



World Health Organization

REGIONAL OFFICE FOR South-East Asia

GUIDANCE ON SELECTION AND USE OF **ONE HEALTH** OPERATIONAL TOOLS



Assess/Monitor

Prioritize/Plan

Operationalize/Implement

Guidance on Selection and Use of One Health Operational Tools
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GUIDANCE ON SELECTION AND USE OF ONE HEALTH OPERATIONAL TOOLS



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BACKGROUND

The One Health (OH) High-Level Expert Panel (OHHLEP) of the Quadripartite Organizations defined OH as an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems.”

It recognizes the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and interdependent [1]. The Tripartite which comprised the Food and Agriculture Organization (FAO) of the United Nations (UN), the World Health Organization (WHO), and the World Organisation for Animal Health (WOAH) later became the Quadripartite organizations when the United Nations Environment Programme (UNEP) joined the OH alliance in 2022. There are Global and Regional Quadripartite Secretariats consisting of officials of headquarters and regional offices, respectively.

Over the years, the Tripartite/Quadripartite organizations and other partner agencies have developed several OH assessment and operational tools to support Member States in assessing their core capacities to achieve compliance with the requirements of international standards such as the International Health Regulations 2005 (IHR), WOAH’s Terrestrial and Aquatic Animal Health Codes, World Trade Organization’s Sanitary and Phytosanitary Measures (WTO-SPS), FAO/WHO Codex standards, etc. Technical areas that the existing tools currently support include progress monitoring, coordination and collaboration mechanisms, and capacity building for prevention, detection, preparedness, and response to health threats emerging at human-animal-environment interface. More OH operational tools are in the pipeline.

1 <https://www.who.int/news/item/01-12-2021-tripartite-and-unep-support-ohhlep-s-definition-of-one-health>

KEY FLAGSHIP PROGRAMS

The Quadripartite organizations have been leading the operationalization and strengthening of multisectoral OH approach at regional and country levels by supporting the application of these tools through various mechanisms outlined in [Figure 1](#).

The key flagship programs include:



Joint External Evaluation (JEE) jointly organized by Member States and WHO to assess core capacities of countries to meet the requirements of the IHR 2005



Performance of Veterinary Services (PVS) jointly organized by Member States and WOAHA to assess the performance and support the strengthening of national veterinary services using set of tools and methods to evaluate and develop costed investment plans



IHR-PVS National Bridging Workshop (NBW) jointly organized by Member States and Quadripartite, assessing sectoral coordination and collaboration using 15 technical areas and developing multisectoral One Health roadmap and action plan



National Action Plan for Health Security (NAPHS) workshops jointly organized by Member States and WHO



Tripartite Zoonoses Guide (TZG) developed by the Tripartite and available for use by Member States. It provides standard framework to address zoonotic and other health threats at human-animal-environment interface, taking a multisectoral approach

OPERATIONAL TOOLS

To facilitate the implementation of TZG framework, the Tripartite/Quadripartite has developed a set of operational tools:



Multisectoral Coordination Mechanisms Operational Tool (MCM OT)



Surveillance and Information Sharing Operational Tool (SIS OT)



Joint Risk Assessment Operational Tool (JRA OT)



Response and Preparedness Workshop methodology (REPREP)

The other operational tools under development include:



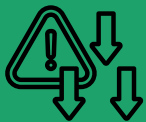
Workforce Development Operational Tool (WFD OT)



Monitoring and Evaluation Operational Tool (M&E OT)



Coordinated Investigation and Response Operational Tool (CIR OT)



Risk Reduction, Risk Communication and Community Engagement Operational Tool (RCCE OT)

There are also other tools developed by Quadripartite organizations and other partners and the inventory of these tools along with a brief description is provided by the OHHLEP[2]

2 <https://www.who.int/publications/m/item/ohhlelep-inventory-of-one-health-tools>

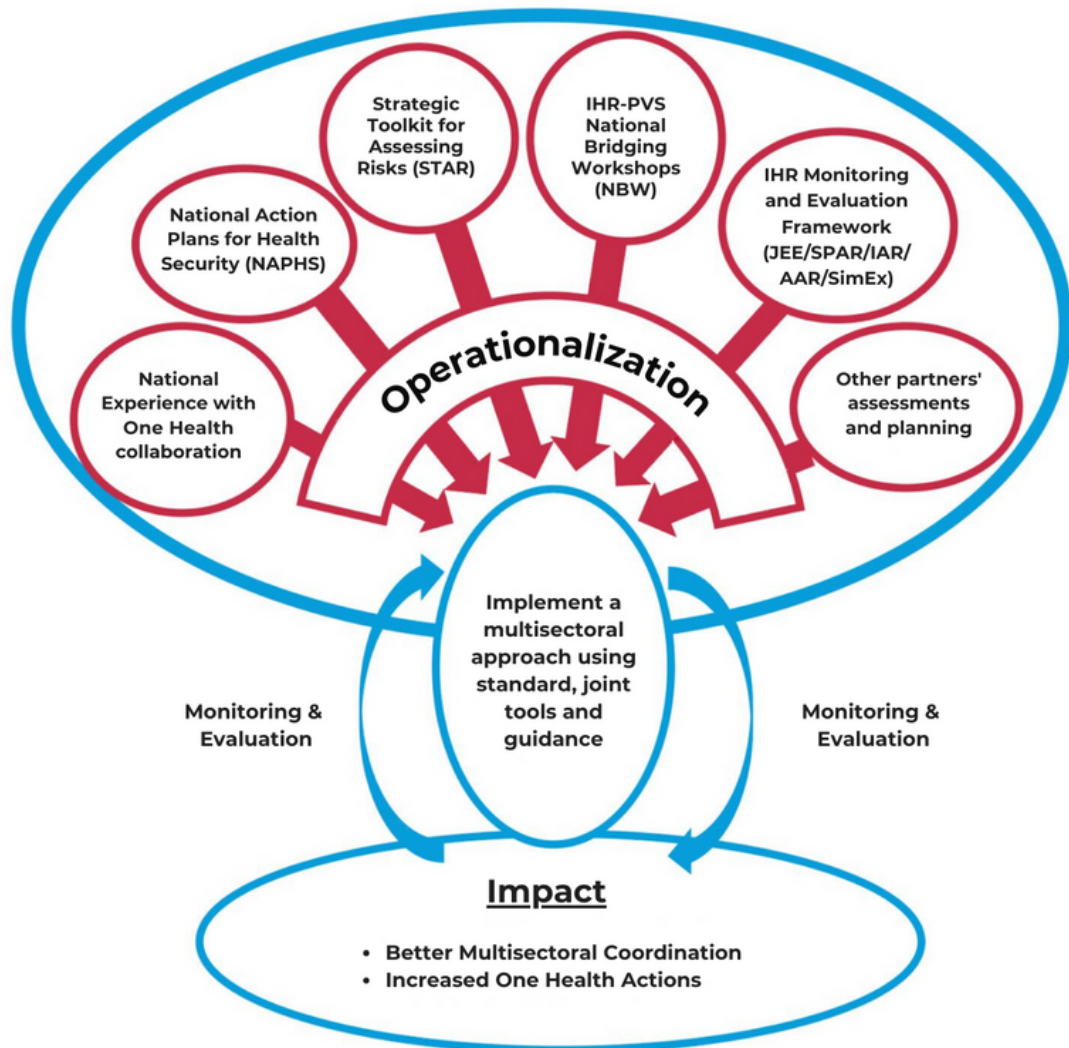


Figure 1. Schematic diagram of various multisectoral mechanisms used by the Quadripartite organizations and other partners to operationalize and strengthen One Health systems and implementation of the OH approach by Member States.

Abbreviations: PVS: Performance of Veterinary Services; IHR: International Health Regulations 2005; JEE: Joint External Evaluation; SPAR: State Parties Annual Reporting.

As there are many tools, the Member States need guidance on understanding the scope and to make judicious decisions to select and use each of these tools in a systematic way considering country context, needs and priorities. The comprehensive list of OH-related tools developed globally has been compiled and published by Quadripartite's OHHLEP[2] and in a scientific journal[3].

However, professionals and officials of Member States, WHO regional and country offices still lack clarity on which tools to use for “What” purpose, “When” and “Key outputs” of using each of these tools. Therefore, this document is prepared to provide a snapshot and quick guidance note to the most used tools for OH-related activities.

2 <https://www.who.int/publications/m/item/ohhlelep-inventory-of-one-health-tools>

3 <https://pubmed.ncbi.nlm.nih.gov/31564739/>

OBJECTIVES

The primary objectives in generating this guidance document are:

- 1 **Quick Guidance:** To offer structured and quick guidance on the most commonly-used OH operational tools and to facilitate easy understanding of What, Why, When, Where, Who, How to use them, and key outputs they can deliver.
- 2 **Optimize usage of the tools:** To support users to judiciously select the appropriate tool(s) depending on the country context, needs, and priorities and optimize their usage by providing easy to understand key gist of these tools.
- 3 **Web-link to Tools:** Provide web-links to access each of these tools for detailed information.

The guidance is tailored for officials of ministries and agencies responsible for OH, WHO Country Offices, WHO regional offices, Quadripartite organizations, and other partner organizations and anyone involved in OH initiatives. It is crafted to guide the selection and application of most commonly used OH operational tools. These tools, ranging from assessment to preparedness and response planning, are integral for addressing health threats that intersect at human, animal, and environment interface.

The overarching goal is to facilitate to bolster global health security by ensuring a cohesive, well-informed approach to public health emergencies. This guidance empowers officials to judiciously choose and deploy these tools, facilitating effective and coordinated multisectoral health emergency preparedness and responses at the human-animal-environment interface.

This guidance is limited to the most used OH operational tools at country levels. For a more comprehensive list of the tools and description, readers are requested to refer to OHHLEP consolidated tables [2]

One Health Operational Tools

The schematic diagram of tools presented in [Figure 2](#) provides the preferred timeline (top to bottom order) of usage of tools by Member States in relation to other tools. However, the implementation of the tools specified on the top of a tool in the figure is not a mandatory pre-requisite as explained in the description of tools in the subsequent section.

2 <https://www.who.int/publications/m/item/ohhlelep-inventory-of-one-health-tools>

Selection and Use of One Health Tools



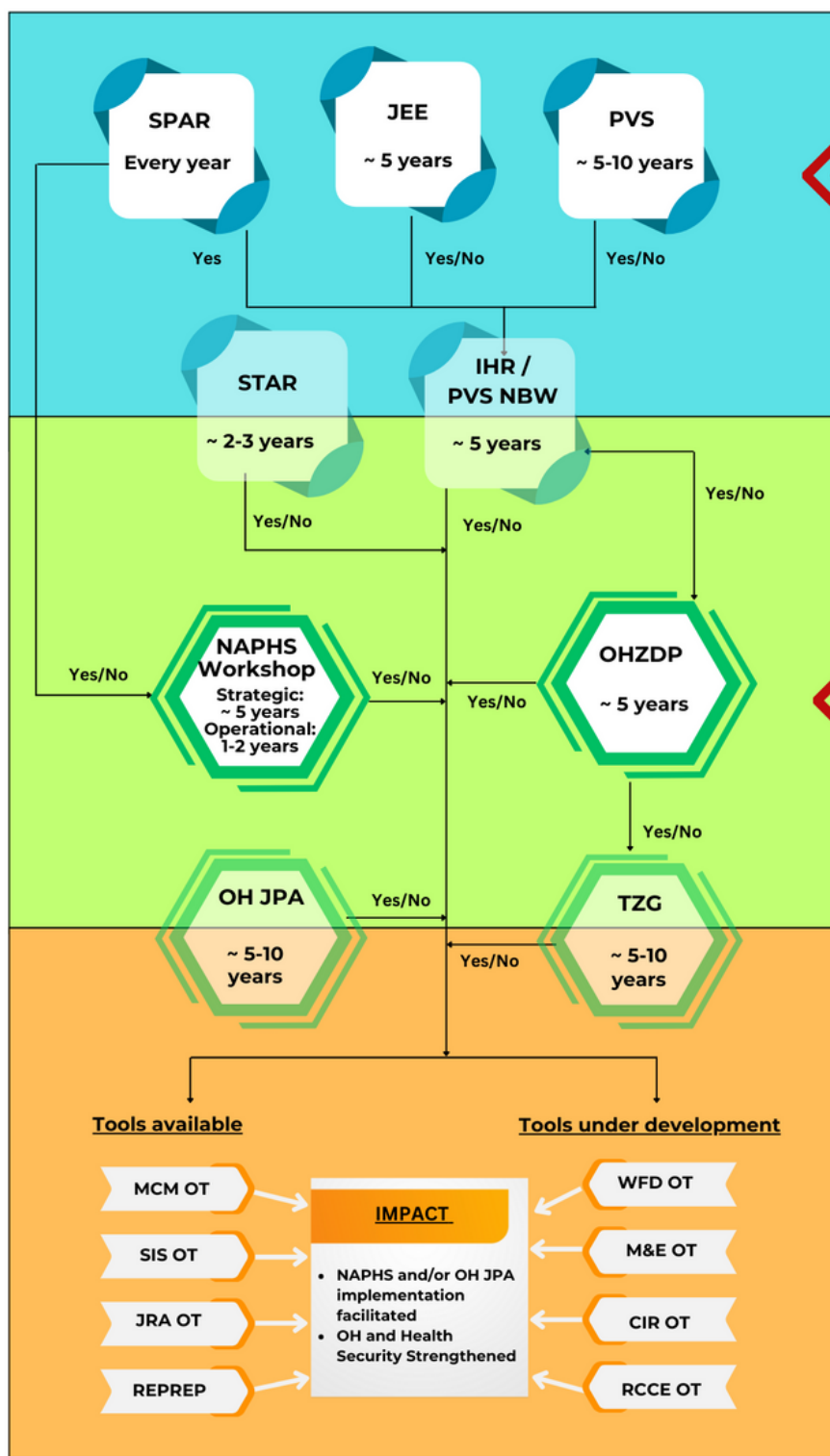
Assessment /
Monitoring



Prioritization /
Planning



Implementation /
Operationalization



ASSESSMENT / MONITORING

Preferable Starting Tools

Key outputs:

- Country capacity scores of technical competencies of MOH and Animal Health generated
- Level of collaboration between HH and AH assessed
- Country risk profiles using STAR generated
- Current strengths and gaps identified
- Key priority recommended actions generated

SimEx / IAR / AAR Results



SimEx / IAR / AAR Results



SimEx / IAR / AAR

PRIORITIZATION /
PLANNING

Tools in this box can be used without JEE / SPAR / PVS

Key outputs:

- Roadmap for NAPHS developed
- OH roadmap developed
- List of priority zoonotic diseases generated
- Strengthening of zoonotic diseases prevention and control programs facilitated

Figure 2. Mapping of tools by broad categories of intended purpose and preferable timeline of their usage in relation to one another (preferred timeline order from top to bottom).

Keys: Arrows = indicate time sequence for using tools. **Yes** = Conduct the tool first before those below it (arrows pointing to tools); **Yes/No** = Preferred to conduct/complete before tools below it but not a pre-requisite/mandatory.

Abbreviations: - **JEE** = Joint External Evaluation; **SPAR** = State Parties Annual Reporting; **PVS** = WOAHP Performance of Veterinary Services; **STAR** = Strategic Toolkit for Assessing Risks; **NBW** = National Bridging Workshop; **NAPHS** = National Action Plan for Health Security; **OHZDP** = One Health Zoonotic Diseases Prioritization; **OH JPA** = One Health Joint Plan of Action; **TZG** = Tripartite Zoonoses Guide; **MCM OT** = Multisectoral Coordination Mechanisms Operational Tool; **SIS OT** = Surveillance and Information Sharing Operational Tool; **JRA OT** = Joint Risk Assessment Operational Tool; **REPREP** = Response Preparedness Workshop; **RCCE OT** = Risk Reduction-Risk Communication-Community Engagement Operational Tool; **WFD OT** = Workforce Development Operational Tool; **M&E OT** = Monitoring and Evaluation Operational Tool; **CIR OT** = Coordinated Investigation and Response Operational Tool; **IAR/AAR** = Intra-Action Review/After Action Review; **SimEx** = Simulation Exercises.



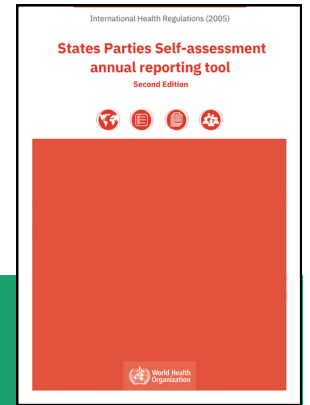
ASSESSMENT / MONITORING TOOLS

Ideally, the application or use of OH tools should begin with IHR capacities assessment tools like Joint External Evaluation (JEE) and/or electronic State Parties Annual Reporting (e-SPAR) of WHO, and Performance of Veterinary Services (PVS) of WOA. Then IHR-PVS National Bridging Workshop (NBW) and Strategic Toolkit for Assessing Risks (STAR) can be conducted. The key differences between JEE and PVS are that PVS is conducted by external experts with extensive field visits and more detailed functional evaluation, whereas JEE is consensus-based evaluation between national and independent external experts. The PVS report is made publicly available only if a Member State agrees to it, whereas it is obligatory to make the JEE report public, and it is published on the WHO website. While it is not a pre-requisite to complete JEE and/or PVS for conducting NBW, and STAR, NAPHS workshops, it is preferred to complete them first to maximize the benefits. Alternative to JEE, countries can use the results of self-assessment reports of SPAR and/or AAR/IAR and SimEx. Similarly, OH Zoonotic Diseases Prioritization (OHZDP) workshop, National Action Plan for Health Security (NAPHS) Workshop, OH Joint Plan of Action (OH JPA) can be conducted without having to complete to JEE/e-SPAR, PVS, NBW or STAR.

STATE PARTIES ANNUAL REPORTING (SPAR)



The SPAR manual is available at: [SPAR](#)



WHAT?

A tool enabling mandatory annual reporting to the IHR Secretariat. A country's self-assessment tool to assess national core capacities to prevent, detect, and rapidly respond to public health threats annually. Provides information on capacity and progress towards developing and maintaining core capacities required under the IHR 2005 to both WHO and the country itself.

WHY?

Countries are legally obliged by IHR 2005 to annually report on their implementation of the IHR core capacities. This tool (SPAR) is available to facilitate this reporting.

WHEN?

Mandatory self-assessment conducted annually by Member States and presented at the World Health Assembly.

WHERE?

All IHR State Party.

WHO?

For use by national officials of human health sector (IHR focal point), and other officials of human health and other relevant sectors through a consultative process. The assessment is officially submitted by the IHR National Focal point, with feedback from all sectors.

HOW?

Use e-SPAR (electronic SPAR tool) to report on country's implementation of IHR core capacities using **35 indicators for the 15 IHR capacities** required to detect, assess, notify, report, and respond to public health risk and acute events of domestic and international concern. For each of the **15 capacities**, 1-3 indicators are used to measure the status of each capacity.

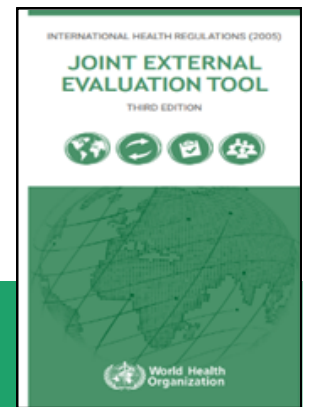
OUTPUT

Annual report of the self-assessment of capacities using **35 indicators of the 15 IHR capacities** needed to detect, assess, notify, report, and respond to public health risks and acute events of domestic and international concern and submit to WHO and annual World Health Assembly.

JOINT EXTERNAL EVALUATION (JEE)



The JEE Manual is available at: [JEE](#)



WHAT?

The JEE is a voluntary, collaborative, multisectoral process to assess a country's capacity to prevent, detect, and rapidly respond to public health threats, particularly infrastructural capacity in **19 technical areas** that cover the scope of IHR core capacities.

WHY?

Support countries to identify strengths, best practices and gaps, and guide both domestic and international investments for strengthening health security. It assists countries to meet IHR 2005 obligations and facilitate development of NAPHS.

WHEN?

It is undertaken voluntarily at any time, conducted in a yearly cycle.

WHERE?

In any country at the national level and can be conducted at subnational level with federal structure in larger countries.

WHO?

For use by national officials of human health and other relevant sectors and international experts.

HOW?

Conducted in two stages: (1) an initial multi-sectoral self-evaluation by a country; and (2) an in-country evaluation conducted jointly with a multisectoral external team and a team of national experts from all the relevant sectors usually over a 5-day period.

OUTPUT

- Report containing strengths, best practices, and priority actions (3-5 recommended actions) for strengthening the core capacity to prevent, detect and rapidly respond to public health risks including development of NAPHS.
- Assessment scores of the nation's capacities in **19 core technical areas** (score values from 1 to 5) as per the requirements of the IHR 2005.

PERFORMANCE OF VETERINARY SERVICES (PVS)



The PVS manual is available at: [PVS](#)



WHAT?

Tool for assessment of a nation's **45 critical competencies** of veterinary services. It assists countries to meet International Standards of the WOAHA Codes (**the Terrestrial Animal Health Code, the Aquatic Animal Health Code, the Manual of Diagnostic Tests and Vaccines for Terrestrial Animals, and the Manual of Diagnostic Tests for Aquatic Animals**).

WHY?

Support countries to identify strengths, best practices and gaps, and priority recommended actions (3-5 actions) to guide both domestic and international investments to improve veterinary services (animal health, veterinary public health, and other regulatory functions) to meet the international standards of the WOAHA Codes.

WHEN?

It is undertaken voluntarily at any time. PVS follow-up can be undertaken in 4-5 years' cycle.

WHERE?

In any country at the national level.

WHO?

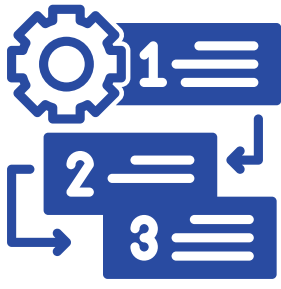
For use by officials of national veterinary and aquatic health services and other relevant sectors and trained international experts of PVS assessors.

HOW?

This PVS tool provides standardized methodologies for WOAHA's multi-staged PVS Pathway cycle (**Orientation, Evaluation, Planning of Gap Analysis and Strategic support, and Targeted support**) of veterinary services that include external expert-led, in-depth field missions (meeting with all key stakeholders from policy to field officials, including private sectors and communities) and review all available documentation to assess functional capacities.

OUTPUT

- A report containing rich data and insights, findings such as strengths and best practices, key gaps, and recommendations.
- Support countries to take ownership and prioritize improvements to their animal health systems.



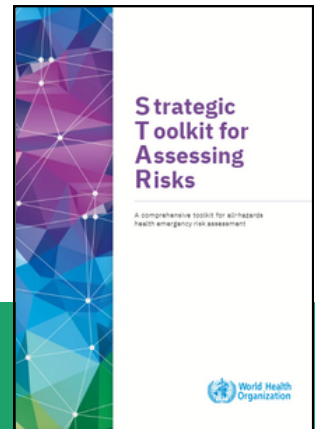
PRIORITIZATION/ PLANNING TOOLS

The tools listed here are meant to be used for assessing and prioritizing of health threats and risk, to facilitate & guide multisectoral coordination and collaboration mechanism and capacity-building actions.

STRATEGIC TOOLKIT FOR ASSESSING RISKS (STAR)



The STAR manual is available at: [STAR](#)



WHAT?

It is a tool taking a whole-of-society, all-hazards, multisectoral approach to enable national and subnational governments to develop risk profiles for planning and prioritization of health emergency preparedness and disaster risk management activities.

WHY?

To assist countries in the identification and evaluation of public health risks from hazards, prioritize action plans, and enhance readiness for potential emergencies, including surge capacity for response.

WHEN?

At all stages of the emergency response cycle (before, during and after emergency event), preferably in preparedness stage at strategic level. A repeat of STAR can be conducted every 2-3 years to update the risk profiles.

WHERE?

At national and sub-national (district, local, community) and multi-country levels.

WHO?

Professionals from national ministries and other relevant sectors responsible for emergency response management (governmental agencies like health, disaster management, agriculture/OH, academia, security, environment, etc., non-governmental and private agencies, and international partners).

HOW?

Conduct a **3-5 days' workshop involving six key steps of identification of hazards, determining likelihood of each hazard, their impact, risk level, generating risk profile, and integrating key actions and recommendations.**

Countries can opt for specific contexts such as infectious hazards, point of entry, mass gatherings, climate change, hospital safety etc.

OUTPUT

- Generate the country's hazards, risk profiles and risk calendar including health consequences, population at risk, vulnerability, coping capacity, and potential impact.
- Generate key recommendations and priority action plans.
- Support the development of risk informed NAPHS.

IHR-PVS NATIONAL BRIDGING WORKSHOP (NBW)



The IHR/PVS NBW Brochure is available at: [NBW](#)



WHAT?

Tripartite (WHO, WOAH and FAO) tool to assess the collaboration and gaps between human and animal health sectors in **15 key technical areas** based on the JEE and PVS assessments, and support countries to develop joint roadmap of corrective measures and strategic investments.

WHY?

To evaluate and strengthen country's OH collaboration between sectors to improve the prevention, detection, and control of health threats at the human-animal interface.

WHEN?

It is preferably undertaken voluntarily after JEE and PVS, but not a prerequisite to have completed these evaluations. Alternatives include self-assessment JEE, SPAR, IAR/AAR, and SimEx. It can be repeated every 5 years.

WHERE?

In any country at national level. A method for subnational NBW is in development.

WHO?

For use by human health and animal health sectors from national, regional, and subnational levels, and other relevant sectors (food safety, environment, wildlife, media, etc.)

HOW?

Conduct **3-day workshop** following the **seven steps** (orientation on OH, IHR, JEE and PVS tools, results of JEE and PVS evaluation, series of scenario-based case studies and group works) leading to joint roadmap to strengthen collaboration and coordination between sectors.

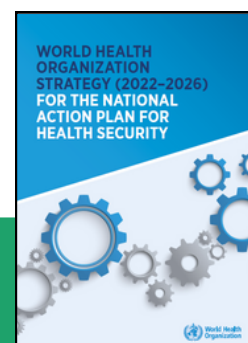
OUTPUT

- Diagnostic report of **strengths and weaknesses** in the collaboration between human, animal, and environment sectors in **15 technical areas** that are key for the prevention, detection, and response to health events at the human-animal interface.
- Generate a joint OH roadmap and support development of NAPHS or other strategy, contingency or plan documents.

NATIONAL ACTION PLAN FOR HEALTH SECURITY WORKSHOP (NAPHS)



The NAPHS Brochure is available at: [NAPHS](#)



WHAT?

A country-owned, multi-year, and planning process that can accelerate the implementation of IHR core capacities, and is based on a One Health for all-hazards, whole-of-government approach. It captures national priorities for health security, brings sectors together, identifies partners and allocates resources for health security capacity development.

WHY?

Help Member States to develop the costed national action plan to strengthen health security capacities based on recommendations from relevant IHR monitoring and evaluation and risk profiling tools, implement actions and monitor the progress of activities against their strategic results.

WHEN?

Preferably after JEE/SPAR, STAR and IHR-PVS NBW or any time based on a voluntary request by a Member State. Can be repeated every 5 years for a strategic NAPHS and 1-2 years for the operational NAPHS.

WHERE?

Usually at the national level.

WHO?

National officials of health and other related sectors under International Health Regulations as well as national planning and financing officials for alignment with the national planning and budgetary cycle.

HOW?

Integrated NAPHS approach involves:

1. **Access:** Use capacity and risk assessments' recommendations to prepare strategic and operational plans through NAPHS tool;
2. **Develop:** Develop and cost strategic or operational NAPHS through the NAPHS workshop (lasting approximately 3 days);
3. **Mobilize:** Map resources and develop resource mobilization strategies for the effective implementation of NAPHS;
4. **Implement:** Implement activities and continuously monitor and evaluate progress.

OUTPUT

- A 5-year Strategic NAPHS and a 1-2-year Operational NAPHS are generated.

ONE HEALTH ZOOONOTIC DISEASES PRIORIZATION (OHZDP)



The OHZDP fact sheet is available at: [OHZDP](#)



WHAT?

This tool developed by the United States Centers for Disease Control and Prevention facilitates multisectoral OH approach to prioritise endemic and emerging zoonotic diseases of major public health concern.

WHY?

To support countries to prioritize zoonotic diseases of greatest concern and develop action plans to address the priority zoonotic diseases jointly by OH partners.

WHEN?

It can be undertaken voluntarily at any time.

WHERE?

At **both** national and sub-national levels.

WHO?

For use by national and subnational professionals from all relevant sectors (human health, animal health, wildlife, environment, etc.) responsible for managing zoonotic diseases threats.

HOW?

Conduct **2-3 days' workshop** and using a standardized, mixed methods approach and is facilitated by trained facilitators.

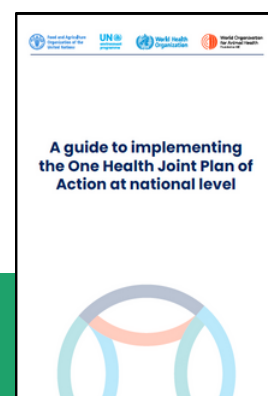
OUTPUT

- A list of priority zoonotic diseases of greatest concern agreed jointly by all OH sectors on consensus basis.
- Recommendations for next steps and action plans for multisectoral, OH engagement.

ONE HEALTH JOINT PLAN OF ACTION (OH JPA)

The OH JPA manual is available at: [OH JPA](#)

The OH JPA Implementation Guide is available at: [Implementation Guide](#)



WHAT?

Provides a comprehensive and clear vision, commitment and concrete guidance on operationalization of OH, underpinned by a **Three Pathways of Change (Theory of Change)** and **six Actions Tracks**.

WHY?

To support countries to establish a functional OH coordination mechanism and to strengthen and/or operationalize OH systems.

WHEN?

Preferably after IHR-PVS NBW or any time based on voluntary request.

WHERE?

It can be undertaken at **both** national and subnational levels.

WHO?

Officials from key OH sectors of a country, Quadripartite organizations and other international and partner organizations supporting countries.

HOW?

Provides clear framework and guidance through **5 steps processes (situation analysis, establishing or strengthening OH governance and coordination, developing national action plans, review, share and incorporate lessons learned)** for operationalization or strengthening OH governance systems. Conduct 3-5 days of national OH JPA workshop.

OUTPUT

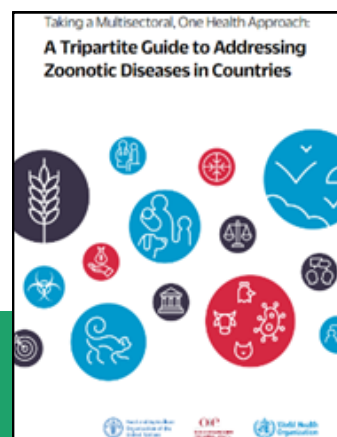
- Review, develop and/or adapt a prioritized and costed national OH JPA, linking to existing national strategies and plans.

A TRIPARTITE GUIDE TO ADDRESSING ZONOTIC DISEASES IN COUNTRIES (TZG)



The TZG is available at:

[TZG](#)



WHAT?

Standard guidance or framework from the Tripartite (FAO/WHO/WOAH) organization on addressing prevention, detection, preparedness, and response management of zoonotic diseases in countries.

WHY?

To support countries in taking a multisectoral, OH approach to address identified gaps in national capacity for prevention, detection and preparedness and response to zoonotic diseases outbreaks at the human-animal-environment interface.

WHEN?

Best implemented prior to emergencies, but adaptable for use during a zoonotic disease emergency.

WHERE?

In any country, at any level from central government to communities.

WHO?

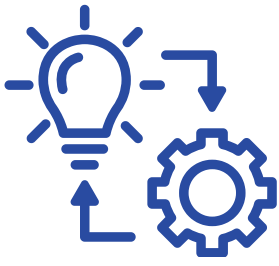
For use by national and subnational staff from all relevant sectors responsible for managing zoonotic disease threats.

HOW?

It provides clear guidance on establishing a multisectoral governance structure, mapping national capacities, prioritizing zoonotic diseases, and technical capacity requirements (surveillance, preparedness and response, joint risk assessment and risk reduction, communication and community engagement, workforce development, and monitoring and evaluation framework). **It is accompanied by a set of operational tools described in Implementation or Operationalization section below.**

OUTPUT

- Facilitate establishment and strengthening multisectoral collaboration to address zoonoses and other health threats at human-animal-environment interface through implementation of its accompanying operational tools in **7 key technical areas** as mentioned above.



IMPLEMENTATION / OPERATIONALIZATION

These are operational tools (except for IAR/AAR and SimEx) meant to facilitate the implementation of TZG and recommendations or roadmaps developed from JEE/SPAR, PVS, STAR, NBW, NAPHS, OHZDP, etc. for strengthening country capacities, and operationalization of One Health.

The operational tools (MCM OT, SIS OT, JRA OT, REPREP, WFD OT, RCCE OT and M&E OT) are best used following the NBW, OHZDP, or OH JPA workshops as the recommendations from these workshops help them identify which tools to use to implement their recommendations, with special focus on priority challenging technical areas. Detailed explanations and the guidance related to those OH operational tools are provided in the TZG.

MULTISECTORAL COORDINATION MECHANISMS OPERATIONAL TOOL (MCM OT)



The MCM OT Manual is available at:
[MCM OT](#)



WHAT?

A **10-step operational tool** to support governments to establish or strengthen a formal government mechanism for OH to facilitate implement TZG.

WHO?

For use by national officials from all relevant sectors responsible for managing zoonotic disease threats and OH.

WHY?

Establish or strengthen an existing multisectoral coordination mechanism for managing zoonotic diseases.

HOW?

It outlines **10 steps guidance** on establishing a new OH mechanism or strengthening an existing one, including conducting **3-day MCM OT workshop** to identify and prioritize elements for MCM.

WHEN?

Best implemented prior to emergencies, but adaptable for use during a zoonotic disease emergency. Preferably implemented after JEE, PVS and NBW, but not a prerequisite.

OUTPUT

- Develop government-validated action plan to establish or strengthen the OH coordination mechanism and conduct impact evaluation after 6-12 months.
- Support development of NAPHS.

WHERE?

In any country **both** national and subnational levels.

SURVEILLANCE AND INFORMATION SHARING OPERATIONAL TOOL (SIS OT)



The SIS OT Manual is available at:
[SIS OT](#)



WHAT?

A stepwise assessment tool to support countries to establish or strengthen their capacity for coordinated surveillance and cross-sectoral information sharing for zoonotic diseases.

WHY?

To enhance or establish multisectoral coordinated or integrated surveillance and information sharing systems for monitoring and responding to zoonotic diseases threats.

WHEN?

Preferably implemented after JEE, PVS or NBW, but not a mandatory prerequisite.

WHERE?

Can be used at **both** national and subnational levels across the spectrum of surveillance capabilities (either establish or strengthen the existing systems).

WHO?

For use by national officials from all relevant sectors responsible for managing zoonotic disease threats and OH.

HOW?

This tool includes a stepwise assessment (pre-planning, assessment, prioritization of activities for SIS system, develop roadmap and its implementation, monitoring and evaluation plan) to evaluate the existing capacity and develop a joint roadmap or national action plan.

This tool package includes a guidance document with annexes and an Excel-based workbook (SIS OT workbook) along with inventory of suggested resources.

OUTPUT

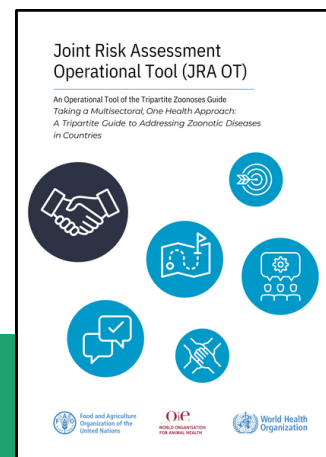
- Generate a detailed assessment report of **35 discrete technical activities** and national structures or mechanism already in place.
- Generate a joint action plan or roadmap to strengthen the national coordinated surveillance with a prioritized list of surveillance and cross-sector information-sharing activities with timelines.
- Support the development of NAPHS.

JOINT RISK ASSESSMENT OPERATIONAL TOOL (JRA OT)



The JRA OT Manual is available at:

[JRA OT](#)



WHAT?

A detailed approach to conduct technical assessment of the risk for each selected hazard, risk management, and communication options.

WHY?

Facilitate countries to conduct a joint qualitative risk assessment for priority zoonotic diseases, resulting in risk management and communication options that address the complexities at the human-animal-environment interface.

WHEN?

Routinely for contingency planning, after zoonotic disease prioritization, and during an emergency event.

WHERE?

In any country **both** national and subnational levels.

WHO?

Staff from national ministries responsible for human health, animal health, and the environment, or other government agencies responsible for the control and management of zoonotic diseases (epidemiologists, laboratory staff, risk managers, and communication officers).

HOW?

This tool provides a stepwise process (introduction to JRA; planning and setting up JRA team, risk framing, conducting JRA, and developing action plan) to conduct joint qualitative risk assessment for priority zoonotic diseases, resulting in risk management and communication options that address the complexities at the human-animal-environment interface. It is implemented over a **3-day workshop**.

OUTPUT

- Generates a detailed technical assessment report of the risk for each selected hazard; risk management and communication options; and an action plan to reconvene participants for additional follow-up and risk assessment.
- Support the development of NAPHS.

RESPONSE AND PREPAREDNESS WORKSHOP (REPREP)



The REPREP Workshop Information is available at:
[REPREP](#)



WHAT?

This workshop assists countries in developing a multisectoral coordinated outbreak response to zoonotic diseases.

WHY?

To strengthen the capacity and preparedness of countries for response to outbreaks of zoonotic diseases, through improved coordination between sectors and by applying One-Health principles.

WHEN?

Best implemented prior to outbreaks as part of emergency preparedness.

WHERE?

At national and sub-national levels as per the national multisector coordination mechanisms, platforms, or task forces (these are not a prerequisite).

WHO?

Staff from national ministries responsible for human health, animal health, and the environment, or other government agencies responsible for the control and management of zoonotic diseases (epidemiologists, laboratory staff, risk managers, and communication officers).

HOW?

The highly interactive **3-day program** guides participants through **3 broad steps**: (1) an online introduction; (2) a 3-day interactive national workshop; (3) post-workshop assignment(s). This framework defines all stakeholder's roles and responsibilities for coordinated outbreak response at the human-animal-environment interface.

OUTPUT

- Generate a multisectoral outbreak response plan or framework for zoonotic diseases, defining all stakeholder's roles and responsibilities for coordinated response at the human-animal-environment interface.

WORKFORCE DEVELOPMENT OPERATIONAL TOOL (WFD OT)

The WFD OT manual is under development.



WHAT?

Support countries to systematically map and assess OH workforce needs and competencies and develop an evidence-based workforce development action plan.

WHY?

To ensure the workforce is competent, sustained, and mobilized across relevant sectors for effective zoonotic disease management at human-animal-interface.

WHEN?

Preferably after JEE/SPAR, PVS, NBW and TZG workshops.

WHERE?

At **both** national and sub-national levels.

WHO?

Staff from national ministries responsible for human health, animal health, and the environment, or other government agencies responsible for control and management of zoonotic diseases (epidemiologists, laboratory staff, risk managers, and communication officers).

HOW?

Conduct 3-day workshops for situation analysis, identify occupation, define workforce functions, define competencies, and develop action plan for workforce strengthening.

OUTPUT

- Generate action plans to strengthen and sustain optimal and competent OH workforce.

INTRA / AFTER ACTION REVIEW (IAR/AAR)

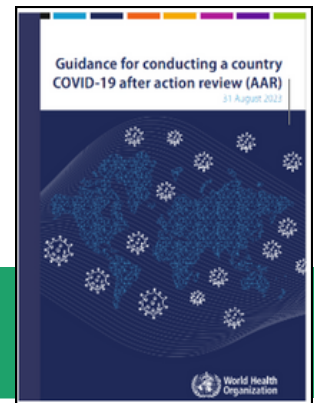


The IAR manual is available at:

[IAR](#)

The AAR manual is available at:

[AAR](#)



WHAT?

It is a qualitative review of actions undertaken to respond to an emergency as a way of identifying best practices, the gaps, and lessons learned.

WHY?

To assess the functional capacity of existing systems to prevent, detect, and respond to public health events, identify practical and actionable steps, document lessons learned, contribute to transparency and mutual accountability, and achieve collective vision amongst stakeholders of how to improve future responses.

WHEN?

Best implemented during (Intra-Action Review) or after (After Action Review) outbreaks or pandemic. It can be used in different phases of an epidemic or a planning cycle.

WHERE?

At **both** national and sub-national levels as per public health emergency plan or framework.

WHO?

Staff from national ministries responsible for human health, animal health, and or other agencies (including non-governmental organizations) responsible for emergency response management.

HOW?

Review and document best practices, gaps and identify areas for improvement through debriefing sessions and working groups exercises, key informant interviews and mixed methods.

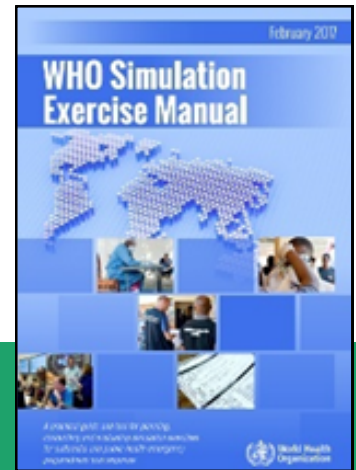
OUTPUT

- Generate assessment report of current capacity to prevent, detect and respond to health emergencies, stocktaking of lessons learned on what went well, what went less well and why and practical steps to improve future prevention and response activities.

SIMULATION EXERCISES (SimEx)



The SimEx manual is available at:
[SimEx](#)



WHAT?

A simulation exercise involves testing, practicing, training, monitoring, or evaluating capabilities by simulating disease outbreaks and other public health emergencies and eliciting corresponding responses.

WHY?

To test and assess the emergency preparedness and response capabilities, identify gaps, develop action plans to enhance preparedness and response. It is also used to identify areas of interdependence between health and other sectors and share information on preparedness status.

WHEN?

Best implemented before, during, and after outbreaks.

WHERE?

At **both** national and sub-national levels as per public health emergency plan or framework.

WHO?

Staff from national ministries and other relevant sectors are responsible for emergency response management.

HOW?

Conducted through scenario-based outbreaks with leading questions and group discussion. SimEx can be a full-fledged field simulation, tabletop exercise, functional or drill.

OUTPUT

- Generate reports on the assessment of preparedness and response capacity, identify gaps, and develop action plans to address the gaps.
- Testing the functional capacity of the plans, SOPs, guidelines, etc.

OH

GUIDANCE ON SELECTION AND USE OF ONE HEALTH OPERATIONAL TOOLS



Assess/Monitor

Prioritize/Plan

Operationalize/Implement



REGIONAL OFFICE FOR

World Health Organization

South-East Asia

