COHESA
Capacitating One Health in Eastern and Southern Africa

ASEACA PREACTS

COHESA Workshop Report

Serious Games and One Health in Eastern and Southern Africa

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Photo credit: Agegnehu Alene, ILRI

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ILRI INTERNATIONAL LIVESTOCK RESEARCH INSTITUTE

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1. EXECUTIVE SUMMARY

The *COHESA Workshop on "Serious Games and One Health in Eastern and Southern Africa"* was held from 14th–17th October 2025 at the International Livestock Research Institute (ILRI) Campus, Addis Ababa, Ethiopia. The event brought together 60 participants from 12 African countries representing government agencies, academia, and the One Health Quadripartite and facilitators from international organizations.

The workshop aimed to enhance participants' understanding and application of serious games and participatory learning tools to support the One Health (OH) approach across the Eastern and Southern Africa (ESA) region.

Over four days, participants engaged in practical exercises using One Health mural tools, played and analyzed various serious games, and worked on country-specific case studies. The sessions emphasized collaborative learning, experience sharing, and adapting participatory methods for national and regional use.

The workshop concluded with a COHESA debriefing and country updates, highlighting achievements across the 12 participating countries, the progress of COHESA project activities in 2025, and strategic directions for the post-2026 period. Post-workshop, identifying for each country the serious games that could be used to advocate and sensitize about OH will enable a training of trainers' programme for COHESA in 2026.

Participants at the Serious Games Workshop at ILRI- Addis Ababa, Ethiopia (Photo credit: Agegnehu Alene, ILRI)

2. INTRODUCTION

The *Capacitating One Health in Eastern and Southern Africa (COHESA)* project aims to generate an inclusive research and innovation ecosystem that facilitates uptake, adaptation and adoption of solutions to issues that can be addressed by a One Health approach.

Recognizing the transformative potential of serious games as participatory tools for learning and engagement, the workshop sought to build the capacity of regional stakeholders to integrate game-based learning into their research, training, and outreach activities.

Facilitated by experts from ILRI, CIRAD, VetAgro Sup & Universidade São Paulo and other COHESA partners, the workshop provided an interactive environment for knowledge exchange, creativity, and regional collaboration toward a more cohesive One Health implementation framework.

Training Objectives

The specific objectives of the workshop were to:

- Introduce the concept and practical use of serious games in One Health education, research, and outreach.
- Build capacity in facilitating and adapting the One Health Mural for local contexts.
- Develop and test context relevant One Health case studies through group work and interactive learning.
- Encourage collaboration and experience sharing among COHESA country teams.
- Foster integration of participatory approaches into national One Health training and communication strategies.

Date and Location

- **Date:** 14th–17th October 2025
- **Venue:** International Livestock Research Institute (ILRI) Campus, Addis Ababa, Ethiopia

3. WORKSHOP APPROACH AND OPENING

The workshop adopted a participatory and practical learning approach, combining expert presentations, hands-on practice, and reflective discussions. Sessions were designed to encourage co-learning and adaptation of serious games to country-specific needs.

Core components included:

- Framing Presentations on serious games, One Health Mural tools, and pedagogical innovations.
- Interactive Group Work for practical facilitation and adaptation of tools.
- Game Play Sessions featuring multiple serious games (n=5) designed to encourage system thinking and problem-solving.
- Parallel COHESA In-Country Meeting: In this session, multipliers and consortium members discussed remaining activities, including the endline, budget, log frame, and indicators. Virtual sessions were also held to enable consortium partners who could not attend the meetings in Addis Ababa to participate.
- Feedback and Debriefing Sessions to consolidate learning and plan the way forward.

Opening Sessions

The opening session set the tone for the four-day engagement, introducing participants to the workshop objectives, process, and collaborative spirit that defines the COHESA initiative.

Welcome note - Dr. Feyisa Regasa, Ethiopian National One Health Secretariat)

He welcomes participants to the workshop and reiterated Ethiopia's commitment to One Health Coordination. He noted that the workshop was a milestone in strengthening health security and resilience in Africa.

He highlighted the transformative potential of serious games in advocacy, learning, and system thinking tools that engage stakeholders, foster dialogue, and catalyze new approaches to regional health challenges. He informed the meeting that COHESA had been

recognized at the national advocacy event where the national action plan for health security and One Health strategy was launched on October 1, 2025.

Opening speech – Prof. Salome Bukachi- University of Nairobi/ One Health High Level Expert Panel (OHHLEP)

Prof. Salome Bukachi officially opened the workshop. In her remarks, she highlighted that One Health is not just a technical framework but a call to reimagine how we understand and respond to the interconnected health of humans, animals, and ecosystems through equitable integration across sectors and continents. It emphasizes shared resources, mutual respect, and equal partnerships. To move this vision from theory to practice, we must invest in tools that foster trust, shared understanding, and co-creation—such as participatory engagement and serious games.

She noted that these games go beyond learning tools; they create spaces for dialogue, reflection, and systems thinking, helping build empathy and collective intelligence. In our region, where health challenges intersect with livelihoods, gender, environment, and inequities, serious games can institutionalize and operationalize One Health in socially legitimate, locally owned ways that amplify underrepresented voices. She called on the participants to ensure inclusivity, embed indigenous and gender perspectives, and translate insights into policy and sustained collaboration—using this space to envision a participatory One Health future for our region.

Synopsis of COHESA project

Dr. Theo Knight-Jones (ILRI) provided a concise reminder on the COHESA projects. He explained that, over the past four years, the EU-funded COHESA project, led by ILRI in partnership with Cirad and ISAAA AfriCenter, has advanced One Health across 12 countries in Africa, with continued delivery planned into 2026. The project's success lies heavily on in-country partners across government, education, and research sectors, who have driven achievements in governance, education, workforce development, and practical implementation. Key accomplishments include establishing four new ministerial One Health platforms, updating national strategies, developing a regional One Health master's benchmark, delivering professional training with WHO and FAO, for example reaching over 600 participants in an online food safety course. Practical implementation research projects addressing country-specific challenges such as antimicrobial resistance and zoonotic disease have been conducted in multiple countries, generating knowledge, solutions, and models for scaling. Beyond outputs, the project has fostered a strong, collaborative network of partners, enhancing the sustainability and impact of One Health initiatives in the region.

Synopsis of PREACTS /ASEACA project

Antoine Lury from CIRAD provided a summary of the PREZODE Initiative, launched in 2021 at the One Planet Summit. It is an international research effort to prevent zoonotic disease emergence through local and global prevention, surveillance, rehabilitation, and rapid response strategies. It also supports the OHHLEP. Co-led by CIRAD, IRD, and INRAE (French research organizations), the initiative has used a co-construction approach since 2022, including regional workshops to identify key programs, gaps and priority needs, and to define a strategic vision and agenda. In support of PREZODE's strategic vision and agenda, a dedicated program, PREACTS, has been developed by CIRAD and IRD with the support of the French Development Agency (AFD) to implement this approach in PREZODE partner countries in the global South.

The third and last project of this program, ASEACA, will start in 2026. It will have a component in Mozambique, Tanzania and Zimbabwe, and a regional component intertwined with COHESA project's last year of implementation. In addition to COHESA, ASEACA will thus build upon and complement the experience of other projects in Southern and Eastern Africa, like SWM and EBOSURSY, acting in support of community-based surveillance systems.

Purpose of the Event and Agenda Overview

Dr. Alexandre Caron (CIRAD, Joint Appointee ILRI) outlined the workshop's purpose, process, and agenda, explaining that the workshop aims to explore how serious games can strengthen One Health approaches in research, training, and policy dialogue. He highlighted the four-day program structure, including interactive sessions, group activities, and game demonstrations. On behalf of Yodit Girma, from ILRI, in charge of the logistical organization of the workshop, he also provided a logistical briefing covering venue arrangements, schedules, transportation, and campus facilities, ensuring participants were well-oriented and prepared for the sessions ahead.

Photo Competition and Communications

Ms. Pamela Wairagala (ILRI), COHESA communication officer, briefed participants about a photo competition that COHESA had organized and sent out a call for entries in July. More than thirty submissions were received and reviewed by a team comprising of representatives from the consortium. 11 entries were shortlisted and would be displayed throughout the workshop duration, for all participants to cast their votes. A panel of volunteer judges would be constituted from among the workshop participants to determine the overall winners of the competition.
The competition, open only to participants from the COHESA countries, aimed to create awareness of One Health and to build an archive of photos. Photos were submitted in two

categories; single photos and multiple photo stories with the top three in each category selected through voting. She also highlighted communication activities to be conducted alongside the Serious Games workshop, including interviews with participants about COHESA, One Health, and serious games.

4. FRAMING PRESENTATIONS

4.1. Serious Games in Applied Research

The presentation by Christophe Le Page (CIRAD) highlighted the use of Serious Games (SGs) in Applied Research. Play, defined as the activity of engaging with a game, can be understood through five key dimensions: **Second Degree**, which refers to the framing that turns an action into play by placing it at a distance from real consequences; **Decision**, since play fundamentally consists of a sequence of player choices whose performative power makes things happen within the game; **Decision Mechanisms**, the collectively accepted system that structures how these choices are made and which can remain intact even when formal rules are bent; **Uncertainty**, because a game only exists as long as its outcome is not predetermined; and **Frivolity**, the minimization of real-world consequences that creates a safe space for experimentation, failure, and learning. *Pure games* are created solely for entertainment and challenge, offering players enjoyment and social interaction; they do not aim to produce knowledge or learning. In contrast, *games for research* are explicitly designed as part of scientific processes to collect data, explore scenarios, or validate models, with outcomes such as datasets, new questions, and improved representations of reality. *Educational games* function as pedagogical tools used within curricula to build skills and knowledge, while *games as intervention* create facilitated spaces for exchange, collective reflection, and behavioral change, supporting shifts in practices and social learning. By combining interactive gameplay with applied research, the approach promotes collaboration, innovation, and practical problem-solving across disciplines. During the workshop, three different types of playful learning approaches will be proposed: murals, which foster collective sense-making; serious games, which combine structured gameplay with learning objectives; and transformative games, which aim to shift perspectives and support deeper behavioral or systemic change.

4.2. Serious Games in One Health

The presentation by Isabel Tostes (University of São Paulo, Brazil) focused on SGs in One Health as participatory, research-based tools that combine learning, decision-making, and entertainment. SGs are effective for tackling complex health challenges and have been applied in areas like health behavior change, patient education, and professional training. The talk also covered experimental games, highlighting current gaps such as the need for rigorous evaluation and broader stakeholder engagement, as well as future directions to enhance their impact in One Health initiatives.

4.3. Mural Tools and One Health Mural Training Materials

The presentation by Dr. Florence Ayral (VetAgroSupVetAgro Sup) introduced Mural-Based Learning as an innovative, collaborative, and visual educational tool that enhances systems thinking and understanding of complex issues. The murals are collaborative, science based, playful and visual tools to foster the understanding of complex systems. It includes a set of cards, a group of participants and a facilitator. It opens up systems thinking, enables deeper group discussion of complex linkages and may serve as a team building or training exercise that boosts understanding and memory of complex system over traditional lectures.

Interactive and engaging, the Mural tools are emerging as a powerful method for system thinking and has proven their values across the audiences.

5. GAME OVERVIEW

5.1 One Health mural

During the One Health mural session, participants were divided into six groups, each collaboratively building their own mural. The exercise encouraged collective discussion and teamwork as members read and debated the placement of cards representing different components and their cause effect relationships. Color-themed cards illustrate various issues, red for consequences and impacts, blue for the environment, and yellow for interventions. Groups worked to establish a logical sequence linking causes, effects, and outcomes, which sparked rich debate and shared learning. The tool was employed as an interactive and fruitful 6 hours workshop. Beyond reinforcing the understanding of the One Health Concept and approach, it was an opportunity to try out the Mural and eventually, use it in future projects to strengthen partnerships.

One Health Mural game group play *(Photo credit: Agegnehu Alene, ILRI)*

The One Health Mural addresses the challenges of (1) having a shared language and understanding of the OH concept and (2) implementing the One Health approach in highly diverse contexts and objectives. It fosters collective intelligence during a 3 hour-session divided in two parts. In Part 1, the participants created a One Health mural according to the One Health High Level Expert Panel definition using 4 sets of cards. In Part 2, the participants developed 6 case studies related to the six action tracks of the "Join Plan of Action" that enables concrete application of the One Health concept.

In all, 45 participants from the 12 member countries distributed in 6 groups, were engaged in the mural exercise, mapping out cards representing causes and effects across the three health domains, and then discussed how regulatory levers and policy measures might generate co-benefits.

Final mural presentation by a group

The adaptability of the OH Mural was seen as a key asset for driving One Health thinking into local governance and stakeholder networks. Many expressed interests in adapting the tool for local contexts (for example tailoring cards to specific zoonotic disease threats, environmental stressors or adding language-specific versions) for better appropriation at the national or regional scale.

Then, the 6 groups were asked to develop a case study according to 6 items related to the 6 action tracks. For instance, the case study related to the action track 6 on including the environmental issues was: “Following an accident at a dumping site in Uganda, the government decided to relocate it to another village”. From each situation, the group had to use the OH Mural as support and list the main positive and negative consequences of the measure for each health (animal, plant, ecosystem, biodiversity, human), then, identify one or two Mural cards as a priority, to implement the measure and comply with the OH concept. One limitation is working on a case without having all the contextual information. However, the groups were successful in finding the equity between the sectors, the parity between communities and dealing with the socio ecosystem to find sustainable actions.

Their ongoing commitment to integrating the principles of One Health concept definition will serve to develop further the case studies and re use them in local context. A Training of trainers is planned for January 2026 so that members who wish to do so can take full advantage of the experience. In addition, options will be proposed to provide them with a ready to use case study. Prior to the workshop, three volunteers from Uganda, Malawi, and Zambia took part in a OH Mural Workshop and completed a three-hour online training course to learn about the role of a facilitator and the step-by-step process of facilitation. Each of them successfully facilitated a group of participants and was awarded a OH Mural Facilitator Certificate and a Card set. They are the first OH Mural facilitators in Africa.

Participant feedback on adapting the OH mural to the Eastern and Southern Africa (ESA) context

Participants shared several ideas on how the OH Mural could be better adapted to local contexts:

- Co-development and co-design of card batches/sets to ensure relevance
- Using more pictorial materials and tailoring content to local situations and needs
- Adapting approaches for communities with different literacy levels, including more visuals or non-card tools
- Stratifying tools/solutions to help identify and highlight where major negative consequences come from
- Using real photos from local communities to guide context-specific discussions
- Useful as a pedagogical/teaching tool, especially for large classes, though it needs significant educator preparation and time investment
- Works well in interdisciplinary group learning

- Helps strengthen the “3 Cs” of One Health (collaboration, coordination, communication)
- Can help communities identify and generate their own needs, solutions, consequences, and barriers
- Using relatable, locally relevant visuals and translating materials into local languages to increase relevance

Table 1: List of the 6 case studies developed by the 6 groups and some of their outputs.

JPA Action Track	**Case study : measure to be implemented**	**Negative consequences that need to be reduce to achieve cobenefits**	**Measures to achieve co benefits**	**Social components OHHLEP key principles beyond 4Cs**
AT 1 : Enhancing One Health capacities to strengthen health systems	The mobile unit should be implemented in the country, with the aim of providing a service that is adapted to pastoralism.	A single unit requires a multi-disciplinary team, diverse materials are required, financial sustainability becomes fragile	Establish local One Health committees	**Social components :** Public policies, ethics, inequalities, social representations **Key principles** : Parity, Equity, Transdisciplinarity, Sustainability
AT 2 : Reducing the risks from emerging and re-emerging, zoonotic epidemics and pandemics	Ebola outbreak in the east of Rwanda : the One Health service government want to develop an awareness campaign for the localities.	Myths, Risk of spreading fear, stigma, or social exclusion toward suspected cases or neighboring communities Violence Responders contracting EVD	Communication tools and channels with key messages Engage different stakeholders from the beginning and including the community Policy and inforcement Multi sectorial team	**Societal component :** social representation, ethics, available knowledge, markets, inequalities **Key principles** : Parity, Equity, Transdisciplinarity, Sustainability
AT 3 : Controlling and eliminating zoonotic, neglected, tropical and vector-borne diseases	The district representative says that you are going to implement a rabies vaccination campaign in Mozambique, Lipopo, but that there is resistance from the population	Logistical challenges, cold chain Spread of misinformation due to non accessible knowledge. Increased roaming dogs	Participatory and Culturally Sensitive Communication Strategy,	**Social components :** social representations, ethics, available knowledge **Key principles :** Parity, Equity, Transdisciplinarity
AT 4 : Strengthening the assessment, management and communication of food safety risks	The government of Zimbabwe has decided to introduce an annual quota for the biltong industry in Hwange National Park, and has started culling elephants and buffalo…	Land use change Zoonotic risk increases if culling and handling of animals are not carefully managed (biosecurity) or if the habitat is disrupted.	Joint committees with park authorities, veterinarians, ecologists, and community representatives; data-driven population monitoring; transparency in quota decisions.	**Social components :** Public policies, ethics, social representations, markets and inequalities **Key principles** : Parity, Equity, Transdisciplinarity, Sustainability

AT 5 : Curbing the silent pandemic of Antimicrobial Resistance (AMR)	Kenyan regulations stipulate that ATB must be delivered on prescription, especially for peri-urban poultry farms. The government wants to implement measures to enforce this.	Resistance from farmers due to increased costs, reduced access, or bureaucratic hurdles (market, inequalities). Risk of illegal antibiotic sales or black-market distribution and misuses. Possible tension between regulators and smallholder farmers, especially if enforcement is punitive.	Local teams including vet, GP, stakeholders related to waste management, water, to prevent environmental contamination Farmer Education and Capacity Building Deploy mobile veterinary units, and subsidized veterinary visits; Monitoring, Incentives, and Community Engagement	**Social components :** Available knowledge, design and evaluation of health, ethics, public policies, social representation, markets **Key principles :** Parity, Transdisciplinarity, Equity.
AT 6: : Integrating the Environment into One Health	Following an accident at a dumping site in Uganda, the government decided to relocate it to another village.	Inequalities may arise if vulnerable populations are disproportionately affected. Resistance from the receiving village	Community Engagement and Participatory Planning	**Social components :** Public policies, available knowledge, eco-responsibility, markets **Key principles :** Parity, Transdisciplinarity, Equity, sustanability

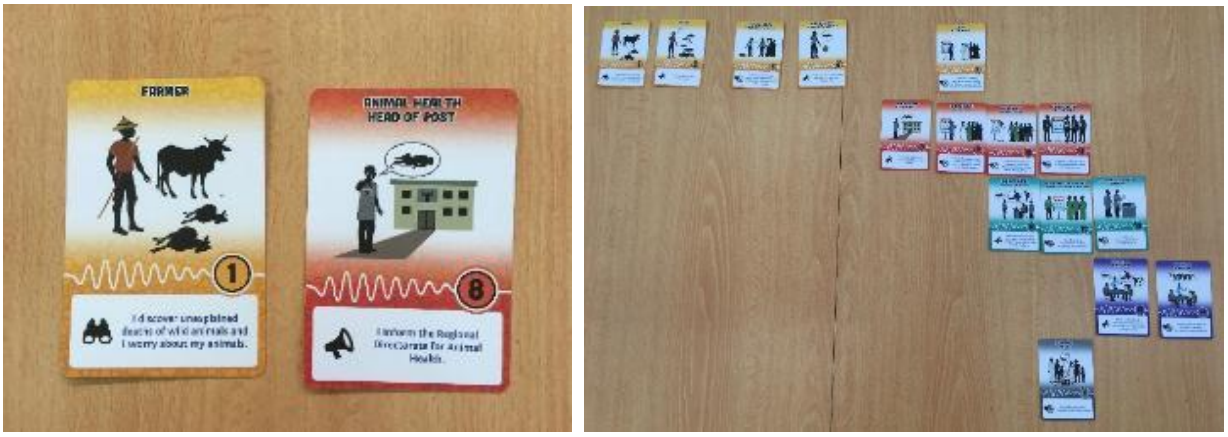
5.2 Serious games

Over the next two days, participants actively facilitated and played a range of serious games, each designed to explore different features of One Health systems and promote behavior change. The plenary sessions included concise 5–8-minute presentations by CIRAD researchers and collaborators, featuring the ALERT, Planet C, Collecting Future, Garomoustik, and ZoOH Games. Each presentation emphasized the games' roles in addressing One Health challenges, fostering participatory learning, and engaging diverse stakeholders.

The ALERT game was played in 3 sessions. During each session (1h30 each), 3 groups of 4 to 5 players were gathered. The game was played in "complex" mode, with cards not only representing the actors of the surveillance chain involved at community level, but also at district, regional and national levels.

Participants playing Alert Game (Photo credit: Agegnehu Alene, ILRI)

Each participant received 3 to 4 cards, depending on group size, for a total of about 18 cards. Some additional cards were pre-selected and placed in the stack, to progressively appear during the game depending on hazards. These cards were selected to give players a comprehensive overview of the game from district to national levels, while ensuring that all relevant professional roles were represented within the proposed scenario. The scenario of the game was unveiled by placing 2 cards: a) the discovery of unexplained deaths of wild animals by a farmer, and b) the decision of the "animal health head of post" to inform the "regional directorate for animal health".



ALERT game opening card for this session (left) and final cardboard by a group showcasing the different administrative levels (local, district, provincial and national) (right) (Photo credit: Antoine Lury)

The choice of cards was made according to several objectives: (i) to illustrate a relatively coherent chain of action mobilizing key actors at the different levels (mostly in the animal health sector to facilitate the process and avoid confusions) ; (ii) the necessity to take into consideration the difference between the notions of “suspicion” and “confirmation” of animal health events in terms of actions to be implemented through the surveillance chain ; (iii) the importance of knowing and applying good practices at each stage and level (for instance, securing the carcasses before leaving the area to inform other actors, in order to avoid any contact in the meantime).

Some negative/positive hazard cards were also pre-selected in order to foster discussions between participants, for instance on the necessity to involve other sectors like education, to prevent bottlenecks by a good planning and anticipation of logistical capacities in hospitals, to ensure proper communication canals and procedures to avoid misinformation, to define and implement integrated natural resource management plans by involving all actors at community level.

Planet C is a game designed to give concrete meaning to “acting in common” by fostering coordinated action among diverse stakeholders in contested landscapes. Planet C places players in a virtual territory containing a plant resource whose growth and regeneration are intentionally left unknown, prompting players to navigate uncertainty and act with limited information. Most participants take on the role of local families who harvest this resource as their main livelihood, while others represent the institution responsible for protecting a migratory bird species that breeds in the same area. Because harvesting activities disturb

the birds' reproduction, players must navigate competing interests, negotiate, and explore different forms of collective action, including the establishment of a Protected Area, to reconcile resource use with biodiversity conservation.

Playing Planet C game *(Photo credit: Agegnehu Alene, ILRI)*

Collecting Future Game, Express version: This game was developed by IRD and CIRAD and was inspired by the compete version of the "Collecting Future" game. The objective of the game is promoting public awareness on the issue of babassu nut breakers, promoting the various uses of babassu, to raise awareness about the social conflicts that exist between babassu nut breakers and farmers and explain how each needs the other.

The Collecting Future game uses green and orange cards, along with colored beans and a central playing chart, to illustrate decision-making around environmental protection and rewarding benefits. Players follow structured rules and instructions to score points or lose turns based on their actions, learning about the positive and negative consequences of preserving or destroying babassu palm trees and shading through simple, visual messages. To win, you must cross the board and arrive first at the last square. The game sessions allowed us to test the rules and help cards, which were then improved thanks to the very constructive feedback from participants.

While Playing Collecting Future Game *Photo credit: Agegnehu Alene, ILRI*

The card game ZoOH is a serious game designed to foster collaboration between One Health decision-makers (e.g., municipal department heads). Developed as an experimental tool, ZoOH can be played either collaboratively (treatment groups) or non-collaboratively (control groups). The core hypothesis behind ZoOH is that playing collaboratively encourages players to shift their real-world intention to collaborate across sectors and to enhance their perceptions of self- and collective efficacy. Intention is the most immediate antecedent of a behavior. It indicates an individual's readiness to perform it[1]. Perceived self-efficacy refers to beliefs in one's abilities to organize and carry out the actions necessary to achieve specific outcomes, while collective efficacy refers to a group's shared belief in its combined capabilities to do so[2]. By experiencing how coordinated action improves outcomes during a simulated zoonotic crisis, players are expected to reflect on their own role, capacities, and the value of joint decision-making in One Health practice. ZoOH is played in groups of three to nine participants, split into three teams, representing the Departments of (i) Health, (ii) Agriculture and Livestock, and (iii) Environment. It unfolds over

[1] Fishbein, M.; Ajzen, I. (2011). *Predicting and Changing Behavior: The Reasoned Action Approach.* New York; Hove: Psychology Press.

[2] Bandura, A. (1997). *Self-efficacy: The Exercise of Control*. New York: W.H. Freeman and Company.

four in-game years (the government's term of office in Brazil, where the game was originally designed), each composed of three rounds, and set in the imaginary city of Zooland.

Group playing ZoOH. Photo Credit: Isabel Tostes Ribeiro

Participants must pursue two goals: earning well-being points by investing in sectoral activities, and controlling Disease X (DX), a fictional zoonotic disease. During the COHESA workshop, the game was played in three sessions, with two groups in each session. Given that full game sessions can last more than two hours, during the workshop, we adopted a shorter alternative version. Participants played the first in-game year without collaboration, primarily to become familiar with the rules, and then played two additional years collaboratively. All teams successfully controlled DX, disease records below 205—the expected number of cases if no control measures were implemented. In the last session, participants were additionally challenged to keep disease records below 100 and were encouraged to compete for the highest number of well-being points to become Zooland's mayor. Participants noted that the game combines elements of logic, probability, and

mathematics, making it an effective way to understand One Health dynamics. They suggested including clear, bullet-pointed instructions to facilitate easier play. Participants also noted that, in their home countries, the division of responsibilities across sectors may differ from the structure proposed in the game. For example, while in Brazil, the Department of Environment is responsible for various tasks—including not only wildlife management but also monitoring water quality, managing protected areas, and enforcing deforestation regulations—other countries may have a dedicated sector exclusively for wildlife management. More specific suggestions included exploring a different One Health challenge other than a zoonotic disease, and making the sectoral activity cards more closely aligned with the collaborative context of the game or more purpose-driven, rather than solely serving to earn points.

The Garomoustik game aims to promote best practices in combating the tiger mosquito, *Aedes albopictus*, as well as encouraging and strengthening collective action in terms of vector control. Players must work together to eliminate larval breeding sites in a neighbourhood represented by game boards. Initially developed for Réunion Island region by CIRAD, ARS Réunion, and IRD, this game has been adapted for use in Occitanie, and a version adapted for Brazil is currently being designed. The game, whose development was funded by the ARS (Regional Health Agency) of Réunion and the Interreg PRERISK_OI project, was finalized in 2024 and is now used by the ARS LAV service in Réunion with primary, middle, and high school students on the island. The RIVOC Key Challenge is co-financing the development of the game, notably by covering the costs of adapting and deploying GaroMoustik to the Occitanie region.

Is a short, collaborative card game for 2–4 players that focuses on mosquito control. Players work together to eliminate breeding sites such as water tanks and river areas—if mosquitoes multiply. Players can be bitten by mosquitoes and catch dengue fever. The game can be played in about 30 minutes, making it a quick and engaging learning activity on vector management.

The participants playing Garomoustik game *(Photo credit: Agegnehu Alene, ILRI)*

6. ADDITIONAL GAMING AND OTHER PRESENTATIONS

6.1 EBO/ZOOSURSY

The EBO-SURSY project, led by WOAH, supported West and Central African countries to improve early detection of zoonotic diseases circulating in wildlife. It applied a One Health approach that integrated animal, human and environmental health to strengthen national and regional surveillance systems. The project focused on deadly viral hemorrhagic fevers such as Ebola, Marburg, Rift Valley Fever, Crimean-Congo hemorrhagic fever and Lassa fever, aiming to improve preparedness and response capacities. It worked in ten countries, including Cameroon, the Central African Republic, Côte d'Ivoire, the Democratic Republic of the Congo, Gabon, Guinea, Liberia, the Republic of the Congo, Senegal and Sierra Leone. EBO-SURSY was implemented in partnership with CIRAD, IRD and Institut Pasteur, institutions with high-level expertise in zoonoses and wildlife–human interface research. These partners contributed advanced laboratory capacities, diagnostic tools and epidemiological knowledge. Their long-standing collaboration with national authorities and local stakeholders ensured that activities were adapted to each country's context. The project promoted training, joint surveillance missions and the sharing of scientific data to improve risk assessment. By strengthening detection and understanding of emerging diseases, EBO-SURSY contributed to protecting both animal and human populations.

6.2 Gamification Strategies for One Health Education: Engaging Veterinary Students and School Aged Children

This session introduced gaming tools applied in teaching Veterinary Public Health to undergraduate Veterinary students and the pilot for a One Health board game targeting school age children. The benefits, logistics and students' perception of 3 distinct pedagogical approaches: traditional face-to-face teaching, a facilitated online "escape room," and online formative assessments were discussed. Students mostly expressed a positive experience when rating the "Escape Room", "Formative Assessment" (FA), and "Practical" activities. Students consistently expressed a positive experience across all three formats. Face to face were rated highest for the acquisition of new knowledge, whilst low-stakes online formative assessment were rated highest for reinforcing and consolidating knowledge. The Escape room was highlighted by students for engagement and consolidation of concepts. From the facilitator point of view, besides being conducive for core knowledge

consolidation, this tool optimised resource utilisation whilst promoting soft skills such as collaboration, adaptability and problem-solving.

The physical board game for school age children was also introduced with discussions revolving on what hazards are of relevance considering age sensitivity, ability to process info and cultural adaptability.

6.3 One Health investigation pedagogic case study presentation

Several serious games on epidemiological investigation case study were developed by Cirad UMR ASTRE with a One Health approach to optimize capacity building and competences for managers and field actors. The objectives are to apply acquired skills and learn to investigate using a OH collaborative approach. The different scenari were written to mobilize various essential investigative skills, at different scales (farm, local, national). Based on real events that occurred in the field, several chapters corresponding to the steps to follow when conducting an epidemiological field investigation, were developed (on RVF, IAHP, ASF) and integrated on Moodle plateform: http://elearning.cirad.fr. Two modalities were proposed: online and offline tools for actors, health managers and students on epidemiology and epidemiosurveillance.

7. FEEDBACK FROM FACILITATOR, ORGANIZER AND PARTICIPANT

7.1 Facilitator General Feedback

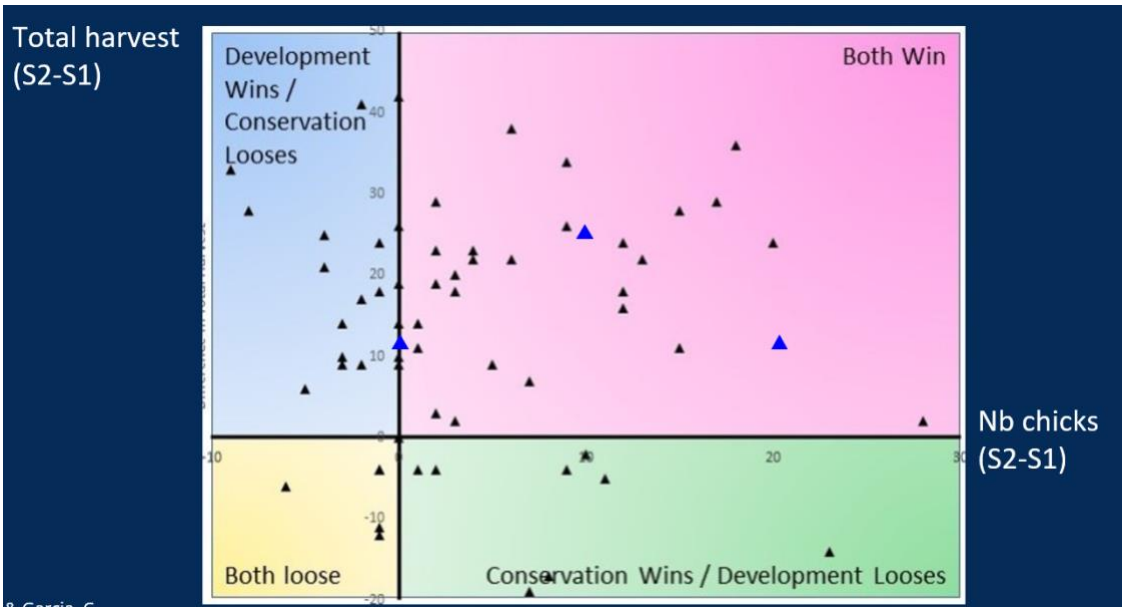
- All five games were *fun, engaging, highly participatory and with a transformative potential*.
- Most groups performed well, with friendly competition motivating active engagement.
- Participants remained deeply involved, often preferring to continue rather than break for lunch or tea.
- Respectful discussions and open-minded dialogue were observed, with many noting a *change in perspective* after gameplay.
- The games successfully promoted *cross-country exchange* and learning.
- Participants emphasized the *importance of adapting serious games* to African contexts, including local language and examples.
- There was strong passion to apply serious games in future COHESA training and research activities.
- Several participants requested boxes of the different serious games presented so they can be used in their institutions and countries. It is therefore important to plan serious game facilitators training before providing them with the boxes.

7.2 Feedback on Serious Game play

- **Planet C Game:**

Planet C – Play Again?, as its name suggests, invites participants to play two sequences of five rounds each, starting from the same initial conditions but under different rules. In the first scenario, no communication is allowed between teams. The final state almost invariably shows a dramatic collapse of plant biomass—often a reduction of more than half by the end of the fifth round. In the second scenario, players are challenged to perform better when communication is permitted (although within a limited time). Two indicators are used as

proxies for biodiversity conservation and food production: the number of chicks that hatch and the total harvest of all families. To evaluate progress in both dimensions, the difference (delta) between the two scenarios for each indicator is plotted.



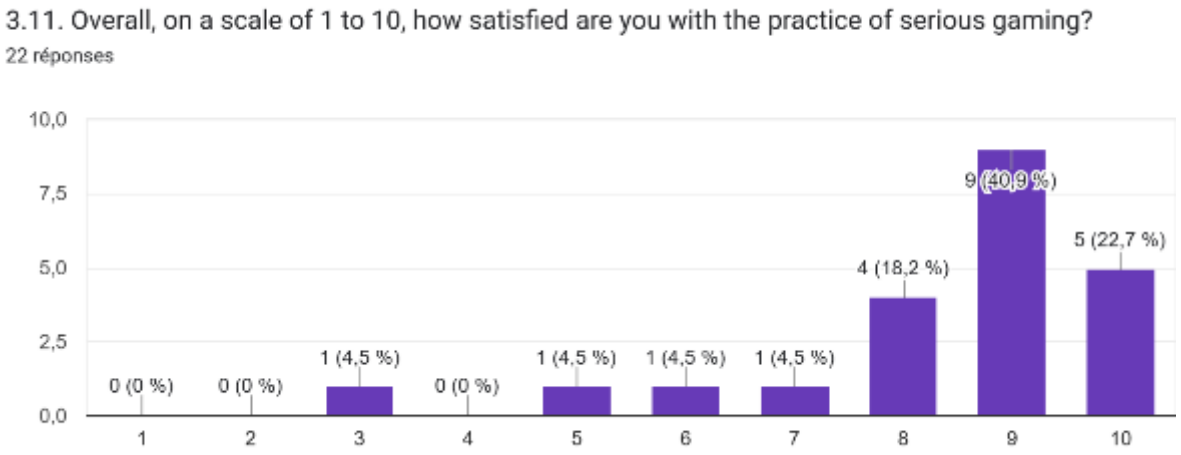
The blue triangles represent the results of the three sessions played during the workshop. Notably, the group that failed to improve the biodiversity outcome—showing the same number of chicks in both scenarios—also struggled to establish a functional coordination process. The one-hour debriefing that followed the end of the second scenario prompted a reflective analysis of the interaction dynamics among players, particularly regarding trust building, transparency, leadership, solidarity and equity, and gender balance. The discussion also addressed several knowledge-production issues, including information sharing, observation, data collection, and monitoring.

- **ZoOH:**

The game focused on strengthening collaborative mindsets and cross-sectoral coordination in One Health. Throughout the sessions, participants practiced soft skills such as negotiation, joint decision-making, communication, strategic planning, and collective problem-solving. The game also offered an experiential setting to explore how individual choices affect group outcomes, particularly in managing the hypothetical zoonotic threat. Participants reported gaining clearer insights into the importance of aligning priorities under resource constraints. They also reflected on how collaboration can improve real-world outcomes and noted differences between their national institutional arrangements and the structure proposed in the game.

- **ALERT Game:**

Out of 48 participants, 22 answered the online questionnaire after the game. From those 22 respondents, 100% "enjoyed" the game and "had fun". Overall, the great majority of respondents were satisfied of the game, with 81.8% of them giving a score of 8 to 10 on a scale ranging from 1 to 10.



Regarding the game mechanic, the rules were clearly understood by all respondents (except 1 respondent), and the great majority of respondents (77.3%) assessed the game's complexity as "medium". All respondents were able to express their opinion and agreed with the collective choices. According to the respondents, the game was "complex, logical and very practical", "interactive", "instructive", "very informative", and "entertaining"

Many respondents appreciated the "**educational**" **aspect** of the game, as a way to better understand the "various aspects of the community, district, national and regional levels when it comes to steps to take before the outbreak", to "enhance OH practices at various levels", or to boost learning about "surveillance and outbreak management" operations. In this regard, several respondents saw in the ALERT game a useful tool for "professional continuous training" and to help "enforcing SOPs".

Many respondents also appreciated its **"collaborative" aspect**, leaving you "no choice but to work collaboratively to achieve the right answers". Besides this teaching in terms of *collective intelligence*, several respondents mentioned the "insightful discussions" that occurred during the game among participants, which encouraged to "think more deeply about surveillance" and to adopt a "critical thinking" posture, and which kept people "active and engaged".

Many respondents also appreciated the fact that the game was **connected to reality**, first of all because it reflects "real life situations encountered under the OH auspices" and helps the participants to address "real issues" on "problems related Human Health, Animal Health and the Environment", but also because it challenges participants to "think again how your own country system works".

Overall, 95.5% of respondents indicate that the gaming session has changed their understanding of the role and interactions between actors within the surveillance chain.

In general terms, some respondents indicate that they better understood the process of "disease surveillance" and "outbreak response", thus discovering that they "can learn while having fun". More specifically, several mentioned a better understanding of:

- the "roles and responsibilities of different stakeholders at different levels" and their "interactions";
- the "logic [in terms of] preparedness and response to zoonotic disease";
- and "disease reporting systems" – acknowledging that "it takes a lot of processes and stakeholders to ensure data sharing during outbreak".

In this regard, several respondents stressed the importance of: a good "communication, collaboration and coordination"; a clear governance in terms of "government structure and function from local to national" and in terms of "chain of command"; and an appropriate "decision-making" at all stages, since "every decision has consequences (positive or otherwise)", and "small mistakes" or "missing steps (from detection, notification to confirmation) can lead to outbreaks". For one respondent, the game demonstrated that "the right thing to do and the reality on the ground is different". For another one, the experience was teaching on how he/she or other people reacted during the game: "It was easier for me to imagine how things worked top-down, but not bottom-up. Also, everyone's hesitation to commit to the role of the One Health Platform was enlightening. We all left that to last and had the most debate on this".

According to respondents (90.0%), the practices proposed in the game are "good" or "very good", and they plan to put what they have learned into practice. In this regard, the great majority of respondents think of using the game for "training" ("other colleagues", "local authorities", "local partners", "communities", "One health actors") or "teaching students", although for the latter one respondent suggests that the game should be "modified" to do so. Some other respondents (3) consider using it as a tool to "sensitize communities and to strengthen community engagement in disease surveillance [and prevention]"; for one them, "the game [could] somehow help on introducing the relevance of preparedness and action during an outbreak [at community level], [although] it may require an adaptation". Others (3) consider using it as a way to discuss how to "improve disease alert and response plans", "procedures", and "terms of references [for dedicated] Technical Working Groups". Finally, several respondents (4) indicate that they will "apply the concepts" they have learned in their

daily work, including in terms of “sharing information” and “learning to listen to others and ensuring other sectors are heard”.

According to the respondents, the game could be played with “local stakeholders and communities” (5 respondents), “students and researchers” (5 respondents) and “public officers” at national or regional levels (3 respondents), especially “ministries” and “One Health platforms”. For others (5 respondents), the game could be “flexibly applied” at “all levels of coordination” for “all One Health stakeholders”.

Some additional comments were also provided. Several respondents were frustrated by the “limited time” they had to play, either because they could not “play the full game” and/or because they would have needed “additional time [to] focus on real examples”. A respondent noted in this regard that “different country contexts when playing in a multi-country set-up can be challenging”. Regarding the playability of the game, one respondent found that “the overlapping roles at different levels are at times confusing, especially on the positioning of the cards”, while another indicated that “the information provided on the cards was not sufficient to understand the context in order to make informed decisions. Definitions of levels and roles should be clearer. Context matters [since] processes are different in different contexts. This may not reflect the reality of all contexts”. Another respondent identified a bias in terms of *collective intelligence*, noting that “one member can dominate the discussion and decision making”, while on the contrary, another one appreciated the fact the “game ensures participation by everyone”. Finally, one respondent suggested that this game could be developed in “digital form”.

General conclusion

Participants demonstrated a great participation and interest, during and after the game, with several people asking questions on how to get the game and/or to be trained as a facilitator in order to use it in their own country.

7.3 Participant Feedback

- Participants appreciated the visual learning approach and the collaborative, participatory process of the games and murals.
- Serious games effectively simplified complex One Health concepts for wider and non-technical audiences.
- Key reflections included the need to adapt games to African realities, simplify complex messages while maintaining scientific accuracy, and ensure linguistic and cultural relevance.

- Participants valued active, co-creative learning over traditional lecture-style sessions.
- Emphasis was placed on community engagement, starting with identifying local needs and co-designing solutions tailored to specific contexts.
- The use of local languages, images, and participatory mapping was recommended to improve relevance and inclusivity.
- Participants noted the need to consider gender perspectives and ensure diverse stakeholder participation.
- The mural approach was praised as a tool for communication, collaboration, and coordination across disciplines and sectors.
- Participants saw potential for educational use, enhancing student creativity, interdisciplinary learning, and critical thinking.
- The exercise was viewed as valuable for building community capacity and linking learning to real-life challenges in countries like Uganda and Gambia

7.4 Way forward on the use of Serious Games in COHESA countries

As the workshop generated a great deal of interest among participants, it was decided that during the COHESA NCE in 2026, both countries would be given the opportunity to participate in training courses for trainers for the serious games presented. An Excel file will be posted online so that workshop participants can indicate the serious games they are interested in, how they will be used in their countries, and the names of potential future trainers. The training of trainers sessions will be organised according to the serious games, either by videoconference or in person during COHESA gatherings.

8. COHESA DEBRIEFING AND WAY FORWARD

8.1. COHESA Project Updates

Project Overview (Presented by Dr. Theodore Knight-Jones, ILRI)
The COHESA countries received a non-cost extension for 2026, and they continue with the outstanding activities and packaging, and sealing of work package four. Also, working on publication papers and reports of the completed activities.

8.2. COHESA's achievements and 2025 activities

- *Hundreds of country-level initiatives* across 12 countries.
- Key multi-country activities:
    - Serious Game in One Health Workshop
    - Regional Pedagogy Workshop
    - WHO One Health Workforce Training Tool
    - Food Safety Virtual Course
    - OH, Leadership and Decolonization Module
    - OH, Researcher Boot Map
- Supported all 12 countries in improving One Health governance.
- Drafted new One Health strategies in 4 countries and updated existing ones in 4 more.
- Activated inter-ministerial platforms and fostered collaboration across ministries.
- Published over 200 open-access COHESA outputs, including case studies and technical papers.

8.3. Future Directions for One Health Workforce

- Expansion of regional *MSc and BSc One Health programs* and integration of One Health topics into primary and secondary education in 8 countries.

- Strengthening online professional development courses.
- Publication of COHESA research in *CABI One Health*.

COHESA Legacy and Post-2026 Plans

- Establishment of a self-sustaining regional One Health network.
- Extension of multiplier, consortium, and WP4 contracts.
- Commitment to mobilize resources and leverage findings beyond 2026.
- Continued role as a multi-regional platform linking government, academia, and decision-makers.
- Focus on communication and advocacy to showcase COHESA's achievements in 2026.
- Leverage the existing network at national, regional, and institutional levels to explore new funding opportunities for COHESA staff.
- Capitalize on the rich data collected at country and regional (East and Southern Africa) levels for advocacy and impact visibility.

9. COHESA COUNTRY UPDATES (COHESA COUNTRY KEY ACHIEVEMENTS)

The table below summarizes the three most important achievements reported by each COHESA partner country, highlighting progress made in strengthening One Health governance, education, and implementation across Eastern and Southern Africa.

No.	Country	Key Achievements
1	Ethiopia	Improved One Health governance; nurtured future OH ambassadors; developed OH solutions.
2	Namibia	Contributed to institutionalizing One Health; enhanced community empowerment and capacity building; integrated OH into research, advocacy, and education.
3	Botswana	Integrated OH into BUAN research programs; established an OH platform; advanced work on eradicating open defecation and beef measles.
4	Malawi	Organized national One Health conference; established OH student clubs and community outreach; held OH research symposium and consortium workshop.
5	Kenya	Conducted baseline survey; strengthened regional collaboration and governance; enhanced One Health education and adoption of OH solutions.
6	Mozambique	Conducted baseline survey and developed OH strategic plan; engaged government and academia; implemented OH innovation projects (e.g., sandpit events, CASCOH science, art, and society).
7	Somalia	Developed national OH strategy; integrated OH into education; built multi-sectoral OH capacity.
8	Rwanda	Integrated OH into infectious disease curriculum; strengthened veterinary sanitary mandates; launched OH communication (media café) guidelines.
9	Tanzania	Advanced high-level OH advocacy; established parliamentary alliance for AMR/OH; implemented OH education in secondary schools in remote areas.
10	Uganda	Strengthened OH governance; developed OH workforce capacity; improved OH awareness and community engagement.
11	Zambia	Developed national OH strategic plan (2022–2026); anchored OH in governance; enhanced multisectoral collaboration and community-level engagement.
12	Zimbabwe	Developed costed OH strategic plan; integrated OH into teacher education; developed OH community-based solutions.

In general, the 4-day COHESA Workshop on *Serious Games and One Health in Eastern and Southern Africa* successfully demonstrated the power of participatory and game-based learning in promoting collaboration, innovation, and systems thinking. Participants gained practical facilitation experience, enhanced understanding of One Health pedagogy, and renewed motivation to integrate serious games into national training, policy, and education frameworks.

One Health Photo Competition Voting Results

In total, 11 entries were shortlisted: 7 in the multiple-photo story category and 4 in the single-photo category. The evaluations were conducted separately for each category. Following participant voting, the submitted photos were evaluated by a selected committee of 6 judges (4 multipliers and 2 consortium members). The committee met twice. The first time to agree on the scoring system and the method of selection. The scoring system was based on four criteria: relevance to One Health, creativity and originality, technical quality, and overall impression. Each criterion carried a maximum of 10 points, for a total of 40 possible points. After individual scoring by the judges, the committee met again to discuss the summary of the public vote and the judge scoring. The final selection was agreed by all the committee. For the photo story, the committee concluded that only 2 of them met the criteria of inclusion in the competition. The results were:

- Winner - **Egide Niyotwagira, Rwanda**
- Runner up - **Abdinego Martin Peter, Tanzania**

For the single-photo story, the results were:

- Winner- **Rantile Waturu Daniel, Kenya**
- 1st Runner up- **Yared Ermiyas Belete, Ethiopia**
- 2nd runner up- **Stephen Gicho Ng'endo, Kenya**

FUNDING STATEMENT

The project 'Capacitating One Health in Eastern and Southern Africa' (COHESA) is co-funded by the OACPS Research and Innovation Programme, a programme implemented by the Organization of African, Caribbean and Pacific states (OACPS) with the financial support of the European Union".

10. ANNEXES

Annex 1. Workshop schedule

Time	Monday 13 October	Notes
	ARRIVALS AND REGISTRATION	
16:00-17:00	Country Meeting Tanzania, then Rwanda	

Time	Tuesday 14 October	Notes
08:30-09:30	Welcome Opening COHESA reminder PREACTS / ASEACA reminder Why this event / Process and agenda Photo competition & comms Logistic/admin Introductions	Dr. Feyisa Regasa, OH official Prof. Salome Bukachi, OHHLEP Theo Knight-Jones, ILRI Antoine Lury, CIRAD Alex Caron, CIRAD Pamela Wairagala Yodit, ILRI
09:30-10:30	Framing presentations Serious games in applied research Christophe Le Page, Cirad, 15' Serious game in OH Isabel Tostes, 15' Presentation on mural tools / Presentation Training material OH mural Florence Ayral, VetAgroSup, 15'	
10:30-11:00	BREAK – Group photo	
11:00-13:00	-The OH mural session, including ToTs -Feedback and discussion	Several game tables (main room)
13:30-14:00	LUNCH	
14:00-16:00	Finalize table presentations Adaptation of OH mural to ESA context Group work: case study design	
16:00-16:30	BREAK	
16:30-18:00	Group work: case study design	
18:00-19:00	Country meetings Mozambique then Kenya	
Evening	Free	

Time	Wednesday 15 October	Notes

08:30-09:30	Plenary presentations ALERT Game presentation Mathieu Bourgarel, CIRAD – 5-8' Planet C Game presentation Christophe Le Page, CIRAD – 5-8' Collecting Future Game presentation Charlotte Maquet, CIRAD – 5-8' ZoOH game presentation Isabel Tostes, PhD candidate – 5-8' Garomoustik game presentation Charlotte Maquet, CIRAD – 5-8'			
	Azage main room	Jegol room	Konso room	
09:30-11:00	ALERT Gr1, 3-4 games	Planet C Gr3, 1 games	Garomoustik Gr2, 4 games	
11:00-11:30	BREAK	BREAK	BREAK	
11:30-13:00	ALERT Gr2, 3-4 games	Planet C Gr3, 1 games	Collecting Future Gr1, 3-4 games	
13:00–14:00	LUNCH			
14:00-15:30	ALERT Gr3, 3-4 games	Planet C Gr1, 1 games	ZoOH Gr2, 2 games	
15:30-16:00	BREAK	BREAK	BREAK	
16:00-17:30	Collecting Future Gr3, 3-4 games	Planet C Gr1, 1 games	ZoOH Gr2, 2 games	
17:30-19:00	Country meetings Botswana, then Zimbabwe, then Zambia			
Evening	Dinner at outside restaurant – 19:00			

Time	Thursday 16 October			Notes
08:30-09:30	Plenary presentations EBOSURSY / ZOOSURSY presentation : Mathieu Bourgarel, CIRAD – 15' Gamification Strategies for One Health Education: Engaging Veterinary Students and School Aged Children (Visio): Rita Papoula Pereira, Independent consultant – 15' One Health investigation pedagogic case study presentation: Cécile Squarzoni, CIRAD – 15'			
	Main room	Room 2	Room 3	
09:30-11:00	Garomoustik Gr1, 4 games	Planet C Gr2, 1 games	ZoOH Gr3, 2 games	
11:00-11:30	BREAK	BREAK	BREAK	
11:30-13:00		Planet C Gr2, 1 games	ZoOH Gr3, 2 games	
13:00–14:00	LUNCH			
14:00-15:30	Garomoustik Gr3, 4 games	ZoOH Gr1, 2 games	Collecting Future Gr2, 3-4 games	

15:30-16:00	BREAK	BREAK	BREAK	
16:00-17:00		ZoOH Gr1, 2 games		
17:00-17:30	General debrief			
17:30-19:00	Country meetings Malawi, then Namibia, then Uganda			
Evening	Free			

Time	Friday 17 October	Notes
08:30-10:30	**COHESA project update** WP1 update WP4 update Debrief on Serious Games Experience OH Photo competition voting	Theo Knight-Jones Buke Yussuf Alexandre Caron Alexandre Caron Pamela Wairagala
10:30-11:00	BREAK	
11:00-12:30	**COHESA country key achievements** **COHESA Way forward** (with an NCE)	Country multipliers (5' presentation each): Theo / AleX
12:30-13:30	LUNCH	
13:30-14:30	Country meetings Somalia, Then Ethiopia	

Annex 2: Conference Participants and facilitators list

N.O.	Name	Country	Organization/Affiliations
1	Siobhan Mor	Kenya	ILRI - consortium
2	Ben Lukuyu	Uganda	ILRI - consortium
3	Ngure Godfrey Mutero	Kenya	ISAAA-Africenter
4	Ednah Wanjiru	Kenya	ISAAA-Africenter
5	Nadja Muenstermann	Kenya	UNEP
6	Dr. Patrick Abok	Ethiopia	WHO
7	Dr. Mohammed Abdikadir	Ethiopia	WHO
8	Flora Pule-Meulenberg	Botswana	Multiplier
9	Dr Irene Segopolo	Botswana	Multiplier
10	Dr Setshego Phokoje	Botswana	Government OH official
11	Yordanos Kidanemariam	Ethiopia	Multiplier
12	Mirgissa KABA	Ethiopia	Multiplier
13	Feyisa Regasa	Ethiopia	Government OH official
14	Joshua Onono	Kenya	Multiplier
15	Salome Bukachi	Kenya	Multiplier - OHHLEP
16	Dr Khadija Juma Chepkorir	Kenya	Government OH official - ZDU
17	Chikumbusko Mtegha	Malawi	Multiplier
18	Uplie Kachepa	Malawi	Department of Animal Health and Livestock Development
19	José Sumbana	Mozambique	Multiplier
20	Paula Macucule-Tinga	Mozambique	Multiplier
21	Inocêncio Chongo	Mozambique	Government OH official
22	Brighton Gorojena	Namibia	Multiplier
23	Rachel Freeman	Namibia	Multiplier
24	Dr Magrecia L Hausiku	Namibia	Chief Veterinarian- Office of the CVO
25	Anselme Shyaka	Rwanda	Multiplier
26	Dr. Pascal Nyabinwa	Rwanda	Agriculture and Animal Resources Development Board
27	Dr. Carine Nyilimana	Rwanda	Ministry of Agriculture and Animal Resources
28	Shafii Abdullahi Mohamed	Somalia	Multiplier
29	Mukhtar Ibrahim Ahmed	Somalia	Federal Ministry of Health
30	Abdirizak Jirde Abdi	Somalia	Multiplier
31	Gabriel Shirima	Tanzania	Multiplier
32	Abubakar S. Hoza	Tanzania	Sokoine University of Agriculture
33	Noah Mololo	Tanzania	Government OH official
34	Justine Okello	Uganda	Multiplier
35	Clovice Kankya	Uganda	Multiplier
36	Fred Monje	Uganda	Government OH official

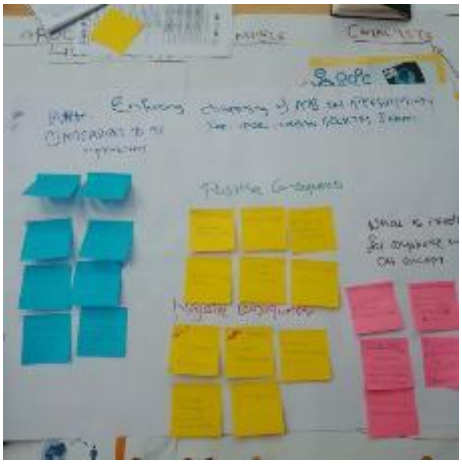
37	Bertha Chitambo	Zambia	Multiplier
38	Raymond Hamoonga	Zambia	Government OH official
39	Ms Charlotte Chishiba	Zambia	Senior One Health Officer - Environment
40	Tinashe Hodobo	Zimbabwe	One Health Secretariat
41	Gift Matope	Zimbabwe	Multiplier
42	Prisca Mugabe	Zimbabwe	Multiplier
43	Lense Bonga	Ethiopia	Switz Embassy_Health specialist
44	Amsalu Abate	Ethiopia	Switz Embassy_Food and Agriculture specialist
	Facilitators		
45	Alexandre Caron	Kenya	CIRAD - ILRI
46	Theodore Knight-Jones	UK	ILRI - consortium
47	Pamela Wairagala	Uganda	ILRI - consortium
48	Florence Ayral	France	Vetagrosup
49	Christophe Le Page	France	Cirad
50	Charlotte Maquet	France	Cirad
51	Mathieu Bourgarel	France	Cirad
52	Anne Conan	Zimbabwe	Cirad
53	Antoine Lury	France	Cirad
54	Cécile Squarzoni	France	Cirad
55	Isabel Tostes	Brazil	PhD candidate
56	Eyob Gelan	Ethiopia	ILRI
57	Yodit Girma	Ethiopia	ILRI
58	Buke Yussuf	Kenya	ILRI - consortium
59	Tsega Berhe	Ethiopia	ILRI

Annex 3: Winners of the photo competition

Multiple photo story winner: Face-to-face with an endangered Golden Monkey in Volcanoes National Park, Rwanda, on 15 March 2025. A stark reminder that humans, animal, and environmental health are deeply interconnected.

a. **Single photo story:** A rare and unique moment of a dog attentively watching as its vaccination certificate was being written after receiving the vaccine.

Annex 4: Photos from the workshop


Scale
Positive Consequences
Negative Consequences