Policy and Advocacy for One Health
Facilitator Guide
2016

Source: http://www.cthealth.org/blog/advocacy-in-action
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This module is One of 16 One Health Training Modules developed by the One Health Central and Eastern Africa network (OHCEA), a network of 8 countries, 21 institutions of Public Health and Veterinary Medicine in Africa: Kenya, Uganda, Tanzania, Rwanda, Ethiopia, Democratic Republic of Congo, Cameroon and Senegal. The OHCEA network’s vision is to be a global leader in One Health, promoting sustainable health for prosperous communities, productive animals and balanced ecosystems. OHCEA seeks to build capacity and expand the human resource base needed to prevent, detect and respond to potential pandemic disease outbreaks, and increase integration of animal, wildlife and human disease surveillance and outbreak response systems. The overall goal of this collaboration is to enhance One Health policy formation and implementation, in order to contribute to improved capacity of public health in the region. OHCEA is identifying opportunities for faculty and student development as well as in service public health workforce that meet the network’s goals of strengthening One Health capacity in OHCEA countries. The modules were developed based on One Health Core Competencies that were identified by OHCEA as key elements in building a skilled one Health workforce. This network is supported by two United States University partners: Tufts University and the University of Minnesota through the USAID funded One Health Workforce project.

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One Health policy and Advocacy

Overview of One Health Policy and Advocacy Module

Currently, it’s a reality that global and local health systems have been caught off guard by threatening infectious diseases. Newly emerging diseases, originating from the human-animal-environment interface have been predicted and are occurring in disease hotspots across the world, especially in Africa, Asia and Latin America. Inadequate human resource development is one of the constraints to the adoption and advancement of the One Health approach in Africa. Weak One Health leadership skills, inadequate understanding of the value for collaboration, insufficient career development and mentorship, weak surveillance systems and weak resource mobilization capacities are among the critical issues. In addition, a low level of awareness and information of the One Health approach at all levels and especially among policy makers makes rapid adoption of OH approaches a difficult goal to achieve in many countries.

There is an urgent need to prepare policy frameworks that can combat these threats. These policies would address the emergence and spill-over of infectious diseases and assure appropriate control and prevention of disease outbreaks. Health policy is useful to protect and promote the health of individuals and the community. In Africa, there is lack of complete OH policy and advocacy to tackle emerging pandemic threats because of this, there is repeated disease out breaks in the region. One Health in Central and East Africa work together with different disciplines to improve the health of communities, animals and ecosystem. Making lasting improvements in emerging pandemic threats often requires policy and/or systems change.

Promoting One Health policies is key to advancing favorable change by influencing decision makers and other stakeholders to endorse or implement policies that contribute to improving one health. Specialized one health policy and advocacy is required to influence policy decision-makers and implementers. This module will help participants to understand OH policy and advocacy, importance of advocacy in OH and how OH policies can be developed or implemented in a gender sensitive way. The One Health policy and advocacy module is designed to address some of the challenges by imparting the requisite, information, knowledge and skills for creating a framework for policies that can be used in the multi-disciplinary approach to the management of public health problems.

Target Audience

The module can be used by undergraduate and post-graduate learners, middle cadre trainees and in-service personnel from multiple disciplines and sectors (Private, NGOs, and Civil Society) and policy makers. This module can also be adopted for continuous professional development by health professional organizations such as medical, veterinary, pharmaceutical, nursing, public health, environmentalists and technologist’s professionals

Goals of the Training

- Participants become aware of the OH policy advocacy making processes and its implementation.
- Participants have the skills and knowledge necessary for developing, and analyzing one health policy advocacy and identification of the different challenges involved in development and implementation
- Participants become aware on gender OH policy and advocacy
- Develop collaboration among various stakeholders on one health policy and advocacy

Learning objectives of the module

Participants will be able to:

- Understand one health policies and advocacy principles and related concepts
- Conduct situation analysis to identify policy problems that affect one health issues
- Define stakeholder analysis and identify stakeholders
- Bring the OH policy to the attention of the different stakeholders and decision makers.
- Identify targets and agents of OH policy change efforts
- Advocate OH policies for different stakeholders
- Explain basic elements of OH policy advocacy
- Identify gender gaps related to one health policies and advocacy plan
- Implement gender sensitive policy and advocacy plan
- Understand Policy approaches to gender equality in OH

**Module program/Agenda**

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<td>Describe key concepts and terminologies as used in one health policy and advocacy</td>
<td>Conduct situation analysis on the current national policies that affect one health issues</td>
<td>Conduct a stakeholder analysis</td>
<td>Engage different stakeholders in the policy making process</td>
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<td>Describe the policy change process</td>
<td>Advocacy for OH policies and gender inclusiveness</td>
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<td><strong>Learning Objectives (LO), instructional activities (mode of delivery)</strong></td>
<td><strong>Materials</strong></td>
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<tr>
<td>01</td>
<td>Describe key concepts and terminologies as used in one health policy and advocacy</td>
<td>Define policy, law and regulations, Define stakeholder •Define policy analysis •Advocacy •Policy problem •Define health care system</td>
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<tr>
<td>02</td>
<td>Conduct situation analysis on the current national policies that affect one health issues</td>
<td>Define Situation Analysis, Components of SA a.Problem analysis b.Trend analysis c.Network analysis d.SWOT analysis Methods of conducting a) Surveys b) Case studies •Data requirements and sources a.Secondary data (HMIS) b. Primary data (FGDs, IDIs) c.Literature review •Analysis and reporting</td>
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<td>03</td>
<td>Conduct a stakeholder analysis</td>
<td>Define stakeholder analysis and identify stakeholders for specific policy issues</td>
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| 04   | Engage different stakeholders in the policy making process | • Mapping stakeholders (social network analysis)  
• How to conduct a stakeholder analysis (process)  
• Prepare a matrix to reflect power, influence and interest | ✔ Colored markers | 240 minutes |
| 05   | Describe the policy change process | • Mobilize stakeholders (form and considerations)  
• Agenda setting, coalition building and lobbying  
• Develop policy briefs | • Power point presentations  
• Plenary session  
• Group discussions and presentations | ✔ Computer | 90 minutes |
| 06   | Advocate for OH policies and Gender Inclusiveness | • Explain OH policy advocacy  
• Discuss basic elements of OH policy advocacy  
• Identify gender gaps related to one health policies and advocacy plan  
• Implement gender sensitive policy and advocacy plan | ✔ Case study  
✔ Small group activity  
✔ Brainstorming  
✔ Group discussions | ✔ Computer  
✔ Flip chart papers  
✔ Colored marker | 120 minutes |
Session 1: Describing key concepts and terminologies as used in One Health, policy and advocacy

Session Overview

This session will describe to the participants, the history of the One Health movement, key concepts and terminologies of one health policies, advocacy plan, policy problem, health care system, law and regulations. In addition, why OH policy needs to be developed will be discussed in detail.

Session Learning Objectives and Activities

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<tr>
<th>Learning Objective:</th>
<th>Participants will be able to:</th>
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<td></td>
<td>• Define OH policy, law and regulations</td>
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<td>• Define stakeholder</td>
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<td>• Define policy analysis</td>
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<td>• Advocacy</td>
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<td>• Policy problem</td>
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<td>• Define health care system</td>
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<td>• Understand importance of OH policy development</td>
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Schedule

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<th>Topic/Activity</th>
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<td>8:00 - 9:00</td>
<td>Registration</td>
<td>Presentations</td>
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<td>9:00 - 10:00</td>
<td>Introduction</td>
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<td></td>
<td>• Goals and Agenda</td>
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<td>Post Its®(2 colors)</td>
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<td></td>
<td>• Expectations</td>
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<td>Flipcharts</td>
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<td>• Guest Speaker</td>
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<td>• Pre-Test</td>
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<td>Pre-Test</td>
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<td>10:00 - 10:15</td>
<td>Tea Break</td>
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<tr>
<td>10:15 - 1:00</td>
<td>Discovering One Health and policy and advocacy, others</td>
<td>Small Group Activity</td>
<td>Flipcharts &amp; Markers</td>
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<td>1:00 - 2:00</td>
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<td>2:00 - 3:30</td>
<td>Understand importance of OH policy development</td>
<td>Small Group Activity</td>
<td>Flipcharts &amp; Markers</td>
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<td>3:30 - 3:45</td>
<td>Tea Break</td>
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<td>3:45 - 4:30</td>
<td>Presentation About One Health policy and advocacy terms</td>
<td>Interactive</td>
<td>PowerPoint</td>
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<td>4:30 - 4:45</td>
<td>Evaluation of the Day</td>
<td>Plenary</td>
<td>Flip Chart</td>
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<td>Time</td>
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| 15 min | Registration | ✷ Have participants sign the OHCEA attendance register  
 ✷ Explain logistics (e.g., breaks, meals, etc.)  
 ✷ Issue per diem  
 ✷ If the short course is residential, check on housing accommodations |
| 15 min | Welcome | Facilitator welcoming remarks and introductions.  
 Participant introductions:  
 ✷ In pairs, have participants share their  
    - Name  
    - Where they are from  
    - Type of work and position  
 ✷ Prepare 1-minute introduction of their partner to the class  
 ✷ Go around the room and have each pair present their partner to the class. |
| 30 min | Expectations | Set up: Have two flipcharts in the front of the room: one titled “Expectations” and the other “Concerns.”  
 ✷ Give each participant two different colored Post Its® notes  
 ✷ Ask participants to write down their expectations for the short course on one of the Post Its® notes (specify color) and their concerns about the course on the second the Post Its® notes (specify color)  
 ✷ Have participants place their expectation Post It® notes  
 ✷ on a flipchart titled “Expectations” and their concerns Post Its® notes on another flipchart titled “Concerns”  
 ✷ Organize the Post Its per common themes  
 ✷ Explain the agenda for the week and the goals of the short course highlighting the expectations that will be met over the week and the expectations will not be met. Comment and address concerts.  
 ✷ Explain that this course is sponsored by OHCEA.  
    - OHCEA is the One Health Central and Eastern Africa network comprised of 14 academic from six African countries consisting of Schools of Public Health and Veterinary schools with two US partners. The US partners are: Tufts University and the University of Minnesota. OHCEA is funded under a major USAID grant.  
    - OHCEA’s vision is to be a global leader in One Health promoting sustainable health for prosperous communities, productive animals and balanced ecosystems. OHCEA seeks to expand the human resource base needed to detect and respond to potential pandemic disease outbreaks. |
OHCEA has One Health policy and Advocacy as a critical competent to achieving their vision. For this reason, they are sponsoring this course.

**Guest Speaker and Pre-Test**

In advance, be sure the speaker is prepared to address the group. Share with the speaker the short course goals and desired outcomes and what you would like the speaker to emphasize in her/his address.

Introduce invited guest speaker to “officially open the course.”

Pass out copies of the pre-test. Tell participants they have 15 minutes to complete the pre-test. Explain that a pre-test is used to gauge how much they learned over the week; a post-test will be administered at the end of the course. The two tests will be compared. There is no grade associated with the pre-test. When participants finish, they can begin their break.

**Break**

**Prior reading material**

Send out the following two articles to participants to read before they come to the training:

Operationalizing One Health: A Policy perspective; Taking stock and shaping an implementation road map. CDC. National center for Emerging and Zoonotic Infectious Diseases

Advancing One Health Policy and Implementation through the concept of One Medicine One science. Cardonna et al. Global advances in Health Medicine


Begin the session by having the participants watch the following videos: One Health: from concept to Action by CDC https://www.youtube.com/watch?v=TG0pduAYESA

One Health: from Idea to action: https://www.youtube.com/watch?v=gl9ybOumITg&t=4s

Briefly discuss the two videos with the participants:

Have each participant take 5-7 minutes to think about and legibly write down on separate post it notes the answers to the following questions:
Define what One Health approach means
Identify two examples of One Health in practice
Identify two to three advantages to multiple disciplines working together to promote one health

Have them display these post-it notes on the wall in the three separate sections. Then in a plenary review the following:

- What are the common things identified?
- What are the differences?
- Is there anything that surprised anyone?

Come up with a group description of what One Health is

There are many similar definitions of One Health by health organizations, but for the course we will adopt the American Veterinary Medical Association (AVMA) definition of One Health (www.avma.org).

**AVMA: One Health is defined as the integrative (collaborative) effort of multiple disciplines working locally, nationally, and globally to attain optimal health for people, animals, and the environment.** Together, the three make up the **One Health** triad, and the **health** of each is inextricably connected to the others in the triad.

The common theme of One Health is multiple disciplines working together to solve problems at the human animal and environmental interface. Collaborating across sectors that have a direct or indirect impact on health involves thinking and working across silos and enhancing resources and efforts while valuing the role each different sector plays. To improve the effectiveness of the One Health approach, there is a need to create a balance and a greater relationship among existing groups and networks, especially between veterinarians and physicians, and to amplify the role that environmental and wildlife health practitioners, as well as social scientists and other disciplines play to reduce public health threats.

In less than 10 years, One Health has gained significant momentum. It is now a movement and it is moving fast. The approach has been formally endorsed by the European Commission, the US Department of State, US Department of Agriculture, US Centers for Disease Control and Prevention (CDC), World Bank, World Health Organization (WHO), Food and Agriculture Organization of the United Nations (FAO), World Organization for Animal Health (OIE), United Nations System Influenza Coordination (UNSIC), various Universities, NGOs and many others.

The current One Health movement is an unexpected positive development that emerged following the unprecedented Global Response to the Highly Pathogenic Avian Influenza. Since the end of 2005, there has been increasing interest in new international political and cross-sectoral collaborations on serious health risks. Numerous international meetings and symposia have been held, including major initiatives in Winnipeg (Manitoba, Canada, March 2009), Hanoi (Vietnam, April 2010), and Stone Mountain (Georgia, US, May 2010), as well as four international One Health scientific congresses, the last of which took place in Melbourne, Australia, in December 2016.
One Health definitions and stakeholders

Instruct the participants to conduct an individual internet search to define the following terms and then write down the local, regional and international organizations that operate in each sector (this will take 10–20 minutes depending on internet speed):

- Eco Health
- Ecosystem Health
- Planetary Health
- Global Health
- One Health
- Environmental Health

Have students read the definitions they found out loud to the class and capture the key points on a flipchart or whiteboard. Ask the students to note the areas of overlap among the concepts, as well as the major differences.

It is important to define other terms that are closely linked to One Health. Remember One Health is not a discipline it is an approach and it is easy to confuse all these terms since many times people tend to use them interchangeably. The following definitions were obtained from the related websites.

Although the term "One Health" is fairly new, the concept has long been recognized both nationally and globally. Since the 1800s, scientists have noted the similarity in disease processes among animals and humans, but human and animal medicine were practiced separately until the 20th century. In recent years, through the support of key individuals and vital events, the One Health concept has gained more recognition in the public health and animal health communities.

Group Activity: On a whiteboard or flipchart, draw a longtime line spanning from 460 BCE to 2014. As you discuss each event/person outlined below, add the information to the timeline. Divide the class into three groups:

- Group A: will deal with the period 460 BC to 1960
- Group B: 1960-2010
- Group C: 2010- to Current

Each group should create a timeline for events and activities that happened in relation to One Health during their period. They should present this to the class. The class should be able to identify some major turning points in the history of One Health such as the coining of the term “One Medicine” the Avian influenza pandemic, the formation of the WHO, OIE and FAO tripartite, the One Health congresses, and the global health security Agenda.

(Refer to notes on the history of One Health at the end of this module)
One Health Policy and Advocacy

Discovery Activity: What is One Health policy?

Have each participant take 5-7 minutes to think about and legibly write down on separate post it notes the answers to the following questions:

- Define what One Health policy means
- Define one health policy advocacy
- Importance of OH policy advocacy

Have them display these posts it notes on the wall in the three separate sections. Then in a plenary review the following discuss about the definitions.

Come up with a group description of what One Health policy and advocacy is

The WHO defines health policy as “decisions, plans, and actions that are undertaken to achieve specific health care goals within a society. An explicit health policy can achieve several things: it defines a vision for the future which in turn helps to establish targets and points of reference for the short and medium term. It outlines priorities and the expected roles of different groups; and it builds consensus and informs people.” A regulation provides the specific rules for implementing a policy.

One Health policy is defined as the rules and regulations governing One Health related issues. Policy change is a shift in the rules that allows for new ways of doing things such as using a multidisciplinary approach and looking at health from an integrated perspective with a focus on humans, animals and environments

One Health Advocacy can be defined as a key means of promoting favorable policy change by influencing decision makers and other stakeholders to endorse or implement policies that contribute to improving one health. Advocacy is a way to change both the existing policy rules and resource allocation decisions of governments and private institutions

What has been driving need for One Health Policy?

Through a brainstorming session with the participants, identify events or activities that are driving the One health and policy debates over the past few years. The discussion should include issues such as Emerging and re-emerging diseases such as pandemic influenza, Antimicrobial resistance, Global warming and climate change, Globalization and travel, Disease outbreaks such as Ebola and Zika virus, bioterrorist threats, environmental disasters, Global health Security

Video case study: Killer outbreaks: deadly animals among us

Watch the video: Killer outbreaks: deadly animals among us. A story of the spread of monkey pox, a deadly virus through the purchase of pet rats infected with the virus in the mid-west of the United States

Discuss this video with the participants and have them identify specific areas that would require policy Changes.

- What do they think should be done?
- What policies should be put in place?
- What agencies should be responsible for the implementation of those policies
Drivers of disease emergence

Give a 15-minute presentation on the drivers of disease emergence. This presentation introduces One Health, the interdependence between humans, animals, and the environment and why disciplines need to work together and One Health Core competencies. It also answers the questions: why one health and why now?

Debrief the session by asking students to reflect on what One Health is and the need for One Health policy and any questions they may have related to the power point presentation.

As part of this presentation discuss the One Health Core competencies, and how Policy and advocacy is a key competency required to be effective One Health change makers.

Power point presentation that defines basic terms

Do a power point presentation for 15 minutes that defines basic terms policy, advocacy, stakeholder, law and regulation.

Identify three issues which require policy action. For each issue, list at least one policy-relevant solution (i.e., a solution that requires action from an institution or organization).

Break

Concluding Comments

End of Day One Evaluation
- Create the flipchart shown below.
- Ask the class: “How did the session go?”

How did the session go?
😊😊😊
Comments:
References


Influencing-policy-development.htm
Session 1: Facilitator notes

1) Definition of One Health

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Ebola’s lasting Legacy by Erika Check Hayden: Nature: volume 519, 5 March 2015

Gender issues in Human Animal and Plant health using an Eco Health perspective by Brigitte Bagnol, Robyn Alders and Robyn Mcconchie: Environmental and Natural Resources Research Vol 5 No1, 2015

What the solution isn’t: the parallel of Zika and HIV viruses for Women: Susan T. Fried and Debra J. Liebowitz: the Lancet global health blog; February 2016

2) Definitions of different terms

- **Global health** is the health of populations in a global context and transcends the perspectives and concerns of individual nations. In global health, problems that transcend national borders or have a global political and economic impact are often emphasized. It has been defined as “the area of study, research and practice that places a priority on improving health and achieving equity in health for all people worldwide.” Thus, global health is about worldwide improvement of health, reduction of disparities, and protection against global threats that disregard national borders. (www.who.org)

- **Environmental Health** is that branch of public health that is concerned with all aspects of the natural and built environment that may affect human health. Other phrases that concern or refer to the discipline of environmental health include environmental public health and environmental protection. The field of environmental health is closely related to environmental science, and public health, as is environmental health, is concerned with environmental factors affecting human health. Environmental health addresses all the physical, chemical and biological factors external to a person and all the related factors impacting behaviors. It encompasses the assessment and control of those environmental factors that can potentially affect health. It is targeted towards preventing disease and creating health-supportive environments. This definition excludes behavior not related to the environment, as well as behavior related to the social and cultural environment, as well as to genetics.

- **Ecological Health (Eco Health):** The Eco Health approach focuses above all on the place of human beings within their environment. It recognizes that there are inextricable links between humans and their biophysical, social, and economic environments, and that these links are reflected in a population’s state of health. (International Development Research Centre). The mission of Eco Health is to strive for sustainable health of people, wildlife and ecosystems by promoting discovery, understanding and trans-disciplinarity. Eco Health Alliance works at the intersection of ecosystem, animal and human health through local conservation programs and develops global health solutions to emerging diseases. It is an international organization of scientists dedicated to the conservation of biodiversity. Eco Health Alliance focuses efforts on innovative research, education and training, and accessibility to international conservation partners.

- **Ecosystem health** is a metaphor used to describe the condition of an ecosystem. Ecosystem condition can vary as a result of fire, flooding, drought, extinctions, invasive species, climate change,
mining, overexploitation in fishing, farming or logging, chemical spills, and a host of other reasons. There is no universally accepted benchmark for a healthy ecosystem, rather the apparent health status of an ecosystem can vary depending upon which health metrics are employed in judging it and which societal aspirations are driving the assessment.

- **Planetary Health**: Planetary Health is the newest kid on the block. Planetary health is defined as the achievement of the highest attainable standard of health, wellbeing, and equity worldwide through judicious attention to the human systems—political, economic, and social—that shape the future of humanity and the Earth’s natural systems that define the safe environmental limits within which humanity can flourish. – (Planetary Health Alliance)

- **One Health** is defined as the integrative (collaborative) effort of multiple disciplines working locally, nationally, and globally to attain optimal health for people, animals, and the environment. Together, the three make up the One Health triad, and the health of each is inextricably connected to the others in the triad.

Following the discussion, have the students call out the One Health-related organizations that they found in their research. Possible organizations that students should reference are outlined below. Be sure to probe the students for the organizations on the list as well as local/regional entities working in the sector.

### Organizations Operating in the One Health Sphere

- World Health Organization (WHO)
- Food and Agriculture Organization (FAO)
- World Organization for Animal Health (OIE)
- One Health Initiative
- United States Centers for Disease Control (CDC)
- Eco Health Alliance
- United States Agency for International Development (USAID)
- OHCEA - One Health Central and Eastern Africa
- Southeast Asia One Health University Network (SEAOHUN)
- Universities - Departments, Centers, etc.
- Ministries of Health, Agriculture, Environmental Resources, etc.
- Medical or Health Professional Associations

Conclude with the slides showing the One Health Initiative’s and the CDC’s definitions of One Health and the One Health Initiative. (adopted from SEAOHUN modules; [https://seaohunonehealth.wordpress.com/](https://seaohunonehealth.wordpress.com/))

- The One Health concept is a worldwide strategy for expanding interdisciplinary collaborations and communications in all aspects of health care for humans, animals and the environment. The synergism achieved will advance health care for the 21st century and beyond by accelerating biomedical research discoveries, enhancing public health efficacy, expeditiously expanding the scientific knowledge base, and improving medical education and clinical care. When properly
implemented, it will help protect and save untold millions of lives in our present and future
generations. – One Health Initiative

The One Health concept recognizes that the health of humans is connected to the health of animals
and the environment. CDC uses a One Health approach by working with physicians, ecologists, and
veterinarians to monitor and control public health threats. We do this by learning about how
diseases spread among people, animals, and the environment. – United States Centers for Disease
Control

1) Historical context of One Health:

One Health is a well-grounded and thought out process that has grown in recognition over time. From
Hippocrates to the middle ages. The recognition that environmental factors can impact human health can
be traced as far back as to the Greek physician Hippocrates (c. 460 BCE – c. 370 BCE) in his text "On Airs,
Waters, and Places". He promoted the concept that public health depended on a clean environment. In
1940’s the first VPH service established in USA. Initial concept forwarded Schwabe in 1960’s – One
medicine. WCS – One World One Health in early 2000’s to involve wildlife and environment. 2005 HPAI
pandemic lead to recognition of value of collaboration in health fields. Subsequent international meetings
led to the adoption of One Health Concept, which been further advanced into subsequent action plans by
various organizations. WHO/OIE/FAO tripartite agreements.

One Health is a relatively new term, although the thinking behind it is not. Its global prominence has been
growing in the past decade. For example, in 2007 representatives of 111 countries and 29 international
organizations met for the International Ministerial Conference on Avian and Pandemic Influenza. During this
meeting, governments were encouraged to further develop the One Health concept by building linkages
between human and animal health systems for pandemic preparedness and human security.

In 2009 a One Health Office was established at The Centers for Disease Control (CDC). The CDC now uses a One
Health approach by working with physicians, ecologists and veterinarians to monitor and control public health
threats. Their focus is on learning about how diseases spread among people, animals and the environment.
In 2011 the first International One Health Congress was held in Australia. Delegates from 60 countries and a
range of disciplines came together to discuss the benefits of working together to promote a One Health
approach. In addition to understanding the interdependence of human, animal and environmental health,
attendees agreed that it was important to include other disciplines such as economics, social behavior and
food security and safety.

Although One Health is a new phrase, the concept extends back to ancient times. The recognition that
environmental factors can impact human health can be traced as far back as to the Greek physician
Hippocrates (c. 460 BCE – c. 370 BCE) in his text "On Airs, Waters, and Places" He promoted the concept that
public health depended on a clean environment. The Italian physician Giovanni Maria Lancisi (1654–1720) was
a pioneering epidemiologist, physician, and veterinarian, with a fascination in the role the physical
environment played in the spread of disease in humans and animals. Lancisi may have been the first to advocate the use of mosquito nets for prevention of malaria in humans[^4] but was also a pioneer in the control of rinderpest in cattle. The idea that human, animal and environmental healths are linked was further revived during the French Revolution by Louis-René Villerme (1782–1863) and Alexandre Parent-Duchâtelet[^fr] (1790–1835) who developed the specialty of public hygiene.[^5]

In the late 19th century, German physician and pathologist Rudolf Virchow (1821–1902) coined the term "zoonosis", and said "...between animal and human medicine there are no dividing lines – nor should there be". Canadian physician William Osler (1849–1919) traveled to Germany to study with Virchow. He returned to Canada and held joint faculty appointments at the McGill University Medical School and the Montreal Veterinary College.[^6] Osler was active as a clinical pathologist and internist at the Montreal General Hospital, but was also active in the promotion of veterinary health, and helped investigate a swine typhoid outbreak near Quebec City in 1878;[^7] he subsequently co-authored a monograph on parasites in Montreal's pork supply with A. W. Clement, a veterinary student at Montreal Veterinary College.[^8]

In 1947, veterinarian James H. Steele furthered the concept in the U.S. by establishing the field of veterinary public health at the CDC.[^9] The phrase "One Medicine" was developed and promoted by Calvin W. Schwabe (1927–2006), a veterinary epidemiologist and parasitologist in his textbook "Veterinary Medicine and Human Health". In 1996, Gary M. Tabor, Alonso Aguirre, Mary Pearl, David Sherman, Mark Pokras, Eric Chivian, Paul Epstein and Gretchen Kauffman launched the Conservation Medicine: Ecological Health in Practice effort (Consortium for Conservation Medicine) with the Cummings School of Veterinary Medicine at Tufts University, Harvard Medical School's Center for Health and the Global Environment and Eco Health Alliance (formerly Wildlife Trust), with an institutional focus linking human, animal and ecological health.[^11]

"One Health" was mentioned in a story about Ebola hemorrhagic fever on April 7, 2003, when Rick Weiss of the Washington Post quoted William Karesh as saying, "Human or livestock or wildlife health can't be discussed in isolation anymore. There is just one health. And the solutions require everyone working together on all the different levels."
Session 2: Conduct situation analysis on One Health policy

Session Overview

Session 2 will include an identification of a framework for the creation of One health policy, the different components including systematic collection and evaluation of data and assessment of progress, and identification of factors that may influence one health policy implementation. What issues endorses or delays One Health Advocacy and policy making will be discussed.

Session Learning Objectives and Activities

Learning Objective: Participants will be able to:

- Define Situation Analysis
- Identify framework components of one Health policy
  - SWOT analysis

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<th>Schedule</th>
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</thead>
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<tr>
<td>8:00 - 9:00</td>
<td>Registration</td>
<td>Plenary Session</td>
<td>Sign in sheet</td>
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<tr>
<td>9:00 - 9:30</td>
<td>Morning Reflections</td>
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<td>2 Flipcharts</td>
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<td>Post It Notes®</td>
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<tr>
<td>9:30 - 10:00</td>
<td>Introduction to situation analysis</td>
<td>Presentation</td>
<td>PowerPoint</td>
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<tr>
<td>10:00 - 10:30</td>
<td>Case Studies: One Health in India</td>
<td>Small Group Activity</td>
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<tr>
<td>10:30 - 10:45</td>
<td>Tea Break</td>
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<tr>
<td>10:45 - 11:45</td>
<td>Creating One Health policy framework</td>
<td>Group activity</td>
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<tr>
<td>11:45 - 12:45</td>
<td>Situation and SWOT analysis</td>
<td>Presentation</td>
<td>PowerPoint, Role cards</td>
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<td></td>
<td></td>
<td>Small Group Activity</td>
<td>Flipchart Paper, Colored Markers</td>
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<tr>
<td>12:45 - 1:45</td>
<td>Lunch</td>
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<tr>
<td>1:45 - 2:30</td>
<td>Case studies in One Health policies and analysis</td>
<td>Group Activity</td>
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<tr>
<td>2:30 - 3:30</td>
<td>Case study continued</td>
<td>Small Group Activity</td>
<td></td>
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<tr>
<td>3:15 - 3:30</td>
<td>Tea Break</td>
<td></td>
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<tr>
<td>3:30 - 4:30</td>
<td>Group Presentations</td>
<td>Plenary Session</td>
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<tr>
<td>4:00 - 4:15</td>
<td>Evaluation of the Day</td>
<td>Plenary</td>
<td>Flip Chart</td>
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<tr>
<td>Time</td>
<td>Activity/Topic</td>
<td>Facilitator Instructions</td>
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<tr>
<td>15 min</td>
<td><strong>Attendance</strong></td>
<td>* Have participants sign the OHCEA attendance register</td>
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<tr>
<td>30 min</td>
<td><strong>Case study on avian Influenza</strong></td>
<td><strong>Review the following case study on the response to avian influenza: this is adapted from the paper; Integrating One Health in National Health policies of developing countries: India's lost opportunities</strong></td>
<td></td>
</tr>
</tbody>
</table>

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The emergence of the H5N1 influenza, and the resulting policy and public panic, led to the conceptualization of multi-sectoral linkages in India, with human health, animal health, and wildlife sectors coming together to combat the problem. The collaboration was institutionalized in the form of an Inter-Ministerial Task Force and Joint Monitoring Group at the national level, with coordination mechanisms established all the way down till the district level. Written standard operating procedures (SOPs), in the form of avian influenza contingency plans, were developed and followed in subsequent outbreaks. The protocols ensured successful stamping out of the virus from most locations, though some of the north-eastern states are now endemic, with porous international borders playing an important role in the continued transmission.

While the avian influenza preparedness and response have been success stories for India, the opportunity created could not be capitalized on. The scope of these coordination mechanisms remain limited and have not been extended to cover zoonoses and wider sets of issues emerging at the human-animal-wildlife interface. Several subsequent zoonotic disease events, occurring nationally and internationally, such as Crimean-Congo Hemorrhagic Fever (CCHF), Ebola Virus Disease (EVD), Middle East Respiratory Syndrome Coronavirus (MERS-CoV), brought the sectors together briefly, culminating into a national programme for intersectoral coordination. A proposal for the same was submitted by the National Centre for Disease Control (NCDC) to the Planning Commission Working Group on the disease burden of communicable diseases for the 12th 5 Year Plan.

Participants should discuss the following questions:

- Why do you think most of these Avian influenza platforms were not sustainable in most countries?
- What can be done to make them successful?
- What is needed before policies can be recognize?

This scenario is typical of all the responses to avian influenza preparedness across most countries. The national task forces that were formed were not sustainable in most countries. There were no policies in place in any of these countries to sustain the process.
Preparing ourselves for the infectious disease challenge of the 21st century would mean that we have to go beyond the eco-epidemiological approaches and address the vast systemic weaknesses in dealing with EIDs through a holistic approach instead. The key to this holistic approach is to establish linkages between the human health, animal health and husbandry, agriculture, and environment sectors. Response in one sector should incorporate impact assessment and mitigate downstream adverse effects on the other sectors as well.

Central to this holistic approach should be a policy framework that recognizes the EID challenges that countries are up against and endorses the need for intersectorality. From such policies, should flow operational frameworks that allow partnerships not just across sectors, but also across disciplines. The policy should provide an enabling environment for building core capacity in sectors that play a critical role in responding to EID challenges.

The creation of a policy framework has multiple components which rely on the following:

- Scientific evidence and studies that can support the One Health approach
- Impact assessments and systematic evaluation of successful one health systems
- Leadership and human resources
- Governance and Infrastructure
- Formation of national One Health platforms at higher levels of government
- Partnership and stakeholder engagement
- Enabling environments for building core capacity
- Political will and Financial support

Divide participants into 8 different groups. Each group will take one of the 8 key components that supports One Health policy framework. The different teams should do internet search in relation to their topics/areas.

They should key in on the following questions:

- Can they identify successful examples related to their topic across the world?
- What made those examples successful?
- Can they identify unsuccessful examples?
- What were the key reasons for failures?
- What solutions can they come up to ensure success?
- Who are the key players in their topics and who is responsible for the decision making?
- How do we ensure they are engaged?

The groups should present in a plenary for all the participants to be able to comment.
There is evidence that collaborative multidisciplinary teams need skills processes and institutions that enable policies and operations to be comanaged and co-delivered across jurisdictions.

Situation analysis and its components presentation
Present a brief power point on situation analysis, what it is and its components, methods of conducting an analysis and reporting.

Form small groups and let participants do the SWOT Analysis and network analysis of One Health in their country. They should use

**SWOT Analysis: XX Country**

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Opportunities</th>
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</thead>
<tbody>
<tr>
<td>Weaknesses</td>
<td>Threats</td>
</tr>
</tbody>
</table>

Post them on wall using flip chart and plenary review for discussion
Case Studies in One Health policies and advocacy

- Divide the class into four groups.
- Give each group a different case study.
- The four case studies are on a situation analysis in four different countries, Sierra Leone, Kenya, Zambia and Zimbabwe.

<table>
<thead>
<tr>
<th>Case Study: 2013 Situation Analysis Research Update Kenya (pdf)</th>
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</thead>
<tbody>
<tr>
<td>Case Study: 2013 Situation Analysis Research Update Zambia (pdf)</td>
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<tr>
<td>Case study: 2013 Situation Analysis Research Update Zimbabwe (pdf)</td>
</tr>
<tr>
<td>Case study: 2013 Situation analysis Research update/Sierra Leone (pdf)</td>
</tr>
</tbody>
</table>

- Have the groups read their case study, answer the questions at the end of the case and prepare a 10-minute report summarizing the case and conclusions.

Break

Group Presentations

Each group has 10 minutes to present and 10 minutes for discussion on their case study.

Note: Presentations should include the points that were in italics in each case study.

The case studies demonstrated the interconnectivity of health challenges and the benefits of a multidisciplinary approach. Key concepts include:

- Health emergencies are not limited to one sector.
- Human activity, agricultural practices and gender roles can contribute to disease transmission.
- The benefits of cross-sectoral cooperation and the sharing of resources leads to the prevention of disease at the root cause which is economic and can save lives.
- Primary health strategies need to include education about disease and disease transmission.

These issues are key issues that can be raised to influence policy decisions.

Asian Vulture crisis case study

Homework assignment: Read Asian Vulture crisis case study

Provide the participants with the case study on avian vulture crisis. They should read it overnight thoroughly and come to class prepared to discuss it (this case study is included in the resource folder).
Notes

Session 3: Conducting stakeholder analysis

This session will focus on identifying different stakeholders that are involved in one health issues that are likely to affect or be affected by a proposed action, and sorting them according to their impact on the action and the impact the action will have on them.

Session Learning Objectives and Activities

Learning Objective: Participants will be able to:
• define stakeholder analysis and identify stakeholders that are involved in One Health policy issues
• Mapping stakeholders (social network analysis)
• How to conduct a stakeholder analysis (process)
• Prepare a matrix to reflect power, influence and interest

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<td>9:00 - 9:15</td>
<td>Introduction to session Three</td>
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<tr>
<td>9:15 - 9:45</td>
<td>Stake holder mapping</td>
<td>Group Activity</td>
<td>Activity 1</td>
</tr>
<tr>
<td>10:15 - 10:20</td>
<td>Group presentations</td>
<td>Plenary Session</td>
<td>PowerPoint Activity 2</td>
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<tr>
<td>10:20 - 10:50</td>
<td>Prepare SWOT matrix</td>
<td>Group Activity</td>
<td>Activity 3</td>
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<tr>
<td>10:50 - 11:00</td>
<td>Tea Break</td>
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<tr>
<td>11:00 - 11:30</td>
<td>Identification of organizations working in the One Health sphere</td>
<td>Plenary Session</td>
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<tr>
<td>11:15 – 12.00</td>
<td>National agencies and One Health policy</td>
<td>Group activity</td>
<td>laptop</td>
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<tr>
<td>12.00-1.00</td>
<td>Group presentations</td>
<td>Plenary</td>
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<tr>
<td>1:15 - 2:15</td>
<td>Lunch</td>
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<tr>
<td>2:00 – 3.30</td>
<td>The OIE, WHO, FAO tripartite</td>
<td>Group activity</td>
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<tr>
<td>3.30-4.00</td>
<td>USAID- Emerging Pandemics Threat program</td>
<td>Group Activity</td>
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<td>4.00-4.30</td>
<td>CDC</td>
<td>Group Activity</td>
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<tr>
<td>4:20 - 4:30</td>
<td>Evaluation of the day</td>
<td>Plenary Session</td>
<td>Evaluation chart</td>
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## Detailed Facilitator Notes

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<th>Time</th>
<th>Activity/Topic</th>
<th>Facilitator Instructions</th>
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<tbody>
<tr>
<td>120 min</td>
<td>Stakeholder mapping</td>
<td>Have participants sign the OHCEA attendance register</td>
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**Stakeholder analysis of Asian Vulture Crisis case study**

**Stakeholder mapping:** Asian vulture crisis Stakeholder analysis: Form groups of 6 team members

a) You have been provided with a set of sticky notes.

1. On a sticky note, write a name of a stakeholder or player in the Asian Vulture crisis. One name per note. Write as many stakeholders as you can think of. Identify them by their roles. Consider their gender as well especially at the community level.

2. Line the sticky notes on the plain piece of paper according to whether they are international, national, regional or local.

3. Draw a circle around those stakeholders with lots of power and authority using a red marker.

4. Draw a square around those players with the most interest in the activity or who are impacted the most.

5. Using a red marker, draw arrows that show flow of decision making (power and authority) from one stakeholder to another.

6. Using a green marker draw arrows that show flow of resources (funding) from one stakeholder to another.

7. Using a blue marker draw arrows that show communication flow from one stakeholder to another. Have the groups discuss the map and the following questions:
   - Who has power and authority?
   - Who do you think should have power and yet does not?
   - Who is being left out of the different arrows and yet considered important and how do you include them?
   - Can you identify any gender differences in power, communication flow and resource flow?
   - Which stakeholders are key players in policy issues?
   - How are these policy issues affected by socio-political, economic and cultural issues?

(This exercise was adopted from the University of Minnesota OH-SMART tool (https://www.vetmed.umn.edu/centers-programs/global-one-health-initiative/one-health-systems-mapping-and-analysis-resource-toolkit) and from work done by Professor Jodi Sandfort of UMN on Policy Field analysis.)
Group Presentations

60 min

In plenary ask the different groups to present their stakeholder maps.

Discuss the importance of stakeholder analysis generally and in relation to the Asian vulture crisis.

Discuss at length the Asian vulture crisis case study and advocacy and policy implications related to that case especially with a focus on advocacy for the vulture, and the banning of Diclofenac in South Asia.

Identifying organizations in the One Health sphere

45 min

There are many international, national and local organizations that work in the One Health Sphere. They may be government level, non-governmental, inter-ministerial or multilateral organizations. They can influence policy and decision makers at different levels.

Group Activity: In this activity, participants will identify organizations at the international level, national level and local level in their countries that influence One Health related policies. They can do this in groups or individually depending on how many countries they come from.

If there are too many countries, the groups can be broken down into regions or continents or participants can be allowed to choose a country of their choice.

With each organization or body, they should identify:

- The organizations mission
- The One Health strategic focus
- The organizations policies or procedures that impact human, animals or environment
- Other organizations it is collaborating with
- Is it a policy making body and what is its major role?

They should be prepared to present in a plenary session.

There should be many organizations presented here including: WHO, OIE, FAO, USAID, CDC, Rockefeller foundation, Gates, IDRC, DTRA, IUCN, regional organizations like AU-IBAR, OHCEA, SACCIDs.

National Agencies and One Health policy

60 min

In many African countries, they are creating national One Health platforms and strategic plans. Most of these are happening at ministry and sectoral levels. In this session participants, will identify national agencies (Ministries of Health, Agriculture, Livestock, Environment, etc.) and describe their scope and role. They will also identify national-level policies that support/affect One Health initiatives, evaluate these policies and make recommendations for how policies can support a One Health approach.

Group activity

In a plenary session, identify the government organizations at country levels that have policies on:

- Public Health
- Animal health
One Health Policy and Advocacy

- Environment
- Wildlife
- Agriculture

Divide participants into five groups. Each group should tackle one of the areas listed above. Focusing on a specific country, they should try and identify
  - The policies in place for that particular area
  - The different parties they collaborate with and stakeholders affected by each policy.
  - Whether the policy, regulation or guideline take a One Health perspective, integrating human, animal and environmental Health. If yes, how was this perspective incorporated? If no, how would you modify the policy to achieve a one health perspective?
  - Do any of the existing policies promote prevention of and response efforts to EPT?
  - Could OH perspective improve policies?

WHO, OIE, FAO Tripartite

The major international/intergovernmental organizations that create One Health-related policy are the World Health Organization (WHO), World Organization for Animal Health (OIE) and the Food and Agriculture Organization of the United Nations (FAO). Other organizations such as the International Union for Conservation of Nature [IUCN], the World Wildlife Fund [WWF], World Bank, etc. influence One Health-related policies as well,

Have participants review the following video clips that give a brief overview of the three organizations

- WHO: http://www.youtube.com/watch?v=1H2iCibm8hs
- OIE: http://www.youtube.com/watch?v=mNfwA2Rwyog
- FAO: http://www.youtube.com/user/FAOoftheUN

Group activity: Divide the participants into three groups. Each group will review one of these organizations specifically looking at their One strategy or policy. Identify the following:

- Do they have a One Health policy or strategy?
- What is its area of focus?
- How are they collaborating with the other organizations?
- What specific areas of collaboration, e.g. communication platforms, disease surveillance, laboratory component, government engagement
- How are they ensuring the policy is enforced and regulated?

Debrief and have the groups briefly present about the information they have gathered.

USAID- Emerging Pandemics threat

The USAID emerging Pandemics threat program has played a big role in transforming One health, helping to create a framework for emerging diseases prevention and control, and the development of policy. The USAID-EPT project now in its second phase has many facets, including viral surveillance, laboratory capacity, creating linkages with government and national platforms
and building a One Health workforce. Have the participants review the following facts sheets on USAID-Emerging Pandemics threat programme.

Have the participants review the following worksheets on EPT


**Plenary Activity:**

Discuss the following questions in a plenary

- What is the mission of EPT?
- List the organizations funded under EPT?
- List the countries EPT covers?

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**The Centers for Diseases Control (CDC)**

The CDC is one of the major organizations at the center of one health policy implementation. Take about 15 minutes to review the role of the CDC and the establishment of the One health desk at the CDC

https://www.cdc.gov/onehealth/index.html

https://www.cdc.gov/ncezid/who-we-are/ncezid-divisions/oho.html

Have participants discuss its One health policy and desk, its global activities related to One Health, how it is influencing policy not only in the US but in multiple countries

In concluding this session, there are many key organizations that influence One health policy development and implementation.
References

Reading Materials:

Notes
Session 4: Addressing One Health Policy in relation to Other Global Health challenges

To implement the One Health approach, policies must be made on the foundation of scientific studies that integrate microbiology, epidemiology, ecology, social science and economics science. We need governmental and nongovernmental policy makers, funders and industry to collaborate and work closely together to protect and meet global health and health security goals. In fact, the wheels have already been set in motion. For example, the One Health approach is already being implemented in policies to address a broad range of global challenges. This session will focus on strategic areas of global health that are helping to create One health policy. Participants will also practice developing policy briefs on a One health related issue.

Session Learning Objectives and Activities

Learning Objective: Participants will be able to:
- Birds eye view of global challenges that promote One health
- Specific examples of these challenges and policies introduced
- Develop policy briefs

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<tr>
<td>9:00 - 9:15</td>
<td>Introduction to Day Four</td>
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<tr>
<td>9:15 - 10:15</td>
<td>Global health Security Agenda</td>
<td>Plenary Session</td>
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<td>Tea Break</td>
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<tr>
<td>10:30 - 11:30</td>
<td>Antimicrobial resistance</td>
<td>Group Activity</td>
<td>Power point presentation and Group Activity</td>
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<tr>
<td>11.30-1.00</td>
<td>Climate change and Global warming (Paris Agreement)</td>
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<td>1:00 - 2:00</td>
<td>Lunch</td>
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<td>2.00 - 3:00</td>
<td>Developing policy briefs</td>
<td>Group activity</td>
<td>Internet Access</td>
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<tr>
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<tr>
<td>3:15 - 4:30</td>
<td>Developing policy briefs</td>
<td>Group Activity</td>
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<tr>
<td>4:30 - 4:45</td>
<td>Presentation of briefs</td>
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<td>4:45 - 5:00</td>
<td>Evaluation of the Day</td>
<td>Plenary Session</td>
<td>Evaluation Chart</td>
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Detailed Facilitator Notes

- **Attendance**
  - 30 min
  - Attendance
  - Have participants sign the OHCEA attendance register

- **Introduction to session Four**
  - 20 min
  - Introduction to session Four
  - We need governmental and nongovernmental policy makers, funders and industry to collaborate and work closely together to protect and meet global health and health security goals. In fact, the wheels have already been set in motion. For example, the One Health approach is already being implemented in
policies to address a broad range of global challenges. In this session, we will discuss some of these areas

The Global Health Security Agenda:

Have participants watch this video of president Obama addressing the Global Health Security Agenda summit
https://www.youtube.com/watch?v=bQTsIu6LM


The Global Health Security Agenda (GHSA) was launched in February 2014 and is a growing partnership of over 50 nations, international organizations, and non-governmental stakeholders to help build countries’ capacity to help create a world safe and secure from infectious disease threats and elevate global health security as a national and global priority.

GHSA pursues a multilateral and multi-sectoral approach to strengthen both the global capacity and nations’ capacity to prevent, detect, and respond to human and animal infectious diseases threats whether naturally occurring or accidentally or deliberately spread. https://www.ghsagenda.org/

GHSA takes a multi-sector, multi-partner approach to accelerate improved capacity on the noted 11 Action Package technical areas. These efforts are intended to help advance implementation of the International Health Regulations and similar animal health and disease reporting systems of the OIE, by building countries capacity to prevent, detect, and respond to infectious disease threats.

Among the organizations supporting the GHSA, USAID, CDC, The World Health Organization (WHO), The Food and Agriculture Organization (FAO), and The World Organization for Animal Health (OIE) are working together to prevent, detect, and respond to global infectious disease threats using the One Health approach.
The GHSA has the following 3 main areas and 11 action packages under these three:

![GHSA Action Packages]

Divide the participants into three groups: Each group should do research on one of the domains and its action packages. The focus should be on:

- What assessments are being done to measure the countries status and progress e.g. JEE and IHR JIE.
- What policies are being developed or put in place.
- What do the country road maps look like in this sector?
- How do these promote One Health policy?
- What are the milestones?
- Who are the different stakeholders?
- The groups should do a plenary presentation summarizing the different action packages and responses to the questions above.

Antimicrobial resistance


http://www.who.int/mediacentre/factsheets/fs194/en/

Antimicrobial resistance (AMR) has become one of the biggest threats to global health and endangers other major priorities, such as human development. All around the world, many common infections are becoming resistant to the antimicrobial medicines used to treat them, resulting in longer illnesses and more deaths. At the same time, not enough new antimicrobial drugs, especially antibiotics, are being developed to replace older and increasingly ineffective ones.

Global leaders met at the United Nations General Assembly in New York in September 2016 to commit to fighting antimicrobial resistance together. This
was only the fourth time in the history of the UN that a health topic is discussed at the General Assembly (HIV, noncommunicable diseases, and Ebola were the others). Heads of State and Heads of Delegations addressed the seriousness and scope of the situation and agreed on sustainable, multisectoral approaches to addressing antimicrobial resistance.

WHO is providing technical assistance to help countries develop their national action plans, and strengthen their health and surveillance systems so that they can prevent and manage antimicrobial resistance. It is collaborating with partners to strengthen the evidence base and develop new responses to this global threat.

WHO is working closely with the Food and Agriculture Organization of the United Nations (FAO) and the World Organization for Animal Health (OIE) in a ‘One Health’ approach to promote best practices to avoid the emergence and spread of antibacterial resistance, including optimal use of antibiotics in both humans and animals.

A global action plan on antimicrobial resistance was adopted by Member States at the Sixty-Eighth World Health Assembly and supported by the governing bodies of FAO and OIE in May and June 2015. The goal of the global action plan is to ensure, for as long as possible, continuity of successful treatment and prevention of infectious diseases with effective and safe medicines that are quality-assured, used in a responsible way, and accessible to all who need them.

A high-level meeting on antimicrobial resistance at the United Nations General Assembly will be held on 21 September 2016 to accelerate global commitments and enhance national multi-sectoral efforts to combat antimicrobial resistance.

The European Food Safety Authority (EFSA), the European Centre for Disease Prevention and Control (ECDC) and the European Medicines Agency (EMA) are working together to solve the antimicrobial resistance problem by monitoring the current situation and planning policies that combine agricultural, environmental and medical factors.

Group activity: discuss this in a plenary to understand how antimicrobial resistance is a One health issue, how is it helping to promote One Health policies and frameworks, what is happening at country levels

https://www.youtube.com/watch?v=OYFaom8R1lg

Summarize the session by watching this video on some of the policies, solutions and frameworks that are being put in place to combat antimicrobial resistance.
Group Activity:

In different groups identify other global health challenges that can help or have helped promote One Health policy. Each group should identify one issue and come up with a presentation on the challenges, and solutions to solve the global health challenge, the policies being applied and how One health is linked up to it. These could include for example:

- **Malaria** – the System-wide Initiative on Malaria and Agriculture (SIMA) was created by the International Water Management Institute in Sri Lanka to investigate the relationship between agricultural practices, livestock management and malaria occurrence.

- **Ozone Layer** – the Montreal Protocol helped to significantly reduce the emission of ozone-depleting substances due to the combined efforts of 197 countries.

- **Global warming** – the Paris Agreement within the United Nations Framework Convention on Climate Change (UNFCCC) is developing cross-disciplinary policies the global average temperature well below 2 Celsius degrees above pre-industrial levels.

Debrief by groups presenting their findings

**Developing policy briefs**

After much discussion on policy, it is important that participants practice how to develop policy briefs

**Selecting topic for brief**

Session 1: A policy brief is

- A short document that presents the findings and recommendations of a research project to a nonspecialized audience
- A medium for exploring an issue and distilling lessons learned from the research
- A vehicle for providing policy advice.
- It is a stand-alone document focused on one topic and usually is between 2-4 pages, maximum 1500 words

**Activity 1:**

Have participants identify a One health topic that they would like to develop a brief on. This should take no more than 5 minutes

**Know your audience**

A policy brief has a specific target audience. The participants should think through who their audience is going to be. Are they community members or congressmen, are they women or men, are they knowledgeable about this topic and how open are they to the message

What questions need answers?
What are their interests, concerns?
What does it take to reach specific readers such as media, decision makers?
Activity 2: Have the participants identify their audience

Lead with a short statement. The brief statement should:

- Answer the question why
- Explain the significance/urgency of the issue
- Describe research objective
- Give overview of findings, conclusions
- Create curiosity for rest of brief

For example: Analyze the following statement and see if it answers to all the questions above

“Elephants are one of the big five wildlife species; their survival is one of the holy grails of conservation. Unfortunately, because of their size and migratory behavior, elephants often come in contact with people. This is especially true in densely populated southeast Asia. A new study from Sri Lanka looks at one strategy to address this problem – electric fences.”

From: Elephants and Electric Fences. A study from Sri Lanka
EEPSEA 2005 IDRC/CDRI

Activity 3: have participants spend the 15 minutes creating a short leading statement for their brief. They should then share their statement with the team in a plenary session

Power point presentation on how to prepare policy Briefs.

Give a power point presentation on how to prepare policy Briefs.

Have participants work on their briefs for the rest of the afternoon. These briefs should focus on a one health policy area or theme

Activity 4: Have participants share the summary of their briefs in a plenary session. Other students should analyze and critique their brief. They can bring home the brief to finish it overnight. They will continue working on their briefs for the next day to ensure that it is complete.

References:
How to write a policy brief; https://www.udsm.ac.tz/sites/default/files/how-to-write-a-policy-brief_0.pdf
Session 5: The policy change process

This session will focus on the one health policies development, limitations to their progress and advocacy plan. Identify targets and agents of OH policy change efforts and their assets and interests.

Session Learning Objectives and Activities

Learning Objective: Participants will be able to explain:

- Frameworks for policy development and change
- Constraints to policy making and advocacy plan

Integrate one health policy into their programmes

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity/Topic</th>
<th>Facilitators Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 min</td>
<td>Introduction to session Five</td>
<td>This morning focuses on describing the targets of change (i.e., those who would adopt or implement policies) and what they can do for the policy change. State their interests.</td>
</tr>
<tr>
<td>20 min</td>
<td>Fatal Infestations video</td>
<td>Group Activity: Ask participants to think about policies and changes to them. They should identify one policy in their lives or working environment that they would like to change or have seen change: What are some of the reasons they wanted it changed? Do they think it is important to change a policy? If yes give justifications What are the obstacles in changing policy and adding One Health perspective policies Ask each group to present what they have got.</td>
</tr>
</tbody>
</table>
| 15 min | Power point presentations on One Health policies development | Show the video Fatal infestations which is about the West Nile virus disease in New York city in 1999:  
- discuss some of the policies that need to be changed as a result of this and some of the challenges that would be encountered in trying to change these policies  
- Discuss the different stakeholders who need to be engaged to effect that change |

Activity 2: Returning to the policies the participants have identified for change. Let the participants answer the following questions.
- What organization or policy-making body would be responsible for making the decisions in case of your policy change?
- What is the formal decision-making process for this institution?
- What are the steps in the formal process?
- When will each step take place?
- What are the informal workings or “behind the scenes” actions for the decision-making process?
- Who is/are the key decision makers at each stage?
- Which stages in the process can you influence? How can you influence these stages?

Presentation on policy change process, its constraints and integrating OH policy in their programmes

The participants can use the below map to think through their answers

Activity: Participants should develop the One Health policy process map and present it to the group

<table>
<thead>
<tr>
<th>Institution/Organization:</th>
<th>Generate Proposal</th>
<th>Introduce Proposal</th>
<th>Deliberate</th>
<th>Approve or Reject</th>
<th>Advance to the Next Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal Process</td>
<td></td>
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<tr>
<td>Informal Process</td>
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<tr>
<td>Decision Makers Involved</td>
<td></td>
<td></td>
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<tr>
<td>Approximate Date of Action</td>
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<td></td>
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</tr>
<tr>
<td>How we can influence the process at this stage</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Session 6: Advocacy for OH policies and gender inclusiveness

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity/Topic</th>
<th>Facilitator Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 min</td>
<td>Introduction</td>
<td>This session will provide an understanding of effective one health policies advocacy, advocacy techniques, strategies, how to do case studies for one health policy advocacy, identifying advocacy audiences, developing and delivering advocacy messages.</td>
</tr>
</tbody>
</table>

Session Learning Objectives and Activities

Learning Objective: Participants will be able to

- explain about advocacy
- discuss basic elements of OH advocacy

Advocacy is defined as the support or defense of a cause and the act of pleading on behalf of another person or a cause. Every day, people have experiences that are frustrating, unbelievable or so outrageous that they think “How can this be- There ought to be a law!” Advocacy means channeling this sense of outrage about inadequately conceived laws, policies and regulations or a lack thereof, when the need for one is clear. Advocates endeavor to let policy makers and decision makers know what needs to be changed. Advocacy influences the outcome of local, state, national and international policies, laws and regulations.

Brainstorming Activity: Ask participants to think through and identify an action that they particularly feel passionate about and would like to advocate for it. Make a list of all these areas. Ask participants to share what they have done about it or what they would like to do about it.

- Ask four or five participants to share an experience when an individual or organization advocated on their behalf about a health issue and changed a dynamic in their lives. How did it feel to have someone advocate for them?
- Ask four or five participants to share their experiences when they had opportunity to advocate for someone about a health
issue. What were the challenges and how did they overcome them? How did they feel advocating for someone?

Almost all development initiatives involve some level of advocacy involving women and men, boys and girls who are affected. In order to effectively operationalize gender issues in One Health and emerging pandemics, there is need for it to be included in policies and advocated for.

Divide the class into four groups and have them analyze the four scenarios given below:

**Group 1:** In this community, there is conflict between the people and the national parks because the community is collecting medicinal plants and firewood from the national parks- an area that is protected. The wildlife has also been destroying the villagers’ crops and killing their domestic animals. The national park management has been having meetings with the village men in the evening at the local men’s club to map out a strategy on how to solve the problem. The meetings are held at the local men’s club in the evenings which limits women who are care providers for children from attending. In some communities, women are not even allowed to go out at night. The Park is not including women in its plans and is not considering the fact that most of the people who collect medicinal plants and firewood are women, they should be a key stakeholder in the decision making.

**Group 2:** There is an outbreak of avian influenza in this community. The government decides passes a policy that to completely eradicate this disease, they will slaughter all birds be they ducks or chicken and bird owners with more than 50 birds will be compensated. Backyard poultry farmers are not compensated because most of them do not have more than 50 birds. The disease continues to spread.

In this scenario, most backyard poultry farmers and people who keep less than 50 birds are women. If they are not compensated and yet they have lost their birds, they lose their livelihoods. The policy did not consider the roles and livelihoods of the women. As a result of this policy, whenever the women detect any sick birds, they quickly slaughter them and bring them to the markets for sale, thereby spreading the disease and exposing more people.

**Group 3:** The government in the country you work in wants to target farmers for training in poultry production and management on Avian Influenza prevention and control. They are focused on implementing a training policy and ask the animal health workers in the communities to identify people for training. Since men are the heads of households and the decision makers, they are selected to attend the training.
In most communities that were affected by Avian influenza, the poultry caretakers were women. The women should therefore have been a key target for disease prevention training. However, since they are not part of the leadership circle in many communities, they are not involved in identifying trainees and cannot voice their opinion. Therefore, even if the men are trained, they will not deliver and the disease will still spread.

Group 4: There is an outbreak of brucellosis in this community. Humans have been presenting at the health center with undulating fevers. They also have increased abortions among their animals. The disease is transmitted through contaminated milk and milk products. The department of human decides to create awareness by informing people through the radios that they should boil their milk and cook the meat thoroughly. They are puzzled when the outbreak continues.

In this community, women do not generally listen to the radio. In fact, most radios are owned by men, and they usually listen to the news communally when they have men’s gatherings between the hours of 2 and 5 pm at the market place. Women are not allowed in these gatherings. This is also the time when women are busy completing other household chores like collecting firewood. Communicating policy events requires that you know the audience you are targeting.

Ask the participants to think specifically about gender issues and share similar experiences where there have been policies and regulations implemented that disaffected one gender be it men or women.

Debrief this session by concluding that one health advocacy needs to be not only gender inclusive but sensitive to other issues such as marginalized communities, socio-economic status, and culture.

Process of Advocating for change: There are two major phases of advocacy: the steps that make change happen and the places where the decisions are made.
The advocacy template from:  

![Image](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1122133/pdf/214.pdf)

**Step 1: getting the facts - Research and data collection**

Provide participants with the article: Case for reducing the cost of HIV drugs to zero.


In the 90s the world was plagued by AIDS especially in Africa. Antiretrovirals existed but the cost was prohibitive for all the poor and dying in Africa until a team of advocates using facts and data decided to take on the big organizations and the drug companies to campaign for free drugs for people with AIDS across the world. This was one of the most successful campaigns ever done but they had facts and data to back them up.

Discuss this article in class. Let participants come up with other areas where they had an issue and had either the facts and data to back them up or did not - and what the outcome was.

**Getting the Facts on Lead**

In 1992, PodeR, a grassroots group organizing families for environmental and economic justice in the Mission district of San Francisco, realized that many children were suffering from lead poisoning. They did research and found studies that showed lead-based paints were often the cause of lead poisoning in children and that many homes in the Mission district were older and contained lead-based paint. Using this information, along with other data and local surveys, they were successful in getting a comprehensive environmental lead Poisoning Prevention law and program for all of San Francisco.

**Activity 1:** In 4 groups identify a One health issue that you wish to advocate for. Decide as a group what you need to focus on. Spend the next 30 minutes identifying facts and data to back up your argument. The information can be found in books, newspapers, periodicals, articles, the internet, government reports and documents or organizations and individuals, academic sources and data sources.

The questions that need to be addressed include:

- Who is being hurt/ or what needs to be changed; figures and nos are important
- How are they being hurt/describe the problem?
- How serious and widespread is it
- What are the consequences if left unattended?
- How is the community affected?
Why does the issue matter?

**Step 2: Building support-organization and coalition building**

Individuals can be successful but it is always better to have a coalition of people with the same goals. The One Health movement has a great coalition now with big organizations like USAID, and WHO supporting it. Coalition building must be done to get groups working together towards the same goal.

**Activity 2**: have participants identify the teams of people they think can support them in their cause. Identify important members of the media and social media who can support your cause. If the organization involves a diverse group of organizations and individuals, the media and public will perceive it as there being a broad consensus on the problem and therefore pay attention to it.

**Step 3: Plan**. Develop goals and strategies. Developing goals and strategies allows you to define where you are going and how you want to get there. You require a plan to get from the problem to the solution.

**Activity 3**: Groups should make a plan and lay out a strategy for their campaign. The plan should include the following:

- A clearly defined problem
- A clearly defined solution and interim goals
- An assessment of resources
- A clear strategy

**Step 4: Communicate your message-inform the public and decision makers**. The key to this part is making sure you communicate your message in a way that facts are understood and believed and can move the people to action and make sure you are targeting the right audience.

Watch the following you tube video of Michelle’s Obama and Jimmy Fallon’s the evolution of mom dancing which changed Mrs. Obama's Lets move campaign because of her target audience.
Activity 4: Create your message. Create an advocacy message for your One Health Issue. Keep in mind the following four foundations:

- You must offer accurate facts and respected analysis
- You must present a broadly acknowledged value
- You must tell a simple and compelling story—Frame the issue
- You must reach the right audience

Each group should present their message to the plenary for discussion. Other team members should analyze to make sure they have included all the issues mentioned above.

If your campaign is successful, someone has to take on the burden of turning it into legislation and that is still a long process so continuous follow up must be done.

Watch the video on am just a bill

https://www.youtube.com/watch?v=tyeJ55o3Ei0
Identify any of the institutions that you need to work closely with. The outcome can be successful or not but all the in either case change has happened and there was impact.

Adopted from:

Advocating for Change | Understanding How to Impact Health Policy
Written by Harry Snyder, with assistance from Matt Iverson
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Finally Have the participants watch the following videos on rabies

**Video: Rabies Advocacy**
Select one of the videos from the list below.

- Her Royal Highness Princess Haya with OIE Against Rabies at [http://www.youtube.com/watch?v=XibBeie2G7I](http://www.youtube.com/watch?v=XibBeie2G7I)
- No More Deaths from Rabies at [https://www.youtube.com/watch?v=qoBumMaDr3g](https://www.youtube.com/watch?v=qoBumMaDr3g)
- Fighting Rabies in Asia at [http://www.youtube.com/watch?v=RS4_38sZF3w&feature=c4-overview&list=UUYWwT1w9Yv2qpKChz9Hoong](http://www.youtube.com/watch?v=RS4_38sZF3w&feature=c4-overview&list=UUYWwT1w9Yv2qpKChz9Hoong)

**Debrief and reflection**
Debrief, reflection and conclusion of work shop
Conclude the workshop allowing the participants time to reflect on the training.
Give them time to fill out the post-test and OHCEA evaluation form. If a guest speaker is invited to close the ceremony and give out certificates, then that should conclude the workshop. Any logistics issues should also be dealt with.
References


OHCEA EVENT EVALUATION – ONE HEALTH POLICY AND ADVOCACY SHORT COURSE

Facilitators: __________________________________________________________________________

Dates: ______________________________________________________________________________

OHCEA supported you to attend the OH policy and advocacy event. Please take a few minutes to fill out the following confidential questionnaire. Your responses will help us better understand the value of this event and improve future programs. Thank you!

Please circle your response to each of the following

1. This event met my expectations.
   a) Strongly disagree
   b) Disagree
   c) Agree
   d) Strongly agree
   e) Don’t know

2. This event was relevant to my personal interests.
   a) Strongly disagree
   b) Disagree
   c) Agree
   d) Strongly agree
   e) Don’t know

3. This event was relevant to my professional interests.
   a) Strongly disagree
   b) Disagree
   c) Agree
   d) Strongly agree
   e) Don’t know

4. The information presented was new to me.
   a) Strongly disagree
   b) Disagree
   c) Agree
   d) Strongly agree
   e) Don’t know

5. The amount of information provided was:
   a) Not enough
   b) About right
   c) Too much

6. This event helped clarify my understanding of “One Health.”
   a) Strongly disagree
   b) Disagree
   c) Agree
   d) Strongly agree
   e) Don’t know

7. The pre-event logistics were well organized.
   a) Strongly disagree
   b) Disagree
   c) Agree
   d) Strongly agree
   e) Don’t know

8. The event itself was well organized.
   a) Strongly disagree
   b) Disagree
   c) Agree
   d) Strongly agree
   e) Don’t know

9. Overall, I found this event to be worthwhile.
   a) Strongly disagree
   b) Disagree
   c) Agree
   d) Strongly agree
   e) Don’t know

10. I intend to take actions in my work as a result of what I learned at this event.
    a) Strongly disagree
    b) Disagree
    c) Agree
    d) Strongly agree
    e) Don’t know
11. Describe what, if any, actions you will take in your work because of this event.

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

12. What were the strengths of this event?

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

13. What can be done to improve this event?

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

14. What single most important lesson did you learn from this event?

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

15. Please write any additional comments you may have about this event.

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

16. Did you present at this event?
   a) Yes
   b) No
16a. If yes, what was the topic of your presentation?

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

17. What is your primary area of work?
   a) Nursing
   b) Human Medicine
   c) Veterinary medicine
   d) Wildlife Medicine
   e) Public Human Health
   f) Public Veterinary Health
   g) Other (please specify): ______________________

18. Which sector do you represent?
   a) Government
   b) Private sector
   c) Education
   d) Non-governmental organization (NGO)
   e) Research
   f) Other (please specify): ______________________

19. What is your sex?
   a) Male
   b) Female

20. Nationality: ______________________
History of One Health

Although the term “One Health” is fairly new, the concept has long been recognized both nationally and globally. Since the 1800s, scientists have noted the similarity in disease processes among animals and humans, but human and animal medicine were practiced separately until the 20th century. In recent years, through the support of key individuals and vital events, the One Health concept has gained more recognition in the public health and animal health communities.

Click on the events below to learn more about the important people and events in the history of One Health.

Timeline: People and Events in One Health

1821-1902: Virchow recognizes the link between human and animal health
Rudolf Virchow, MD, was one of the most prominent physicians of the 19th century. Dr. Virchow was a German pathologist who became interested in the linkages between human and veterinary medicine while studying a roundworm, *Trichinella spiralis*, in swine. He coined the term “zoonosis” to indicate an infectious disease that is passed between humans and animals.

In addition to his medical career, Dr. Virchow served in several parliamentary posts and advocated for the importance of improved veterinary education. He emphasized, “Between animal and human medicine there are no dividing lines—nor should there be. The object is different but the experience obtained constitutes the basis of all medicine.”

1849-1919: William Osler, father of veterinary pathology
William Osler, MD, was a Canadian physician who is considered the father of veterinary pathology in North America. Dr. Osler had a deep interest in the linkages between human and veterinary medicine. He trained with many well-known physicians and veterinarians, including Dr. Virchow. One of his first publications was titled “The Relation of Animals to Man”. While serving on the medical faculty of McGill University, Dr. Osler lectured to medical students and veterinary students from nearby Montreal Veterinary College.

Following his time at McGill, Dr. Osler became the Chair of Clinical Medicine at the University of Pennsylvania in Philadelphia. In 1889, he became the first Physician-in-Chief of Johns Hopkins Hospital and played an instrumental role in establishing the Johns Hopkins University School of Medicine.

1947: The Veterinary Public Health Division is established at CDC
In 1947, James H. Steele, DVM, MPH, founded the Veterinary Public Health Division at CDC. Dr. Steele understood the important role of animals in the epidemiology of zoonotic diseases (the study of how these diseases are spread and how they can be controlled), and he recognized that good animal health is important for good public health. The Division played an important role in the public health response to diseases such as rabies, brucellosis, salmonellosis, Q fever, bovine tuberculosis, and leptospirosis. With this Division at CDC, the principles of veterinary public health were introduced to the United States and other countries around the world.

1927-2006: Calvin Schwabe coins the term “One Medicine” and calls for a unified approach against zoonoses that uses both human and veterinary medicine
Calvin Schwabe, DVM, ScD, MPH, made many important contributions to veterinary epidemiology over his career. He began his career studying zoonotic parasitic diseases and directed the World Health Organization programs on hydatid disease and other parasitic diseases. In 1966, Dr. Schwabe became the founding chair of
the Department of Epidemiology and Preventive Medicine at the Veterinary School at the University of California Davis. It was the first department of its kind at a veterinary school.

Dr. Schwabe’s support for One Health was evident in his writings. In the 1964 edition of his monograph, he proposed that veterinary and human health professionals collaborate to combat zoonotic diseases. In his textbook, *Veterinary Medicine and Human Health*, Dr. Schwabe coined the term “One Medicine.” The term emphasizes the similarities between human and veterinary medicine and the need for collaboration to effectively cure, prevent, and control illnesses that affect both humans and animals.

**2004: The Wildlife Conservation Society publishes the 12 Manhattan Principles expanded**

On September 29, 2004, the Wildlife Conservation Society brought together a group of human and animal health experts for a symposium at Rockefeller University in New York City. Attendees of this symposium, titled “Building Interdisciplinary Bridges to Health in a ‘Globalized World’,” discussed the movement of diseases among humans, domestic animals, and wildlife. The symposium set 12 priorities to combat health threats to human and animal health. These priorities, known as the “Manhattan Principles,” called for an international, interdisciplinary approach to prevent disease and formed the basis of the “One World, One Health™” concept.

**2007: The American Medical Association passes the One Health resolution promoting partnership between human and veterinary medicine**

In June 2007, Ronald Davis, MD, President of the American Medical Association (AMA), collaborated with Roger Mahr, DVM, President of the American Veterinary Medical Association (AVMA), to establish a bond between the two organizations. On July 3, 2007, the House of Delegates of the AMA unanimously approved a resolution calling for increased collaboration between the human and veterinary medical communities.

**2007: The One Health approach is recommended for pandemic preparedness**

December 4–6, 2007, representatives of 111 countries and 29 international organizations met in New Delhi, India, for the International Ministerial Conference on Avian and Pandemic Influenza. During this meeting, governments were encouraged to further develop the One Health concept by building linkages between human and animal health systems for pandemic preparedness and human security.

**2008: FAO, OIE and WHO collaborate with UNICEF, UNSIC and the World Bank to develop a joint strategic framework in response to the evolving risk of emerging and re-emerging infectious diseases**

In response to the recommendations of the previous International Ministerial Conference on Avian and Pandemic Influenza in New Delhi, FAO, WHO, OIE, UNICEF, the World Bank and UNSIC came together to develop a document titled “Contributing to One World, One Health™: A Strategic Framework for Reducing Risks of Infectious Diseases at the Animal-Human-Ecosystems Interface.” It built on the lessons learned from the highly pathogenic H5N1 avian influenza response during the early 2000s and presented a strategy for applying the One Health concept to emerging infectious diseases at the animal-human-ecosystem interface.

**2008: One Health becomes a recommended approach and a political reality**

October 25–26, 2008, representatives from more than 120 countries and 26 international and regional organizations attended the International Ministerial Conference on Avian and Pandemic Influenza in Sharm el-Sheikh, Egypt. During this meeting, the joint strategic framework was officially released. Based on the framework, participants endorsed a new strategy for fighting avian influenza and other infectious diseases, one that focuses infectious disease control in areas where animals, humans and ecosystems meet.


2009: The One Health Office is established at CDC
In 2009, Lonnie King, then director of CDC’s National Center for Zoonotic, Vectorborne and Enteric Diseases, proposed the One Health Office. The office was created as a point of contact for external animal health organizations and to maximize external funding opportunities. Since that time, the role of the One Health Office has expanded to include supporting public health research that furthers the One Health concept, facilitating the exchange of data and information among researchers across disciplines and sectors.

2009: USAID establishes the Emerging Pandemic Threats program
In 2009, the USAID launched the Emerging Pandemic Threats (EPT) program. The program’s purpose is to ensure a coordinated, comprehensive international effort to prevent the emergence of diseases of animal origin that could threaten human health. The EPT program draws on expertise from across the animal and human health sectors to build regional, national and local One Health capacities for early disease detection, laboratory-based disease diagnosis, rapid disease response and containment, and risk reduction.

2009: Key recommendations for One World, One Health™ are developed
March 16–19, 2009, the Public Health Agency of Canada’s Centre for Food-borne, Environmental and Zoonotic Infectious Diseases hosted the One World, One Health™ Expert Consultation in Winnipeg, Manitoba. Experts attended from 23 countries. This technical meeting was held to further discuss the One World, One Health™ strategy and the objectives in the Strategic Framework, which was first released at the International Ministerial Conference on Avian and Pandemic Influenza in Sharm el-Sheikh. During the meeting, key recommendations emerged for actions that countries could take to advance the concepts of One Health.

2010: The Hanoi Declaration, which recommends broad implementation of One Health, is adopted unanimously
April 19–21, 2010, a total of 71 countries and regional bodies, along with representatives from international organizations, development banks and other stakeholders, attended the International Ministerial Conference on Avian and Pandemic Influenza in Hanoi, Vietnam. With the experience of the H1N1 pandemic and highly pathogenic H5N1 avian influenza, participants confirmed the need to bring greater attention to the links between human and animal health to address threats that happen when animals, humans and the ecosystem interface. At the conclusion of the meeting, participants unanimously adopted the Hanoi Declaration, which called for focused action at the animal-human-ecosystem interface and recommended broad implementation of One Health.

2010: Experts identify clear and concrete actions to move the concept of One Health from vision to implementation
May 4–6, 2010, CDC, in collaboration with OIE, FAO and WHO, hosted a meeting in Stone Mountain, Georgia, titled “Operationalizing ‘One Health’: A Policy Perspective—Taking Stock and Shaping an Implementation Roadmap.” The meeting, which came to be known as the “Stone Mountain Meeting,” was designed to define specific action steps to move the concept of One Health forward. Participants identified seven key activities to advance the One Health agenda. These activities formed the basis of six workgroups which focused on:

- Cataloguing and developing One Health trainings and curricula.
- Establishing a global network.
- Developing a country-level needs assessment.
- Building capacity at the country level.
- Developing a business case to promote donor support.
- Gathering evidence for proof of concept through literature reviews and prospective studies.

2010: The United Nations and the World Bank recommend adoption of One Health approaches
In July 2010, the World Bank and the United Nations released the “Fifth Global Progress Report on Animal and Pandemic Influenza.” The report reiterated the findings of the delegates at the International Ministerial Conference on Avian and Pandemic Influenza in Hanoi. It also emphasized the importance of adopting a One Health approach to sustain momentum in pandemic preparedness. Rather than focusing on controlling avian influenza through emergency initiatives, countries and regional bodies should build One Health capacity to respond to a broad range of emerging and existing disease threats, the report advised.

2010: The European Union reaffirms its commitment to operate under a One Health umbrella
In August 2010, the European Union published the “Outcome and Impact Assessment of the Global Response to the Avian Influenza Crisis” report. This report states, “The European Union has already taken new initiatives under the One Health umbrella and will continue to do so in the coming years.” The report emphasizes the need to translate the One Health concept into practical policies and strategies that promote interagency and cross-sectoral collaboration.

2011: The 1st International One Health Congress is held in Melbourne, Australia
February 14–16, 2011, the 1st International One Health Congress was held in Melbourne, Australia. More than 650 people from 60 countries and a range of disciplines came together to discuss the benefits of working together to promote a One Health approach. In addition to understanding the interdependence of human, animal and environmental health, attendees agreed that it is important to include other disciplines such as economics, social behavior, and food security and safety.

2011: The 1st One Health Conference in Africa is held
July 14–15, 2011, the Southern African Centre for Infectious Disease Surveillance organized the 1st One Health Conference in Africa at the National Institute for Communicable Diseases in Johannesburg, South Africa. The conference brought together scientists from Africa, Asia, Europe, Russia, Australia and the United States.

2011: The High Level Technical Meeting to Address Health Risks at the Human-Animal-Ecosystem Interface builds political will for the One Health movement
Building on the agreements in the Tripartite Concept Note, the Tripartite organized a High Level Technical Meeting in Mexico City November 15–17, 2011. The focus of this meeting was to address health risks that occur in different geographic regions by highlighting three priority One Health topics—rabies, influenza and antimicrobial resistance. These topics served as a basis to discuss what needs to be done to build political will and more actively engage ministers of health in the One Health movement.

2012: The Global Risk Forum sponsors the first One Health Summit
February 19–22, 2012, the Global Risk Forum One Health Summit was held in Davos, Switzerland. The Summit presented the One Health concept as a way to manage health threats, focusing on food safety and security. The conference ended by approving the “Davos One Health Action Plan,” which pinpointed ways to improve public health through multi-sectoral and multi-stakeholder cooperation.

2013: The 2nd International One Health Congress is held in conjunction with the Prince Mahidol Award Conference
From January 29 through February 2, 2013, the 2nd International One Health Congress was held in conjunction with the Prince Mahidol Award Conference. With more than 1,000 attendees from over 70 countries, it was the largest One Health conference to date. The conference encouraged collaboration across disciplines to promote effective policy development related to human, animal and environmental health.