia.



## BEST SUCCESS STORY

Since the NBW was conducted in Ethiopia in 2018, the collaboration between human and animal health sectors improved dramatically. To mention one area where this collaboration and coordination is evident is the joint zoonotic disease outbreak investigation and response. Whenever a suspect zoonotic outbreak is reported, the NOHSC verifies the information and organizes an urgent meeting with the relevant sectors and partners then mobilize resources and deploy multisectoral and multidisciplinary team. For example, recently there was a chicken disease outbreak in Bishoftu and other towns including Addis Ababa (the capital city). Multidisciplinary ad-hoc committee was established led by the Ministry of Agriculture (MoA) to jointly investigate the outbreak and respond accordingly. Due to the rapid action, the RRT succeeded to contain the spread of the disease and joint press release from the State Minister of the MoA and General Director of Ethiopia Public Health Institute (EPHI) was communicated with the public.





## THE BIGGEST CHALLENGE ENCOUNTERED AND SOLVED

The biggest challenge I encountered was the discontent of key One Health sectors on financial scarcity for One Health operationalization. There were no One Health activities included in the annual sector plan, thus, the available funds are used for other activities. To overcome this challenge, I closely work with and support to NOHSC leadership to coordinate and mobilize financial resources from developmental partners to operationalize One Health approach in the country. Through this approach, a concept note is prepared, shared with partners for their inputs as well as highlighting the area of their interest activities for funding. In this way, relatively many activities were accomplished.



## THE BIGGEST CHALLENGE ENCOUNTERED AND FAILED TO SOLVE

The competing priorities of the sectors was the biggest challenge. This challenge comes because the collaboration and coordination between sectors is based on MoU where experts believe that they conduct One Health activities as a voluntary-based tasks. To improve the commitment of the experts, I participated in advocacy events for One Health institutionalization in Ethiopia. Currently, there is a pending draft of establishing One Health and IHR secretariat office at the Ethiopian Public Health Institute (EPHI).



## KEY LESSONS LEARNED

- Institutionalization of One Health is a must
- High level One Health advocacy is still required
- Allocation of sufficient and sustainable funds for One Health operationalization
- Cascade the national One Health initiatives/activities at sub-national level



Credit: WHO/Mohammed Abdikadir

Figure 4: Sub-national One Health Taskforces discussing on how to improve the communication and coordination within the taskforces and with the national One Health steering committee.

# GUINEA

- ▶ Date of NBW: **November 2018**
- ▶ Date of last NBW Follow-up Survey (if any): **October 2022**
- ▶ Activities fully implemented: **8/41 (20%)**
- ▶ Activities partially implemented: **16/41 (39%)**
- ▶ Activities not yet implemented: **17/41 (41%)**
- ▶ Number NBW Roadmap updates: **2** (last in October 2022)

**Focal point:** Dr P  p   Bilivogui (NBW Catalyst WHO Country Office Guinea)



## OVERALL IMPLEMENTATION

The operationalization of One Health in Guinea was marked by the following key milestones:

- The signing (by the Ministers of Health, Farming and Environment) of Joint Order No. A/2017/3337/MS/MEPA/MEEF/SGG on the creation, attribution, organization and functioning of the national One Health platform. This platform is a multisectoral structure that drives the implementation of the One Health initiative.
- The development of the One Health National Strategic Plan, in which the NBW Roadmap activities were injected, along with other strategic documents such as governance manual and a guide for setting up platforms at the decentralized level.
- The implementation of the One Health platform at the central and decentralized level (Region, prefecture, sub-prefecture) and the strengthening of their functioning as result of rising of multiple and simultaneous epidemics (Ebola, Lassa, Marburg, and others) with the support of the NBW Catalyst.
- The training of (multisectoral) field epidemiologists on the One Health concept under the animation of the NBW Catalyst.



## BEST SUCCESS STORY

NBW is the driving force behind all One Health interventions in the country. It supports the One Health platform on the entire line of action. It proposes to the President of the One Health Platform the agenda items for regular monthly and emergency meetings. In the event of a public health threat alert, such as the latest outbreak of avian influenza in Coyah and Forecariah prefectures, I proposed an emergency meeting, bringing together all stakeholders. Response actions were decided and implemented in a multisectoral manner (health, livestock, environment, and security services). At the end of the response, a satisfaction was awarded to the One Health platform in recognition of the coordinated efforts on the ground. The NBW Catalyst that I am, plays the role of coordinating partners and liaising with the national side. It is really the cross of transmission between the different sectors and at the same time the catalyst for the promotion of the One Health platform in the country, including the activities contained in the NBW Roadmap and others.





## THE BIGGEST CHALLENGE YOU'VE EVER SOLVED

Strengthening the functioning of the technical committee for multisectoral coordination of the One Health platform was critically needed. We have succeeded in making the One Health platform work through the regular monthly meetings that are held and in the event of an epidemic emergency alert, with the full participation of stakeholders including supporting partners. The mapping of partners made it possible to set up a coordination committee and the choice by each institution of a One Health focal point. The committee and focal points meet monthly on a rotating basis at the partners' headquarters. This mechanism has allowed for ongoing dialogue to harmonize and strengthen support in the implementation of the NBW One Health Roadmap. This initiative avoided conflicts in overlap of activities on the field and duplication of funding. The establishment of the coordination committee strengthens collaboration between partners. They are ensured of everyone's support and make additional integrated financing for the same One Health activity. The level of implementation of Roadmap activities has been greatly improved through these initiatives that empower all stakeholders with joint funding.



## THE BIGGEST CHALLENGE YOU FAILED TO SOLVE

High-level political commitment: the joint decree indicates that the steering committee which is composed mainly of the three signatory ministries and placed under the leadership of the Minister of Health. Nowadays, this committee is not functional. Successive changes of regime or minister becomes another handicap to remove the bottleneck. The first to sign the Joint Decree left the government a long time ago. As a result, the ministers who are in place are often so busy that they do not have enough time to hold steering committee meetings. For example, the Minister of Health was unable to assist either of the two high-level advocacy meetings organized even though he was primarily the target. This commitment, once obtained, will galvanize the implementation of One Health by promoting collaboration and coordination between the three ministries as is effective with technical and financial partners.

To obtain this commitment, several paths are available to us. We think that the institutional embedding could be at the level of the Prime Minister or even the Presidency. This would give even more weight and visibility. Again, the current embedding is like the principle of the Joint Order as it is less a question of constraint than collaboration. In this case, the deputy ministers of the ministries involved could be made accountable. In these circumstances, it will be necessary to revise the actual joint order.



## PRINCIPAL LESSONS LEARNED

- The understanding of the NBW Roadmap has been possible because of the support of the NBW Catalyst. Without it, it was kept in the drawers and chances of implementing the NBW Roadmap were very low.
- The establishment of the partners' coordination committee has been able to promote dialogue and contributes to the joint financing of Roadmap activities.
- Promoting One Health initiative is a long, slow process that requires ongoing support.
- The rotative chairing of the National One Health platform, promotes equity and equality between involved sectors which is a motivational fact for everyone.

# INDONESIA

- ▶ Date of NBW: **August 2017**
- ▶ Date of last NBW Follow-up Survey (if any): **December 2022**
- ▶ Activities fully implemented: **14/26 (54%)**
- ▶ Activities partially implemented: **9/26 (35%)**
- ▶ Activities not yet implemented: **3/26 (12%)**
- ▶ Number NBW Roadmap updates: **1** (December 2022)

**Focal point:** Dr Farida Zenal (NBW Catalyst FAO Indonesia)



## OVERALL IMPLEMENTATION

Government of Indonesia through support of the WHO, WOAHA and FAO and cross sectoral stakeholders were committed to implement the NBW Roadmap to ensure the coordination between the sectors and jointly strengthen their preparedness for, and control of, the spread of zoonotic diseases using One Health approach. To date the NBW Roadmap implementation is progressing, with more than 50% of the activities been fully implemented. The Tripartite facilitated advocacy effort to promote One Health in high level and ensure the NBW results are taken into consideration during the development and implementation of national strategic plan for zoonosis prevention, detection, and response. The Catalyst promotes the utilization of the Tripartite Zoonosis Guide (TZG) as an operational tool on One Health implementation and accelerates progress on the NBW Roadmap.



## BEST SUCCESS STORY

NBW is one of the first tools that can link the needs of the health and animal health sectors to provide an appropriate recommendation to strengthen One Health coordination.

Development of the information system for zoonosis (SIZE) at national level and One Health implementation in the FAO-USAID EPT2 pilot areas (Boyolali, Bengkalis, Minahasa and Ketapang) has successfully increased collaboration and coordination of the animal-human and wildlife sectors in responding to zoonoses (rabies) that showed more efficient and faster response when handling rabies cases by 3 different sectors. In addition, the local governments are committed to provide budgets to strengthen One Health management using their routine budget and securing emergency funds for zoonosis emergency response.

Several activities as a follow-up to NBW recommendations have been carried out by various sectors which ultimately prompted the government to issue a presidential regulation to strengthen the implementation of One Health with Presidential Instruction No. 4 of 2019 and Ministries regulation for zoonosis control. These regulations further strengthened the One Health implementation in Indonesia and contributed to the improvement of the country's JEE score.



## BIGGEST CHALLENGE THAT YOU MANAGED TO SOLVE

Lack of leadership from higher level government institution and lack of formalized multisector governance were the biggest challenge on One Health coordination and collaboration. However, various multisector coordinated activities supported by the Tripartite and other partners including high level advocacy to senior decision maker has improved government initiatives on multisectoral collaboration as well as evidence-based planning and policy development on One Health related program and zoonoses control. The coordinating Ministry of Human Development and Culture (MOHDC) has now taken leadership on One Health coordination. Thus the availability of higher government regulations on zoonosis prevention and control has proven to be able to encourage cross-sectoral coordination and collaboration.



## BIGGEST CHALLENGE THAT YOU DIDN'T MANAGE TO SOLVE

One Health governance at sub-national level is the current challenge on One Health implementation at field level. There is no One Health platform existing at the sub-national level. Efforts to disseminate the national regulation on zoonosis control and response are continuous through advocacy to the sub-national decision makers. Updating in service curricula on One Health in veterinary, public health and environment faculty has not been fully implemented and require various advocacy efforts to faculty leaders and Ministry of Education.



## KEY LESSONS LEARNED

- Continuously involving all sectors in various activities related to One Health and building intensive communication with various parties including the government, development partners/donors, academia, and the private sector are key to the success of One Health implementation.
- The existence of several tools available at WHO, WOAHA and FAO (e.g. guidelines) can also encourage concrete operationalization of One Health.
- Linking the NBW Roadmap with the national program is essential for its uptake and follow-up.
- The NBW Catalyst can play an essential role in One Health related programs in the country.



Credit: FAO/Farida Zenal

Figure 5: Launching Government Regulations for zoonotic emergency response, in Jakarta.

# KAZAKHSTAN

- ▶ Date of NBW: **November 2018**
- ▶ Date of last NBW Follow-up Survey (if any): **March 2021**
- ▶ Activities fully implemented: **4/29 (14%)**
- ▶ Activities partially implemented: **5/29 (17%)**
- ▶ Activities not yet implemented: **20/29 (69%)**
- ▶ Number NBW Roadmap updates: **2** (Last in October 2021)

**Focal point:** Dr Yerbol Spatayev (NBW Catalyst WHO Country Office Kazakhstan)



## OVERALL IMPLEMENTATION

Since January 2021, the country's adherence to One Health has been gradually restored after the defocus caused by the pandemic. The following five-step process was utilized to support this transition: (1) context evaluation, (2) stakeholder analysis, (3) development of One Health-friendly environment, (4) institutional change enablement, (5) paradigm shift.

The country implemented the first-ever pilots of an NBW Survey and MCM OT leading to (i) a better understanding of current gaps and challenges and (ii) the identification of mid-term priorities. In parallel, the capacity-building and awareness-raising campaign was initiated, involving different sectors and specialties horizontally along with different levels of policy-making actors vertically (more than 1000 national experts were involved in total).

Aiming at the sustainability of the One Health approach, undergraduate education was tackled by developing the One Health course for veterinary and public health faculties. The pilot implementation is started in one university to guide stepwise rollout.

The policy shift requires more than training and technology transfer; therefore, a legislation revision was promoted to be included in the government-approved national strategy «Healthy Nation 2025». A project team was established for the task, involving representatives from all key ministries and the NBW Catalyst.



## BEST SUCCESS STORY

Kazakhstan started the development of a new Law on biological safety in 2020, during the COVID-19 pandemic. With the revitalization of the NBW Roadmap in 2021, a new outlook was given to the discussions about the draft law, which is of better and more efficient multisectoral collaboration, following One Health principles. The final version of the document, adopted in 2022 by the Parliament, includes provisions enabling unified coordination and regulation of biological safety among involved sectors. The first action taken by the Government to follow the newly introduced Law was the establishment of the National Holding KazBioPharm – a unique entity subordinate to the Ministry of Health and responsible for the development and production of tests and vaccines for human and animal pathogens, research in biosafety and especially dangerous pathogens epidemiology.



## BIGGEST CHALLENGE THAT YOU MANAGED TO SOLVE

The analysis of the current situation revealed several systemic factors undermining efforts aimed at the promotion and support for the One Health approach implementation. The institutional structure inherited from the Soviet period was not initially designed to support equity and parity of sectors and actors. Government agencies playing key roles in One Health-related technical areas are competing for resources and influence. The way to overcome these challenges was to transform the initial approach towards One Health catalyzation, relying heavily on capacity building, by addressing the national legislation as a key factor enabling better collaboration among actors and sectors and ensuring long-term sustainability. A series of bilateral consultations with key ministries resulted in the inclusion of the revision of the legislation into the national strategy approved by the Government decree. The action plan for the task was developed during the MCM OT pilot implementation and is now set under the strategy implementation framework. A preliminary analysis of the existing regulation has been started, with the plan to be finalized as a set of recommendations by the end of 2023.



## BIGGEST CHALLENGE THAT YOU DIDN'T MANAGE TO SOLVE

The engagement of the environment and wildlife sectors in the One Health constitutes the biggest gap for Kazakhstan at the moment. Despite numerous attempts to involve the respective government agencies, we were unable to ensure the nomination of focal points representing needed technical knowledge and the required level of authority. The latest attempt to solve the problem is the initiation of an interministerial order, formally establishing a multisectoral technical working group to support the One Health implementation. It is expected to be finalized and signed by the 1<sup>st</sup> quarter of 2023.



## KEY LESSONS LEARNED

- The policy and organizational culture changes associated with the One Health approach adoption often require consistent and well-informed supportive actions. It is worth investing time in stakeholder analysis and learning about key actors' institutional structure and operations. Different settings and environments might require different ways to influence policy: top-down, bottom-up, or mixed approach.



Credit: WHO/Yerbol Spatayev



Credit: WHO/Yerbol Spatayev

Figure 6: Agriculture remains an important part of the Kazakhstani economy, defining a need to implement better multisectoral collaboration to prevent and respond to zoonotic diseases.



# KENYA

- ▶ Date of NBW: **November 2021**
- ▶ Date of last NBW Follow-up Survey (if any): **January 2023**
- ▶ Activities fully implemented: **10/50 (20%)**
- ▶ Activities partially implemented: **10/50 (20%)**
- ▶ Activities not yet implemented: **30/50 (40%)**
- ▶ Number NBW Roadmap updates: **0**

**Focal point:** Dr Dan Mogaka (NBW Catalyst WHO Country Office Kenya)



## OVERALL IMPLEMENTATION

Successful multisectoral implementation of One Health program in Kenya calls for a whole of society approach that will harness community and private sector knowledge to build preparedness and response capacities while targeting neglected and marginalized populations. Since the NBW and MCM process, this has provided a framework that is worth emulating for cost-effective planning and implementation of overarching One Health programs. Kenya has begun implementing sector specific and multisectoral projects aligned to the NBW Roadmap with focus on operational readiness and to enhance the effective planning and implementation of One Health at national and sub-national level. We have realized that there is an urgent need for stakeholders' engagement process to seek input in identifying challenges, priorities activities for field implementation, and identify applied research and development questions, that should be addressed in the next five years.



## BEST SUCCESS STORY

Bringing the Environment Onboard: Previously Kenya had not fully incorporated the environment health sector to be fully compliant with the scope of One Health approach. This was in part been due to lack of clearly designated government ministry that represents the environment sector. Currently efforts have been made to include the environment and ecologists as a core personnel to the One Health Coordinating platform (ZDU) to provide environmental health expertise. In addition, the strategic plan for the implementation of One Health has been finalized and reflects the progress made and identify strategies for institutionalizing One Health at sub-national level.



## BIGGEST CHALLENGE THAT YOU MANAGED TO SOLVE

- Mobilizing all the sectors to come together and begin discussions on implementation of Roadmap activities this was ensured and made success during the MCM and NBW Validation.
- Addressing issues on coordination and ensuring joint programming is also an area where I played a critical role. Initially all partners would spearhead their priorities. This has now changed and there is more joint approach towards implementing the road map activities.



## BIGGEST CHALLENGE THAT YOU DIDN'T MANAGE TO SOLVE

Significant gaps remain in implementation of the One Health approach at sub-national administrative levels; there are sustainability concerns, competing priorities and funding deficiencies. The journey towards strengthening the One Health Structure to report to the Office of the President: this continues to be a challenge due to the constitutional implications. With the planned Inaugural conference in 2023, this issue is expected to be solved and ensure that at National Level One Health is hosted at office of the president at National level and at county level Office of the Governors and Council of Governors.



## KEY LESSONS LEARNED

- We have learnt that the change of Kenya's governance structure from a central to a devolved system has posed a lot of challenges in the implementation of One Health and has continuously made the ministries to re-look at different approaches (National level angle and county level angle) where both levels compete. Therefore, the extent of adoption of the One Health approach has been remarkable at the national level. However, at the sub-national (County and sub-county levels) where most disease management decisions are made, more progress is needed.
- Another lesson is on convincing policy makers of the benefit of planning and investing in animal surveillance for public health gain is often challenged where data on burden of zoonoses are scanty and when the threat is not immediately apparent zoonotic and/or not an existing emerging disease threat.



Credit: WHO/Dan Mogaka

Figure 7: Stakeholders from the animal health, human health and environment sectors use a fictitious scenario of a Rift Valley Fever outbreak to evaluate their collaboration and identify gaps.

# LIBERIA

- ▶ Date of NBW: **October 2018**
- ▶ Date of last NBW Follow-up Survey (if any): **February 2022**
- ▶ Activities fully implemented: **16/40 (40%)**
- ▶ Activities partially implemented: **16,40 (40%)**
- ▶ Activities not yet implemented: **8/40 (20%)**
- ▶ Number NBW Roadmap updates: **1** (February 2022)

**Focal point:** Dr Felicia Toe (NBW Catalyst WHO Country Office Liberia)



## OVERALL IMPLEMENTATION

The implementation of the NBW Roadmap activities was done as an intersectoral collaboration between the animal, human and environmental sectors. A technical working group (TWG) was also established including members of the line ministries, agencies, and partners.

The One Health approach has strengthened coordination and collaboration amongst sectors at the national level, while the country is striving to improve the OH approach at the sub-national levels. As a Catalyst, I have been providing technical guidance to OH technical working group and partners on the joint interventions and activities as well as liaising with the government and other partners supporting One Health activities to ensure harmonization of activities, avoiding duplication and ensure synergy in interventions to meet the desired goals in implementing NBW Roadmap.

Additionally, I have also led the development of tools and SoPs for joint coordination, investigation, and M&E for zoonotic diseases under One Health approach; Furthermore I supported the TWG in the alignment of the IHR-PVS NBW Roadmap activities with the Liberia National Action Plan for Health Security (NAPHS).



## BEST SUCCESS STORY

The NBW Programme has enabled Liberia to identify existing gaps in the prevention, detection, investigation and management/response to zoonotic diseases and improvement in inter sectoral collaboration, synergy and national capacity building as well as resilience in the detection and timely management of zoonotic diseases in the country. As a result of the strengthened coordination and advocacy, the national animal disease surveillance and response guidelines was developed with 12 priority diseases (8 zoonotic, 4 non-zoonotic) identified for Animal Disease Surveillance and Response.

Additionally, the strengthened coordination led to strengthened detection and response to rabies (48 cases detected from 2019 to 2022) including mass vaccination of dogs in 2022 (5,600 dogs vaccinated) and enhanced joint response to Lassa fever outbreaks during the 2019-2022 period. The tools and materials developed include the OH Rapid Response team training materials and the OH monitoring and evaluation tools for joint supportive supervision. A total of 57 county level multisectoral personnel were trained to conduct joint investigation thus building capacity and resilience at national and sub-national levels.





## **BIGGEST CHALLENGE THAT YOU MANAGED TO SOLVE**

The challenge of developing joint tools covering intersectoral surveillance activities was a major challenge because there are sector specific tools addressing almost the same challenging but used separately which is cost intensive and doesn't improve coordination.

WHO supported the development of the OH monitoring & evaluation tools which serve as a guide in monitoring intersectoral activities jointly. This tool covers questionnaires addressing surveillance activities at the three levels (County, District & Health facilities) for human and animal health.

The tool will be updated as the system improves in the surveillance structure especially for the environmental sector. Now a joint supportive supervision tool is available to monitor intersectoral activity which improves coordination, identify gaps, and improve joint recommendations for public health interventions.



## **BIGGEST CHALLENGE THAT YOU DIDN'T MANAGE TO SOLVE**

The major challenge is the delay in the passage of the revised (2019) Public Health Law by the National Legislature, which gives rise to the establishment of the National One Health Coordination Platform (Chapter 52 of the revised Public Health Law) with a clear mandate, role, and responsibilities, including the establishment of the Trust Fund.

There has been no domestic dedicated budgetary allotment for the One Health and NAPHS activities and most of the funds for implementation are from external donors. To address this challenge, a high-level engagement meeting with the National Legislature to ensure timely passage of the revised (2019) Public Health Law and the allocation of needed resources for the implementation of the NAPHS that incorporates the NBW Roadmap.



## **KEY LESSONS LEARNED**

- Political will is essential in impacting a country's process for ensuring sustainable investment, resource mobilization and support to One Health, and preventing diseases in healthcare and community settings.
- Coordination plays an important role during joint investigation and response especially in maximizing resources. It helps in timely response to zoonotic-related public health threats, although it is time-consuming and takes energy to coordinate it efficiently aligns the limited human, financial and material resources to meet the desired goals
- A well-coordinated partner's activity raises visibility with a lesser financial burden, avoids duplication of activities, and/or provides common platforms for working together by combining the relative expertise of each supporting partner to create a clear and meaningful impact
- Continuously leveraging on the country's own experience and existing structures helps in developing more efficient interventions.

# MONGOLIA

- ▶ Date of NBW: **June 2022**
- ▶ No NBW Follow-up Survey planned yet
- ▶ Activities fully implemented: **1/37**
- ▶ Activities partially implemented: **10/37**
- ▶ Activities not yet implemented: **1/37**
- ▶ Number NBW Roadmap updates: **0**

**Focal point:** Dr Dulamragcha Buyanbaatar (Health emergency officer WHO Country Office, Mongolia)



## OVERALL IMPLEMENTATION

The NBW was conducted in 15-17 June 2022 and developed the Mongolian One Health Roadmap with 37 activities under 15 objectives. Since the workshop, WHO, FAO and WOAHA organized a follow-up meeting with the Ministry of Health (MoH), Ministry of Food, Agriculture, and Light Industries (MoFALI), and Ministry of Environment and Tourism (MoET) to move forward with the implementation of the roadmap. The focal points from the involved Ministries discussed how to establish National One Health Committee during the meetings. Recurrent meetings will be continued until the establishment of the updated One Health Committee. This meeting is the first step in formalizing the activities of this committee and support implementation of the roadmap. Several activities from the Mongolian One Health Roadmap were included in the National Action Plan for Communicable Diseases Prevention and Response (2022-2025) - approved by the MoH on 31 October 2022. Submission of the “One Health approach to manage Antimicrobial Resistance (AMR) and Antimicrobial Use (AMU) in Mongolia” to the Multi-Partner Trust Fund- AMR with support of MoH, MoFALI, and MoET. This proposal included activities from the planned activities related with AMR and AMU on One Health Roadmap and is going to start from 2023.



## BEST SUCCESS STORY

Mongolia has a multisectoral committee for zoonoses which was established by a joint order of MoH and MoFALI in 2013 that was updated in 2019 to comprise the One Health approach. The mentioned committee is only responsible for zoonotic diseases' prevention and response. After the NBW in June 2022, follow-up meetings with MoH, MoFALI and MoET, and the tripartite (WHO-FAO-WOAH), the following actions were implemented successfully. Key focal points of the ministries agreed on the expansion of this committee by environmental sector and responsibility of Zoonotic diseases, food safety, and AMR through the sub-technical working groups. Another multisectoral coordination committee was established by joint order of Ministry of Health and Ministry of Food, Agriculture, and Light Industries to support and monitor Multisectoral National Action Plan on AMR. The Country proposal “One Health approach to manage Antimicrobial Resistance (AMR) and Antimicrobial Use (AMU) in Mongolia” was developed and submitted to the Multi-Partner Trust Fund- AMR. During the revision process, we had the opportunity to include activities from the planned activities related with AMR and AMU in the One Health Roadmap. This updated proposal was approved by the AMR-MPTF Steering Committee and will be implemented in 2023-2025.



## **BIGGEST CHALLENGE THAT YOU MANAGED TO SOLVE**

Proposed plans need to be approved by the minister of the respective sector to be implemented. The implementation of the One Health Roadmap is difficult as it involves the activities of various sectors.

Therefore, a step-by-step approach was chosen to identify sector-specific activities. A close work from WHO was done with the Ministry of Health to include the activities that the health sector needs to take the lead in the plan that will be approved by the Minister of Health. As a result, several activities from One Health Roadmap were included in the National Action plan for Communicable Diseases Prevention and Response (2022-2025) which was approved by the Minister of Health on 31 October 2022.



## **BIGGEST CHALLENGE THAT YOU DIDN'T MANAGE TO SOLVE**

Differences in understanding and information about One Health approach among sectors' experts, management, and decision-makers have made it difficult to directly implement the One Health Roadmap in all related sectors. Another problem is the difficulty to define financing aspects. If the activity and its implementation costs are not reflected in the budget plan of the relevant sector, this activity does not move forward. On the other hand, it is difficult for any organization to include in its plan the joint implementation activities between sectors, not just one sector, and to define funding roles. In most cases, there is a need to get support from international organizations for the majority of interdisciplinary activities.



## **KEY LESSONS LEARNED**

As sectors' leaders, decision-makers and implementers are constantly changing, it is necessary to regularly organize information activities and advocacy meetings for those people to ensure sustainability of actions.

As it is not possible to implement all the activities at once, it would be very helpful for the countries that organized the NBW if they could provide methodological recommendations and tools on how to implement the Roadmap step by step.

# MOROCCO

- ▶ Date of NBW: **January 2018**
- ▶ NBW Follow-up Survey planned for **March 2023**
- ▶ Activities fully implemented: **2/35 (6%)**
- ▶ Activities partially implemented: **9/35 (26%)**
- ▶ Activities not yet implemented: **24/35 (68%)**
- ▶ Number NBW Roadmap updates: **0** (Upcoming March 2023)

**Focal point:** Dr Jaouad Berrada (NBW Catalyst FAO Morocco)



## OVERALL IMPLEMENTATION

The NBW in Morocco was conducted in January 2018. The final outcome was the design of a Roadmap with 35 activities articulated around 12 objectives. In 2019, the Government of Morocco requested support from WHO/FAO/WOAH to implement the NBW Roadmap. However, the sudden onset of the COVID-19 pandemic shifted the focus to the pandemic response by these competent authorities. With this shift in resource allocation, implementation of the roadmap activities was put on hold between 2019 and 2022. The recruitment of the NBW project Catalyst resumed in September 2022. The Catalyst was therefore able to kick start the implementation process between September and December 2022.

The Catalyst commenced with re-engagement/ designation of the NBW focal points from MoA, WHO-Rabat and recently ONSSA. In their initial discussions, the NBW Catalyst and focal points from the various institutions agreed to hold regular coordination meetings to discuss multisectoral and interagency coordination and develop a plan to support and fast-track the implementation of project activities for the Roadmap. One of the key actions to authenticate the existing objectives and activities was a proposal to conduct an NBW follow up Survey with all focal points on board to verify if these were still valid or needed review and re-framing. Guidance and support were provided by the NBW regional and HQ teams.

The NBW Follow-up meeting is scheduled for March 2023.



## BEST SUCCESS STORY

Some of the activities of the project were fully or partially implemented within the framework of MPTF/AMR project adopting the One Health approach.

1. Communication and coordination have been enhanced between ministries and focal points as a result regular update meetings and routinely conducting work on prevention, preparedness, and control of zoonotic diseases in Morocco jointly.
2. The NBWs coordination mechanism supported the establishment of a steering committee within the framework of AMR/MPTF project with high level representation by national stakeholders and the representatives of WHO/FAO/WOAH agencies. Consequently, this led to successful coordination, communication, and trust between the MoH and ONSSA (MoA). This success is therefore a result of the NBW serving as catalyst to facilitate the engagement from all sectors and stakeholders to implement NBW activities.

3. There is increased commitment to coordinate activities using a One Health approach among stakeholders, including a strong leadership from the Ministry of Health (MoH) and Ministry of Agriculture through Veterinary Services (ONSSA).
4. The design and conception of real-time health information exchange platform between the MoH and the National Office for Food Safety.



### **BIGGEST CHALLENGE THAT YOU MANAGED TO SOLVE**

One major challenge was coordinating and mobilizing national key partners to revive the implementation of NBW project activities under a short timeline of the three months leading up to the project closure in December 2022.

This challenge was compounded by the efforts of always ensuring sustainability of and contributions through a One Health approach and its implementation.

The Catalyst relied on the experience and partners trust gained in the successful implementation of the MPTF/AMR project, under One Health approach, to strengthen and sustain coordination and cooperation between national stakeholders and to enhance communication and information exchanges between national partners.



### **BIGGEST CHALLENGE THAT YOU DIDN'T MANAGE TO SOLVE**

The delay in starting the project activities in a COVID-19 pandemic context, and resource mobilization to ensure long-term impact of One Health activities under the NBW Roadmap.



### **KEY LESSONS LEARNED**

The “One Health” approach deployed within the framework of NBWs project activities and synergies with AMR/MPTF project (as a human, animal, and environment health threat) has made it possible to strengthen the network of stakeholders and mapping of actors and to constitute an energizer for future implementation of NBW activities for the prevention and control of priority endemic and emerging zoonosis.

Improved coordination and partnership among key stakeholders and One Health actors is of paramount importance. This will keep up the momentum of the NBW planning and implementation to support the development of a National One health Strategy and programs with a clear agenda to effectively tackle threats at the animal-human and ecosystem interface.

There are already some gaps that have been identified in the 2018 NBW through our needs assessment and this will comprehensively be addressed and updated during the planned follow up NBW Survey for Morocco scheduled to take place in March 2023.

# NIGERIA

- ▶ Date of NBW: **December 2019**
- ▶ Date of last NBW Follow-up Survey (if any): **November 2022**
- ▶ Activities fully implemented: **3/15 (20%)**
- ▶ Activities partially implemented: **10/15 (67%)**
- ▶ Activities not yet implemented: **2/15 (13%)**
- ▶ Number NBW Roadmap updates: **1** (November 2022)

**Focal point:** Dr Kikiope Oluwarore (NBW Catalyst WHO Country Office Nigeria)



## OVERALL IMPLEMENTATION

The NBW Roadmap implementation began with me conducting advocacy visits and engaging relevant Ministries, Departments and Agencies (MDAs), and partners. Meetings were held with the respective One Health focal units, directors, and staff, to re-introduce the NBW Roadmap, secure their commitment, and discuss plans for the implementation of the roadmap activities. One Health activities were identified, evaluated, and prioritized, and throughout this process tripartite MDAs were engaged individually and jointly to discuss and resolve coordination issues, identify gaps, and plan for prioritized NBW Roadmap activities.

- The Tripartite MDAs and partners were supported to develop their priority One Health Activity workplans for 2022 with input from the NBW Roadmap activities and the One Health Strategic Plan.
- The workplans were collated from the MDAs and evaluated for relevance, coherence with similar activities across other MDAs and opportunities for coordinated efforts.
- We also identified gaps, priorities, and opportunities for joint implementation in line with the NBW Roadmap activities and the Nigeria One Health Strategic Plan.
- Low-cost high-impact activities were then prioritized, presented, and shared as a report for implementation and support by WHO in collaboration with the MDAs and partners.
- Advocacy then began for the implementation of the prioritized activities in 2022 in line and integration with prioritized One Health plans of the respective MDAs.

Some of these key activities have been implemented from March 2022 (the inception of the NBW Catalyst role) to December 2022. These include national-level training on Joint Risk Assessment (JRAs), JRAs for anthrax and blue tick fever, One Health Zoonotic Disease Prioritization (OHZDP), development of the National Strategic plan for Rabies and Bovine Tuberculosis, technical representation of WCO Nigeria in matters relating to One Health and supporting One Health inclusion in Monkeypox need assessment and response.



## BEST SUCCESS STORY

Best success story was the full engagement and participation of the One Health Ministries (human, animal, and environment) in the training and implementation of key preparedness tools for zoonotic diseases. These particularly include the activation of JRAs for Anthrax, Crimean Congo Hemorrhagic fever, and Blue tick fever (disease outbreaks which were reported in neighboring African countries), the implementation of the One Health Zoonotic Disease Prioritization and the development of the One Health-driven Incident Action Plan for response to Monkeypox disease in Nigeria.





## **BIGGEST CHALLENGE THAT YOU MANAGED TO SOLVE**

In Nigeria, the environmental health sector has always been considered the missing link in One Health operationalization. This was initially a challenge as the One Health professionals in environment had inadequate knowledge of One Health operationalization and inadequate knowledge/capacity of their roles in this approach. Many had not been previously well involved and integrated in One Health activities which was quite evident in their initial poor participation, interest, and representation even at the previously held NBW for Nigeria. However, I have been able to solve this by ensuring their equal participation in number and capacity to meetings and activities, letting them know their inputs and contribution are valued and strengthening their capacity on One Health operationalization. This has helped to increase their interest, commitment, and action to promoting One Health. Now, with the equal involvement of all three stakeholders, no unit or sector is marginalized.



## **BIGGEST CHALLENGE THAT YOU DIDN'T MANAGE TO SOLVE**

The biggest challenge that I have not been able to solve is the poor engagement, involvement, or support from the high-level personnel for effective and well-coordinated One Health operationalization in Nigeria. These include the One Health National Steering Committee (comprising of Ministers of Health, Agriculture and Environment) and Technical Committee (represented by the Director-General of NCDC, Chief Veterinary Officer of Nigeria (CVON), and Director of Pollution Control and Environmental Health). The poor engagement of these high-level professionals has limited the institutionalization of One Health in preparedness and response activities and is impacting One Health operationalization at national and sub-national levels.

This was extensively discussed at the NBW Follow-up Meeting and key steps to addressing this have been identified. Such proposed solutions include conducting internal and joint high-level advocacy meetings to the members of the Steering and Technical Committee respectively, to secure their re-commitment to the One Health cause. Furthermore, they will be supported to implement their SOPs and TORs as detailed in the Nigeria One Health Strategic Plan.



## **KEY LESSONS LEARNED**

- Requesting for individual workplans helped to effectively evaluate existing plans, gaps and opportunities for joint activities and collaborations. Leverage on such joint activities helped to avoid duplication of work, made efficient use of resources, and promoted ownership of resulting activities
- Ensuring equal invitation and representation of relevant MDA staff for One Health meetings, activities and deliberations improved collaboration and equal ownership
- Collaboration among One Health partners supporting MDAs has improved knowledge sharing and supported movement building for One Health.
- Commitment, engagement, and participation of high-level leadership of relevant MDAs and partners is very critical to make One Health collaboration effective at all levels.
- Members and staff of One Health MDAs need to be appropriately educated and guided on One Health operationalization and their roles in this regard. This is where the relevant tools developed by the Tripartite (e.g. MCM-OT, JRA-OT, TZG, SIS-OT) are very much needed.

# SENEGAL

- ▶ Date of NBW: **October 2018**
- ▶ Date of last NBW Follow-up Survey (if any): **December 2022**
- ▶ Activities fully implemented: **22/40 (55%)**
- ▶ Activities partially implemented: **9/40 (23%)**
- ▶ Activities not yet implemented: **9/40 (23%)**
- ▶ Number NBW Roadmap updates: **1** (December 2022)

**Focal point:** Dr Amadou Bassirou Fall (NBW Catalyst FAO Senegal)



## OVERALL IMPLEMENTATION

The Catalyst provided technical assistance to ensure implementation of the NBW Roadmap activities in Senegal and ongoing technical support for the HCNSSM/OH (High National Council for Global Health Security/One health), which is the coordinating body for One Health activities in the country. Key milestones in the roadmap implementation include:

- The creation of the National Programme of Global Health Security «One Health» and its strengthening in staff (Two veterinary doctors, two medical doctors, one pharmacist, one socio-anthropologist and one administrative officer)
- The establishment of HCNSSM-One Health functional bodies (the Steering Committee, the Task Force, etc.)
- The decentralization of the One Health approach in the 14 regions of Senegal and establishment of regional HH committees under the authority of regional governors
- Establishment of Intra-sectoral One Health Committees (each ministry has an intra-sectoral «One Health» committee composed of the various departments and services of the ministry with a focal point who coordinates all One Health activities)
- Involvement of civil society and professional organizations in the implementation of the One Health approach by organizing workshops to upgrade and engage civil society and professional organizations. Frameworks for consultation and action on one health are set up or revitalized at the different levels of the territory (community, communal, departmental).



## BEST SUCCESS STORY

The management of the H5N1 highly pathogenic avian influenza that occurred in 2020, 2021 and 2022 in the Saint-Louis region, the PMSSMOH asked the Governor of the Region to manage the epizootic reported at the Djoudj Bird Park, where more than a thousand cases of mortalities were recorded in young pelicans. Thus, the Governor convened the «One Health» Committee of Saint-Louis, which included all relevant sectors and disciplines. This led to the establishment of an operational framework for joint surveillance and risk analysis in accordance with the NBW Roadmap activities including the composition of a multi-sectoral technical working group (TWG) at the national level for joint surveillance and risk analysis.





## BIGGEST CHALLENGE THAT YOU MANAGED TO SOLVE

Ownership of the NBW Roadmap content by the sector ministries and all stakeholders was achieved following the organization of the evaluation and monitoring meeting on the level of implementation of the NBW recommendations, which was held on Thursday, December 8, 2022, in Dakar.



## BIGGEST CHALLENGE THAT YOU DIDN'T MANAGE TO SOLVE

The biggest challenge that we have not yet solved is the establishment of an integrated platform that will link the databases of the different sectoral ministries. Within the same sectoral ministry, there are difficulties in sharing data between the different services and departments.

The roadmap foresees the development of a platform to link the existing databases of the different sectors.

The creation process is underway. From a sectoral perspective, database management platforms exist (DIHS2, KOBOTULBOX, SILAB, LABBOOK). Ministries need to agree to submit their data to a common platform. The «One Health» HCNSSM should have an «epidemiological» platform that will solve the data management problem. For the human laboratory domain, there are multiple data. There is a need to sort it out and to put in place a legal and regulatory framework.



## KEY LESSONS LEARNED

- The NBW Catalyst work allowed me to measure the importance of conducting the surveys on the assessment of the level of implementation of the NBW Roadmap activities. This exercise in a participatory manner had the impact of (1) the sharing of results, (2) upgrading the operationalization of «One Health», (3) the appropriation of the roadmap activities by the PSSMOH, which decided to make it its dashboard, (4) the high visibility of the availability of Technical and Financial Partners (TFP) to support the implementation of the NBW Roadmap activities.
- The Catalyst is essential to improving the One Health collaboration through:
  1. Mobilization of resource persons.
  2. Strengthening multi-sectoral collaboration.
  3. Availability of experts from sectoral ministries and TFPs.
  4. Experience sharing among experts.
  5. The joint mission.
- The main challenge is to improve coordination at the local level: territorialization of the «One Health» approach at the departmental and communal levels.
- The feasibility of an integrated data management system is possible; however, the sectoral subsystems should exist and be functional. Therefore, the subsystems need to be strengthened before moving towards an integrated system.

# SERBIA

- Date of NBW: **October 2019**
- Date of last NBW Follow-up Survey (if any): **NA**
- Activities fully implemented: **8/27 (30%)**
- Activities partially implemented: **5/27 (19%)**
- Activities not yet implemented: **14/27 (51%)**
- Number NBW Roadmap updates: **0**

**Focal point:** Dr Ivan Zivanov (NBW Catalyst WHO Country Office Serbia)



## OVERALL IMPLEMENTATION

The implementation of NBW Roadmap was severely impacted by the COVID-19 pandemic which focused efforts from both the Tripartite and the national sectors. A window of opportunity appeared in July 2021, when very limited funds were identified to resume work on One Health in the country. At the meeting with the MoH and Veterinary Directorate NBW activities have been reviewed and it was agreed that development of a Protocol for joint investigation of epidemics/epizootics, risk assessment and response to priority zoonotic diseases would initiate several activities defined within the NBW. A workshop to adopt the Tripartite methodology on joint risk assessment (JRA), joint investigation and response was held in December 2021 and a working group has been formed with members appointed by the Ministry of Health and Ministry of Agriculture in January 2022. A group of experts has been working with the Working Group resulting in a protocol developed and endorsed by the Working Group and representatives of the ministries in April 2022. Working Group within its engagement this year and through the development of the protocol:

- Identified the list of priority zoonotic diseases of joint concern
- Revised the operational framework for evidence-based surveillance in both sectors
- Developed a mechanism for integrating risk assessment and surveillance data
- Established a joint working group for joint response and field investigation
- Developed a joint national strategic response plan for zoonotic diseases
- Developed SOPs to operationalize coordination mechanisms



## BEST SUCCESS STORY

Although NBW implementation is still slowed down due to COVID-19 and political circumstances, the network of experts whose joint work was facilitated during the process managed to work on promoting the concept of One Health in the country and the country has a strong community of One Health professionals. Many of them are part of the One Health Association of Serbia which organize regular annual One Health scientific meetings and publishes One Health monographs. One Health Center of Excellence has been established at the University of Novi Sad in early 2022, it is financed by the Ministry of Science and is the bases for the generation of new One Health experts in the country.



## BIGGEST CHALLENGE THAT YOU MANAGED TO SOLVE

Epidemiologists shared big burden in COVID-19 response in the country. They were directly involved not only in epidemiological surveillance but also in the surveillance of epidemiological measures. It was very hard to win them for work on NBW actions. We have identified several passionate experts, who were ready to be our negotiators and advocates within the public health system to initiate again work on One Health. This resulted not only in attracting the National Institute of Public Health to be the host of the Working Group for the development of protocol, but also resulted in a dedicated session on One Health during the national Public Health Congress held in December 2021.



## BIGGEST CHALLENGE THAT YOU DIDN'T MANAGE TO SOLVE

The Protocol on joint investigation of epidemics/epizootics, risk assessment and response to priority zoonotic diseases has been cleared by technical people within the MoH and Veterinary Directorate in April 2022 and recommended to be signed by the respective ministers (Health and Agriculture). Parliamentary elections have been held in Serbia on 3 April 2022, the new government has been appointed after 7 months, on 26 October 2022. During the technical government, no new laws or regulations could be approved. We are still waiting for the newly appointed ministers to finalize their cabinets and to bring to their attention to the drafted protocol for adoption.



## KEY LESSONS LEARNED

The NBW set a comprehensive and complex list of activities and processes whose implementation would require significant financial and human resources that are not available in small European upper-middle-income economies. The concept of One Health and the need for a joint approach across sectors is very clear and is a priority for experts and practitioners in epidemiology and veterinarians, but it is still not considered a priority for public health policy, and we are still unsuccessful to archive commitment of national budget funds for implementation of NBW work. Without external support, it is still hard to advance in the area of One Health and all depends on the enthusiasm of committed experts, but it has limitations when actions are needed in the government departments.



Credit: WHO/Ivan Zivanov

Figure 8: National Workshop on the Methodology of WHO/WOAH/FAO on Joint Field Investigation and Response to Priority Zoonotic Diseases Outbreaks held in Belgrade, Serbia.

# SIERRA LEONE

- Date of NBW: **August 2018**
- Date of last NBW Follow-up Survey (if any): **April 2022**
- Activities fully implemented: **18/36 (50%)**
- Activities partially implemented: **12/36 (33%)**
- Activities not yet implemented: **6/36 (17%)**
- Number NBW Roadmap updates: **1** (April 2022)

**Focal point:** Mr Medlin Soko Tucker (NBW Catalyst WHO Country Office Sierra Leone)



## OVERALL IMPLEMENTATION

After the roll out of the NBW in 2018, Sierra Leone has so far utilized the NBW Roadmap with combine efforts to build capacity for sustainable collaboration at the animal-human-ecosystem interface. This has help Sierra Leone to review and validate the draft One Health strategic plan 2019 – 2023; developed a costed implementation framework for One Health strategic plan including risk communication component; conducted a comprehensive nationwide need assessment on biosafety and biosecurity, harmonized existing guidelines on lab biosafety and biosecurity to include human, animal, environment, and plant health; trained One Health surveillance personnel (RRT) at all level on TOT for reporting and outbreak investigation; trained district One Health personnel on data analysis and supportively supervised regional and district teams; Identified communication focal person (s) in each sector, and formed One Health communication committee at national and district level; and established feedback loop mechanism for engaging communities.

In April 2022, One Health stakeholders convened to evaluate the progress of implementation of the NBW Roadmap. Evaluation of the NBW Roadmap found that, out of the thirty-six (36) activities 50% (18) had been fully implemented, 33% (12) partially implemented and 17% (6) not yet implemented. Based on the evaluation findings, the NBW Roadmap was amended down to seventeen (17) activities to be implemented in the remaining period of the project. Annual One Health action plans and periodic One Health monitoring meetings are being used to monitor progress in the implementation of the amended NBW Roadmap. In 2022, four monitoring meetings have been held.



## BEST SUCCESS STORY

The rising profile of One Health approach to address public health threats as guided by the NBW Roadmap was further boosted by the joint investigation and response to an Anthrax outbreak in Port Loko and Karene districts. The index case of Anthrax in animal was recorded on 11<sup>th</sup> May 2022, and in human on 16<sup>th</sup> May 2022. The Ministries of Health, Agriculture and Environment quickly came together to mount a joint response. NBW Catalyst provided technical support in the coordination and collaboration of efforts from One Health stakeholders. The rapid response teams were constituted from the various arms of One Health. Risk communication messaging and community engagements were carried out as a joint effort between human and animal health workers, sensitization of health workers on Anthrax was undertaken jointly for the health and agriculture sectors. The

incident action plan for the response was also a jointly crafted document which guided One Health stakeholders' action and contributed to minimizing animal-human transmission. Since the last confirmed human case of anthrax on June 16, 2022, no other human cases have been reported in the nation. The response to the Anthrax outbreak was more inspiring evidence of One Health collaboration and an improvement from similar responses in the past such as the Africa Swine Fever outbreak (November 2019) or the Lassa Fever outbreak (October 2019).



## **BIGGEST CHALLENGE THAT YOU MANAGED TO SOLVE**

The NBW Roadmap was developed in 2018. In the period after its launch, there wasn't an active follow up of its implementation and hence, it was losing prominence as a key M&E tool for guiding the country forward. The designation of an 'NBW Catalyst' in December 2021 has partly solved this problem because it revived the NBW Roadmap as an essential agenda in the wider public health. The NBW Catalyst has kept the key stakeholders engaged via in-person meetings, emails, and phone calls. With the renewed lobbying of the stakeholders involved in One Health implementation, NBW Roadmap began to be once again an area of focus. When One Health stakeholders met for the NBW Survey, it was indeed established that NBW Roadmap needed revitalization. The NBW online pre-survey it was found that 39% of the participants were not at all familiar with the NBW Roadmap, 28% were vaguely familiar with it, while only 34% were familiar. With the technical support of the NBW Catalyst the National One Health Secretariat came up with a plan to assess the implementation of the NBW Roadmap and create a remedial plan for a revitalized implementation. Annual One Health action plans and periodic monitoring meetings are now being used to monitor progress.



## **BIGGEST CHALLENGE THAT YOU DIDN'T MANAGE TO SOLVE**

During the NBW Roadmap Survey carried out in April 2022, it was found that 6 out of 36 activities that were planned in the roadmap following the IHR-PVS workshop of 2018 had not yet been implemented and 12 out of 36 partially achieved. The main reason cited for this gap was lack of financial resources for implementation. Through much of 2022, WHO and FAO in Sierra Leone did not have funds earmarked for One Health program. Periodic One Health meetings to monitor progress in the implementation of the amended NBW Roadmap have been riding on the resources of the various One Health TWGs. One Health supportive supervision in the districts for 2022 has not been carried out for lack of funds and the annual review meeting will be funded partly through AMR TWG program funds. There are no funds allocated by the government for One Health implementation. The One Health Secretariate is largely donor dependent for activity implementation.



## **KEY LESSONS LEARNED**

- Designation of an 'NBW Catalyst' is a winning formula in prioritizing One Health activities amidst other competing tasks
- Active follow up on the NBW Roadmap improves the country capacity for sustainable collaboration
- The use of One Health approach enhances coordination of other aspects of public health
- Funding for One Health program(s) brings accountability to One Health stakeholders for implementation of its activities.



# UNITED REPUBLIC OF TANZANIA

- Date of NBW: **October 2017**
- Date of last NBW Follow-up Survey (if any): **January 2022**
- Activities fully implemented: **17/49 (35%)**
- Activities partially implemented: **27/49 (55%)**
- Activities not yet implemented: **5/49 (10%)**
- Number NBW Roadmap updates: **1** (January 2022)

**Focal point:** Ms Pelagia Muchuruza (NBW Catalyst WHO Country Office United Republic of Tanzania)



## OVERALL IMPLEMENTATION

As a Catalyst I organized and conducted a NBW follow up Survey. Results indicated that 34.7% and 55.1% of activities were fully and partially implemented respectively. Ten percent of activities were not implemented at all. Reasons for partial or not implemented were inadequate technical capacity in planning and prioritization, lack of SOPs and poor dissemination of available SOPs, inadequate integration of activities during implementation, inadequate human and financial resources. The Roadmap was updated and the implementation of its 29 activities has started. Key milestones include:

- The training of 55 frontline and intermediated animal and human health personnel and 30 TOTs on containment of antimicrobial resistance.
- The development of the One Health Strategic Plan (OHSTP) 2021/2026 to guide prevention and control of zoonoses and other health emergencies at human, animal, and environmental interface.
- I also organized a stakeholder meeting to present the OHSTP. Updates on activities implemented and the results of NBW follow-up Survey were also shared and discussed, and OH TWGs with corresponding TORs formulated. The TWGs will be responsible for implementation of NBW activities.



## BEST SUCCESS STORY

Mapping of One Health Stakeholders indicated all stakeholders and their extent of interaction between the PMO and other lead ministries. More than 100 stakeholders at the national level, political, regional, and local government authorities, High learning institutions, communities and professional associations, private sectors information and media, NGOs and international institutions and regulatory bodies were identified. Regardless of the extent of the interaction among the PMO, lead Ministries of Health, Livestock and Fisheries, identification of these partners in OH activities implementation has strengthened collaboration and increased communication, which in turn has improved effective responses. This has been observed during the commemoration of the World rabies Day 2022. There was a strong collaboration and support to the government, whereby different stakeholders including private firms contributed differently, such as the printing of IEC materials for public awareness creation on rabies prevention and control, the airtime for awareness creation using TVs and radios or the donation of dog rabies vaccines which enabled 58,000 dogs to be vaccinated during the WRD week.



## BIGGEST CHALLENGE THAT YOU MANAGED TO SOLVE

The implementation of OH activities is coordinated by OH Coordination Desk at the Prime Minister's Office. One of the activities to monitor implementation progress is by convening OH Stakeholders meeting where participants share updates and discuss implementation progress and put forward agreed actions for improvement. These meetings need to be convened biannually, however this has not been done due to inadequate funding at the OH Coordination Desk. I have mobilized funds by development of a concept note with a budget, shared with WHO/AFRO for request and I received the requested funds which has been used to support the PMO to coordinate and conduct OH stakeholders meeting. Implementation updates were received and discussed at this meeting, pending issues were resolved including review and formulate six One Health Technical Working Groups with corresponding Terms of References for each group. These groups will be responsible for resource mobilization and follow ups of NBW Roadmap activities implementation.



## BIGGEST CHALLENGE THAT YOU DIDN'T MANAGE TO SOLVE

Inadequate financial resource was reported as a reason for partial implementation of the 27 activities (55.1%) of the 2017 NBW Roadmap. The updated Roadmap now has 29 activities, with 15 and 12 activities categorized as having high and intermediate impact respectively. Two activities are in the low impact category. Although these activities have been incorporated into OHSTP 2021/2026 and Ministries action plans, there is no specific budget set in both Health and Livestock Ministries for implementation of these activities. There are emergency funds available at PMO and sometimes at specific sector, however funds for control of zoonoses are limited unless an outbreak has been identified a national emergency. Additionally, coordination of the implementation of OH activities is done by the One Health Coordination Desk at the Prime Ministers' Office. However, there has been observed inadequate financial resources to support the OHCD to enable it to coordinate the relevant sectors. The available financial resource at the Disaster Management Department at the PMO, where OHCD is situated can be obtained only when an event is a national disaster. The OHSTP 2021/26 proposed for the OHCD to be reviewed and be developed into a Section with a Director who will be independent. It is expected that this will enable the Section to have a budget line for zoonoses control and coordination of OH activities implementation.



## KEY LESSONS LEARNED

- Mapping of OH Stakeholders has improved collaboration and communication in issues related to OH
- Regular stakeholders meeting will facilitate NBW goal achievement. Sharing of updates and experiences assist to determine extent to which activities have been implemented and suggestions for improvement are done at these meetings.
- Online Catalyst reunion meetings have improved my knowledge and skills in support of implementation of NBW Roadmap activities.
- Lack of funds specific for implementation of NBW Roadmap activities at the country level affected implementation progress of the planned activities.

# THAILAND

- Date of NBW: **July 2022\***
- No NBW Follow-up Survey planned yet
- Activities fully implemented: **0/25 (0%)**
- Activities partially implemented: **2/25 (8%)**
- Activities not yet implemented: **23/25 (92%)**
- Number NBW Roadmap updates: **0\***

\*Thailand conducted an NBW pilot (2014), when the method and process were still being developed and adjusted. The first pilots did not provide an NBW Roadmap as an output. In July 2022, Thailand became the first country to conduct its second NBW, this time with a resulting NBW Roadmap.

**Focal point:** Dr Yin Myo Aye (NBW Regional Coordinator, FAO RAP, Thailand))



## OVERALL IMPLEMENTATION

The Department of Disease Control is preparing to develop the national action plan (activity 1.3 in NBW Roadmap) based on results from the Universal Health and Preparedness Review (April 2022), NBW (July 2022) and second Joint External Evaluation (November 2022), in close collaboration with other relevant sectors.

The Department of Livestock Development and the Department of National Parks, Wildlife and Plant Conservation are in discussion to establish a coordinating unit across these two sectors (activity 1.4 in NBW Roadmap) to coordinate One Health and NBW related activities, and to explore resources for further implementation. Next plans for this activity include:

- Conduct a meeting for high-level representatives and key stakeholders to set up the coordinating unit,
- Identify gaps in coordination across the ministries,
- Plan for implementation of activities in NBW Roadmap, and
- Identify potential resources for implementation.



## BEST SUCCESS STORY

Thailand is one of the countries with established multisectoral One Health coordination and collaboration mechanism in the region, particularly across animal and human health sectors. The NBW in Thailand highlighted the areas in strengthening the existing collaboration using lessons learnt from COVID-19 pandemic and ongoing Monkeypox global epidemic. The representatives from all relevant sectors strongly committed to enhance One Health governance system at all administrative levels, improve understanding of One Health approach and its implementation by key decision makers, and improve effectiveness of One Health communication at local level. The representatives also agreed to formalize independent and all-inclusive multisectoral governance in a sustainable perspective, develop functional mandates, and formalize coordination across animal health and environmental sectors.





## BIGGEST CHALLENGE THAT YOU MANAGED TO SOLVE

Despite no formalized multisectoral governance in place, the Coordinating Unit for One Health (CUOH) was established under the Department of Disease Control Thailand. It coordinates across 7 ministries, Thai Red Cross Society, and partner organizations to strengthen surveillance, prevention, and control of diseases in a sustainable One Health manner; One Health systems for data collection, use and sharing; and multisectoral coordinating mechanisms within the One Health concept.

The CUOH Steering Committee provides policy direction and coordinating interagency collaboration between relevant organizations in human, animal, wildlife and environmental health sectors in the development and implementation of efficient surveillance, prevention, treatment, and control of emerging infectious diseases, including zoonotic diseases.



## BIGGEST CHALLENGE THAT YOU DIDN'T MANAGE TO SOLVE

More engagement is needed on One Health from environmental sector, food safety sector, district level, local communities through village health volunteers, private sector, and non-governmental organizations.

Based on the NBW Roadmap, Thailand plans to review and revise the One Health governance system to be all-inclusive One Health governance system at central and subnational levels (regional/provincial and district levels) and establish the One Health Coordination Unit between animal and environmental health sectors. Operational capacities for sharing of information between human, animal, food, and environment sectors will be strengthened as well.

Furthermore, awareness on the importance and implementation of One Health will be enhanced to all the relevant stakeholders at all levels, including private sector. One Health communication at local levels will be improved by establishing volunteers to scale up One Health communication and conducting a series of joint training of trainers at regional level followed by series of training for village volunteers at provincial and priority selected district and sub-district levels on harmonized and coordinated risk communication, surveillance, and response of zoonotic diseases.



## KEY LESSONS LEARNED

- Regular communication across the sectors is crucial to ensure implementation of NBW activities.
- It is important to link NBW activities with the existing activities and plans under the national systems.
- Countries will require to prepare or identify resources for implementation of NBW activities.

# UGANDA

- Date of NBW: **September 2017**
- Date of last NBW Follow-up Survey (if any): **February 2022**
- Activities fully implemented: **8/35 (23%)**
- Activities partially implemented: **13/35 (37%)**
- Activities not yet implemented: **14/35 (40%)**
- Number NBW Roadmap updates: **1** (February 2022)

**Focal point:** Dr Alice Namatovu (NBW Catalyst FAO Uganda)



## OVERALL IMPLEMENTATION

To support the implementation of the NBW Roadmap, the four sectors under the National One Health Platform (NOHP) seconded two focal persons each to be part of the technical staff in the OH coordination office (OHCO). Additionally, the government supported establishment of District OH teams (DOHT) and district rapid response team (DRRT) in 34/146 districts. The technical and some financial support led to implementation of the 08/35 and 13/35 activities to full and partial completion respectively. Furthermore, government lobbies for funds from implementing partners to support these activities. However, this support is still limited due failure to disseminate the NBW report and Roadmap widely which limited incorporation of the activities in sector work plans, lack of legal framework which makes securing funds in areas outside a ministry mandate difficult and the OH concept not clear to most people.

As NBW Catalyst, I have: advocated for results of NBW, through conducting NBW follow-up Survey to remind sectors of their commitment and to keep momentum for implementation of these activities. Partially disseminated the NBW report and updated Roadmap. Emphasized the importance of improved coordination at the NOHP and push for development of a OH legal framework to smoothen the implementation of these activities. I ensure regular dialogue are maintained between the sectors to allow implementation of joint activities. Provided technical backstopping to support the implementation of the NBW activities. I also supported resource mobilization for these activities and maintain regular communication with the FAO-WHO-WOAH country project team and other development partners as well as networking with mentors and other catalysts to gain experiences on proper implementation of activities elsewhere.



## BEST SUCCESS STORY

One of the success stories is the decentralization of one health at sub-national level with the formation of district One Health teams (DOHT) in 34 districts out of 146 districts in Uganda. It is good to note that, some of these districts with DOHT have strong OH collaborative teams able to: share resources (skilled labor, cold chain, sample transportation using Hub system, outbreak investigation and dissemination of materials), do joint rabies vaccination and cost sharing of laboratory and utility bills, promote private and public partnerships as well as zoonotic disease management and conduct simulation for response preparedness.



## **BIGGEST CHALLENGE THAT YOU MANAGED TO SOLVE**

The biggest challenge was keeping the collaborative momentum with busy directors and contact persons. You could send emails informing them of activities and requesting them to nominate persons to work with but given their busy schedules, the response would take long. It required creativity, flexibility and keeping focused to conduct the activity to completion. Therefore, I would accompany email with follow up phone calls or WhatsApp reminders even outside office hours or weekends. The outcome would be getting contact persons nominated and working with them to see the activity done to conclusion.



## **BIGGEST CHALLENGE THAT YOU DIDN'T MANAGE TO SOLVE**

Lack of legal basis for One Health in Uganda is the biggest challenge that has not been solved to date. Without this policy allocating resources to OH activities is still a challenge. Sectors are still working in silos using the available resources for activities under their mandate. The attempted solution has been advocating for OH policy in a number of fora. A Technical support and capacity building for Strengthening One Health coordination advocating for development of a OH policy was also developed. The country had done regulatory impact assessment (RIA) which had pointed towards development of the OH Coordination strategy. However, in the process of development of this OH strategy, the consultant realized that a strategy could not help much given the number of sectors that are involved and the fact that the 4 key sectors (Ministry of Agriculture Animal Industries and Fisheries (MAAIF), Uganda Wildlife Authority (UWA), Ministry of Health (MoH) and Ministry of Water and Environment (MWE)) had only signed a Memorandum of Understanding (MOU), which was not legally binding. He advised that a RIA be re-done in support of development of OH policy.



## **KEY LESSONS LEARNED**

- NBW Catalyst and NBW Regional Mentor's involvement in planning of activities hastens implementation
- Annual NBW follow up Survey quickens the exercise and pushes ministries to implement the activities
- Combining NBW activities with others OH activities saved resources
- Catalyst being lead facilitator of the follow up Survey helped to guide the discussion



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With the kind contributions of Dr Stéphane de la Rocque (WHO), Dr Julio Pinto (FAO) and Ms Barbara Alessandrini (WOAHA).

# Programme implementers

The NBW Programme is implemented by a vast network constituted of representatives from all over the world from the three organizations (WHO, FAO and WOA) at the three levels (Headquarters, Regional and National). Authors would like to thank all the contributors involved in this program for their daily efforts in supporting countries in the operationalization of the One Health approach.



Credit: WHO

Figure 9: Members of the NBW network present at the NBW Reunion in Paris, France (December 2022)



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