Capacitating One Health in Eastern and Southern Africa (COHESA)

Inception workshop report

Photo credit: Biruk Alemu

April 2022

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Citation

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The Capacitating One Health in Eastern and Southern Africa (COHESA) project is financed by the European Union.

The project objective '*to facilitate the rapid uptake, adaptation and adoption of solutions to One Health issues, with the One Health concept embedded across government and research entities, educational and training institutes and public-private partnerships in eastern and southern Africa*' is jointly implemented by the International Livestock Research Institute (ILRI), CIRAD and the International Service for the Acquisition of Agri-biotech Applications (ISAAA) AfriCenter.

ILRI is the lead implementer of the COHESA project.

Funded by the European Union

ACP Innovation Fund, OACPS Research and Innovation Programme. A programme implemented by the Organization of African, Caribbean and Pacific States with the financial contribution of the European Union.

Implemented by

Introduction

The world is facing unprecedented, interconnected threats to the health of people, animals and the environment. Addressing this danger requires cross-sectoral, system-wide approaches, which are captured in the concept of One Health. The interconnection of people, animals, plants and their shared environment is recognized under the concept of One Health.

Tripartite (the Food and Agricultural Organization of the United Nations, the World Organisation for Animal Health and the World Health Organization) and the United Nations Environment Programme define One Health as an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems. It recognizes the health of humans, domestic and wild animals, plants and the wider environment (including ecosystems) are closely linked and interdependent. The approach mobilizes multiple sectors, disciplines and communities at varying levels of society to work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for clean water, energy and air and for safe and nutritious food, acting on climate change and contributing to sustainable development.

Capacitating One Health in Eastern and Southern Africa (COHESA) is a project funded by the African, Caribbean and Pacific (ACP) Innovation Fund, Organization of African, Caribbean and Pacific States (OACPS) Research and Innovation Programme, with the financial contribution of the European Union and co-funded through the International Livestock Research Institute (ILRI) and CIRAD.

The objective of the project is to facilitate the rapid uptake, adaptation and adoption of solutions to One Health issues using the One Health concept embedded across government and research entities, educational and training institutes and public-private partnerships in eastern and southern Africa. COHESA is jointly implemented by the ILRI, CIRAD and the International Service for the Acquisition of Agri-biotech Applications (ISAAA) AfriCenter.

This hybrid workshop was held on 4 April 2022 following the partner orientation workshop held in December 2021. As the project is going to delivered through multiplier organizations in 11 countries, this workshop involving multipliers and partners was aimed at updating multipliers on the current status of the project, understanding the role of multiplier organizations and how the project will function, and providing an enabling environment for the multipliers to engage in the project in their individual countries and prepare to start up.

Workshop activities

The workshop brought together potential multipliers and discussed how the project will operate, what their roles will be in the project and gathered initial ideas on the One Health landscape in the 11 COHESA countries. Approximately 72 participants attended the workshop. The workshop agenda and list of participants are in Annex 1 and Annex 2 of this report.

Welcome and opening remarks

Theodore Knight-Jones, team leader for herd health at ILRI, welcomed the participants and thanked everyone who joined from the different countries. He then presented on the background and overview of the project. This was followed by a discussion on the work packages, project structure and the main role of multipliers in the project in their individual countries.

The COHESA consortium leads, Alexandre Caron from CIRAD and Margaret Karembu from ISAAA, introduced themselves and gave an overview on their respective work. This was followed by a quick update on the baseline survey by Eric Fèvre.

A session of brief questions and answers followed the presentations, then 11 country breakout discussion sessions were held with multiplier/partner and consortium members in each country breakout room to discuss Work Package 2 and Work Package 3.

Brief introductions

- Margaret Karembu from ISAAA introduced herself, ISAAA and the role of ISAAA which includes science communication and policy advocacy.
- Alexandre Caron from CIRAD introduced himself, CIRAD and the relevant work in southern Africa and their prominence in One Health.
- Gerard Den Ouden, program manager, European Union OACPS Research, and Innovation programme, introduced himself, welcomed partners and thanked the COHESA consortium for coordinating the meeting and the hard work to move forward with the project.
- John Becker from the University of Pretoria highlighted the experience of the university across various faculties—including natural, agricultural, veterinary and health sciences—in different areas of One Health.

Presentations

Brief introduction, background and overview of the project by Theodore Knight-Jones
He presented on the background, overview and work packages of the project. He also discussed the project design and roles of the multipliers. See Annex 3 for the presentation slides.

Baseline survey by Eric Fèvre
He presented the aim of the baseline survey which falls under Work Package 1. The tools that will be used to collect the baseline data were also described. See Annex 4 for the presentation slides.

Questions and answers

Listed below are questions that were raised and summaries of responses.

Q: At country level, what is the point of contact (government, research, academic institution, or individual scientists)?
A: The project works through the multipliers. These are research institutions with good skills and experience in One Health. Together with the consortium, we will work with government, education and research sectors and service providers, among other One Health stakeholders.

Q: Is a country focal point needed for coordination?
A: Yes, each multiplier and key partner will have a nominated focal point.

Q: When are we doing One Health curriculum development? To what extent do we involve basic sciences?
A: For now, we don't need to go into that detail. These activities will be developed and adapted for individual countries as needed.

Country breakout session and summary

This session discussed how to deliver the project working with One Health beneficiaries and stakeholders. Each country group discussed the points listed below. See Annex 5 for the summary of the discussions.

Work Package 2 (Promoting One Health governance)
- What is the state of the use of One Health approaches by the government in your country?
- Name two One Health priorities in your country?
- Which government departments and agencies will you engage with to improve capacity in this area?
- How will you work with them so that COHESA can improve their use of One Health approaches and cross-departmental and wider stakeholder engagement and collaboration?
- Are there other One Health programs and projects already actively engaged with these groups in this area?

Work Package 3 (Building the future One Health workforce)
- To what extent is One Health covered in higher education in your country (e.g. degree modules, MSc, secondary schools)?
- As a multiplier, how will you work with other higher education institutes to improve One Health coverage in higher education?
- Are there other One Health projects and programs working in this area in your country already?

Next steps

Theodore Knight-Jones mentioned the upcoming steps to follow. The draft terms of reference have been shared; next, we will send the budget and agree on and finalize the contract. Following this, we will move to start the baseline survey, where the multipliers will be helping the consortium to implement the survey in the 11 countries.

Margaret Karembu expressed her appreciation and thanks to the partners for sharing their expertise on One Health, saying she looked forward to working with them at individual country level. Her observations were:
1. Considering the One Health concept, most of the activities on the ground do not seem to incorporate the environmental component, so that is one of the areas we need to consider during starting up this program.
2. In terms of implementation, we should look at it more like an approach; we are thinking of behavioural changes in the way we interact with animals, people and the environment.
3. In the area of social science, the departments of anthropology and socio-economics are not yet fully involved so these are areas we need to focus on and collaborate with.
4. There are significant One Health activities going on in some countries and the COHESA project countries should learn from each other's experiences.

Closing remarks

Theodore Knight-Jones thanked participants and consortium partners for their presence and valuable contributions. He also thanked the ACP Innovation Fund, OACPS Research and Innovation Programme for funding the project.

Annex 1: Workshop program

Time (EAT)	Session	Presenter
1030–1035	Opening remarks	Moderator: Ekta Patel
1035–1045	COHESA overview and recap	Theodore Knight-Jones
1045–1055	Project details	Margaret Karembu and Alexandre Caron (consortium leads)
1055–1105	Baseline survey	Eric Fèvre
1105–1120	Question-and-answer session	
1120–1155	Country breakout session	11 breakout rooms with 1–2 people per consortium + University of Pretoria
1155–1250	Regroup session	5-minute overview per country
1250–1255	Discussion	
1255–1300	Next step and closing	Theodore Knight-Jones

Annex 2: List of participants

Name	Organization	Country
Aaron Chigona	Ministry of Health and Child Care	Zimbabwe
Addis Tedla	ILRI	Ethiopia
Alexandre Caron	CIRAD	
Alexandre Hobeika	CIRAD	
Anselme Shyaka	University of Rwanda	Rwanda
Arshnee Moodley	ILRI	Kenya
Behilu Gosheme	Ethiopian Wildlife Conservation Authority	Ethiopia
Bekele Megersa	Addis Ababa University	Ethiopia
Bernard Bett	ILRI	Kenya
Bibiana Iraki	ISAAA AfriCenter	Kenya
Brighton Gorejena	University of Namibia	Namibia
Catherine Kunyanga	University of Nairobi	Kenya
Catherine Wood	Lilongwe University of Agriculture and Natural Resources	Malawi
Cecile Squarzonidiaw	CIRAD	
Chiku Mtegha	Lilongwe University of Agriculture and Natural Resources	Malawi
Clovice Kankya	Makerere University	Uganda
David Chavernac	CIRAD	
David Mbiriri	University of Zimbabwe	Zimbabwe
Delia Grace Randolph	ILRI	Kenya
Dismas Ongore	University of Nairobi	Kenya
Ekta Patel	ILRI	Kenya
Eric Fèvre	ILRI	Kenya
Flora Pule	Botswana University of Agriculture	Botswana
Florence Mutua	ILRI	Kenya
Gabriel Shirima	Nelson Mandela African Institution of Science and Technology	Tanzania
Gerard Den Ouden	EU–OACPS	Belgium
Gift Matope	University of Zimbabwe	Zimbabwe
Hélène De Nys	CIRAD	
Henriette van Heerden	University of Pretoria	South Africa
Hiwot Desta	ILRI	Ethiopia
Isaac Phiri	Ministry of Health and Child Care	Zimbabwe
Jahit Sacalal	Universidade Eduardo Mondlane	Mozambique
Joaquim Said	Universidade Eduardo Mondlane	Mozambique
Joconiah Chirenda	University of Zimbabwe	Zimbabwe
John Becker	University of Pretoria	South Africa
Joram Buza	Nelson Mandela African Institution of Science and Technology	Tanzania
José Fafetine	Universidade Eduardo Mondlane	Mozambique
José Sumbana	Universidade Eduardo Mondlane	Mozambique
Joshua Onono	University of Nairobi	Kenya
Kebede Amenu	Addis Ababa University	Ethiopia

Kristina Roesel	ILRI	Kenya
Lian Thomas	ILRI	Kenya
Lucinda De Araújo	Universidade Eduardo Mondlane	Mozambique
M. Dhobbie	Ministry of Health and Child Care	Zimbabwe
Margaret Karembu	ISAAA AfriCenter	Kenya
Melvyn Quan	University of Pretoria	South Africa
Meseret Bekele	ILRI	Ethiopia
Mirgissa Kaba	Addis Ababa University	Ethiopia
Musso Munyeme	University of Zambia	Zambia
Nigatu Kebede	Addis Ababa University	Ethiopia
Ninglisi Babayani	University of Botswana	Botswana
Pamela Woods	University of Zimbabwe	Zimbabwe
Prisca Mugabe	University of Zimbabwe	Zimbabwe
Raymond Hamoonga	Zambia National Public Health Institute	Zambia
Rosekellen Njiru	ILRI	Kenya
Salome Bukachi	University of Nairobi	Kenya
Shauna Richards	ILRI	Kenya
Simon Angombe	University of Namibia	Namibia
Siobhan Mor	ILRI	Ethiopia
Sita Ghimire	ILRI	Kenya
Stella Ikileng	ILRI	Kenya
Theodore Knight-Jones	ILRI	Ethiopia
Vladimir Grosbois	CIRAD	
Wanda Markotter	University of Pretoria	South Africa
Wellington Ekaya	ILRI	Kenya

Annex 3: COHESA project overview

MEETING STARTS 10:30 AM East Africa Time

In Zoom Edit your name to Organisation/Your Name/ Country abbreviation...e.g. ILRI/Theo Knight-Jones/ET

Inception Meeting 4th April 2022

Dr Theo Knight-Jones, ILRI
Dr Alexandre Caron, CIRAD
Dr Margaret Karembu, ISAAA

Inception Meeting 4th April 2022

Agenda

| Time	Event	Names
10.30-10.35	Opening Remarks	Moderator: Ekta Patel
10.35-10.45	COHESA overview and recap	Theo Knight-Jones Consortium Leads:
10.45-10.55	Project Details	Margaret Karembu Alexandre Caron
10.55-11.05	Baseline Survey	Eric Fevre
11.05-11.20	Q&A session	
11.20-11.55	Country breakout session	11 breakout rooms with 1-2 people per consortium +UoP
11.55-12.50	Regroup session	5 min overview per country
12.50-12.55	Discussions	
12.55-13.00	Next Steps and closing	Theodore Knight-Jones

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Objectives

Objective:
- For multipliers to better understand how the project will function and their role
- Further multiplier engagement and readiness

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One Health – FAO, OIE, WHO, UNEP One Health High Level Expert Panel (OHHLEP)

- One Health is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems
- *It recognizes the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and inter-dependent*
- *…multiple sectors, disciplines and communities at varying levels of society to work together*
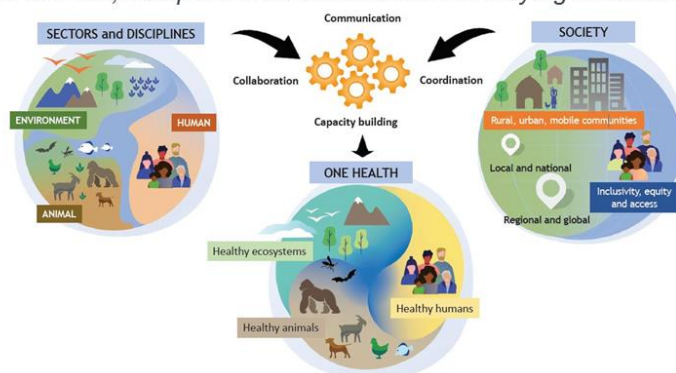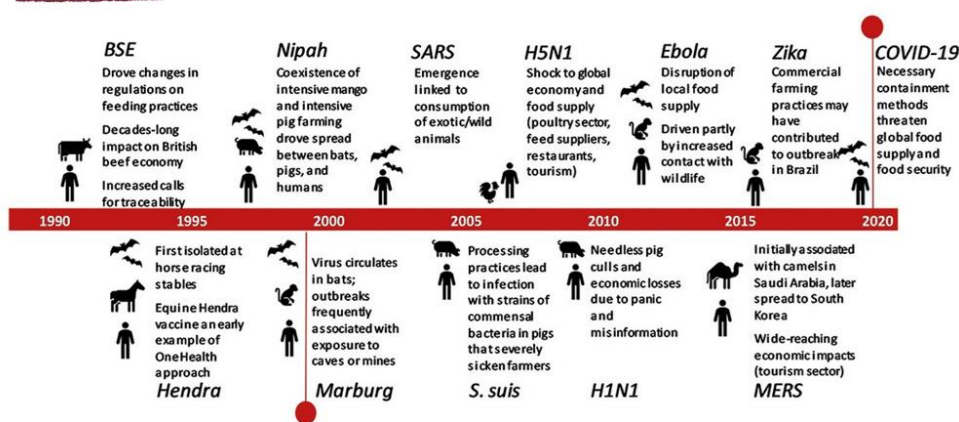
Figure 1: Timeline of significant emerging zoonoses outbreaks over the past 30 years. Listed at year of emergence or highest impact with animals affected and/or reservoir animals. BSE = Bovine Spongiform Encephalitis, S. suis = *Streptococcus suis* (Thomas et al., 2020).

Capacitating One Health in East and Southern Africa (COHESA)

Duration: 48 Months – Start December 2021
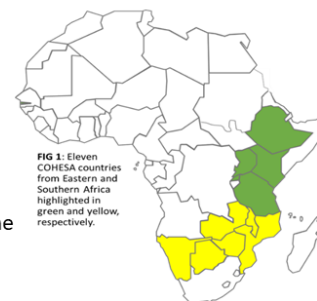
Budget: 9,294,118 EUR

Countries:

Eastern Africa (Ethiopia, Kenya, Rwanda, *Tanzania*, Uganda)

Southern Africa (Botswana, Namibia, Malawi, Mozambique, *Zambia*, Zimbabwe)

Underlined are **Deep Dive countries**…*Standard in italics*…rest are Focussed programme

Consortium:

- ILRI – Consortium lead
- CIRAD
- ISAAA

FIG 1: Eleven COHESA countries from Eastern and Southern Africa highlighted in green and yellow, respectively.

COHESA

Consortium

COHESA

Consortium

COHESA -

Overall objective:

The project aims to **generate an inclusive Research & Innovation ecosystem**, facilitating rapid **uptake, adaption and adoption of solutions to One Health (OH) issues**, with the **OH concept embedded across society** in Eastern and Southern Africa (ESA), working for **healthy humans, animals and environments** using a **systems approach** to learning.

Objectives

- Increased **relevance of OH research and policies** in Eastern and Southern Africa (ESA)

- Enhanced national and subregional **cross-sectoral collaboration** between government entities with OH mandates and OH stakeholders across society

- Educational and research institutes equipped to train the **next generation workforce** in tackling OH issues

- Increased **capacity** of government and non-governmental stakeholders to **identify and deliver OH solutions** to final beneficiaries

COHESA

Society wide OH capacity building

- Gov- Help governments to do OH better – work together – engage stakeholders
  - Government entities with OH mandates and OH stakeholders across society capacitated in cross-sectoral collaboration around OH
- Gov - Government capacity development in specific OH skills
  - Government entities capacitated in the development of evidence-based OH strategies and enabling policies
- Education -Include OH in curricula
  - National secondary, tertiary and vocational education institutes strengthened in providing OH courses for the next generation workforce
- Research - Mentor and support research institute to do better OH research
  - Research institutes capacitated in training next generation OH researchers
  - Research institutes capacitated in identification, development, adaption and delivery of OH solutions (technologies, soft skills and strategic approaches for addressing current challenges)
- Delivery - Support delivery of a OH program in the country for focal topic as a model of success
  - OH delivery Service providers (public, private) capacitated in identification, adoption and delivery of OH solutions
  - OH related Public-Private Partnerships strengthened in delivery of OH solutions and consultation on OH issues

- Evaluate and knowledge sharing - Baseline-Endline-OH Observatory
  - Knowledge and Information on OH research and policies in ESA promoted through project website and other platforms

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Lead by Consortium -Delivered through Multipliers
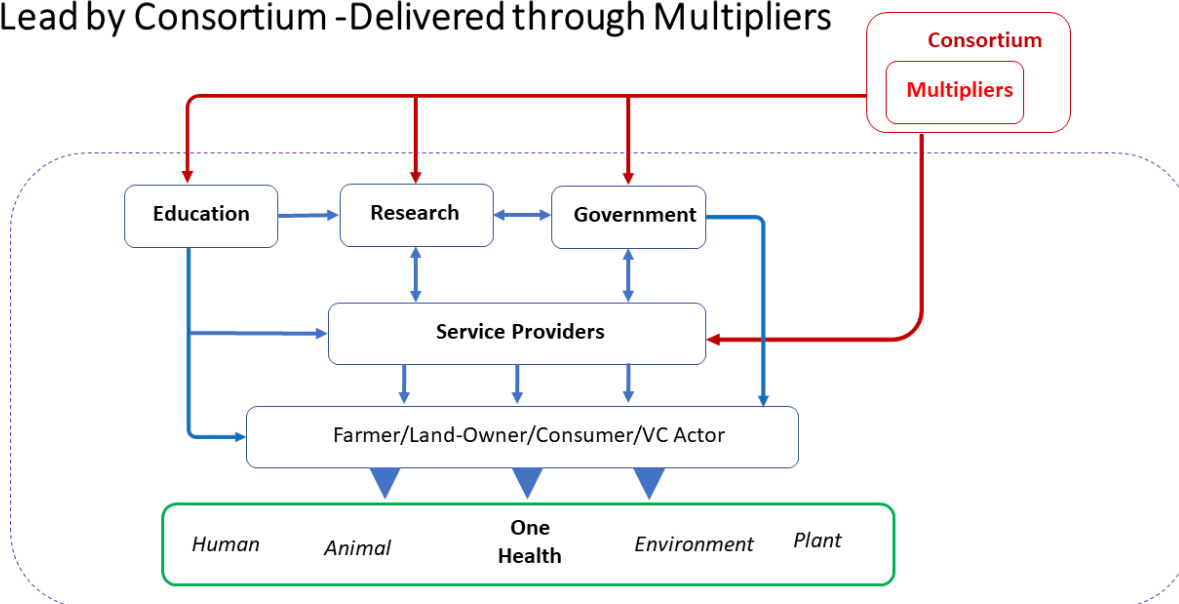
Project design

The Consortium (ILRI, primarily in East Africa; CIRAD, primarily in Southern Africa; with ISAAA AfriCenter)

= work with in-country multiplier organisations (mostly One Health research and implementation organisations)

= deliver the project to beneficiaries, mainly government, education, research and service providers engaged in One Health.

Project design

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= work with in-country multiplier organisations (mostly One Health research and implementation organisations)

= deliver the project to beneficiaries, mainly government, education, research and service providers engaged in One Health.

Multipliers are not the target beneficiaries – they deliver the project to the beneficiaries
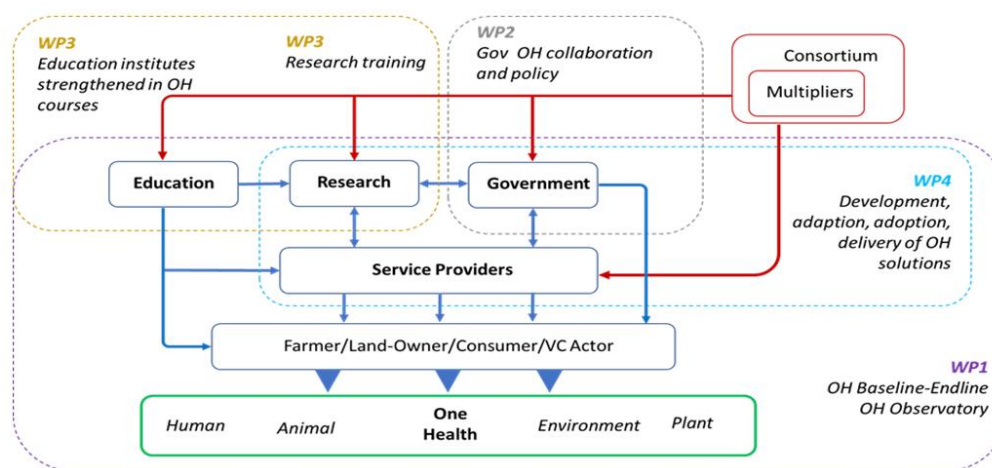
COHESA

Summary

- Consortium work with multiplier to deliver project to beneficiaries in-country
- Multiplier facilitates consortium activities
- Multiplier also delivers many activities on their own
- Multiplier brings local understanding
- Multiplier drives the programme in their country

COHESA

Consortium team (most of them)
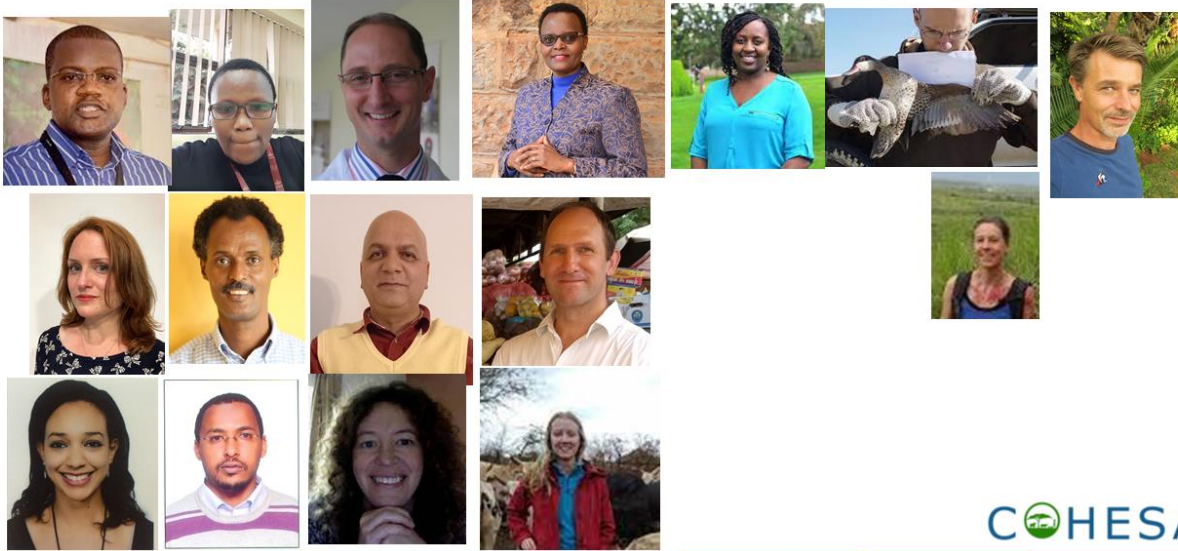
COHESA

Questions?

COHESA

Project design

WP1 – Understanding and furthering OH capacity, knowledge and information sharing in ESA

A1.1 Initial engagement with government and other OH stakeholders in target countries to obtain buy-in for the project.

A1.2 Baseline assessment of national OH capacity, gaps, and opportunities. This assessment allows measurement of the OH performance of each country before and after the intervention stage.

A1.3 Identification of national OH Focal Topics. The identification of Focal Topics allows finetuning of the Action's activities per country.

A1.4 Establishment of a OH Observatory for Eastern and Southern Africa.

A1.5 Endline assessment of national OH capacity, gaps, and opportunities. This assessment allows establishing the endline OH performance of each country.

WP2 – Promoting national and regional OH collaboration and governance

A2.1 Training and learning support to government entities on OH collaboration and governance.

A2.2 Strengthening of the operation of existing or new OH platforms that involve cross-government collaboration and engage diverse OH stakeholders.

A2.3 Training and learning support to government entities on addressing gaps and weaknesses in existing OH goals, strategies, action plans and policies and developing new OH planning instruments.

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WP3 – Building the future OH workforce

A3.1 Benchmarking of tertiary OH training.

Deep Dive only A3.2 Implement benchmarking of OH relevant tertiary education courses and modules.

A3.3 Co-develop short courses on general OH for a range of students from school children to higher education, to professionals.

Deep Dive only A3.4 Capacitate secondary and tertiary education institutes to deliver OH long and short courses.

Deep Dive and Standard A3.5 Capacitate research institutes to train next generation OH researchers.

COHESA

Online One Health Courses for Professionals:

INTRODUCTION TO FOOD SAFETY AND RISK ASSESSMENT
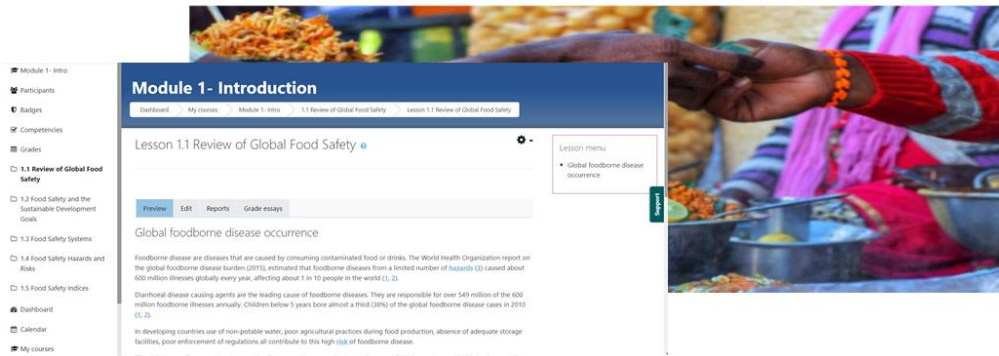
WP4 – Delivering OH solutions

Mostly Deep Dive, some for Standard programme countries

A4.1 Capacitate research institutes to identify, develop, adapt and deliver OH solutions for OH Focal Topics.

A4.2 Capacitate service providers to adopt and deliver OH solutions to final beneficiaries.

A4.3 Capacitate PPPs to deliver OH solutions to final beneficiaries.

A4.4 Identify key actors(e.g. from among government entities, research institutes, service providers, the public) and understand their relationship in the process of solution identification, development, adaption, adoption and delivery for a Focal Topic, and identify the users and beneficiaries.

Deep Dive Vs Standard Vs Focussed

Deep Dive – Kenya, Ethiopia, Mozambique, Zimbabwe
- Get all activities
- Start straight away

Standard and Focused
- Get most of WP1, Baseline/endline OH evaluation
- A lot of WP2 – OH collaboration and governance
- Some WP3 – OH training and education
- Variable WP4 – Delivering OH solutions
- Staggered start

COHESA

For illustration – WP2 in more detail

Output 2.1 - Government entities with OH mandates and OH stakeholders across society capacitated in cross-sectoral collaboration around OH

A2.1 Training and learning support to government entities on OH collaboration and governance.

DD+L 2.1.1   Assist in running two-yearly virtual policy-drafting workshops - ISAAA person fly in and conduct with multiplier-helped by additional in-country specialists **YEAR 1 AND 3**

2.1.2   Participate in communication training workshops – ISAAA organise one in each region
----
2.1.4   Work with consortium to Foster the agreement among government entities to establish or strengthen national OH Platforms.

A2.2 Strengthening of the operation of existing or new OH platforms that involve cross-government collaboration and engage diverse OH stakeholders.

2.2.1   Multiplier and consortium to provide support to Establish or strengthen national OH Platforms (e.g. logistics, scientific advice, communication, report writing) **YEAR 1,2,3,4-Foc NOT YR1**

DD+L 2.2.2   Support policy dialogues with OH-relevant parliamentary committees. ISAAA implement with multiplier support and facilitation
----
DD+L 2.2.3   Organise pitching workshops for OH solutions/interventions for research institutes and service providers. Multiplier does with consortium support
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DD+L 2.2.4   Facilitate pairing sessions for research institutes with policy-makers and journalists. – Organised by ISAAA agent and multiplier-ISAAA join remotely e.g. consider hybrid 15 people per country (5 journalists, 5 research, 5 policy)

DD+L 2.2.5   Co-Organise annual science cafés with journalists, government entities, education entities and research institutes. Multiplier implement with ISAAA **YEARS 2,3,4**

COHESA

> 2.3.7 Facilitate Development (or improve) OH national goals, strategies and policies in collaboration with national OH platforms. Done by expert multiplier supervised and supported by consortium. **YEARS 1,2,3,4 Foc NOT YR1**
> ---
> 2.3.8 Participate in sensitisation and awareness meetings on applying scientific evidence to develop regional OH strategies, action plans, and policies. Held at OH Observatory conference, multiplier will present an example.

Summary

- Consortium work with multiplier to deliver project to beneficiaries in-country
- Multiplier facilitates consortium activities
- Multiplier also delivers many activities on their own
- Multiplier brings local understanding
- Multiplier drives the programme in their country

Questions?

Country break-out session instructions

-Go to breakout rooms – go to your country's break-out room
- Objective: Think about how you will deliver the project as a multiplier working with OH beneficiaries and stakeholders
- Pick a scribe and a presenter in your country team (from the multiplier)
- Open the Breakout session link google slides link – one person share screen in the breakout room:
https://docs.google.com/presentation/d/1VwVfSzHsnuJ2ziA0jYQgbX0gLou70AAOHSeSNT4uxaA/edit?usp=sharing
or
 https://tinyurl.com/2p9dv8by

- Go over the questions – record in bullet points your responses in the slide assigned to your country in the google slides doc (you can make another slide if more space needed)
- 11:55 EAT return to plenary and present – 5 mins per country – say who you are and present key points (do not need everything – we have your notes)

C⊕HESA

ACKNOWLEDGEMENT

WP1: Baseline survey

Eric Fèvre

International Livestock Research Institute (Nairobi)

and University of Liverpool

Components

BASELINE

IMPACT
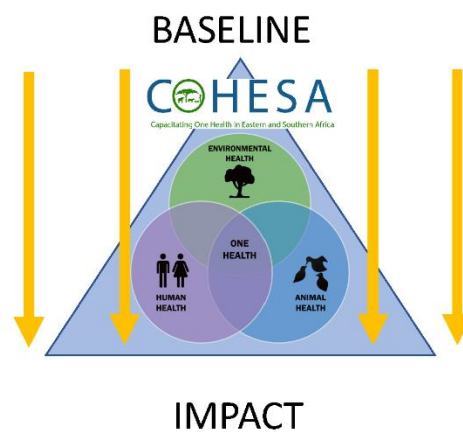
Baseline

- State of One Health activity in countries
- Connectivtion netoworks in the system – people and institutions
- Institutionalised skills in One Health; skills gaps
- The legislative framework for One Health
- Capacity to operate
- Capacity to advance and develop One Health

Networks

Baseline data collection

- Questionnaire development by consortium
- Consultation with multiplier leads
- Train multiplier staff
- Multipliers collect, engage students
- Multipliers analyse with consortium

Baseline data collection

- Individual interviews
- Focus group discussion

- Informed by frameworks for One Health (eg NEOH)
  - Simplified for our requirements

Synthesis

- Workshops with stakeholders in each country to validate
- Country specific reports, overarching report
- Paper reporting results with Multiplier partners

Annex 5: Summary of country group discussions

COHESA multiplier meeting

4th April 2022

Instructions Part I

For WP2 – Promoting OH governance

- In one line what is state of use of OH approaches in government in your country?
- Name 2 OH priorities in your country?
- Which government departments and agencies will you engage to improve capacity in this area?
- How will you work with them so that COHESA can improve their use of OH approaches and cross-departmental and wider stakeholder engagement and collaboration?
- Are there other OH programmes and projects already actively engaged with these groups in this area?

Instructions Part II

For WP3 – Building the future OH workforce

- To what extent is OH covered in higher education in your country (e.g. degree modules, MSc, secondary schools if you know)
- As a multiplier how will you work with other higher education institutes to improve OH coverage in higher education?
- Are there other OH projects and programmes working in this area in your country already?

Country 1: Kenya

2 OH priorities; Zoonoses (Rabies, Brucellosis, RVF, Anthrax), AMR, Food Safety, strengthening sub-national OH capacity, implementation research/ monitoring on OH benefits, Data sharing modalities

Promoting OH governance:
- One Health Strategy 2021-2025 (recently adopted by MoH & MoA)
- ZDU instrumental in driving agenda forward & operationalising
- County OH Units - some already set up/in development (eg Baringo, Narok, Isiolo, Makueni, Kilifi)
- Alfred - stakeholder training in Baringo County. 2013-17 study on vulnerabilities of pastolon VBD and extension provided to operationalise

Building the Future OH workforce
- County OH Curriculum developed by ZDU and partners for rolling out
- HORN Masterclass Curriculum
- UoN MSc infectious diseases & global health with Moi (from OHSEA project) under process of approval at senete
- OH clubs undergraduate level - UoN & Moi
- FELTP & ISAvet
- Graduate Fellowship program - ILRI CapDev (inc HORN, OHRECA, BUILD cohorts)

Government Partners & Agencies;
- ZDU (MoH & MoA), KWS, Min Environment, Met dep, ICT, Min. Finance, Regulatory Agencies (e.g. NEMA), social services, Min Education (Inst. cirricula dev), office of president (Drylands & drought), Council of governors

Country 2: Tanzania

Promoting OH governance:
- One Health Coordination Desk in PM office
- Prioritized zoonotic diseases: AI, brucella, anthrax, rabies, trypanosomiasis, RVF
- Ministry of Health, Environment, Livestock, (TVLA), National Public Health Lab, VP office, PM office - One Health coordination desk, Universities - SUA/Medical/Environment
- Work on an active One Health Challenge - for example an active outbreak of a priority disease - implement role
- Brucella (UofG/Penstate'TVLA), Bushmeat (ILRI/Penstate), Rabies (UofG), AAT (UofG, TVLA/VVBD), AMR (Soikoine, NMAIST, UofG))
- AFRIQUE one project - MofH, Soikoine - many zoonotic and foodborne dz
- Small projects on covid at ministry level
- Likely can list many more - need a bit of time

Building the Future OH workforce
- Vet program SUA and Medical have some One health
- ONE Health at NMAIST course for grad students
- Sit and work with other academic institutes to develop One Health Program at grad and undergrad level
- KCRI and KCMC, Mohimbili, Life Sciences Medical School, SUA
- One Health limited in primary/secondary
- Global One Health NGO doing community based work and research
- HALI - UCDavis
- VSF
- Frankfurt Zoological Society
- FAO country office has programs on AMR and in service training to vets

Country 3: Uganda

Promoting OH governance:
- Have functional One Health Platform (MOH, MAAIF, MWE, MOT) - interface, share issues including establishment of infrastructure e.g. labs
- Two priorities: research (zoonoses mgt, biosecurity/biosafety, food safety, AMR), cap dev (leadership, infrastructure) https://www.cdc.gov/onehealth/pdfs/uganda-one-health-zoonotic-disease-prioritization-report-508.pdf
- Engagement: as above (OHP)
- Identify what OHP has done, and take from there e.g. short courses to support visibility/outreach activities being undertaken by OHP
- Other initiatives: AFROHUN, BUILD (ILRI)

Building the Future OH workforce
- OH included as module in MAK vet curriculum (formerly had residency program - dropped due to limited funding)
- Unclear re MPH
- Form network focussing on COHESA - conduct baseline survey to capture what is happening; conduct stakeholder meeting with higher education institutions to document where each institution is and what to plan for
- Other initiatives: AFROHUN, NORHED I+II (community outreach activities i.e. OH talks)

Country 4: Ethiopia

Promoting OH governance:
- OH steering committee available
- Disease outbreak investigation team
- Priority diseases identified and strategies
- Rabies mass vaccination
- Focus on 3Cs (coordination, communication ..)
- Introduction to One Health at PG level in University
- Initiatives by the different stakeholders (National OH steering committee, FAO, MOA, MoE
- Great initiatives at different levels but coordination is missing
- Strategic document signed between different partners but needs to roll out

Building the Future OH workforce
- CNS - masters and PhD training
- Jigjiga University OH initiatives in collaboration with STPH and Bule Hora OH global event, HORN OH laid the foundation for OH research within AAU that may roll out
- Mentorship programs and SANDPIT as useful tool for interdisciplinary research
- Growing interest for further collaborative research

Country 5: Zimbabwe

Promoting OH governance:
- Coordinating center with paid OH secreteriat from 3 ministries, in creation 2022
- Reviving functioning Zoonotic OH committees
- Need to revive SocioEological approaches
- AMR and Rabies (Bovine TB) Brucellosis
- Govt Agencies include: i) MoAgriculture (VPH) (Crops) (Forestry) (Vet Wildlife), ii) MoHCC (Public Health), MoEnvironment (EMA), iii) (Zimparks-Wildlife), MoEducation (Higher & Tertiary)
- Work with ministries through coordinating center as Chief Directors involved
- Existing programs using OH include AMR FF, etc ; RPPCP; Zodiac program

Building the Future OH workforce
- OH covered in individual programs at tertiary level, not ideally Transdisciplinary
- OH module will be developed

Need to include entre Food Systems
Include other Universities in training of Trainers

RPPCP is good start as includes 10 universities already
PACMAN is running, will form a backbone

Country 6: Rwanda – Promoting OH governance

•*In one line what is state of use of OH approaches in government in your country?*
•*Ownership by the GoR: Policy tools (Policy, Strategic plan (2014-2018 and 2021-2026), AMR National action plan) and a Multisectoral Coordination mechanism*

•**Name 2 OH priorities in your country?**
•*Strengthen OH coordination and stakeholder engagement*
•*Develop OH workforce and Strengthen disease surveillance mechanisms*

•**Which government departments and agencies will you engage to improve capacity in this area?**
•*Rwanda Food and Drug Authority (Rwanda FDA)*
•*Rwanda Biomedical Center (RBC)*
•*Rwanda Agriculture and Animal Resources Development Board (RAB)*

•**How will you work with them so that COHESA can improve their use of OH approaches and cross-departmental and wider stakeholder engagement and collaboration?**
•*Meeting with them to understand their action plans with relation to the priorities*
•*Support implementation of some activities*

•**Are there other OH programmes and projects already actively engaged with these groups in this area?**
•*AFROHUN support workforce (pre-service) development*
•*FAO supports development of national action plans, strategic plans, etc.*
•*Veterinary Without Borders (Rwanda) plans to be involved in AMR surveillance in Rwanda*

Country 6: Rwanda – Building the future OH workforce

•**To what extent is OH covered in higher education in your country (e.g. degree modules, MSc, secondary schools if you know)**
•*University of Global Health Equity (UGHE) runs a masters degree in global health delivery, track option One Health*
•*UGHE has integrated modules of One Health in the curriculum of medical program*
•*UR has integrated the modules of One Health in the curriculum ? (Mainly extracurricular activities)*
•*AFROHUN has One Health students' clubs in various higher learning institutions (awareness is created, OH coverage should be next)*

•**As a multiplier how will you work with other higher education institutes to improve OH coverage in higher education?**
•*Keeping track of curriculum revisions/reviews and advocate for a clearer inclusion of OH modules*
•*Support extracurricular activities ongoing to enhance the number of beneficiaries and quality of OH skills/competences provided.*
•*Create courses to enhance the range of skills provided (increase research capacity, etc.)*
•*Map the competences/skills left behind by existing interventions for an appropriate focus*

•**Are there other OH projects and programmes working in this area in your country already?**
•*AFROHUN*
•*UGHE*

Country 7: Malawi

Promoting OH governance:

- *Establish communication pathways/platforms between governmental agencies and NGOs*
- *Collaborative research and sharing research results*
- *Collaborative outreach projects, interventions*
- *Integrate One Health in higher education*

Building the Future OH workforce

- *Consider joint programmes/student exchange, especially between veterinary and medical institutions*
- *Train trainers*

Country 8: Mozambique (6 Participants Medical Fac, Vet Fac, Biotech Centre, Cirad)

Promoting OH governance:

- Starting phase / OH platform in building (hosting issue pendant, prioritizing diseases, consultant by USAID)
- Priorities: Training / Research (as UEM) / Nationally still discussions
- Min Health / INS / all society / Min Agri/ Min Env / Min Water & Fisheries / Inst Sup Ciencia & Saude / CISM (Centro de Investigacao em Saude em Manhiça) (need for awareness)
- Need to have 1 platform to interact between institutions / UEM need to link OH platform in Moz & COHESA / Common Training
- USAID project / Small OH research projects (AH, Human dis, AMR, Food but not linked)

Building the Future OH workforce
- One 3-wks module in MSc "Field Lab & Training Programme" - UEM Med Fac
- Msc Biotech not OH per se but OH spirit

Country 9: Botswana

Promoting OH governance:
Status of OH is inadequate-SVS have idea to do something,since COVID intend to set up "public health institute" to deal with aspects
- 2 OH priorities? FMD, Measles
- government departments and agencies will you engage to improve capacity in this area?: MoA, MoHW, "Public Health Institute", DEA, Research Institutions
- will you work with them so that COHESA can improve their use of OH approaches and cross-departmental and wider stakeholder engagement and collaboration?yes
- Are there other OH programmes and projects already actively engaged with these groups in this area? Not aware

Building the Future OH workforce
- To what extent is OH covered in higher education in your country (e.g. degree modules, MSc, secondary schools if you know) Not covered
- As a multiplier how will you work with other higher education institutes to improve OH coverage in higher education? Develop accredited modules through CICE; Promote collaborative research project; establish networks
- Are there other OH projects and programmes working in this area in your country already? Not aware

Country 9: Botswana

Promoting OH governance:
Status of OH is inadequate
- 2 OH priorities?
- government departments and agencies will you engage to improve capacity in this area?
- will you work with them so that COHESA can improve their use of OH approaches and cross-departmental and wider stakeholder engagement and collaboration?
- Are there other OH programmes and projects already actively engaged with these groups in this area?

Building the Future OH workforce
- To what extent is OH covered in higher education in your country (e.g. degree modules, MSc, secondary schools if you know)
- As a multiplier how will you work with other higher education institutes to improve OH coverage in higher education?
- Are there other OH projects and programmes working in this area in your country already?

Country 10: Zambia

Promoting OH governance:
Moderate usage: No organised -Formal platform for One Health coordination in Zambia.
OH working on an Adhoc basis
Agents involved : UNZA, MOH, MoFL, MoEnv, DNPW
Two OH Priority areas:
1. AMR
2. Zoonoses
Agents: Same as above
 In addition ZIMA, ZNPHI, ZAMRA, ACEIDHA
1st-Stakeholder mapping, develop-OH strategy acceptable across all stakeholders, develop a common road map to operationalise. ZNPHI has Policy mandate to coordinate all other agencies.

YES - ASLM, ACDC

Building the Future OH workforce

Well covered- At UNZA [Postgraduate Modules-MSc/PhD - OHAE, OHFS, OHLD, OHEPH] Full OH programs at UNZA & CBU

Country 11: Namibia

Promoting OH governance:
- Still at the infant stage with plans to constitute OH in progress, and a meeting between the Ministry of Health and the Ministry of Agriculture / directorate of veterinary services a being planned.

Priority areas:
- Zoonosis - Rabies
- Human & wildlife conflicts in Namibia
- Animal fodder production

Government partners & agencies to engage:
- Ministry of Health
- Ministry of Agriculture
- Ministry of Environment

Building the Future OH workforce