COHESA

Capacitating One Health in Eastern and Southern Africa

Report of the Capacitating One Health in Eastern and Southern Africa Biennial Conference

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Executive summary

In November 2023, the wider COHESA project convened in Pretoria for the project's first biennial conference. Tasked to review progress, share lessons, insights and innovations and to formulate priority actions for the coming two years, eighty-five people participated from all 12 project countries.

The first day zoomed in on activities in the four work packages – looking first, package by package and then country by country. These collective exercises revealed project-wide strengths across the countries, such as the collaborative networked approach, capacities developed, inclusion of diverse institutes and issues, the Netmapping of actors and interests, the emerging evidence base, experimental approaches like sandpits to identify solutions, work on One Health platforms and outreach to schools, and the flexible funding approach. The country team interactions revealed a wealth of activity as well as some important challenges and lessons encountered. Beyond general issues around lack of One Health awareness, participants pointed to the dangers of institutional and sectoral silo's, One Health funding challenges at country level, and, sometimes, missing key groups – such as from environmental and ecohealth.

Thematically, the second and third days focused on One Health governance (and platforms) and on One Health outreach to schools. For both topics, country cases were presented as starting points to identify opportunities and priorities for further work. Success in the governance space was frequently framed around strategy and policy development, advocacy to policy communities, effective coordination and leadership and financing for One Health. Pathways towards such successes were identified as critical success factors (collaboration, inclusion, ownership …), and what to avoid (duplication, fragmentation, silo's …). For the schools agenda, integrating One Health through interaction with teachers and educational curriculum and content design was highlighted; a key priority is to work with Ministries of Education as well as other groups with strong interests in early childhood education. The question as to when such efforts can best deployed – the target age groups – was discussed by not fully answered.

The event timing half-way through the project offered a good opportunity to look to the coming years, accelerating activities and results and also identifying critical elements of 'exit strategies' at country level. Beyond fundraising for continuation or complementary projects, participants emphasized in-country advocacy and alliance/network building as important to sustain momentum post-COHESA. They also identified a number of 'products' that need to be in place to ensure that key evidence, messages and collaborations continue to have outcomes beyond the project end.

Finally, a reflection team gave daily feedback and, in the final session, shared their perspectives on COHESA strengths, weaknesses, opportunities and threats. They observed strengths around the network itself, the commitment and engagement of participants and the diversity represented. Weaknesses highlighted included the visibility of the project as well as concerns around sustainability, and monitoring and evaluation. Opportunities mentioned included the potential for some elements to be replicated and scaled elsewhere, donor interest in these issues, and an urgency to build on and really exploit the power of the network. Threats identified included, particularly, the resistance of many actors to change that calls for innovative approaches from the project.

Around these discussions, participatory sessions were organized to facilitate exchange of ideas and innovations across the network. Three sessions provided opportunities for participants to hear inspirational presentations on wider topics.

Background

As we increasingly recognize the inter-connecting factors that influence the health of people, animals and the environment, 'One Health' – defined as *an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems* – is seen as a very promising way to frame and take action at different levels – international, regional, national and local.

Essentially, the argument for One Health says that successfully reducing future health risks and impacts for people and livelihoods, as well as for animals and ecosystems, is most likely to come when we apply diverse expertise across public, veterinary and environmental health.

The importance of adopting the One Health approach has been reinforced by lessons from recent disease outbreaks including COVID-19, Ebola and avian influenza. In addition, One Health thinking is embedded in current efforts to reduce the spread of antimicrobial resistant pathogens, to ensure food safety, reduce water and waste-borne contamination, manage human and livestock interactions with wildlife, and reduce aflatoxin contamination in crops and livestock products, to name only a few examples. It can also be seen in structural efforts to establish 'One Health' collaborative, cross-departmental organizational structures. To succeed, all require a triple 'input' of public, veterinary and environmental health expertise together with an understanding of the wider systems involved.

While the overall approach has been around for some time, implementation of genuine **One Health faces several challenges**, key being the many sectoral, domain, disciplinary, academic, organizational and investment silo's that limit necessary cross-communication and integration of efforts and which ultimately segregate people and ideas, restricting the development of integrated, comprehensive solutions.

With financial support from the EU, funded through the OACPS Research and Innovation Programme, the 'Capacitating One Health in East and Southern Africa' (COHESA) project is tackling key One Health capacity gaps in the region. It is implemented through enhancing the knowledge base for research and policy-making, strengthening national and subregional cross-sectoral collaboration, building academic and research capacities and One Health education, and growing the abilities of actors to deliver One Health solutions.

COHESA is led by the International Livestock Research Institute (ILRI), the French Agricultural Research Centre for International Development (CIRAD - Centre de coopération internationale en recherche agronomique pour le développement) and the International Service for the Acquisition of Agri-biotech Applications (ISAAA).

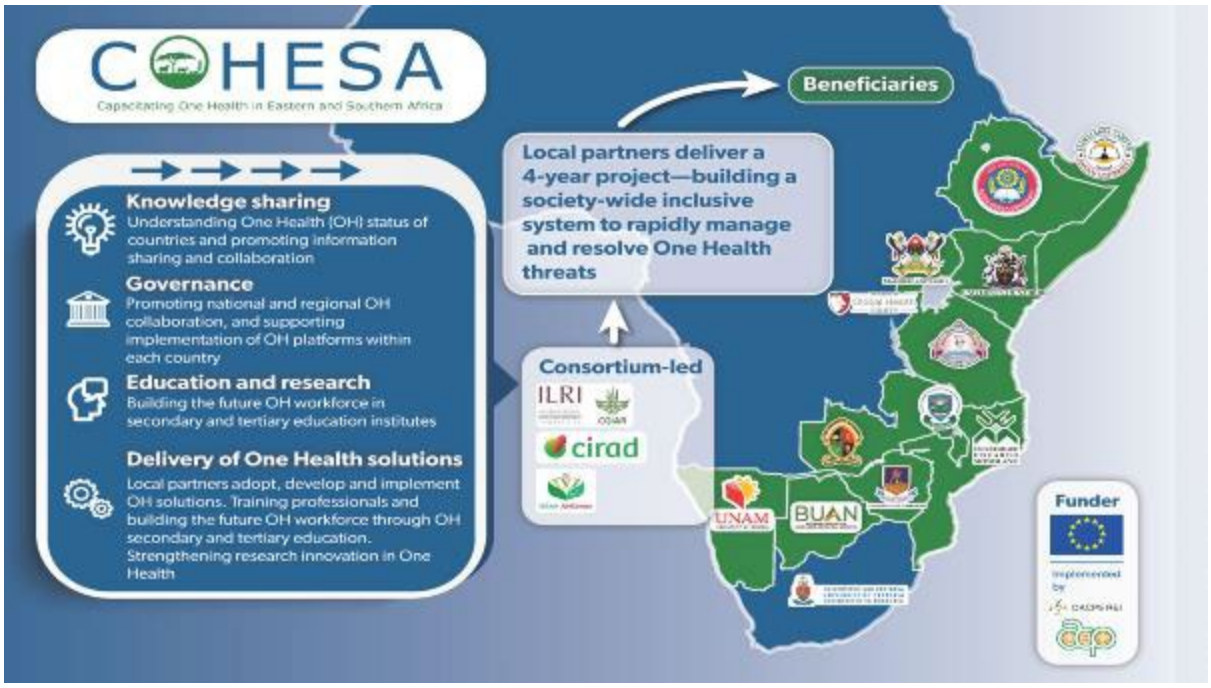
Convened by ILRI and hosted by the University of Pretoria, this first biennial conference brought together project partners and 'multipliers' (local project implementors) to take stock of progress and set priorities for the coming years. Over the three days, 85 people (41% women; 59% men) from 13 countries participated in reviewing progress and activities, discussed experiences around OH governance and in schools, shared innovations and identified activities for the coming years.

Opening session

Participants were welcomed by Hung Nguyen-Viet, Program Leader at ILRI. Additional remarks were provided by Margaret Karembu, ISAAA-Africenter; Alexandre Caron, CIRAD; and Gerard den Ouden, OACPS Research and Innovation Programme.

Theo Knight-Jones, ILRI Principal Scientist and COHESA lead introduced the objectives and structure of the COHESA project with its four work packages:

1. OH Knowledge sharing: Increased relevance of One Health research and policies in Eastern and Southern Africa.
2. OH Governance: Enhanced national and subregional cross-sectoral collaboration between government entities with OH mandates and OH stakeholders across society.
3. OH Education and research: Educational and research institutes equipped to train the next generation workforce in tackling OH issues.
4. OH Delivery: Increased capacity of government and non-governmental stakeholders to identify and deliver OH solutions to final beneficiaries.



After an introductions exercise, the facilitator introduced the overall agenda of the three days in relation to the formal objectives of the workshop:

- Progress and Planning: Participants will gain insights into the progress achieved, highlighting successes, challenges, and plans for further development.
- Knowledge Sharing: Participants will exchange perspectives, share experiences, and explore innovations aimed at addressing complex health challenges across human, animal, and environmental spheres.
- Synergy and Collaboration: Participants will discuss shared goals and challenges, leading to synergies and collaborative opportunities identified and future initiatives inspired.

In terms of process, the facilitator emphasized the participatory nature of the event with group interaction and just a few presentations. Throughout the process, key points would be captured on notes and flip charts, interactive sessions would be followed by quick sense-making by two participants – Carol Mufana and Clovice Kankya; while a reflection team comprising Adana Mahase-Gibson, Lucinda de Araújo, Brian Perry and Gerard den Ouden provided regular daily inputs as well as a closing synthesis.

COHESA work packages: Experience exchange

The core activities of the project are delivered axcross the countries through four work packages. After a short introduction by Theo Knight-Jones (ILRI), each package was briefly introduced covering: ambitions and outcomes; progress, results, plans; insights, lessons, challenges; and a call to action. After all the presentations – designed to refresh all participants, the table groups carried out a SOAR exercise to reflect on project overall and specific work package progress.

WP1: Shauna Richards (ILRI)

Ambitions and outcomes	• Determine the OH status in research and innovation, governance, education, and implementation • Where are strengths and gaps? – how can gaps be filled • Determine where gaps align with project objectives • Determine where COHESA can align with ongoing OH projects/initiatives

Progress, results, plans	• 11 baseline assessments complete inclusive of reports
	  • Somalia about to start as they recently joined the project
	• Netmapping completed in 9 countries (original plan for 4)
	  • ISAAA supported this with train the trainer events (2) and assisting all countries to implement and report on findings
	  • Reporting complete for 4 countries
	• Countries involved many stakeholders in this process and strengthened communication and advocacy for OH
	• Development of country plans (excel activity planner)
	• 9 countries have drafted CABI OH Case Study Publications

Examples of gaps and plans	• Namibia
	  • Gap: OH in Higher Education
	  • Action: PgDiploma in OH being developed
	• Malawi
	  • Gap: no OH strategy for country
	  • Action: Multiplier asked to facilitate drafting OH policy with consultants from key ministries
	• Rwanda
	  • Gap: actioning OH policies/strategies
	  • Action: consultants brought on from key ministries in OH to work on actioning policies/strategies

Challenges	• Delays with ethical approval processes within countries • Delays in moving funds from ILRI to countries • Bringing stakeholders and multiplier teams together is challenging with competing OH and existing work • Turning baseline reports into action plans aligning with COHESA activities
Next steps	• Ensure country plans are ***continually informed*** by baseline findings • Submit CABI OH case studies • Consortium to write up regional baseline publication with support of multipliers • Consortium to develop endline assessment to measure project impact and changes in OH in countries • Multipliers will seek ethical approval in late 2024/early 2025 to implement in last half of 2025

WP2: Margaret Karembu (ISAAA-Africenter)

<table>
<tr><td>Ambitions and outcomes</td><td>• Establish or strengthen national OH Platforms and develop (or improve) OH national goals and strategies
• Enhance cross-sectoral and multidisciplinary collaborations - Breaking silos
• Amplify uptake of evidence to inform policy and choice</td></tr>
<tr><td>Progress, results, plans</td><td>
<table>
<tr><th>Activities</th><th>Progress</th><th>Key results</th><th>Important plans</th></tr>
<tr><td>Net mapping</td><td>Done in 9 Countries

Two sub-regional ToTs</td><td>Identified country goals, key actors, influencers and key linkages</td><td>• Establish/expand scope of National OH entities
• Draft/update or implement existing National Action Plans/Strategies
• Net mapping in Botswana, Somalia & Zambia</td></tr>
<tr><td>Capacity strengthening and stakeholder engagement</td><td>A regional soft skills training with 10 countries represented

Zimbabwe in-country advocacy training</td><td>Established/strengthened relationships between scientists, and relevant government officials</td><td>• Develop/update advocacy strategies towards operationalization of OH entities
• In-country study tours and policy round tables for buy-in</td></tr>
<tr><td>Science media café & pairing sessions</td><td>Done in 3 countries; Kenya, Ethiopia & Namibia</td><td>Created linkages between scientists and the media; Increased coverage of OH.</td><td>• Support creation/strengthen science journalism networks
• Media café in remaining countries</td></tr>
</table>
</td></tr>
<tr><td>Insights, lessons, challenges</td><td>• No one size fits all…Context is King
• Advocacy is not linear…Strategy before tactics! Do you know your targets Whats in it for me?
• Flexibility in implementing activities: Many moving pieces, limited time window and competing priorities</td></tr>
<tr><td>Call to action</td><td>• Get out of your comfort zone! Do you know your parliamentarian?
• Business unusual
• Regular inclusive stakeholder engagement forum - Monthly, bi-monthly?</td></tr>
</table>

WP3: Florence Mutua (ILRI)

Package aims	Build capacity of educational institutes to educate, train, and empower the next generation workforce, to deliver OH solutions
Background	• Addressing issues at the human, animal, and environment interface calls for One Health approach. • Educational institutes have a role to play in fostering One Health (OH concepts in curriculum, promoting OH research etc.) • A future with professionals who are better prepared to tackle OH issues – they communicate/ collaborate/ coordinate. • HEIs should not only train for degrees but also have a system for continuous capacitation *(considering industry needs).* • Need to develop One Health culture early enough *(do away with silos which can potentially start/ be propagated in schools).* • Knowing the gaps that exist in terms of OH competencies and how best to address these is critical.
Ambitions and outcomes	• Long -term courses (undergraduate, postgraduate degree programs). • Short-term courses (appropriate for universities, professionals) • One Health education in schools (targeting children, teachers) • One Health trainers (in collaboration with other WPs)
Progress, results	• Desk review of existing OH courses and competencies • Survey to understand OH courses currently being offered by universities

	• One Health benchmarking for the EAC region (experts in COHESA countries were part of the TWG/ extended to non-project sites) • Countries have developed their short-term plans/ actions (some nearing completion)
Ongoing and plans	• Country teams finalize + implement agreed activities • Survey for Somalia to end of December • One Health benchmarking activity for Southern Africa (e-Delphi consultations) • Developing short courses (ILRI and CIRAD) • Advance on OH education / outreach in schools • GOHST tool (search tool for COHESA`s OH training course list) • Assessment of key OH resources (what to consult/ for specific competency needs etc.)
Insights, lessons, challenges	• Desk review on OH courses: While it generated a lot of information, more time was needed to organize and put in a more useful format • HEI survey and validation: Low response time, translations, participants more knowledgeable of what happens at their HEI. • OH Benchmarking: Views on OH vary (how to get the best while considering the different/ expert views). Online consultations for Southern Africa required more time. • Developing country plans / activities: Great suggestions but need to prioritize to conform to budget. Slow response to emails – realize it takes time to consult within teams, other commitments / teaching etc. • Participation in WP3 bi-weekly meetings: Encouraging but there are fluctuations in attendance. Zoom may not reflect in people's calendars.

WP4: Alexandre Caron (CIRAD)

Ambitions and outcomes	• COHESA is a project about OH institutionalization (= setting up the framework from national to local level for OH to be operationalized) • WP 1, 2 & 3 are mainly about OH institutionalization • WP4 is about testing OH operationalization
Progress, results	• Started in second half of 2023 ; meetings started in August 2023 • 5 meetings organised since August 2023, including DD country lead and multipliers + Zambia multiplier • First meetings with consortium staff only, from third meeting on, with multipliers
Plans	**A4.1 Capacitate research institutes to identify, develop, adapt and deliver OH solutions for OH focal topics** 4.1.1 Conduct training needs assessment 4.1.2 Review 'off the shelf' and prototype OH solutions 4.1.3 DD Organise sandpit event in a country where participating research institutes make a pitch for their OH research idea, the winning pitch being funded, promoted and provided with technical support 4.1.3 Develop and submit OH research proposal 4.1.4 Review OH adaption and delivery mechamisms related to focal topic **A4.2 Capacitate service providers to adopt and delivery OH solutions to final beneficiaries** 4.2.1 Identify service providers to deliver OH solutions and delivery mechanisms

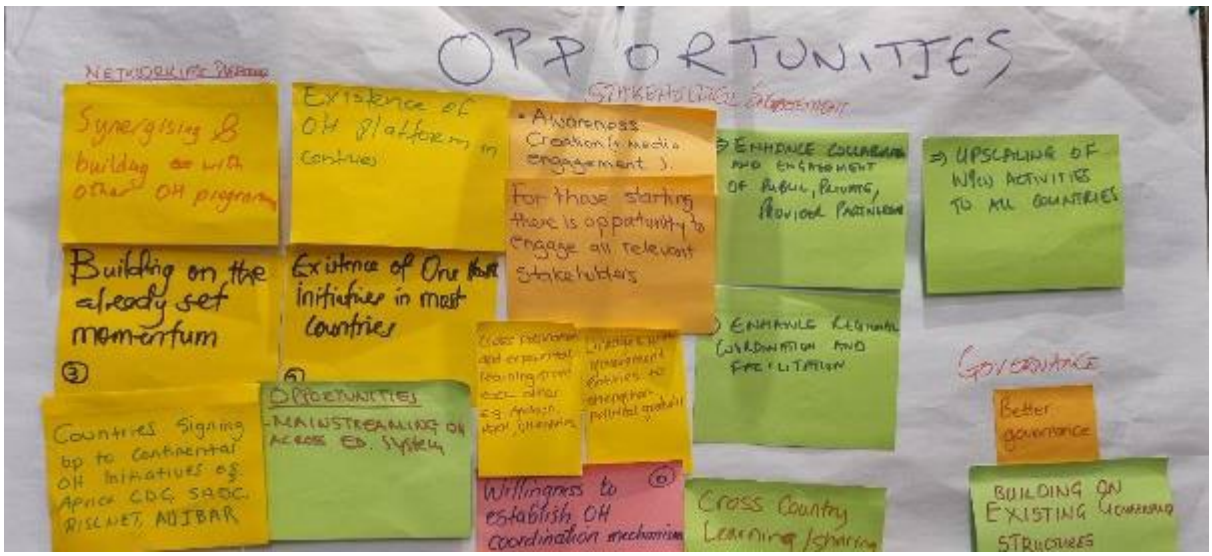
	4.2.2 Identify with service providers promising OH solutions and delivery mechanisms 4.2.3 Train service providers 4.2.4 Monitor and evaluate OH focal topic solutions **A4.3 Capacitate PPP to deliver OH solutions to final beneficiaries** 4.3.1 Engage PPPs in the delivery of OH solutions 4.3.2 Train PPPs in the use of up to date best practices for delivery of OH solutions 4.3.4 Deliver OH solutions via PPP for one or more delivery mechanisms **A4.4 Identify key actors and understand their relationship in the process of solution identification, development, adaptions, adoption, and delivery for a focal topic, and id users and beneficiaries** 4.4.1 Netmapping of OH stakeholders 4.4.2 Validate Netmapping results and TOCs in a workshop with key stakeholders
Highlights	**Focal topics:** • **Ethiopia:** AMR • **Kenya:** Zoonotic & neglected Diseases, AMR, Microbial & chemical contamination, imapct fo environmental degradation, strengthening WASH, OH Workforce • **Mozambique:** Rabies vaccination & awareness • **Zimbabwe**: Environmental risk (still to be validated) • **Zambia**: opportunity to support (through sandpit?) selection of Oh research proposal for other funded projects (Nature4Health?). **Sandpit processes**: • **Ethiopia:** call open; sandpit event December 2023 • **Kenya:** call about to be open; sandpit event March 2024 • **Mozambique:** call to be open before Christmas break; sandpit event March 2024? • **Zimbabwe**: call to be open before Christmas break; sandpit event February 2024. • Multipliers from southern Africa & AMR specialist to be invited to sandpit event in Ethiopia • Experts from consortium & multipliers from East African country to support sandpit event in southern Africa. • Southern Africa to benefit from expertise/documents from eastern Africa

SOAR exercise

Following the presentations, participants reflected on the project's perceived strengths, opportunities, aspirations and results. These are presented in the tables below.

Strengths: what we can build upon	*Opportunities: what our stakeholders ask for*
Activities are contextualized and adaptable	Academia advocacy for OH - neutral
Baseline data is a valuable resource for future	Awareness creation (media engagement)
Builds capacities at all levels	Benchmarking of OH core competenies
Country owned and led	Better governance
Evidence based	Build on existing governance structures
Experience shared	Build on the momentum
Facilitates working together	Cross country learning/sharing - capacity building
Favours knowledge retention	Cross country learning/sharing - joint task forces EA/SA
Flexibility to tailor approach to different countries	Cross pollination and experiential learning from each other
Flexible and non-rigid structure of the WPs	Developing of curriculum that includes OH
Flexible project and demand driven implementation	Donors open to finance OH
Fosters country to country and cross regional learning	Enhanced regional cordination and facilitaion
Helps people work together and collaborate	Enhanced collaboration and engagement of public, private provider partnerships
Inclusive - government, academia, research, media	OH initiatives and platforms in most countries
Involves core ministries and stakeholders and technical partners	Extend to have more deep-dive countries
Involves diverse countries and partners; offers learning from diverse country pathways	For those starting, there is opportunity to engage all relevant stakeholders
Involves strong, relevant and diverse pool of stakeholders and expertise	Governments appreciate integrated OH solutions
Leverages partnerships, networks and platforms	Improved OH coordination
List of stakeholders from netmapping (situation analysis)	Linkages with government entities to strengthen political goodwill
Mapping OH academic programs (WP3)	Longterm OH networking and knowledge sharing beyond COHESA
Multidisciplinary Team/Network with diverse skills	OH community engagement
Multi-sectoral collaboration	OH field sites- Research
Networking with universities (multipliers) (WP3)	OH solutions to address stakeholder needs
OH country landscapes mapped and gaps identified through baselines and netmapping	Opportunities for sharing best practices
OH forum in existence	Quardipartite leadership linked to OH opportunities and outputs
OH policy/regulatory framework – strategies and legislation	Research to generate evidence that exists
OH strategies are being developed	Resource mobilization and prioritization
Provides reliable funding	Risk mitigation
Relationships - across sectors and disciplines	Synergizing and building with other OH programmes
Stakeholders mapped and engaged	Upscaling of WP activities to all countries
Understanding that one-size doesn't fit all	Wilingness to establish OH coordination mechanisms
WP1 Case/baseline studies - Continue building/using them	

Aspirations: changes we care deeply about	*Results: indications that we are succeeding*
Better health outcomes for all Break silo's – everyone is OH Building relations among stakeholders Capacities built Co-creation Community involvement in OH programming Curriculum change to include OH Efficient use of resources Favourable policy environment Harmonized OH solutions Healthy planet Improved awareness - through advertising, marketing, social media Improved health outcomes Improved OH communication through media Include all healths: Human, animal and environment Incorporate OH in pre-service curriculums Ingrain OH culture through education Institutionalize OH Integrating environmental health inn OH landscapes Mainstreaming OH at national, regional and international levels Media engaged in science communication Move away from theory to practical actions OH as an everyday concept, embedded through society OH at regional and continental levels - joint OH task forces, africa-led, structured communication OH core competencies adopted in the curriculum OH operationalized at community/local levels OH strategies and policies; revised for action Operational OH platforms at country levels Ownership - funding, sustainable, implementation Political buy-in and will Stronger collaboration, partnerships and coordination among stakeholders Sustained impact	Approved OH benchmarks in EAC Baseline assessment on OH courses that are available CABI publications Consistent engagement Contribution to key OH documents/ guidelines Curricula development and programs Development of National OH strategic plans Draft national OH strategic plans or process of drafting Effective stakeholder involvement - participation, diversity, engagement Endorsed OH framework (implementing power) Functional OH work force Human and animal environmental profesionals in OH Improved and inclusive research outputs Improved collaboration, coordination on OH (joint planning and implementation; governance) Improved knowledge of OH – CABI publications; Number of graduates; Number of OH curricula; Number of policy briefs; Number of publications Increased OH awareness Informed OH policies - linking evidence, experience and policy IUCEA competencies for OH accepted Joint MoU and action plans and strategic documents National OH strategic plans developed No silo's OH advocates - people, groups, networks OH assessment and netmapping OH benchmarks for the EAC region developed OH curricula developed and streamlined in academia OH national budget allocation OH Observatory OH strategic plans developed Operational networks Pro-active approach - National level (ministries) Reduced incidence of public health threats Representative, functional, effective OH platforms Science communicated to non scientific audiences Strong transdisciplinary teams Sustainable funding Wide OH networks/linkages and media visibility

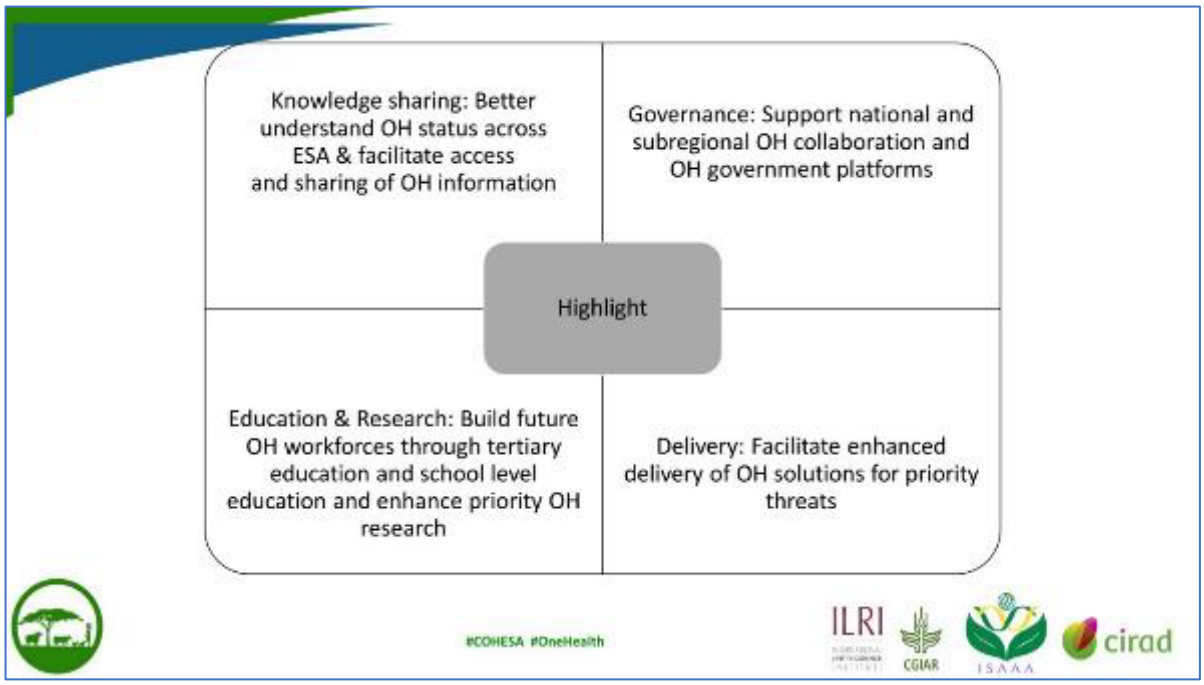


COHESA countries: Experience exchange

The afternoon of the first day was organized around the experiences of the countries. For this exercise, participants formed country teams. Members prepared summary information on each work package – highlights plus 3 to 5 activities, lessons, challenges – in advance of the conference that could be shared as insights with other countries in a peer to peer learning process.

During the exercise, some team members remained at the table to share insights with people from other countries, while other team members visited other country teams seeking insights to include in their own plans. Through this exercise, team members from all countries engaged with all other country teams.

The images below show the framework that each country populated. This is followed by the summary material compiled by each country – the detail as well as the summarty 'slides' used for the exercise. Annex 5 presents all the individual highlights, activities, challenges and lessons by work package.



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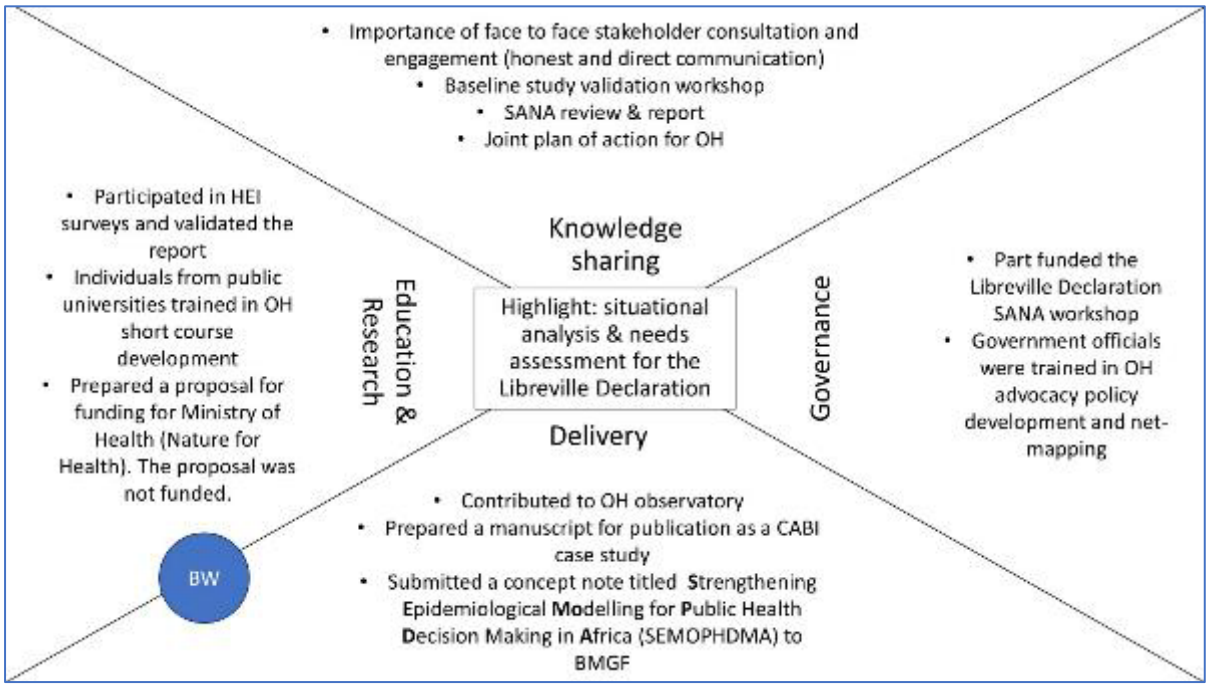
Botswana

Highlights • Review of the situational analysis and needs assessment for the Libreville Declaration workshop. This was the first time that COHESA Botswana had an opportunity to interact with the country coordinating committee (CCC), a multisectoral, interministerial group that implements the Libreville Declaration, an opportunity for the sustainability of COHESA in Botswana
WP1 Knowledge sharing • Importance of face to face stakeholder consultation and engagement (honest and direct communication) • Baseline study validation workshop • COHESA BW participated in the SANA review and COHESA BW is a co-author of portions of the report. • Joint plan of action for OH
WP2 Governance • Together with CIRAD, COHESA BW partially funded the Libreville Declaration SANA workshop • Government officials were trained in OH advocacy policy development and Netmapping
WP3 Education & Research • Participated in HEI surveys and validated the report • Individuals from other public universities were trained in OH short course development • Prepared a proposal for funding for Ministry of Health (Nature for Health). The proposal was not funded.
WP4 Delivery • Contribute to the OH observatory housed at ILRI • Prepared a manuscript for publication as a CABI case study • Submitted a concept note titled Strengthening Epidemiological Modelling for Public Health Decision Making in Africa (SEMOPHDMA) to the Bill and Melinda Gates Foundation for funding



Ethiopia

Highlights

- Integration of One Health principles and approached into Education and Research in Ethiopia. This followed a Netmapping exercise with public universities, research institutions, selected public sectors, professional associations, development partners, and NGOs. It DEFINED STRATEGIC ENTRY POINTS to integrate OH principles and approaches in secondary schools, universities, and research institutions
- The two Delphi processes to define OH interventions for solutions

WP1 Knowledge sharing

- Broader stakeholder engagement to share findings from baseline, KIIs and first Netmapping exercise to set the tone on OH in Ethiopia
- Engagement of journalist in science café training to advocate for OH at different level using media outlet – this was successful
- Contributed to the overarching COHESA paper
- Drafted country case study for publication

WP2 Governance

- Reviewed and provided input on the OH governance organogram: Engaged in a thorough review of the proposed organogram for OH governance in Ethiopia .
- Contributing to the stakeholder meeting on new OH legislation in Ethiopia
- Actively participated in planning and execution of World Rabies Day celebrations in Ethiopia.
- Participated in the dissemination of the Joint External Evaluation (JEE) report on OH in Ethiopia. The JEE report provides valuable guidance to strengthen OH implementation.
- Participated and contributed to the OH cross-border tabletop Simulation Exercise.

Lessons:

- Genuine and functional stakeholder engagement with roles defined is essential to improve effective OH governance structures. This however is missing.

Challenges:

- Partisanship of some development partners affects efforts to improve OH governance and coordination.

WP3 Education & Research

- Netmapping Exercise: Comprehensive Netmapping exercise to identify strategic entry points for OH integration across education and research institutions.
- Formation of WP3 TWG: Dedicated team to identify and integrate OH competencies into high schools, universities, and research institutions.
- Consultative Forums: WP3 TWGs and subject experts discussed OH integration experiences, gaps, entry points, and implementation strategies. Integration strategies for secondary schools, higher education institutions, and research defined and guideline being developed
- National consensus building forum: National forum to gather input, feedback, and reach consensus on OH integration into education and research and materials developed
- Next step: Production of documents, distribution, capacity building of frontline actors and implementation is planned

Lessons:

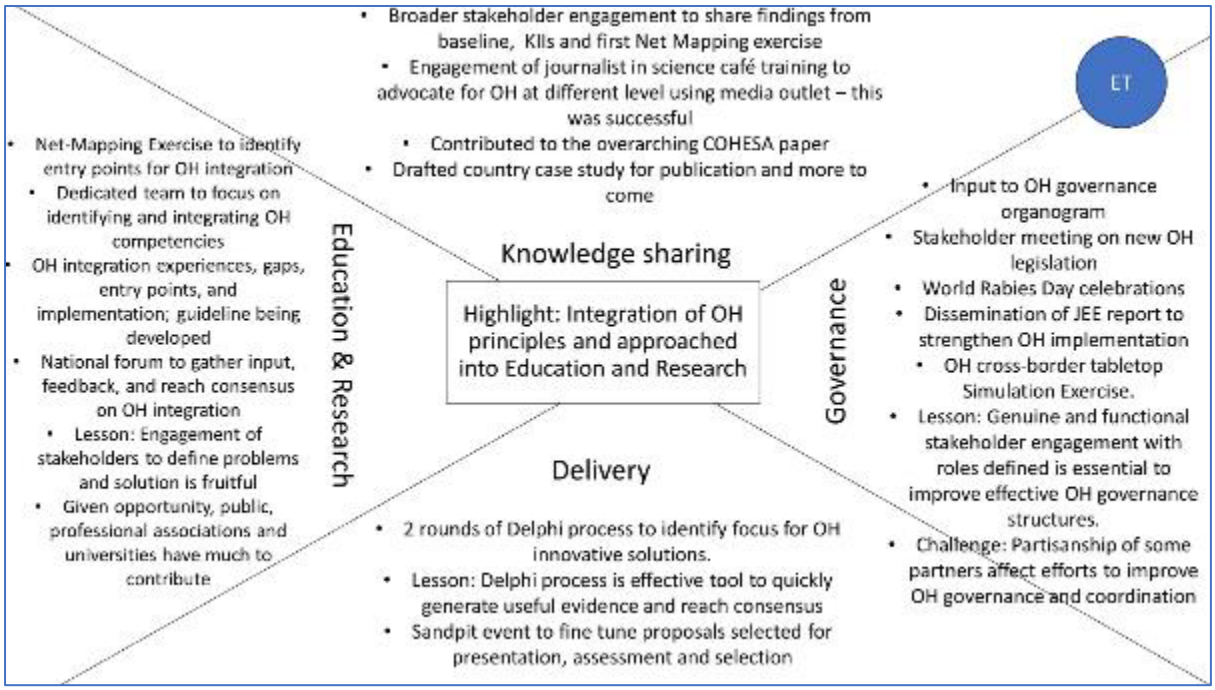
- Engagement of stakeholders to define problems and solutions is fruitful to plan sustainable intervention
- Given opportunity, public sector, professional associations and universities have much to contribute

WP4 Delivery

- Conduct two rounds of a Delphi process to identify key areas of focus for One Health innovative solutions.
- Based on the outcome of the Delphi process, call for proposal is announced and interdisciplinary team is expected to submit proposals
- Sandpit event is planned to run from 11-15 December to fine tune proposals selected for presentation, assessment and selection

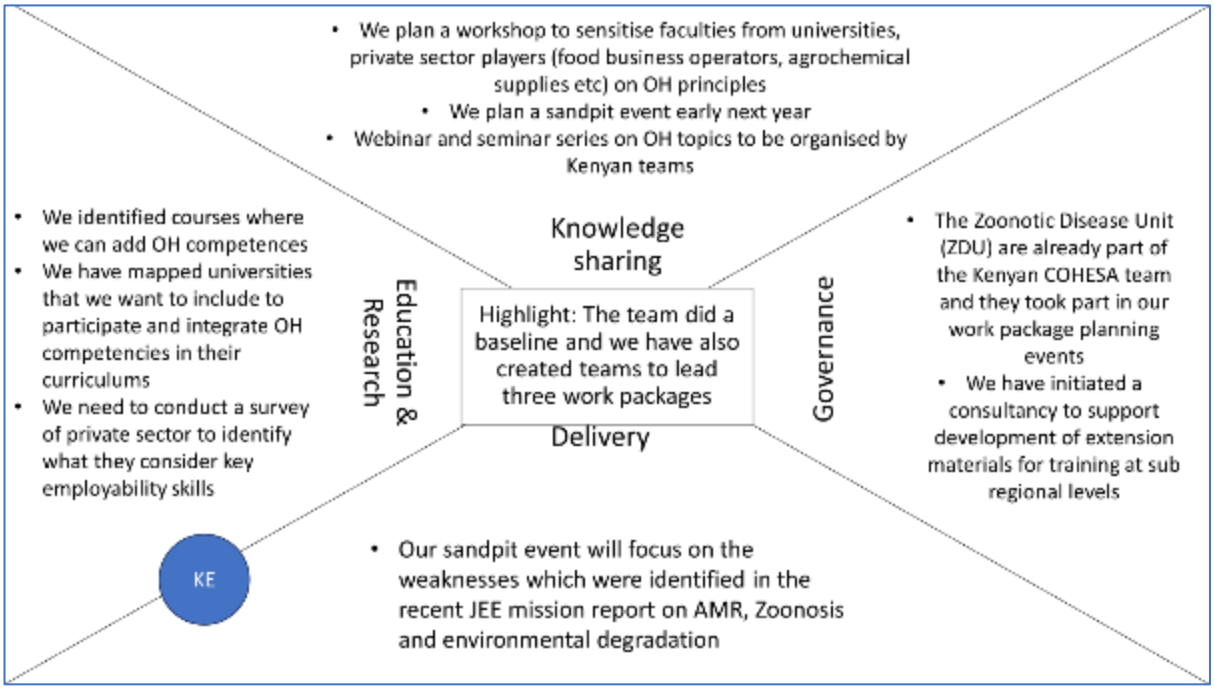
Lessons:

- The Delphi process is an effective tool to quickly generate useful evidence and reach consensus on complex topics. Antimicrobial resistance (AMR) is identified priority topic for One Health solutions in Ethiopia.



Kenya

Highlights • The Kenyan team did a baseline and we have also created teams that are leading three work packages, • Under WP 2 we have imitated a consultancy to support zoonotic disease unit to develop field training and extension materials, • WP 3 we have identified areas for curriculum straightening to integrated OH principles and • WP 4 we have developed a sandpit call for proposals which we intend to release next week.
WP1 Knowledge sharing • We are planning a workshop to sensitise faculties from universities, private sector players (food business operators, agrochemical supplies etc) on OH principles • We have planned a sandpit event early next year in the months of February/March – call for sandpit is ready and will be sent out next week • Webinar and seminar series on OH topics to be organised by Kenyan teams with members of consortium participating
WP2 Governance • The Zoonotic Disease Unit (ZDU) are already part of the Kenyan COHESA team and they took part in our work package planning events • We have initiated a consultancy to support development of extension materials for training at sub regional levels
WP3 Education & Research • We identified courses where we can add OH competences to • We have mapped universities that we want to include to participate and integrate OH competencies in their curriculums • We need to conduct a survey from private sector to identify what they consider key employability skills in graduates
WP4 Delivery • The topic of our sandpit event will focus on the weaknesses which were identified in the recent JEE mission report on AMR, Zoonosis and environmental degradation



Malawi

Highlights
- COHESA Malawi and designated OH point people from several Government of Malawi ministries have developed a draft OH Strategy and are working towards developing a process for drafting OH Strategy.

WP1 Knowledge sharing
- Further dissemination of OH baseline report, now reformatted for purpose, at higher levels of government
- Development of One Health Malawi website, plans to link to OH Observatory

Challenges:
- Deciding which platform(s) are most effective (WhatsApp groups, internet, in-person meetings, other)

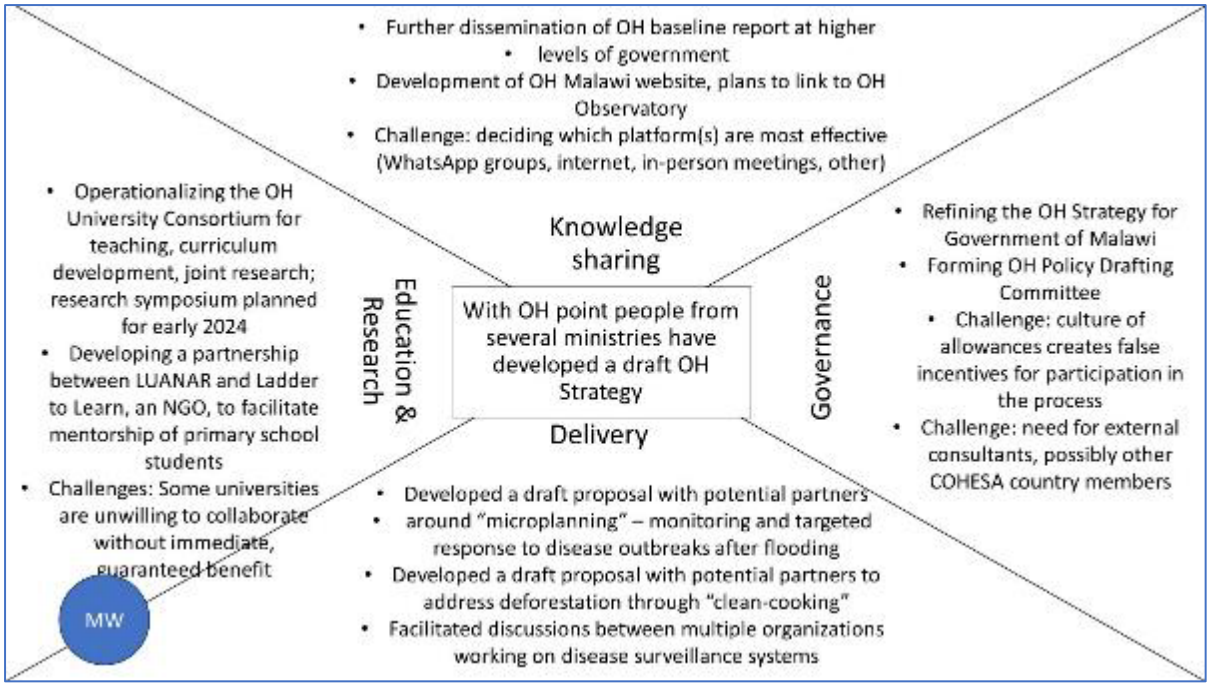
WP2 Governance
- Refining the OH Strategy for Government of Malawi
- Forming OH Policy Drafting Committee

Challenges:
- Culture of allowances creates false incentives for participation in the process
- Need for external consultants, possibly other COHESA country members

WP3 Education & Research
- Operationalizing the OH University Consortium (previously triad) for teaching, curriculum development, joint research; research symposium planned for early 2024
- Developing a partnership between LUANAR and Ladder to Learn, an NGO focused on primary school extracurricular education, to facilitate mentorship of primary school students generally and in OH concepts in particular

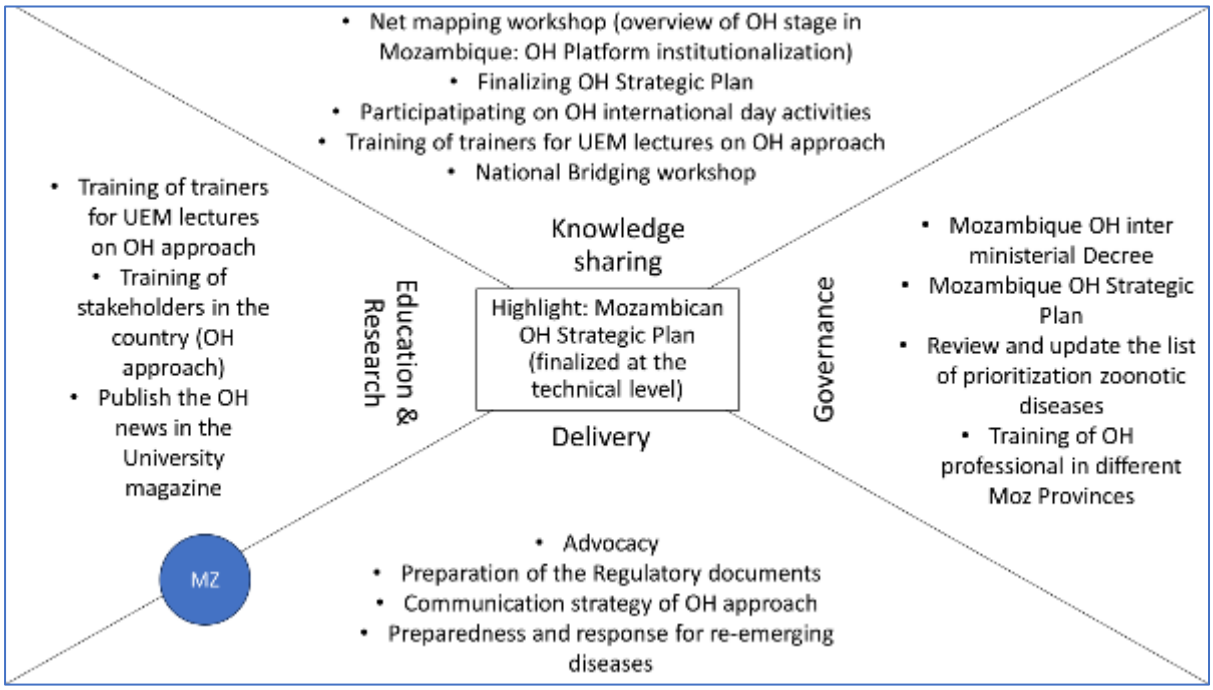
Challenges:
- Some universities in Malawi are unwilling to collaborate without immediate, guaranteed benefit
- A very particular challenge – we would like to start permaculture projects at the elementary schools in underserved urban neighborhoods but water is limited

WP4 Delivery
- Developed a draft proposal with potential partners around “microplanning” – monitoring and targeted response to disease outbreaks after flooding
- Developed a draft proposal with potential partners to address deforestation through “clean-cooking”
- Facilitated discussions between multiple organizations working on disease surveillance systems


Knowledge sharing
Further dissemination of OH baseline report at higher levels of government
Development of OH Malawi website, plans to link to OH Observatory
Challenge: deciding which platform(s) are most effective (WhatsApp groups, internet, in-person meetings, other)
Education & Research
Operationalizing the OH University Consortium for teaching, curriculum development, joint research; research symposium planned for early 2024
Developing a partnership between LUANAR and Ladder to Learn, an NGO, to facilitate mentorship of primary school students
Challenges: Some universities are unwilling to collaborate without immediate, guaranteed benefit
MW
With OH point people from several ministries have developed a draft OH Strategy
Governance
Refining the OH Strategy for Government of Malawi
Forming OH Policy Drafting Committee
Challenge: culture of allowances creates false incentives for participation in the process
Challenge: need for external consultants, possibly other COHESA country members
Delivery
Developed a draft proposal with potential partners around "microplanning" – monitoring and targeted response to disease outbreaks after flooding
Developed a draft proposal with potential partners to address deforestation through "clean-cooking"
Facilitated discussions between multiple organizations working on disease surveillance systems

Mozambique

Highlights • Mozambican One Health Strategic Plan (finalized at the technical level) • Participating on OH international day activities
WP1 Knowledge sharing • Netmapping workshop (overview of the OH stage in Mozambique: OH Platform institutionalization) • Finalizing OH Strategic Plan • Participatipating on OH international day activities • Training of trainers for UEM lectures on OH approach • National Bridging workshop
WP2 Governance • Mozambique OH inter ministerial Decree • Mozambique OH Strategic Plan • Review and update the list of prioritization zoonotic diseases • Training of OH professional in different Moz Provinces
WP3 Education & Research • Training of trainers for UEM lectures on OH approach • Training of stakeholders in the country (OH approach) • Publish the OH news in the University magazine
WP4 Delivery • Advocacy • Preparation of the Regulatory documents • Communication strategy of OH approach • Preparedness and response for re-emerging diseases



Namibia

Highlights
- Baseline survey
- Focus Group discussion
- Validation workshop for FDG and BS
- Netmapping – appreciation from the line ministries,
- Visibility initiative on National Broadcast – MediaCafe
    - Ability to bring diverse team together
    - Concertized people's mind into the OH concept

WP1 Knowledge sharing
- Validation of Netmapping,
- Oversight of some key stakeholders,
- Ministry of Health and Social Services, can champion the OH (result from netmapping)

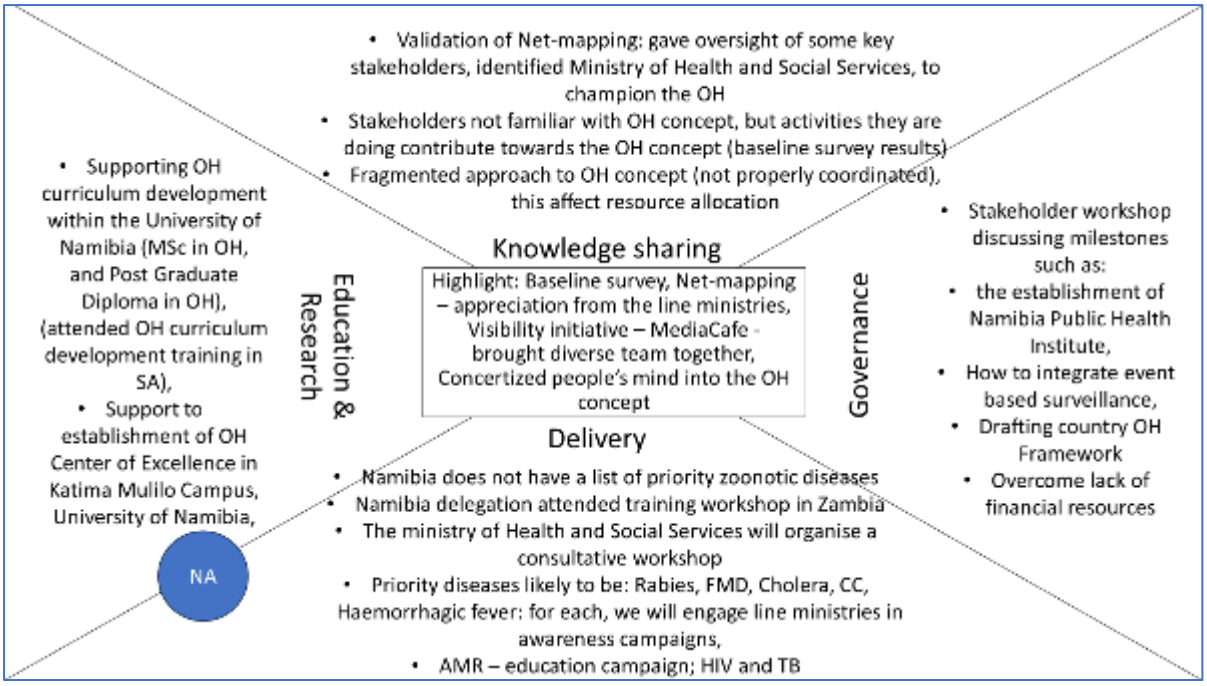
Challenges:
- Stakeholder not familiar with OH concept, but activities they are doing contribute towards the OH concept (baseline survey results)
- Fragmented approach to OH concept (not properly coordinated), this affect resource allocation

WP2 Governance
- Participated in the Stakeholder workshop discussing milestones such as:
    - the establishment of Namibia Public Health Institute
    - How to integrating event based surveillance
- Drafting country OH Framework

Challenges:
- Lack of financial resources

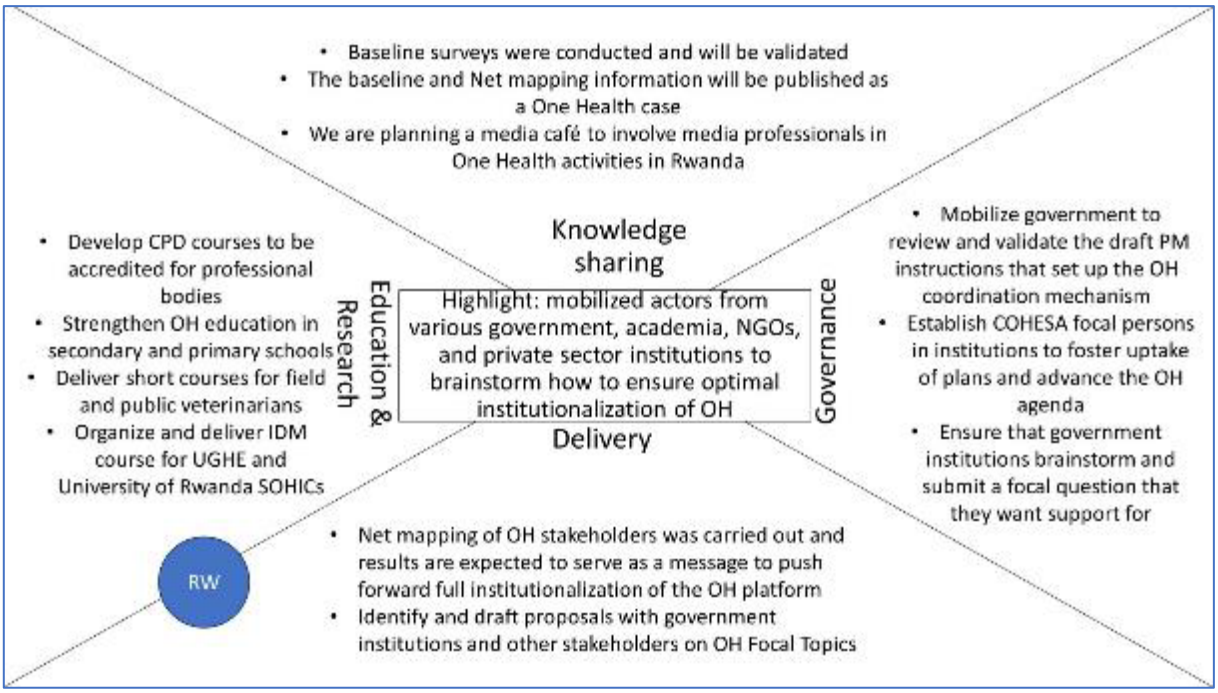
WP3 Education & Research
- Supporting OH curriculum development within the University of Namibia (MSc in OH, and Post Graduate Diploma in OH), (attended OH curriculum development training in SA),
- Support to establishment of OH Center of Excellence in Katima Mulilo Campus, University of Namibia

WP4 Delivery
- Namibia does not have a list of priority zoonotic diseases,
- But a Namibia delegation attended the training workshop held in Zambia,
- The ministry of Health and Social Services will organise a consultative workshop in Namibia,
- Priorities diseases are likely to be:
    - Rabies
    - FMD,
    - Cholera
    - CC. Haemorrhagic fever
- Engage and collaborate with the line ministries in awareness campaigns
- Anti-microbial resistance – education campaign
- HIV and TB


• Validation of Net-mapping: gave oversight of some key stakeholders, identified Ministry of Health and Social Services, to champion the OH
• Stakeholders not familiar with OH concept, but activities they are doing contribute towards the OH concept (baseline survey results)
• Fragmented approach to OH concept (not properly coordinated), this affect resource allocation
Knowledge sharing
Highlight: Baseline survey, Net-mapping – appreciation from the line ministries, Visibility initiative – MediaCafe - brought diverse team together, Concertized people's mind into the OH concept
Education & Research
Governance
Delivery
• Supporting OH curriculum development within the University of Namibia (MSc in OH, and Post Graduate Diploma in OH), (attended OH curriculum development training in SA),
• Support to establishment of OH Center of Excellence in Katima Mulilo Campus, University of Namibia,
NA
• Stakeholder workshop discussing milestones such as:
• the establishment of Namibia Public Health Institute,
• How to integrate event based surveillance,
• Drafting country OH Framework
• Overcome lack of financial resources
• Namibia does not have a list of priority zoonotic diseases
• Namibia delegation attended training workshop in Zambia
• The ministry of Health and Social Services will organise a consultative workshop
• Priority diseases likely to be: Rabies, FMD, Cholera, CC, Haemorrhagic fever: for each, we will engage line ministries in awareness campaigns,
• AMR – education campaign; HIV and TB

Rwanda

Highlights • Rwanda OH platform structure as provided in the OH policy is not yet in place. • COHESA Rwanda mobilized actors from various government, academia, NGOs, and private sector institutions to brainstorm and discuss how to ensure optimal institutionalization of OH in Rwanda. The discussion was done through a Netmapping of actors to understand "Who will influence anchoring One Health secretariate under the office of Prime Minister?"
WP1 Knowledge sharing • Baseline surveys were conducted and will be validated • The baseline and Netmapping information will be published as a One Health case • We are planning a media café to involve media professionals
WP2 Governance • Mobilize various government institutions to review and validate the draft PM instructions that set up the OH coordination mechanism • Establish COHESA focal persons in key institutions to foster the uptake of COHESA plans and advance the One Health agenda • Ensure that key government institutions brainstorm and submit a focal question that they want support for
WP3 Education & Research • Develop short CPD courses to be accredited for professional bodies • Strengthen One Health education in secondary and primary schools • Deliver short courses for field and public veterinarians • Organize and deliver IDM course for UGHE and University of Rwanda SOHICs
WP4 Delivery • Netmapping of OH stakeholders was carried out and results are expected to serve as a message to push forward full institutionalization of the One Health platform • Identify and draft proposals with government institutions and other stakeholders OH Focal Topics



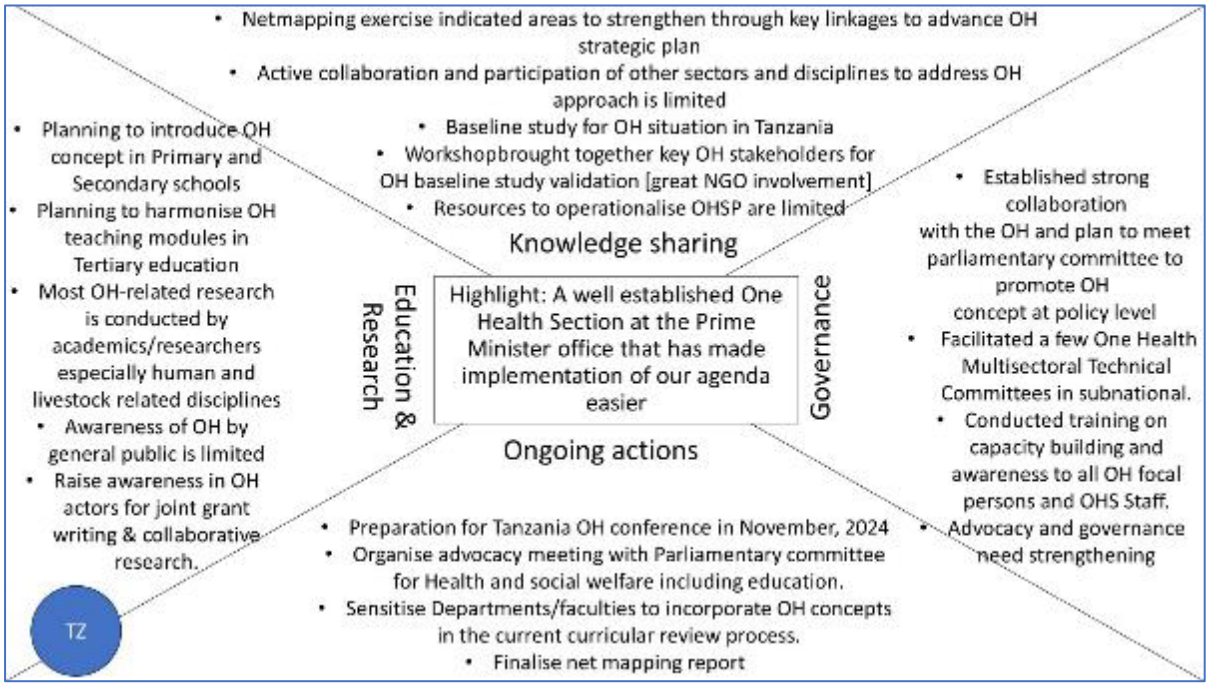
Somalia

Highlights • Only just starting
WP1 Knowledge sharing • Execute OH baseline assessments • Netmapping of OH stakeholders within baseline assessment • Write draft country baseline reports on OH performance.
WP2 Governance • Establish or strengthen national OH Platforms by providing technical support (e.g., logistics, scientific advice, communication, report writing).
WP3 Education & Research • Conduct surveys of leading universities to develop an inventory of graduate and post-graduate courses with OH elements

Tanzania

Highlights • At government level, there is a well established One Health Section (OHS) at the Prime Minister office that has made implementation of COHESA agenda easier. • COHESA Team in Tanzania has established a good working collaboration with the OHS under the Prime Minister in advancing COHESA agenda • Several activities have been achieved so far that have brought together OH Key actors in Tanzania for advancing OH concept in the country
WP1 Knowledge sharing • Established a baseline study for OH situation in Tanzania • Workshops conducted to bring together key OH stakeholders for OH baseline study validation (NGO's involvement was great]. • Netmapping exercise indicated areas to be strengthened through identified key linkages to advance OH strategic plan in Tanzania Challenges: • Active collaboration and participation of other sectors and disciplines to address OH is limited • Resources to operationalise OHSP are limited
WP2 Governance • Established a strong collaboration with the OH and plan to meet parliamentary committee to promote OH concept at the policy level • Facilitate the establishment of few One Health Multisectoral Technical Committees in subnational. • Conduct training on capacity building and awareness to all OH focal persons and OHS Staff. Challenges: • Advocacy and governance need strengthening
WP3 Education & Research • Planning to introduce OH concept in Primary and Secondary schools • Planning to harmonise OH teaching modules in Tertiary education in Tanzania Challenges: • Most OH-related research being conducted by academic/research institutions especially those of human and livestock health related disciplines • Awareness of OH education to the general public is limited. • Raise awareness among OH actors for joint grant writing and collaborative research.
Ongoing actions • Preparation for Tanzania OH conference in November 2024 to advance OH concept. Virtual meetings continue with various organizing committees [Organizers; COHESA Team +OHS].

- High level delegation including Dr Theo to visit PMO in November for COHESA advocacy [education and policy makers]
- Organise advocacy meeting with Parliamentary committee for Health and social welfare including education. [Around January/February 2024]
- Sensitise Departments/faculties to incorporate OH concepts in the current curricular review process. -Start with major universities in November/December 2023
- Finalise Netmapping report for submission



Uganda

Highlights
- The Netmapping exercise. This revealed some key actors that are very influencing in the One Health landscape in the country. For example, the Ministry of Education and Sports has been shown to be very influential in the effective governance on OH in Uganda

WP1 Knowledge sharing
- CABI One Health case report
- Manuscript writing on the influencers of effective of One health governance in Uganda

WP2 Governance
- Mobilize professional bodies for a stakeholders' engagement on OH.

Lessons and insights:
- Policy frameworks, prioritization and setting priorities
- Data and evidence to inform decision making
- Decentralizing One Health
- Global and national mainstreaming of One Health
- Institutional hosting of the NOHP – Joint coordination framework
- Build partnerships
- Establish a fully-fledged OH administrative structure, e.g. OH unit under OPM
- Need for stakeholder inclusive review of all existing structures of the OH platform – include new stakeholders: MGLSD, MoLG, MoES, MoFPED, MoPS, OPM delivery unit, MDAs as well as the Ministry of information and national guidance
- Mainstreaming OH into government structures for budgeting and programming
- Appropriate policy formulation to support implementation of One Health programs and activities
- Review the existing policies/frameworks that govern One Health activities in Uganda (e.g., Public Health Act, Animal Health Act, Ecosystem etc.)
- Need to review the OH strategic plan to ensure stronger collaborating mechanisms among key stakeholders
- Define the non-state actors relevant to OH, e.g. private sector, Civil Society Organizations, religious organizations, communities etc.
- Review the communication strategy to be a more inclusive given the suggested reviews in the OH structure like the ministries, departments, and agencies (MDAs)

WP3 Education & Research
- Community activities with school programs (early learning program pupils in primary school)

Insights and lessons:
- Tailored and customized training on one health for different stakeholders (the same message may be understood differently by different people)
- Recruit members (ambassadors and champions) of influence in society
- Promote bottom down community raised strategies for One health

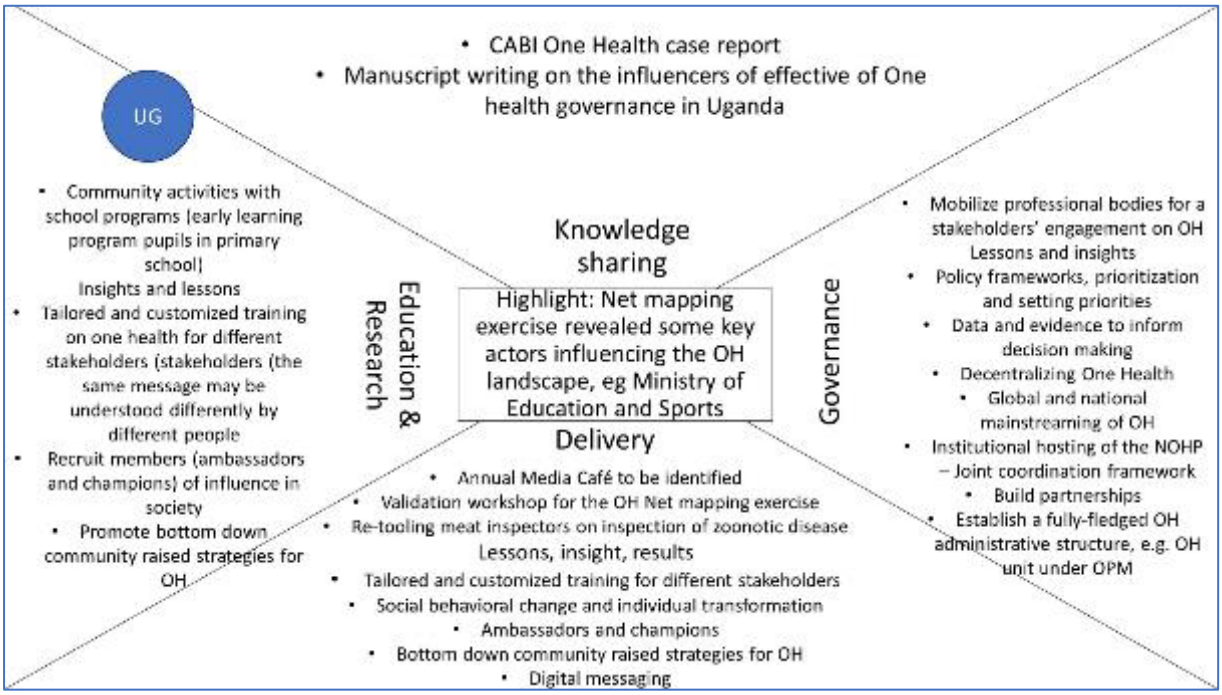
WP4 Delivery
- Organize annual Media Café with journalist government along with another communication strategic activity yet to identified December
- Validation workshop for the OH Netmapping exercise scheduled for December
- Re-tooling meat inspectors on inspection of zoonotic disease of One Health importance

Lessons, insight, results:
- Tailored and customized training on one health for different stakeholders (the same message may be understood differently by different people)
- Follow up on previously implemented one health projects - awareness should be continuous
- Promote social behavioral change and individual transformation towards one health
- Recruit members (ambassadors and champions) of influence in society
- Promote bottom down community raised strategies for One health

- Engage the media and elaborate to what One health means for them to continue promoting and advocating for it
- Digitalization of messaging on One health for mass communication (one stop website, development of models for outbreak predication and creation of multisectoral platforms)

Challenges:

- With One health being a new concept and approach across different sectors, the perception, uptake and the buying in has been very hard and people have still continued to work in silos.
- Similarly, limitations in funding as well the unclear funding sharing policies have the resources utilization and general operationalization of the One Health.
- Additionally, the gaps and discrepancies that exists among the Human and Animal health practitioners is still a big challenge limiting the implementation of One Health



Zambia

Highlights

- COHESA ZAMBIA from inception has collaborated with the Government in all OH areas with major achievements being:
    - Development of a five-year One Health Strategic Plan 2022 -2026 for Zambia.
    - Development of a one-year OH implementation plan for Zambia
    - Development of OH Technical Working Groups, with incorporation of COHESA
    - COHESA involvement in the National Bridging Workshop for OH
    - COHESA involvement in the development of a National OH joint plan of action

WP1 Knowledge sharing

- COHESA involvement in the Anthrax outbreak Awareness and information dissemination. Learnt that there is still a big gap among "OH-sectors", despite acknowledgement of the existence of the OH platform. Learnt that a District that adopted and actualised OH early was able to effectively respond and handle the Anthrax situation better.
- OH – VIRTUAL CENTER TRAININGS/CAPACITY BUILDING. The Food and Agriculture Organization of The United Nations (FAO), requested the Zambia COHESA Country Multiplier as well as the COHESA OH Expert to be involved in the FAO Virtual Learning Centre for Southern Africa. Trained the Southern African Region OH experts.
- Later, the FAO-OH - NATIONAL TRAINING again requested the Zambia COHESA Country Multiplier as well as the COHESA OH Expert to be involved in training as National expert trainers for an on-line "Concepts of One Health for Zambia" during the second quarter of 2023. Learnt that there is a huge interest across all sectors. Realized that OH is not only Environment, Health and Animal sectors. But also incorporates Gender, Home Affairs, Climate Change, Community, Media, Education Sector etc.
- COHESA team consisting of the Country Multiplier, the OH Expert and two Enumerators were involved in the Literature Review processing for Zambia for the One Health Zoonotic Disease Prioritization (OHZDP) from May 2023 and actual participation as well as being resource persons for the OHZDP process in Zambia. The OHZDP is a tool that allows countries to use a multi-sectoral approach to prioritize endemic and emerging zoonotic diseases of greatest national concern to jointly address zoonotic diseases by human, animal, and environmental health sectors. Learnt that the scope of COHESA goes beyond those prescribed in the Work packages and that even Standard Countries can go beyond the activities prescribed for them.

WP2 Governance

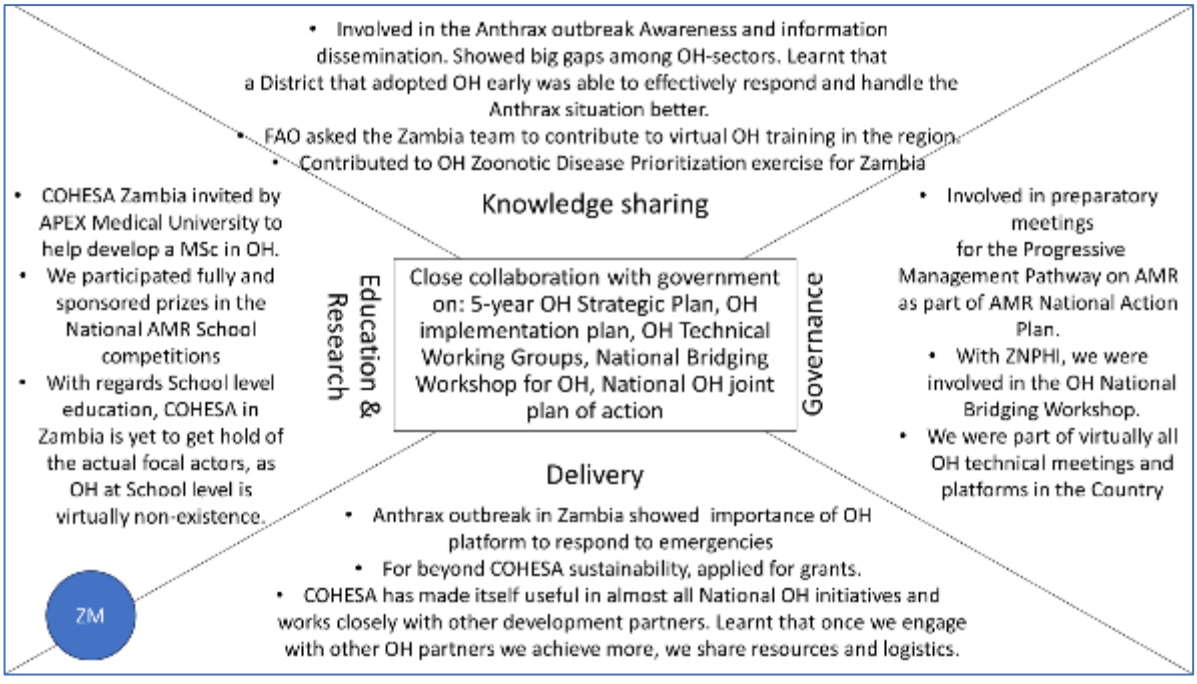
- COHESA was involved in the preparatory meetings for the hosting of the Progressive Management Pathway (PMP) on Antimicrobial Resistance (PMP-AMR) in relation to the Implementation of the Antimicrobial Resistance (AMR) National Action Plan (NAP) in Zambia. Learnt that the Government needs OH partnership for the actualisation of its governance mechanisms.
- COHESA-Zambia, in collaboration with ZNPHI were deeply involved in conducting the National Bridging Workshop (NBW) from the 19th to 21st October 2022 in Livingstone with tools from the International Health Regulations-Performance of Veterinary Services (IHR-PVS) as well as the Joint External Evaluation (JEE), from FAO, OIE/WOAH, WHO. Here the COHESA regional coordinator gave the Zambian team support as well as assist in the NBW.
- COHESA Zambia was called on to participate fully and sponsor prizes in the National AMR School competitions as well as being involved virtually in all OH technical meetings and platforms in the Country

WP3 Education & Research

- For COHESA Zambia, we have been invited by APEX Medical University, School of Public Health, to help them develop a MSc in OH. Invited Dr. Emmanuel Chirwa the Dean to COHESA organised Future Africa Campus to learn more on OH Academic Resources, future OH capacity building etc.
- With regards School level education, COHESA in Zambia is yet to get hold of the actual focal actors, as OH at School level is virtually non-existence.

WP4 Delivery

- Involvement in the Anthrax outbreak in Zambia. Realised the importance of an existing and functional OH platform at all times to respond to OH emergencies, rather than working through temporary multi-sectoral task force teams.
- Sustainability for future OH action beyond the COHESA period. Applied for grants, that were shared by the COHESA – Southern Region Coordinator. Got support from consortium and applied for the Pandemic Fund. The application has since gone through. This is the second application after the Nature for Health (N4H) application that the Zambian COHESA team applied for earlier. This is the sure way to enhance sustainability and continue with OH activities.
- COHESA has made itself relevant and useful in almost all National OH initiatives in the OH-crowded space and works closely with other developmental partners [i.e. Africa CDC, UKHSA, FAO, WHO, WOAH among others]. Learnt that once engage with other OH partners we achieve more, and we also share resources and logistics.



Zimbabwe

Highlights

- OH Stakeholder Netmapping-Zimbabwe
  - The main OH actors and their linkages were identified
  - The main linkages identified were; a) funding, b) collaboration, c) capacity building, and d) information sharing
  - Key influential ministries should advocate for the operationalization of the OH council in Zimbabwe

WP1 Knowledge sharing

- OH baseline survey reports were developed and validated. A draft manuscript was produced and shared. The abridged CABI OH manuscript draft is work in progress.
- The baseline survey showed that OH Governance and Coordination was biased towards Antimicrobial Resistance (AMR) and zoonotic diseases.
- The Challenge was that the zoonotic committees and the AMR Governance structures were not inclusive across sectors and were anchored only in three sector ministries.
- However, there were opportunities for the existing national, provincial and district zoonotic committees to benefit other OH programme initiatives in the country.

WP2 Governance

- One of the key findings of the OH Stakeholder Netmapping-Zimbabwe, was the absence of an inclusive OH Governance platform/council/committee
- A multi-stakeholder consultative process proposed the established an OH Advisory Committee with membership from key stakeholders and to develop synergies with the current AMR Governance structure
- To promote OH collaboration and Governance, an advocacy Strategy for developing an One Health Strategic Plan for Zimbabwe was produced.

Lessons:

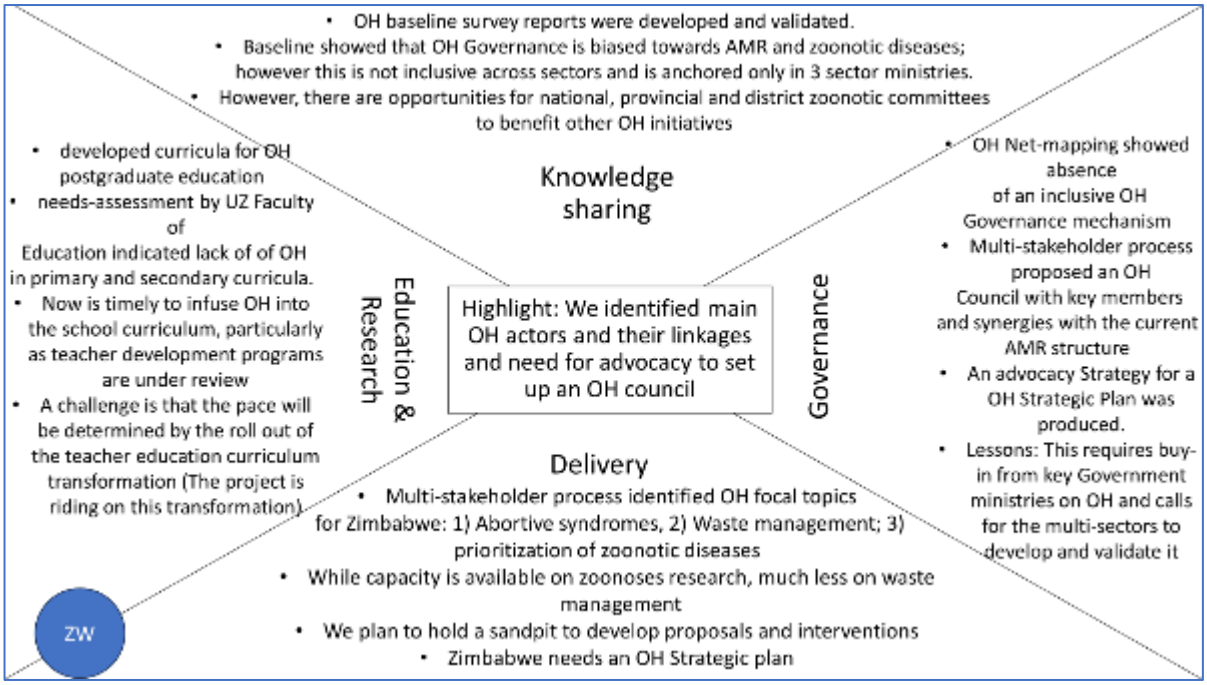
- This requires buy-in from key Government ministries on OH and calls for the involvement multi-sectors to develop and validate it.

WP3 Education & Research

- Baseline survey in HEI indicated that only a few institutions were offering and/or developed curricula for OH postgraduate education
- The needs-assessment conducted by the Faculty of Education, UZ indicated the lack of coverage of OH in the primary and secondary school education curricula.
- An opportune time is presented to infuse OH into the school curriculum, particularly through teacher development programmes that are currently under review (Teacher Education Curriculum Transformation).
- The foreseeable challenge is that the pace of implementation will be determined by the rolling out of the current teacher education curriculum transformation (The project is riding on this transformation)

WP4 Delivery

- A multi-stakeholder consultative process was conducted to identify an OH focal topic for Zimbabwe which identified: 1) Abortive syndromes (brucellosis, Rift Valley fever), 2) Waste management; and 3) prioritization of zoonotic diseases
- While capacity was available for institutions for zoonoses research and innovation, there was limited capacity on waste management and research
- Plans to hold a sandpit event to develop and pitch research proposals and interventions in Zimbabwe is work in progress
- It is evident that Zimbabwe requires to develop and introduce an OH Strategic plan to define strategic objectives, prioritise activities and outcome, and institutional roles in the implementation process.


• OH baseline survey reports were developed and validated.
• Baseline showed that OH Governance is biased towards AMR and zoonotic diseases; however this is not inclusive across sectors and is anchored only in 3 sector ministries.
• However, there are opportunities for national, provincial and district zoonotic committees to benefit other OH initiatives
• developed curricula for OH postgraduate education
• needs-assessment by UZ Faculty of Education indicated lack of of OH in primary and secondary curricula.
• Now is timely to infuse OH into the school curriculum, particularly as teacher development programs are under review
• A challenge is that the pace will be determined by the roll out of the teacher education curriculum transformation (The project is riding on this transformation)
Knowledge sharing
Education & Research
Highlight: We identified main OH actors and their linkages and need for advocacy to set up an OH council
Governance
• OH Net-mapping showed absence of an inclusive OH Governance mechanism
• Multi-stakeholder process proposed an OH Council with key members and synergies with the current AMR structure
• An advocacy Strategy for a OH Strategic Plan was produced.
• Lessons: This requires buy-in from key Government ministries on OH and calls for the multi-sectors to develop and validate it
Delivery
• Multi-stakeholder process identified OH focal topics for Zimbabwe: 1) Abortive syndromes, 2) Waste management; 3) prioritization of zoonotic diseases
• While capacity is available on zoonoses research, much less on waste management
• We plan to hold a sandpit to develop proposals and interventions
• Zimbabwe needs an OH Strategic plan
ZW

STRENGTHS
Reliable funding

Day 1 reflections

Wrapping up discussions on work packages and country lessons and insights, participants formed small groups to identify: 1) powerful ideas or lessons learned during the day and 2) important actions to take.

Ideas and lessons	Important actions
• OH governance in implementation • Using passion to advocate for OH • Plan for the END now for sustainability • The importance of experience sharing (we liked learning from so many others) • Stakeholders engagement and commitment is key • Effective communication • Sustainability • For the short period left we have to showcase interventions that work with tangible evidence • Unpack environment to be all inclusive in OH • What does the endpoint look like? How do we get there? • OH governance is an area for attention • Keep pushing • Plan for post-project activities • We have resources • No need to reinvent the wheel • Willingness to engage in OH • OH is dynamic and calls for creativity and continous engagement • Website demonstration and its potential use within the project and other tools • Strength in networking • We need to collaborate, communicate and coordinate across all the key stakeholders using OH approach (Walk the true definition of OH) • Multisectoral collaboration for improving regional health security • OH is not a "One size fits all", you need to adapt it and adopt (African solutions to African challenges)	• Leadership training for network members • Government ownership • Rebranding to SEA OH network • Resource mobilisation and information sharing • Start immediately with planning and implemenation • Acceleration plan • Establish and strengthen partnerships within the country • Advocacy and communication implentation • Undertake exit conference with all the country stakeholders • Maintain active OH networks • Go Viral • Collaborate • Continous Engagement • Importance of integrating OH in school education • Involve the existing structures to ensure sustainability • Start working on exit strategy to sustain project results beyond the funding period • Standardize the various tools COHESA has developed/used • Institutionalize or strengthen national OH platforms • Engage now with all relevant key stakeholders • Create funding mechanisms for OH platform to enhance multi-sectoral collaboration • Scientists should be more creative with information dissemination • Engage key stakeholders including politicians • Involve more human health practitioners such as public health • Include OH in curricula at an early age

One Health governance: Experience exchange

The morning of the second day focused on lessons and experiences with 'One Health governance'.

The main components were:

1. A presentation of Netmapping findings by Bibiana Iraki (ISAAA-Africenter)
2. Short country cases from Gabriel Shirima (Tanzania), Namibia: Simon Angombe (Namibia) and Joshua Onono (Kenya)
3. A talk show/panel of regional actors moderated by Kristina Roesel (ILRI) in conversation with: Musonsa Ngulube (UNEP), Gerald Mucheru (FAO), Hardwick Tchale (World Bank), Gaolathe Thobokwe (SADC) and Fahari Gilbert Marwa (EAC).
4. An exercise by participants in country groups exploring 1) success for OH governance in their countries and 2) Critical Success Factors to to achieve this (do's and don'ts)

Netmapping

Bibiana Iraki (ISAAA-AfriCenter) shared findings from COHESA Netmapping exercises.

She explained why COHESA uses it – to understand stakeholder relationships and connections, emphasizing its purpose as a participatory, reflective tool for advanced problem solving and stakeholder engagement; its importance contributing to effectiveness in complex multidisciplinary networks such as OH and its credibility.

For COHESA, it helped to identify three emerging scenarios:

- Working towards operationalisation of OH
- Institutionalization of a national OH entity
- Working towards integration of OH issue-based TWGs; national OH entity; Institutionalized

Findings from across the countries revealed some commonalities:

- Institutionalization key to fully operationalize OH. Ensures effective coordination and accountability at national level
- Limited advocacy happening with key actors needed to institutionalize OH entities i.e. Prime Ministers Office, Office of the President, Legislators and Ministry of Finance
- Collaboration extensive between key-line ministries and technical actors. However, they tackle specific OH issues or happen unconsiously - except for MoH and MoA
- MoE and wildlife ministries PLUS some key regulatory agencies not as active
- Limited collaboration with key drivers needed to deliver and adopt OH solutions e.g. grassroots groups, local governments, private sector
- Funding is available but for sectoral OH issues - contributing to poor integration.
- OH agenda is largely donor driven – yet limited engagment with Ministries of Finance. Grants go through development partners and not directly to line ministries.
- OH approach is an abstract concept that is practised in ivory towers – experts speaking among themselves
- Advocacy is absent/limited among key actors. Key for increasing importance/value of OH and achieveing goal but identified as an area of weakness
- Lack of integration not just within government but also across OH initiatives

She also highlighted som critical success factors for effective operationalization of OH governance: Effective communication skills, conflict resolution, negotation skills, financial accountability and knowledge sharing.

Country cases

The three presenters were asked to give updates on the current OH governance platforms in their countries, covering: current status, prospects and plans, lessons and insights, as well as a critical success factor.

Kenya

Current status
- Kenya's OH office formed between line ministries of human and animal health
- Established in 2012 through a MOU at Ministerial level
- Epidemiologists, administrator
- Other experts co-opted on a need to be basis

Objectives
- Strengthen implementation of One Health approach
- Strengthen prevention, surveillance, response and control of priority zoonotic diseases
- Promote applied research using the OH approach

Lessons and insights
- Resources - Financial and technical structures are sector-specific
- Devolved governance system - Independent governance structure
- Limited data on key drivers of OH
  - Low awareness among policy makers
  - Cost-benefit analysis of OH – do we need OH?
  - From manuscripts to health policy
- Involvement of the environmental sector -Diverse specialties, limited expertise at lower levels
- Need for stronger policy framework - bureaucratic process, shift in governance
- Coordination of multiple partners

Critical success factors
- Identify region-specific drivers of OH
  - AMR;
  - Zoonoses
  - Anthrax? Brucellosis? Rabies?
  - Food safety
  - Climate change
- Understand and adapt – No one size fits all approach
- Sustainability
  - Away from project vs systems approach
  - Need for "genuine" government involvement
  - Support for capacity development
- Operational research
  - from manuscripts to policy statements
  - Focus on approaches to solve PH problems

Namibia

Current status

- Namibia is a signatory to the IHR of 2005 that mandates member states to strengthen capacities for health security
- Pandemics like Ebola (2014) and COVID-19 (2019) showed the need for coordinated efforts across all sectors in preventing or fighting disease outbreaks
- JEE evaluations of 2016 revealed critical gaps that need to be addressed to protect people in Namibia from pandemics
- NAPHS came as a tool to create roadmaps for strengthening health security in the country
- Since epidemics occur at the AHE interface, the NAPHS will be implemented under the OH framework with technical oversight from MOHSS, MAWLR and MEFT.
- The line ministries led by MOHSS have attempted to coordinate OH activities in the country and have achieved some successes, including setting up NAMPHI
- COHESA baseline, validation, and Netmapping efforts have generated stakeholder interest in the OH concept
- Whilst the impetus is high, the MOHSS, in partnership with COHESA and FAO, has begun the process of crafting the OH framework in Namibia to drive the OH agenda forward
- In November 2023, a team drawn from the MOHSS, MAWLR, MEFT, NGOs, Tripartite, Private entities, and COHESA participated virtually and in person to draft the OH framework for Namibia
- The OH framework will be validated in the first quarter of 2024
- Facilitating the creation of the framework is one of the Namibia multiplier's activities

Prospects

- Multiplier plans to do Netmapping validation
- Multiplier plans to continue assisting the line ministries to have the OH framework enacted and that relevant MOUs are signed
- The multiplier plans to assist the line ministries in achieving the establishment of an OH body through deliverables in the various WPs as given by the consortium
- Stakeholder interest in OH will increase, and OH platform will have good impact on OH

Lessons and insights

Successes:

- NAMPHI is at advanced stages
- Stakeholders supported the OH concept as they honoured baselines, validation and Netmapping exercises and shared ideas in the various multiplier activities,
- Relevant OH curricula being developed e.g., MSc in One Health, PstGra. Dip. in OH,
- Discussions have started on how to infuse OH into undergraduate programs and SS. curricula

Challenges:

- Piecemeal approach and uncoordinated efforts in OH
- Scattered resources

Solutions:

- Bring everyone and their resources aboard,
- Develop a coordinating board to steer everyone towards a functional OH set up

Critical success factors

- Finalization of the framework so that there is a good coordinating mechanism
- Signing of MOUs and practical coordination of all multisectoral and multidisciplinary stakeholders

Tanzania

Current status

ORIGIN

- One Health Coordination Desk [OHSP 2015-2020]-Officer
- One Health Section [OHS]-[Revised OHSP 2022-2027]-Ass.Director

PURPOSE

1. Zoonoses
2. Biosecurity and Biosafety Threats
3. Antimicrobial resistance
4. Food safety threats
5. Environmental health threats
6. Climate change health threats
7. Emerging and re-emerging health threats

COMPOSITION

- OHS-PMO
  - Ass. Director
  - 4 scientists
  - Ministerial OH focal persons [MLFD, TAMISEMI, MoH, MNRT, MoA, Env. VPO]
- OH Multisectoral Technical Committees [Subnational levels)
- Technical Working Groups [TWG]

ACTIVITIES

- Coordination
- Surveillance, Detection, Prevention and Control
- Preparedness and Response
- Research and Development
- Awareness, Advocacy and Communication
- Training and education

Plans

- Establish/strengthen OHMTC at subnational levels
- Advocacy [Parliamentary committee]
- Tanzania OH Conference

Lessons and insights

SUCCESSES

- OHSP 2022-2027 and Guidelines [2023]
- Assumption of mandates [Ass. Director, Budget, Decision bodies]
- Further engagement of key stakeholders in OH
- 6 Priority zoonoses
- Tackle health threats under OH approach
- Proved OH activity is cost benefit
- OH Baseline survey and OH Netmapping well done

CHALLENGES

- Working in silo’s
- Resources [Donor dependent]
- OH Education across training gradient

SOLUTIONS

- Advocacy and awareness
- Harmonised OH courses
- OHCD to OHS [Budget line] to run OH activities

Critical success factor

- Appropriate engagement of policy makers

OH governance critical success factors

Working in country groups, participants identified 1) success for OH governance in their countries and 2) Critical Success Factors to to achieve this. The points are listed below and the critical factors are visualized/summarized in a wordcloud image.

What OH 'success' looks like by 2025

Botswana	Coordination by BPHI
Botswana	Infusion of OH in education and Research
Ethiopia	All sectors including academia,research institutes will have OH agenda in their activity
Ethiopia	The 4Cs implemented/improved
Kenya	Environment sector integration to the ZDU platform
Kenya	Integration of NASIC (AMR), ZDU and food safety national strategic plans (Including other OH related strategoc documents) into NATIONAL OH STRATEGIC PLAN
Malawi	Equal influence of all sectors-resource sharing
Malawi	Formally institutionalised with organogram
Malawi	High level approval OH strategy
Mozambique	Advocacy plan in OHSP and OH platform
Mozambique	Interministerial decree- Creaton of OH platform (2024
Mozambique	Officialisation and establishment of TWG
Mozambique	OH financial plan
Mozambique	Strategic plan validated- 2023/2024
Namibia	Endorsed and implemented National OH framework
Rwanda	Validation and implementation of the prime ministers' instructions -person in PM's office needed(chairperson), divisions in MOH needed
Somalia	An updated OH strategic plan
Somalia	Capacity building for the OH workforce
Somalia	Develop the National Action Plan for Health security (NAPHS)
Somalia	Establishment of multisectoral coordination mechanism
Somalia	National baseline survey for OH
Somalia	Netmapping for OH implementation
Tanzania	Advocacy- Parliamentary committee dealing with health and social welfare
Tanzania	OH platform -Established at PMO- Database of OH experts
Tanzania	Operationalization of OH at sub-national level
Tanzania	Strenthening OH capacity among the staff
Uganda	National OH policy operationalised by Dec 2025
Uganda	National OH policy passed by Dec 2024
Zambia	Functional multisectoral OH coordination unit established by an act of parliament
Zimbabwe	To have a functional OH office in the office of the president (OPC)

Critical success factors to achieve OH governance success

Botswana	Advocacy and awareness
Botswana	Human resource capacitation
Botswana	Netmapping of stakeholders and stakeholders engagement
Botswana	Resource mobilization - Budgeting, optimal use of financialresources
Ethiopia	Budget allocation
Ethiopia	Functional secretariat OH in IHR implementation (Strategic plan, Budget, Fixed permanent staff, Physical office)
Ethiopia	Interministerial OH taskforce (OH advisory group, OH technical group; zoonosis,AMR, Food safety etc)
Kenya	Advocacy to the key decision makers eg leads of NASIC,ZDU and Food safety and other relevant platforms (EIK)-Stakeholder engagement
Kenya	Sign MOU between MOH and MOALF and MoEnv.
Malawi	Advocacy plan - parliament committee(health, agriculture, environemnt);directors jontly approach; OH strategy dissemination (COHESA/Academia)
Malawi	Formalize TWG/Steering committee
Malawi	Involvement of planning and finance departments
Malawi	Seated at neutral high level office (presidential) and/or rotating secretariat
Mozambique	2nd prioritization of zoonotic disease and other OH issues
Mozambique	Officialisation and effective dissemination of the different plans
Mozambique	OH budget line in the government budget
Namibia	Biannual meeting (Multisectoral coordination)
Namibia	Continuous PVs and JEE
Namibia	Advocacy strategy (stakeholders and investors)
Namibia	Fund raising - Grants, PPP, donors
Namibia	Funding - Dedicated budget inline ministries on OH activities
Namibia	MOUs
Namibia	Political Advocacy
Namibia	Research agenda for OH issue
Namibia	Zoonotic Disease Priority list
Rwanda	Advocacy and policy brief training
Rwanda	Biannual meeting (Multisectoral coordination)
Rwanda	Consultants and technical experts advocate
Rwanda	Consultants and TORs in place (RBC, REMA and RAB)
Rwanda	Consultants to review PM's instructions
Rwanda	Ministerial buy-in (Netmapping validation at high leve l- media cafes)
Rwanda	Pushing of technical validation of PM's instructions by consultants
Somalia	Countinous advocacy and political will
Somalia	Funding (internal and external)
Somalia	Improving coordination and collaboration among OH stakeholders
Somalia	Learning from other countries (peer to peer)
Somalia	Strengthening of OH national level technical working group
Tanzania	Engage key stakeholders in OH in advancing OH agenda
Tanzania	Engage public-private partnerships in advancing OH agenda
Tanzania	Engagement with policy makers at sub national level
Tanzania	Include OH activities at the subnational level budget codes
Tanzania	Plan for sustainable OH implementation

Uganda	Demonstrate the cost-benefits of OH
Uganda	Leadership (Coordination, Collaboration, planning and communication)
Uganda	A coordination office in a neutral entity like office of the president or Prime minister
Uganda	Having an enabling environment to practice OH
Uganda	OH advocacy
Zambia	Advocacy - Engaging parliamentarians and other decision makers
Zambia	Enabling policy - MOUs, sector specific policies, data sharing aggreement
Zambia	Infrastructure - Physical and digital such as data sharing platform
Zambia	Stakeholder mapping - Private sector, civil society, community engagemnet
Zambia	Strategic documents - Global and national strategic plans, JEE, PVS,NAPHS, M$E Framework and implementation plans
Zambia	Transdisciplinary team (Human health, Vet, Environment, climate, wildlife)
Zimbabwe	Build upon existing governance structure and decentralised OH services
Zimbabwe	Have OH office funded from monistry of finance
Zimbabwe	National OH strategic plan
Zimbabwe	Regular netmapping of stakeholders
Zimbabwe	Develop an OH advocacy plan for all stakeholders
Zimbabwe	Develop an effective communication plan
Mozambique	Avoid - partial implementation of the OHSP by the TWG
Namibia	Avoid - ambigious intervention
Namibia	Avoid - Lagging behind of key stakeholders
Namibia	Avoid - working in silo’s
Somalia	Avoid - chronic underinvestment
Somalia	Avoid - inadequate advocacy at the country level with donor engagement
Somalia	Avoid - silolisation and fragmentation of interventions
Tanzania	Avoid - silo mentatlity
Zimbabwe	Avoid - duplicating structures
Zimbabwe	Avoid - leaving out critical stakeholders
Zimbabwe	Avoid - working in silo’s

Critical success factors for OH governance – word cloud from participant contributions

Innovation exchange

During the afternoon of day 2, participants formed groups to interact with colleagues sharing innovations from across the network. The innovations shared were:

1. One Health fundraising model - Musso Munyeme
2. Integrating OH in education and research in Ethopia – Yordanos Tadesse
3. HORN One Health network - Yusuf Hared
4. One Health for Humans, Environment, Animals and Livelihoods program - Siobhan Mor
5. Africa One Health University Network - Irene Naigaga
6. One Health Centre in Africa - Kristina Roesel
7. One Health Observatory - Pamela Wairagala + Theo Knight-Jones
8. One Health and Wildlife - Flora Pule-Meulenberg
9. One Health policy engagement – Christian
10. One health training through virtual learning centres - Gerald Mucheru
11. LAMP for field disease outbreak detection - Phiyani Lebea

One Health in schools: Experience exchange

This session was introduced by Florence Mutua (ILRI) and followed by 4 short country cases and an interactive session in which participants were asked to reflect and identify priority actions in this area.

Mutua first introduced this area of work as looking towards a future with professionals who are better prepared to tackle OH issues and exposed 'early.' Some of the questions are around this notion of earliness: How early is early and which level/ grade do we focus on? Further, are there models we can tap into, who else is working on this space, what content is appropriate (for primary, secondary schools, others), which approaches suit different ages and contexts and where should the focus be – extra-curricular, in the curriculum, via teacher education, etc.?

Country cases

The four cases introduced different approaches and experiences, setting out for each: the ambitions and outcomes; the actors and their roles; progress, results and plans; insights, lessons and challenges; and a call to action.

Kenya

Shauna Richards introduced a case where primary and secondary schools engaged with One Health through learning about safety around animals. The project trained primary (2022) and secondary (2023) school teachers in one sub-county, covering:

- learning about One Health, with examples relevant to the sub-county/student education level, and how to integrate One Health into the secondary school curriculum; and
- understanding how safety around animals is related to One Health, with examples of prevention of zoonoses (with rabies as a specific example), prevention of injury from animals and improving animal welfare and the health of people and animals while considering environment health.

Teachers were trained on technical materials and provided with lesson plans and teaching materials covering[1]:

- What is One Health with local examples
- What are Zoonotic Diseases with local examples
- Rabies
- Bite and injury prevention from animals
- Interactive session with mentimeter and group work

Lessons from this project included:

- Use resources that are already available and made for age group: Global Alliance for Rabies Control (rabies); Blue Cross for Pets (images for dog behaviour & bite prevention)
- Consult local teachers about curriculum to ensure it fits and you select appropriate age groups: Competency based learning is newly part of Kenya curriculum
- Build in M&E
- Consider how to integrate into existing material

[1] Resources are available at https://hdl.handle.net/10568/131590

Plans include:

- Ideally continue at a few diverse sites in Kenya to ensure material is appropriate
- Bring M&E + report to Ministry of Education to consider about fully integrating into curriculum in future
- Trainers can be students from Higher Education Institutions for in service teachers; new teachers to learn in their program.

Malawi

Catherine Wood reported on a collaboration between the Lilongwe University of Agriculture and Natural Resources (LUANAR) and a local NGO – Ladder to Learning – to extend One Health in Primary Education in Malawi. The project worked through existing literacy hubs, learning spaces and libraries, mentoring programs and digital skills training, involving the LUANAR veterinary students association in content development, delivering and mentoring for the children.

Zimbabwe

Xavier Edziwa explained how the University of Zimbabwe is infusing the One Health concept in pre-service teacher education.

As part of the assignment of the UZ Faculty of Education to lead a Review of Teacher Education Curriculum, this provided an opportunity to introduce OH in the curriculum, aiming to:

- Conduct a needs assessment at five teacher training colleges to establish the level of preparedness for the adoption of OH as part of the school curriculum.
- Devise strategies to infuse One Health into the school curriculum, particularly through teacher development programmes that are currently under review (Teacher Education Curriculum Transformation).

The assessment revealed that the current teacher education curriculum has some OH themes already, though lacking an interdisciplinary approach and not strongly visible.

The next steps are for the implementing institutions to develop specific learning outcomes and instructional strategies that incorporate OH principles across identified subjects.

The main challenge is that the pace of implementation will be determined by the rolling out of the teacher education curriculum transformation.

The Faculty of Education has started engaging with participating colleges to start making OH more visible and it will run capacity building workshops on identified OH knowledge and skills gaps for teacher education college lecturers.

Tanzania

Paul Buyugu introduced the work of 'One Health Lessons', an global initiative to inspire children and adults around the world to value One Health. Focusing on its Train-the-Trainer Program that certifies lesson leaders to provide training for adults, communication skills and age-appropriate lessons from age 6 and upwards[2].

[2] Lessons are available at https://www.onehealthlessons.org/lessons

OH in schools priorities for COHESA

Following the presentations, participants identified some priority actions in this area for COHESA to take forward (see box below).

OH in schools priorities for COHESA

- Advocacy for the infusion/integration of OH at the highest level of institution with this mandate
- Approach/Content/Focus- Early childhood curriculum
- Be opportunistic - Don't reinvent the wheel
- Broaden the scope of the OH curriculum
- Buy-in by the key stakeholders e.g policy makers,private sector
- Co-development of training materials with key players (MoE, NGO, PTA etc) and logistical arrangement
- Define competencies for school aged children- the knowledge, skills or behaviour changes
- Develop OH education resources
- Develop visual aids
- Early childhood education
- Education sector should play leading role in OH education
- Establish M&E mechanism at various levels
- Harmonise OH training content
- How to increase primary teacher awareness/openness to OH?
- OH Training of trainers (Teachers training college, Teachers etc)
- Sharing experiences in primary education initiatives
- Support review of primary and secondary schools /curriculum to infuse OH training
- Tool kit to approach Ministry of Education for curriculum intergration
- Train the teachers for sustainability
- Use pre-existing platforms to integrate OH

Connecting to collaborate

On day 3, to facilitate discussions and collaboration among participants, an open space session was held where individuals shared ideas where they wished to collaborate with colleagues. The champions and topics in this session were:

- Sandpits – Mirgissa Kaba
- OH observatory – Pamela Wairagala
- OH virtual learning – Gerald Mucheru
- Kumu tool for network visualisation – Catherine Wood
- Environmental/ecosystem health – Alex Caron
- OH in schools – Shauna Richards
- OH masters course – Phaedra Henley

COHESA looking ahead

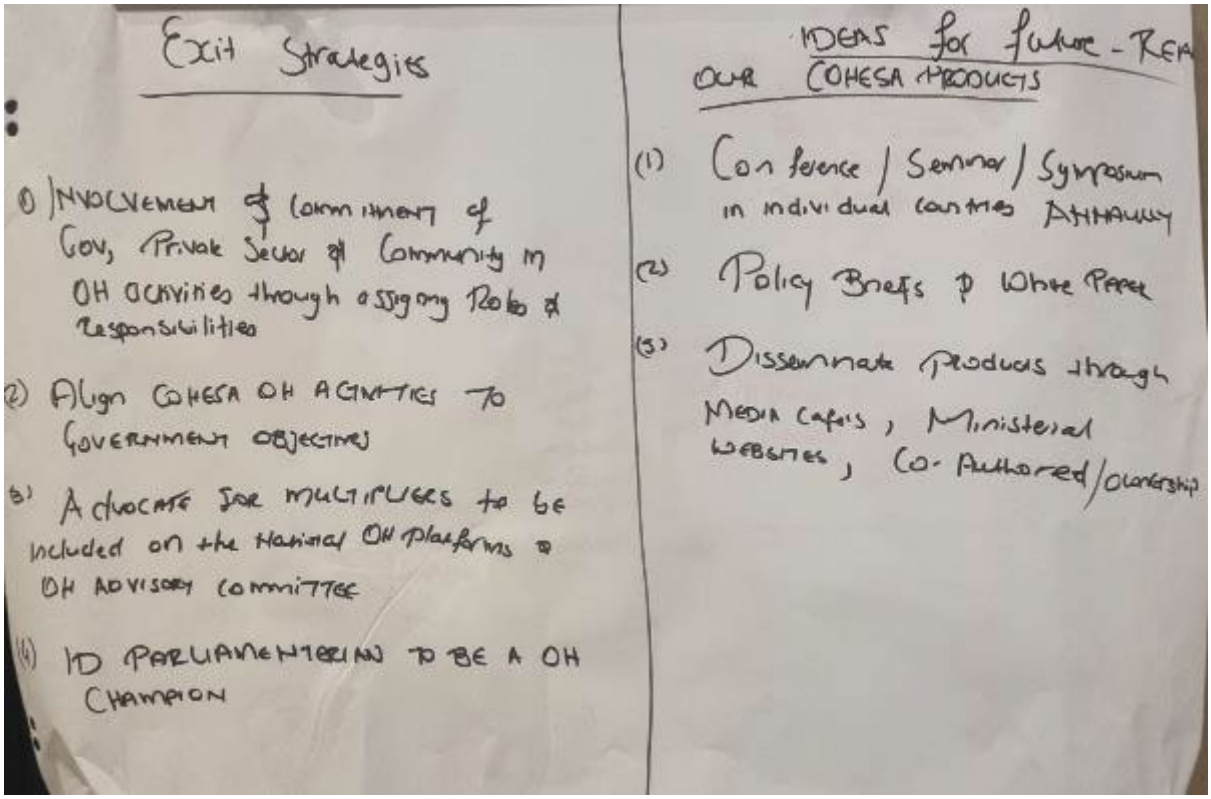
Noting that the project is already half through its cycle, participants brainstormed actions that can be planned and implemented now to ensure effective 'exits' for COHESA activities. Recognizing also that the legacy and products of COHESA will continue after the end of the project, and indeed that we want them to have impacts, the groups also identified some attributes of products that will make them 'future-ready' – for a post-COHESA phase.

Actions for exit strategies

Advocate for multipliers to be included on the national OH platforms or OH advisory committee
Advocate to increase government budgets for OH - cost benefit analysis, demonstrated public good
Align COHESA OH activities to government objectives
Build co-ownership of all activities
Create another project to sustain existing networks and collaborations and benchmarking/best practices
Develop new collaborations / partnerships
Develop sustainable cross sectoral collaborations using the existing OH platforms at local and regional levels
Disseminate products through media cafes, ministerial websites, co-authored/ownership
Document and begin implementing the exit strategy now
Engagement (PPP) and advocacy
Establish legal framework for OH - link it with budget framework
Explore alternate funding mechanisms
Facilitate national OH platforms and incorporate other stakeholders
Find mechanism to ensure continued stakeholder engagement
Hold Conference/Seminar/Symposium in individual countries annually
Identify and establish partnerships with other OH related entities
Identify parliamentarian to be a OH champion
Increase iInvolvement and commitment of government, private sector and community in OH activities
Institutionalise OH across borders
Integrate OH into government programs and plans
Leverage the strengths of the existing network
Mobilize additional funding for continuity of specific activities
Optimise search for funding opportunities
Organise an evaluation of the project implementation
Organise an exit conference with the relevant stakeholders
Package the products such as policy briefs, white papers, strategies to get buy in
Project documentation tell the COHESA story
Publicise OH benchmarks and encourage HEIs to utilise them with curricular development
Raise country and government commitment to institutionalise OH activities
Reach long term impact at community level by integration/transfer of OH principles at community levels
Resource mobilisation for post-COHESA
Run webinars
Secure extra funding - Funding collaborative, Grant applications. Science Foundation Africa
Strengthen existing OH platforms and initiate OH platforms where they don't exist
Support government structures to secure internal/domestic funding
Sustain relationships between academia and government agencies for evidence based policies eg updating future OH strategic plans
Use COHESA as a benchmark /model for future OH projects
Use network to fund future collaborative project
Validate strategic plans and assign roles and responsibilities for uptake of activities by network partners

Actions towards future-ready (post-COHESA) products

Benchmark best practices
Co-develop and standardise training materials and tools such as netmapping
Co-develop with buy-in from government (Public sector buy-in for sustainability)
Continous collaborations between COHESA countries and keep networking beyond the project period
Continous use of observatory
Continuity plan for networks already established in COHESA
CPD-COHESA products incorporated
Develop fuctional OH platforms (Governance)
Digitilise products
Document and share best practices and lesson learnt (OH observatory)
Documentation and dissemination (Publications, case studies, processes, successes, emerging issues, end of project report)
Education/Training packages in different languages for capacity building
Embed OH in formal curricula - primary, secondary and tertiary levels
Institutionalised OH platform in country
Integrate AI (generative)
Inventory of good practises 'lessons learnt' to be applied
Make a directory of COHESA/ members for continous networking
Networks established with other partners (Local, regional and global)
OH modules to be aligned to adaptable to current trends eg e-learning platforms
OH observatory
Partnerships with developmental partners
Primary school training curriculum
Publications and documentation - Baseline, Netmapping, cabi case reports
Regional databases - genomics, infectious diseases, experts
Translate products currently in strategies into actionable/implementation plans



Synthesis and reflections

Before the closing, the reflection team members shared their observations and recommendations in the form of a SWOT.

Strengths	*Weaknesses*
• Potential • Network • Engagement • Potential for ownership • Diversity of players • Geographical coverage (countries, cukture…) • Commitment • Flexibility of project structure to adapt to each country • Resources	• Sustainability of project outcomes • M&E • Time managemnt • Planning -Ideas • links with understanding of other OH initiatives • Visibility • Meeting/interaction frequency?
Opportunities	*Threats*
• Theory of Change, Road plan, Players • Pathway to social justice • Exit plan • Exploit each other • Replibility potential • Donor interest and exploration • Civil society • OH congress 2024 in Cape Town • Integration with climate change • Stronger mechanism for sharing • Use existing government initiatives (Lower government) • OH collaboration	• Institutional resistance to change • Other OH initiatives (Local, Regional etc) • Political discontinuity • OH job market? • High turnover in OH jobs • Economic disparities within countries

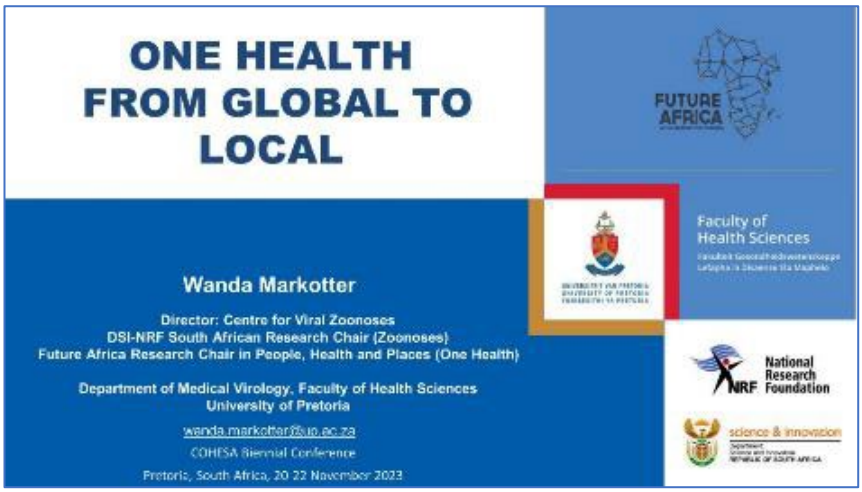
Closing

After brief remarks by Hung Nguyen-Viet and Gerard den Ouden, the conference was closed by Theo Knight-Jones.

Inspirational presentations

On each of the three days, between the discussions on COHESA itself, three individuals were asked to provide short 'inspirational' presentations on some of the wider issues.

Wildlife health in the One Health concept - Caron, Alexandre https://hdl.handle.net/10568/134826
One Health: From Global to Local - Markotter, Wanda https://hdl.handle.net/10568/134817
Keeping It Real: Adventures and Misadventures with One Health in the Caribbean (2014-2017) - Mahase-Gibson, Adana https://hdl.handle.net/10568/134815



Annex 1: Meeting agenda

Time	Monday 20 November
08:00 – 09:00	REGISTRATION
09:00	Welcome: Hung Nguyen-Viet, ILRI
09:15	Brief Overview of COHESA: Theo Knight-Jones, Alexandre Caron, Margaret Karembu, Gerard den Ouden
09:40	Agenda and process introduction - Facilitator
09:50	Participant introductions exercise - Facilitator
10:15-10:45	BREAK
10:45-12:15	EXCHANGE: COHESA work packages: Lessons and experience exchange Short framing presentation: Theo Knight-Jones Short WP presentations: • WP1: Shauna Richards • WP2: Margaret Karembu • WP3: Florence Mutua • WP4: Alexandre Caron
12:15-12:30	Group photo
12:30-14:00	LUNCH
14:00-16:00	EXCHANGE: Countries: Lessons and experience exchange Interactive exercise: Country teams and others in a sharing game – organized around common themes. Show and share progress.
16:00-16:30	BREAK
16:30-17:00	INSPIRE: Inspirational speaker 1: Alexandre Caron “the role of Wildlife health in One Health”
17:00-17:30	REFLECT: Short feedback from ‘reflection team’ / Facilitated short engagement with all
Evening	Reception

Time	Tuesday 21 November
08:45-09:00	Process update and plans for the day - Facilitator
09:00-10:30	SHARE: One Health governance: Country lessons and experience exchange Presentation on Netmapping findings: Bibiana Iraki Presentation of Country cases: • Tanzania: Gabriel Shirima • Namibia: Simon Angombe • Kenya: Joshua Onono
10:30-11:00	BREAK
11:00-12:00	SHARE: One Health governance: Linking local to regional and global Chat show Moderator: Kristina Roesel Participants: • Musonsa Ngulube, UNEP • Gerald Mucheru, FAO • Hardwick Tchale, World Bank • Gaolathe Thobokwe, SADC • Fahari Gilbert Marwa, East African Community
12:00-12:30	INSPIRE: Inspirational speaker 2: Wanda Markotter “One Health; From Global to Local”
12:30-14:00	LUNCH
14:00-16:00	INNOVATE: Innovation exchange: Showcase innovations and ideas across COHESA and beyond. • One Health fundraising model - Musso Munyeme • Integrating OH in education and research in Ethopia – Yordanos Tadesse • HORN One Health network - Yusuf Hared • One Health for Humans, Environment, Animals and Livelihoods program - Siobhan Mor • Africa One Health University Network - Irene Naigaga • One Health Centre in Africa - Kristina Roesel • One Health Observatory (Pamela Wairagala + Theo Knight-Jones) • One Health and Wildlife - Flora Pule-Meulenberg • One Health policy engagement – Christian • One health training through virtual learning centres - Gerald Mucheru • LAMP for field disease outbreak detection - Phiyani Lebea

Time	Wednesday 22 November
08:45-09:00	Process update and plans for the day - Facilitator
09:00-09:30	REFLECT: Short feedback from 'reflection team' / Facilitated short engagement with all
09:30-10:45	SHARE: One Health in schools: Lessons and experience exchange Framing presentation: Florence Mutua Country case presentations: • Kenya: Shauna Richards • Malawi: Catherine Wood • Zimbabwe: Gift Matope Presentation of lessons learned training trainers on One Health in schools - Paul Buyugu
10:45-11:15	BREAK
11:15-12:00	PLAN: Looking ahead for COHESA: Exercise in country groups
12:00-12:30	INSPIRE: Inspirational speaker 3: Adana Mahase-Gibson "Keeping it Real - Adventures and Misadventures in Caribbean One Health"
12:30-14:00	LUNCH
14:00-15:00	CONNECT FOR ACTION: Facilitating connections and collaborations • Sandpits – Mirgissa Kaba • OH Observatory – Pamela Wairagala • OH virtual learning – Gerald Mucheru • Kumu tool – Catherine Wood • Environmental/ecosystem health – Alex Caron • OH in schools – Shauna Richards • OH Masters – Phaedra Henley
15:00-15:30	BREAK
15:30-16:00	REFLECT: Synthesis and reflections on the event
16:00-16:30	Close

Annex 2: List of participants

Name	Institution	Country
Abdinasir Yusuf Osman	Ministry of Health	Somalia
Abel Ramoelo	University of Pretoria	South Africa
Abubakar Hoza	Sokoine University of Agriculture	Tanzania
Adana Mahase-Gibson	Project advisory team	Canada
Afua Gafur	Ministry of Agriculture	Mozambique
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Annex 3: Group pictures

Participants:

COHESA country Multipliers:

Annex 4: Slide presentations

General introductions and other material from the project are available online at https://cgspace.cgiar.org/handle/10568/117514.

Title	Authors	URL
Findings from COHESA Netmapping exercises	Iraki, Bibiana	https://hdl.handle.net/10568/134830
Infusing One Health Concept in Pre-service Teacher Education: Zimbabwe Case Study	Edziwa, Xavier	https://hdl.handle.net/10568/134820
Introducing COHESA	Knight-Jones, Theodore J.D.; Karembu, Margaret; Caron, Alexandre	https://hdl.handle.net/10568/134814
Introducing COHESA work on One Health in schools	Mutua, Florence K.	https://hdl.handle.net/10568/134821
Keeping It Real: Adventures and Misadventures with One Health in the Caribbean (2014-2017)	Mahase-Gibson, Adana	https://hdl.handle.net/10568/134815
Lessons learned in training trainers, communities and students on One Health in schools	Buyugu, Paul S.; Thomson, Deborah	https://hdl.handle.net/10568/134816
One Health governance: Lessons from Kenya	Onono, J.O.	https://hdl.handle.net/10568/134828
One Health governance: Lessons from Namibia	Angombe, Simon	https://hdl.handle.net/10568/134829
One Health governance: Lessons from Tanzania	Shirima, G.M.; Kimaro, E.G.; Vianney, J.-M.	https://hdl.handle.net/10568/134827
One Health in Primary Education in Malawi: Ladder to Learning and LUANAR	Wood, Catherine	https://hdl.handle.net/10568/134819
One Health in schools: Extending the One Health approach to safety around animals	Richards, Shauna	https://hdl.handle.net/10568/134818
One Health: From Global to Local	Markotter, Wanda	https://hdl.handle.net/10568/134817
Wildlife health in the One Health concept	Caron, Alexandre	https://hdl.handle.net/10568/134826
Work Package 1 update: Lessons and experience exchange	Richards, Shauna	https://hdl.handle.net/10568/134822
Work Package 2 Update: Promoting National and Regional One Health Collaboration and Governance	Karembu, Margaret	https://hdl.handle.net/10568/134823
Work Package 3 update: Building the future One Health workforce	Mutua, Florence K.	https://hdl.handle.net/10568/134824
Work Package 4 update: Delivery of One Health solutions	Caron, Alexandre	https://hdl.handle.net/10568/134825

Annex 5: Country highlights, activities, challenges, lessons

For the afternoon session of the first day, country teams prepared summary information on their activities and insights to share and exchange with one another. This table lists all the points included in the summary reports, arranged by category of response.

Country	Category	Response
Namibia	highlight	Ability to bring diverse team together
Tanzania	highlight	At government level-There is a well established One Health Section (OHS) at the Prime Minister office that has made implementation of COHESA agenda easy-going.
Namibia	highlight	Baseline survey
Zambia	highlight	COHESA involvement in the development of a National OH joint plan of action
Zambia	highlight	COHESA involvement in the National Bridging Workshop for OH
Malawi	highlight	COHESA Malawi and designated OH point people from several Government of Malawi ministries have developed a draft OH Strategy and are working towards developing a process for drafting OH Strategy.
Rwanda	highlight	COHESA mobilized actors from various government, academia, NGOs, and private sector institutions to brainstorm and discuss how to ensure optimal institutionalization of OH in Rwanda. The discussion was done through a Netmapping of actors to understand "Who will influence anchoring One Health secretariate under the office of Prime Minister?"
Tanzania	highlight	COHESA Team in Tanzania has established a good working collaboration with the OHS under the Prime Minister in advancing COHESA agenda
Namibia	highlight	Concertized people's mind into the OH concept
Zambia	highlight	Development of a five-year One Health Strategic Plan 2022 -2026 for Zambia.
Zambia	highlight	Development of a one-year OH implementation plan for Zambia
Zambia	highlight	Development of OH Technical Working Groups, with incorporation of COHESA
Namibia	highlight	Focus Group discussion
Ethiopia	highlight	Integration of One Health (OH) principles and approached into Education and Research in Ethiopia. This followed a Netmapping Exercise with representatives from public universities, research institutions, selected public sectors, professional associations, development partners, and NGOs – DEFINED STRATEGIC ENTRY POINT for integration of OH principles and approaches in secondary schools, universities, and research institutions
Zimbabwe	highlight	Key influential ministries should advocate for the operationalization of the OH council in Zimbabwe
Mozambique	highlight	Mozambican One Health Strategic Plan (finalized at the technical level)
Namibia	highlight	Netmapping – appreciation from the line ministries,
Uganda	highlight	Netmapping exercise. This revealed some key actors that are very influencing in the One Health landscape in the country. For example, the Ministry of Education and Sports has been shown to be very influential in the effective governance on OH in Uganda
Zimbabwe	highlight	Netmapping: The main linkages identified were; a) funding, b) collaboration, c) capacity building, and d) information sharing
Zimbabwe	highlight	Netmapping: The main OH actors and their linkages were identified
Zimbabwe	highlight	OH Stakeholder Netmapping-Zimbabwe
Mozambique	highlight	Participating on OH international day activities
Botswana	highlight	Review of the situational analysis and needs assessment for the Libreville Declaration workshop. This was the first time that COHESA Botswana had an opportunity to interact with the country coordinating committee (CCC), a multisectoral, interministerial group that implements the Libreville Declaration, an opportunity for the sustainability of COHESA in Botswana
Tanzania	highlight	Several activities have been achieved so far that have brought together OH Key actors in Tanzania for advancing OH concept in the country

Kenya	highlight	The Kenyan team did a baseline and we have also created teams that are leading three work packages,
Ethiopia	highlight	Two Delphi processes to define OH interventions for solutions
Namibia	highlight	Validation workshop for FDG and BS
Namibia	highlight	Visibility initiative on National Broadcast – MediaCafe
Botswana	WP1 activity	Baseline study validation workshop
Rwanda	WP1 activity	Baseline surveys were conducted and will be validated
Ethiopia	WP1 activity	Broader stakeholder engagement to share findings from baseline, KIIs and first Netmapping exercise to set the tone on OH in Ethiopia
Uganda	WP1 activity	CABI One Health case report
Botswana	WP1 activity	COHESA BW participated in the SANA review and COHESA BW is a co-author portions of the report.
Zambia	WP1 activity	COHESA involvement in the Anthrax outbreak Awareness and information dissemination. Learnt that there is still a big gap among "OH-sectors", despite acknowledgement of the existence of the OH platform. Learnt that a District that adopted and actualised OH early was able to effectively respond and handle the Anthrax situation better.
Zambia	WP1 activity	COHESA team consisting of the Country Multiplier, the OH Expert and two Enumerators were involved in the Literature Review processing for Zambia for the One Health Zoonotic Disease Prioritization (OHZDP) from May 2023 and actual participation as well as being resource persons for the OHZDP process in Zambia. The OHZDP is a tool that allows countries to use a multi-sectoral approach to prioritize endemic and emerging zoonotic diseases of greatest national concern to jointly address zoonotic diseases by human, animal, and environmental health sectors.
Ethiopia	WP1 activity	Contributed to the overarching COHESA paper
Malawi	WP1 activity	Development of One Health Malawi website, plans to link to OH Observatory
Ethiopia	WP1 activity	Drafted country case study for publication and more to come
Ethiopia	WP1 activity	Engagement of journalist in science café training to advocate for OH at different level using media outlet – this was successful
Tanzania	WP1 activity	Established a baseline study for OH situation in Tanzania
Somalia	WP1 activity	Execute OH baseline assessments
Tanzania	WP1 activity	Finalise Netmapping report for submission
Mozambique	WP1 activity	Finalizing OH Strategic Plan
Malawi	WP1 activity	Further dissemination of OH baseline report, now reformatted for purpose, at higher levels of government
Zimbabwe	WP1 activity	However, there were opportunities for the existing national, provincial and district zoonotic committees to benefit other OH programme initiatives in the country.
Botswana	WP1 activity	Importance of face to face stakeholder consultation and engagement (honest and direct communication)
Botswana	WP1 activity	Joint plan of action for OH
Zambia	WP1 activity	Later, the FAO-OH - NATIONAL TRAINING again requested the Zambia COHESA Country Multiplier as well as the COHESA OH Expert to be involved in training as National expert trainers for an on-line "Concepts of One Health for Zambia" during the second quarter of 2023. Learnt that there is a huge interest across all sectors. Realized that OH is not only Environment, Health and Animal sectors. But also incorporates Gender, Home Affairs, Climate Change, Community, Media, Education Sector etc.
Uganda	WP1 activity	Manuscript writing on the influencers of effective of One health governance in Uganda
Namibia	WP1 activity	Ministry of Health and Social Services, can champion the OH (result from Netmapping)
Mozambique	WP1 activity	National Bridging workshop
Tanzania	WP1 activity	Netmapping exercise indicated areas to be strengthened through identified key linkages to advance OH strategic plan in Tanzania
Somalia	WP1 activity	Netmapping of OH stakeholders within baseline assessment

Mozambique	WP1 activity	Netmapping workshop (overview of the OH stage in Mozambique: OH Platform institutionalization)
Zambia	WP1 activity	OH – VIRTUAL CENTER TRAININGS/CAPACITY BUILDING – Under the FAO-OH - REGIONAL TRAINING, The Food and Agriculture Organization of The United Nations (FAO), requested the Zambia COHESA Country Multiplier as well as the COHESA OH Expert to be involved in the first quarter of 2023, the FAO Virtual Learning Centre for Southern Africa. Trained the Southern African Region OH experts.
Zimbabwe	WP1 activity	OH baseline survey reports were developed and validated. A draft manuscript was produced and shared. The abridged CABI OH manuscript draft is work in progress.
Tanzania	WP1 activity	Organise advocacy meeting with Parliamentary committee for Health and social welfare including education. [Around January/February 2024]
Namibia	WP1 activity	Oversight of some key stakeholders,
Mozambique	WP1 activity	Participatipating on OH international day activities
Tanzania	WP1 activity	Preparation for Tanzania OH conference to happen in November, 2024 to advance OH concept.
Tanzania	WP1 activity	Sensitise Departments/faculties to incorporate OH concepts in the current curricular review process. -Start with major universities in November/December 2023
Rwanda	WP1 activity	The baseline and Netmapping information will be published as a One Health case
Zimbabwe	WP1 activity	The baseline survey showed that OH Governance and Coordination was biased towards Antimicrobial Resistance (AMR) and zoonotic diseases.
Mozambique	WP1 activity	Training of trainers for UEM lectures on OH approach
Namibia	WP1 activity	Validation of Netmapping,
Rwanda	WP1 activity	We are planning a media café to involve media professionals in One Health activities in Rwanda
Kenya	WP1 activity	We are planning a workshop to sensitise faculties from universities, private sector players (food business operators, agrochemical supplies etc) on OH principles
Kenya	WP1 activity	We have planned a sandpit event early next year in the months of February/March – call for sandpit is ready and will be sent out next week
Kenya	WP1 activity	Webinar and seminar series on OH topics to be organised by Kenyan teams with members of consortium participating
Tanzania	WP1 activity	Workshops conducted to bring together key OH stakeholders for OH baseline study validation (NGO's involvement was great].
Somalia	WP1 activity	Write draft country baseline reports on OH performance.
Tanzania	WP1 challenge	Active collaboration and participation of other sectors and disciplines to address OH approach is limited
Malawi	WP1 challenge	Deciding which platform(s) are most effective (WhatsApp groups, internet, in-person meetings, other)
Namibia	WP1 challenge	Fragmented approach to OH concept (not properly coordinated), this affect resource allocation
Tanzania	WP1 challenge	Resources to operationalise OHSP are limited
Rwanda	WP1 challenge	Rwanda OH platform structure as provided in the OH policy is not yet in place.
Namibia	WP1 challenge	Stakeholder not familiar with OH concept, but activities they are doing contribute towards the OH concept (baseline survey results)
Zimbabwe	WP1 challenge	The zoonotic committees and the AMR Governance structures, were not inclusive across sectors and were anchored only in three sector ministries.
Zambia	WP1 lesson	Learnt that the scope of COHESA goes beyond those prescribed in the Work packages and that even Standard Countries can go beyond the activities prescribed for them.
Zimbabwe	WP2 activity	A multi-stakeholder consultative process proposed the established an OH Advisory Committee with membership from key stakeholders and to develop synergies with the current AMR Governance structure
Zambia	WP2 activity	COHESA was involved in the preparatory meetings for the hosting of the Progressive Management Pathway (PMP) on Antimicrobial Resistance (PMP-AMR) in relation to the Implementation of the Antimicrobial Resistance (AMR) National Action Plan (NAP) in Zambia. Learnt that the Government needs OH partnership for the actualisation of its governance mechanisms.
Zambia	WP2 activity	COHESA Zambia has been called upon to participate fully and sponsor prizes in the National AMR School competitions as well as being involved virtually in all OH technical meetings and platforms in the Country

Zambia	WP2 activity	COHESA-Zambia, in collaboration with ZNPHI were deeply involved in conducting the National Bridging Workshop (NBW) from the 19th to 21st October 2022 in Livingstone with tools from the International Health Regulations-Performance of Veterinary Services (IHR-PVS) as well as the Joint External Evaluation (JEE), from FAO, OIE/WOAH, WHO. Here the COHESA regional coordinator: Alexandre Caron, was at hand to give the Zambian team support as well as assist in the NBW.[Report link: https://gphihr.tghn.org/news/one-healthnational-bridging-workshop-zambia/]
Tanzania	WP2 activity	Conduct training on capacity building and awareness to all OH focal persons and OHS Staff.
Ethiopia	WP2 activity	Contributing to the stakeholder meeting on new OH legislation in Ethiopia
Namibia	WP2 activity	Drafting country OH Framework
Rwanda	WP2 activity	Ensure that key government institutions brainstorm and submit a focal question that they want support for
Rwanda	WP2 activity	Establish COHESA focal persons in key institutions to foster the uptake of COHESA plans and advance the One Health agenda
Somalia	WP2 activity	Establish or strengthen national OH Platforms by providing technical support (e.g., logistics, scientific advice, communication, report writing).
Tanzania	WP2 activity	Established a strong collaboration with the OH and plan to meet parliamentary committee to promote OH concept at the policy level
Tanzania	WP2 activity	Facilitate the establishment of few One Health Multisectoral Technical Committees in subnational.
Malawi	WP2 activity	Forming OH Policy Drafting Committee
Botswana	WP2 activity	Government officials were trained in OH advocacy policy development and Netmapping
Kenya	WP2 activity	initiated a consultancy to support zoonotic disease unit to develop field training and extension materials,
Uganda	WP2 activity	Mobilize professional bodies for a stakeholders' engagement on OH.
Rwanda	WP2 activity	Mobilize various government institutions to review and validate the draft PM instructions that set up the OH coordination mechanism
Mozambique	WP2 activity	Mozambique OH inter ministerial Decree
Mozambique	WP2 activity	Mozambique OH Strategic Plan
Zimbabwe	WP2 activity	One of the key findings of the OH Stakeholder Netmapping-Zimbabwe, was the absence of an inclusive OH Governance platform/council/committee
Ethiopia	WP2 activity	Participated and advised on World Rabies Day celebrations: Actively participated in the planning and execution of World Rabies Day celebrations in Ethiopia.
Ethiopia	WP2 activity	Participated and contributed to the One Health cross-border tabletop Simulation Exercise.
Ethiopia	WP2 activity	Participated in the dissemination of the Joint External Evaluation (JEE) report on One Health (OH) in Ethiopia. The JEE report provides valuable guidance for strengthening OH implementation in Ethiopia.
Namibia	WP2 activity	Participated in the Stakeholder workshop discussing milestones such as: the establishment of Namibia Public Health Institute and How to integrating event based surveillance
Malawi	WP2 activity	Refining the OH Strategy for Government of Malawi
Mozambique	WP2 activity	Review and update the list of prioritization zoonotic diseases
Ethiopia	WP2 activity	Reviewed and provided input on the OH governance organogram: Engaged in a thorough review of the proposed organogram for OH governance in Ethiopia .
Kenya	WP2 activity	The Zoonotic Disease Unit (ZDU) are already part of the Kenyan COHESA team and they took part in our work package planning events
Zimbabwe	WP2 activity	To promote OH collaboration and Governance, an advocacy Strategy for developing an One Health Strategic Plan for Zimbabwe was produced.
Botswana	WP2 activity	Together with CIRAD, COHESA BW partially funded the Libreville Declaration SANA workshop
Mozambique	WP2 activity	Training of OH professional in different Moz Provinces
Kenya	WP2 activity	We have initiated a consultancy to support development of extension materials for training at sub regional levels
Tanzania	WP2 challenge	Advocacy and governance need strengthening
Malawi	WP2 challenge	Culture of allowances creates false incentives for participation in the process
Namibia	WP2 challenge	Lack of financial resources

Malawi	WP2 challenge	Need for external consultants, possibly other COHESA country members
Ethiopia	WP2 challenge	Partisanship of some development partners affect the effort to improve OH governance and coordination effort which is believed to be complex.
Uganda	WP2 lesson	Appropriate policy formulation to support implementation of One Health programs and activities
Uganda	WP2 lesson	Build partnerships
Uganda	WP2 lesson	Data and evidence to inform decision making
Uganda	WP2 lesson	Decentralizing One Health
Uganda	WP2 lesson	Define the non-state actors relevant to OH, e.g. private sector, Civil Society Organizations, religious organizations, communities etc.
Uganda	WP2 lesson	Establish a fully-fledged OH administrative structure, e.g. OH unit under OPM
Ethiopia	WP2 lesson	Genuine and functional stakeholder engagement with roles defined is essential to improve effective OH governance structures. This however is missing
Uganda	WP2 lesson	Global and national mainstreaming of One Health
Uganda	WP2 lesson	Institutional hosting of the NOHP – Joint coordination framework
Uganda	WP2 lesson	Mainstreaming OH into government structures for budgeting and programming
Uganda	WP2 lesson	Need for stakeholder inclusive review of all existing structures of the OH platform – include new stakeholders: MGLSD, MoLG, MoES, MoFPED, MoPS, OPM delivery unit, MDAs as well as the Ministry of information and national guidance
Uganda	WP2 lesson	Need to review the OH strategic plan to ensure stronger collaborating mechanisms among key stakeholders
Uganda	WP2 lesson	Policy frameworks, prioritization and setting priorities
Uganda	WP2 lesson	Review the communication strategy to be a more inclusive given the suggested reviews in the OH structure like the ministries, departments, and agencies (MDAs)
Uganda	WP2 lesson	Review the existing policies/frameworks that govern One Health activities in Uganda (e.g., Public Health Act, Animal Health Act, Ecosystem etc.)
Zimbabwe	WP2 lesson	This requires buy-in from key Government ministries on OH and calls for the involvement multi-sectors to develop and validate it.
Zimbabwe	WP3 activity	An opportune time is presented to infuse OH into the school curriculum, particularly through teacher development programmes that are currently under review (Teacher Education Curriculum Transformation).
Zimbabwe	WP3 activity	Baseline survey in HEI indicated that only a few institutions were offering and/or developed curricula for OH postgraduate education
Uganda	WP3 activity	Community activities with school programs (early learning program pupils in primary school)
Somalia	WP3 activity	Conduct surveys of leading universities to develop an inventory of graduate and post-graduate courses with OH elements
Ethiopia	WP3 activity	Consultative Forums: WP3 TWGs and subject experts discussed OH integration experiences, gaps, entry points, and implementation strategies. Integration strategies for secondary schools, higher education institutions, and research defined and guideline being developed
Rwanda	WP3 activity	Deliver short courses for field and public veterinarians
Rwanda	WP3 activity	Develop short CPD courses to be accredited for professional bodies
Malawi	WP3 activity	Developing a partnership between LUANAR and Ladder to Learn, an NGO focused on primary school extracurricular education, to facilitate mentorship of primary school students generally and in OH concepts in particular
Zambia	WP3 activity	For COHESA Zambia, we have been invited by APEX Medical University, School of Public Health, to help them develop a MSc in OH. Invited Dr. Emmanuel Chirwa the Dean to COHESA organised Future Africa Campus to learn more on OH Academic Resources, future OH capacity building etc.
Ethiopia	WP3 activity	Formation of WP3 TWG: Dedicated team to identify and integrate OH competencies into high schools, universities, and research institutions.
Kenya	WP3 activity	Identified areas for curriculum straightening to integrated OH principles and
Botswana	WP3 activity	Individuals from other public universities were trained in OH short course development
Ethiopia	WP3 activity	National consensus building forum Next step: Production of documents, distribution, capacity building of frontline actors and implementation is planned

Ethiopia	WP3 activity	National consensus building forum: National forum to gather input, feedback, and reach consensus on OH integration into education and research and materials developed
Ethiopia	WP3 activity	Net-Mapping Exercise: Comprehensive Netmapping exercise to identify strategic entry points for OH integration across education and research institutions.
Malawi	WP3 activity	Operationalizing the OH University Consortium (previously triad) for teaching, curriculum development, joint research; research symposium planned for early 2024
Rwanda	WP3 activity	Organize and deliver IDM course for UGHE and University of Rwanda SOHICs
Botswana	WP3 activity	Participated in HEI surveys and validated the report
Tanzania	WP3 activity	Planning to harmonise OH teaching modules in Tertiary education in Tanzania
Tanzania	WP3 activity	Planning to introduce OH concept in Primary and Secondary schools
Botswana	WP3 activity	Prepared a proposal for funding for Ministry of Health (Nature for Health). The proposal was not funded.
Mozambique	WP3 activity	Publish the OH news in the University magazine
Rwanda	WP3 activity	Strengthen One Health education in secondary and primary schools
Namibia	WP3 activity	Support to establishment of OH Center of Excellence in Katima Mulilo Campus, University of Namibia
Namibia	WP3 activity	Supporting OH curriculum development within the University of Namibia (MSc in OH, and Post Graduate Diploma in OH), (attended OH curriculum development training in SA),
Zimbabwe	WP3 activity	The needs-assessment conducted by the Faculty of Education, UZ indicated the lack of coverage of OH in the primary and secondary school education curricula.
Mozambique	WP3 activity	Training of stakeholders in the country (OH approach)
Mozambique	WP3 activity	Training of trainers for UEM lectures on OH approach
Kenya	WP3 activity	We have mapped universities that we want to include to participate and integrate OH competencies in their curriculums
Kenya	WP3 activity	We identified courses where we can add OH competences to
Kenya	WP3 activity	We need to conduct a survey from private sector to identify what they consider key employability skills in graduates
Zambia	WP3 activity	With regards School level education, COHESA in Zambia is yet to get hold of the actual focal actors, as OH at School level is virtually non-existence.
Tanzania	WP3 challenge	Awareness of OH education to the general public is limited.
Tanzania	WP3 challenge	Most OH-related research being conducted by academic/research institutions especially those of human and livestock health related disciplines
Tanzania	WP3 challenge	Raise awareness among OH actors for joint grant writing and collaborative research.
Malawi	WP3 challenge	Some universities in Malawi are unwilling to collaborate without immediate, guaranteed benefit
Zimbabwe	WP3 challenge	The foreseeable challenge is that the pace of implementation will be determined by the rolling out of the current teacher education curriculum transformation (The project is riding on this transformation)
Ethiopia	WP3 lesson	Engagement of stakeholders to define problems and solutions is fruitful to plan sustainable intervention
Ethiopia	WP3 lesson	Given opportunity, public sector, professional associations and universities have much to contribute
Uganda	WP3 lesson	Promote bottom down community raised strategies for One health
Uganda	WP3 lesson	Recruit members (ambassadors and champions) of influence in society
Uganda	WP3 lesson	Tailored and customized training on one health for different stakeholders (stakeholders (the same message may be understood differently by different people
Zimbabwe	WP4 activity	A multi-stakeholder consultative process was conducted to identify an OH focal topic for Zimbabwe which identified: 1) Abortive syndromes (brucellosis, Rift Valley fever), 2) Waste management; and 3) prioritization of zoonotic diseases
Mozambique	WP4 activity	Advocacy
Namibia	WP4 activity	Anti-microbial resistance – education campaign
Ethiopia	WP4 activity	Based on the outcome of the Delphi process, call for proposal is announced and interdisciplinary team is expected to submit proposals

Zambia	WP4 activity	COHESA has made itself relevant and useful in almost all National OH initiatives in the OH-crowded space and works closely with other developmental partners [i.e. Africa CDC, UKHSA, FAO, WHO, WOAH among others]. Learnt that once engage with other OH partners we achieve more, and we also share resources and logistics.
Mozambique	WP4 activity	Communication strategy of OH approach
Ethiopia	WP4 activity	Conduct two rounds of a Delphi process to identify key areas of focus for One Health innovative solutions.
Botswana	WP4 activity	Contribute to the OH observatory housed at ILRI
Malawi	WP4 activity	Developed a draft proposal with potential partners around “microplanning” – monitoring and targeted response to disease outbreaks after flooding
Malawi	WP4 activity	Developed a draft proposal with potential partners to address deforestation through “clean-cooking”
Kenya	WP4 activity	Developed a sandpit call for proposals which we intend to release next week.
Namibia	WP4 activity	engage and collaborate with the line ministries in awareness campaigns,
Malawi	WP4 activity	Facilitated discussions between multiple organizations working on disease surveillance systems
Rwanda	WP4 activity	Identify and draft proposals with government institutions and other stakeholders OH Focal Topics
Zambia	WP4 activity	Involvement in the Anthrax outbreak in Zambia. Realised the importance of an existing and functional OH platform at all times to respond to OH emergencies, rather than working through temporary multi-sectoral task force teams.
Zimbabwe	WP4 activity	It is evident that Zimbabwe requires to develop and introduce an OH Strategic plan to define strategic objectives, prioritise activities and outcome, and institutional roles in the implementation process.
Namibia	WP4 activity	Namibia delegation attended the training workshop held in Zambia,
Rwanda	WP4 activity	Netmapping of OH stakeholders was carried out and results are expected to serve as a message to push forward full institutionalization of the One Health platform
Uganda	WP4 activity	Organize annual Media Café with journalist government along with another communication strategic activity yet to identified December
Zimbabwe	WP4 activity	Plans to hold a sandpit event to develop and pitch research proposals and interventions in Zimbabwe is work in progress
Mozambique	WP4 activity	Preparation of the Regulatory documents
Botswana	WP4 activity	Prepared a manuscript for publication as a CABI case study
Mozambique	WP4 activity	Preparedness and response for re-emerging diseases
Namibia	WP4 activity	Priorities diseases are likely to be: rabies, FMD, Cholera, CC Haemorragic fever
Uganda	WP4 activity	Re-tooling meat inspectors on inspection of zoonotic disease of One Health importance
Rwanda	WP4 activity	Rwanda is not in the deep dive countries
Ethiopia	WP4 activity	Sandpit event is planned to run from 11-15 December to fine tune proposals selected for presentation, assessment and selection
Botswana	WP4 activity	Submitted a concept note titled Strengthening Epidemiological Modelling for Public Health Decision Making in Africa (SEMOPHDMA) to the Bill and Melinda Gates Foundation for funding
Zambia	WP4 activity	Sustainability for future OH action beyond the COHESA period. Applied for grants, that were shared by the COHESA – Southern Region Coordinator. Got support from consortium and applied for the Pandemic Fund. The application has since gone through. This is the second application after the Nature for Health (N4H) application that the Zambian COHESA team applied for earlier. This is the sure way to enhance sustainability and continue with OH activities.
Namibia	WP4 activity	The ministry of Health and Social Services will organise a consultative workshop in Namibia,
Kenya	WP4 activity	The topic of our sandpit event will focus on the weaknesses which were identified in the recent JEE mission report on AMR, Zoonosis and environmental degradation
Uganda	WP4 activity	Validation workshop for the OH Netmapping exercise scheduled for December
Zimbabwe	WP4 activity	While capacity was available for institutions for zoonoses research and innovation, there was limited capacity on waste management and research

Uganda	WP4 challenge	Additionally, the gaps and discrepancies that exists among the Human and Animal health practitioners is still a big challenge limiting the implementation of One Health
Namibia	WP4 challenge	Namibia does not have a list of priority zoonotic diseases,
Uganda	WP4 challenge	Similarly, limitations in funding as well the unclear funding sharing policies have the resources utilization and general operationalization of the One Health.
Uganda	WP4 challenge	With One health being a new concept and approach across different sectors, the perception, uptake and the buying in has been very hard and people have still continued to work in silos.
Uganda	WP4 lesson	Digitalization of messaging on One health for mass communication (one stop website, development of models for outbreak predication and creation of multisectoral platforms)
Uganda	WP4 lesson	Engage the media and elaborate to what One health means for them to continue promoting and advocating for it
Uganda	WP4 lesson	Follow up on previously implemented one health projects …awareness should be continuous
Uganda	WP4 lesson	Promote bottom down community raised strategies for One health
Uganda	WP4 lesson	Promote social behavioral change and individual transformation towards one health
Uganda	WP4 lesson	Recruit members (ambassadors and champions) of influence in society
Uganda	WP4 lesson	Tailored and customized training on one health for different stakeholders (stakeholders (the same message may be understood differently by different people
Ethiopia	WP4 lesson	The Delphi process is an effective tool to quickly generate useful evidence and reach consensus on complex topics. Antimicrobial resistance (AMR) is identified priority topic for One Health solutions in Ethiopia.

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