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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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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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<tr>
<td>Describe key concepts and terminologies as</td>
<td>Conduct situation analysis on the current national policies</td>
<td>Conduct a stakeholder</td>
<td>Engage different stakeholders in the policy</td>
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<td>that affect one health issues</td>
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<tr>
<td>Describe the policy change process</td>
<td>Advocacy for OH policies and gender inclusiveness</td>
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### Module Overview

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<tr>
<th>Topic(goal)</th>
<th>Learning Objectives (LO), instructional activities (mode of delivery)</th>
<th>Materials</th>
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<tbody>
<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 analysis, <strong>Define policy analysis</strong>, <strong>Advocacy</strong>, <strong>Policy problem</strong>, <strong>Define health care system</strong></td>
<td>Power point Presentations, Brainstorming using sticky notes to define one health policy and terminologies</td>
</tr>
<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 Analysis: 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>
<td>Lecture in Power Point presentation to explain situation analysis, Case study, Small group activity</td>
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<tr>
<td>03</td>
<td>Conduct a stakeholder analysis</td>
<td>Define stakeholder analysis and identify stakeholders for specific policy issues</td>
<td>Presentations, Group activity, Group discussion</td>
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<tr>
<td>Time</td>
<td>Module</td>
<td>Activities</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 | ✓ 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 | 120 minutes |
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

Learning Objective: Participants will be able to:

• Define OH policy, law and regulations
• Define stakeholder
• Define policy analysis
• Advocacy
• Policy problem
• Define health care system
• Understand importance of OH policy development

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<td>9:00 - 10:00</td>
<td>Introduction</td>
<td>Presentations</td>
<td>PowerPoint Post Its® (2 colors)</td>
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<td>§ Goals and Agenda</td>
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<td>Flipcharts Tape</td>
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<td>§ Expectations</td>
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<td></td>
<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>
<td>Lunch</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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</tr>
<tr>
<td>3:45 - 4:30</td>
<td>Presentation About One Health policy and advocacy terms</td>
<td>Interactive Presentation</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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Detailed Facilitator Notes

Registration (60 minutes)

- Sign the OHCEA attendance register

Welcome (60 minutes)

Facilitator welcoming remarks and introductions.

Participant introductions:
- In pairs, share your
- Name
- Where you are from
- Type of work and position

- Prepare 1-minute introduction of your partner to the class
- Go around the room and have each pair present their partner to the class.

**Expectations (30 minutes)**
There are two flipcharts in the front of the room: one titled “Expectations” and the other “Concerns.”

- You have two different colored Post Its® notes
- Write down your 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)
- Place your expectation Post It® notes on a flipchart titled “Expectations” and your concerns Post Its® notes on another flipchart titled “Concerns”
- Organize the Post Its per common themes

- This course is sponsored by OHCEA.
  - OHCEA is the One Health Central and Eastern Africa network comprised of 16 academic institutions from eight 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 USAID -Emerging Pandemics Threat 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 competency to achieving their vision. For this reason, they are sponsoring this course

**Pre-Test (15 minutes)**
Complete the Pre- Test. 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.

**Break**
You are provided with the following two articles. Please read prior to coming 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


**Discovery Activity: What is One Health?**

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=gJ9ybOumITg&t=4s

Briefly discuss the two videos with the participants:

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

Display these post-it notes on the wall in 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

**One Health definitions and stakeholders**

- 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

- Read the definitions you found out loud to the class and capture the key points on a flipchart or whiteboard.
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.

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

The 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.

Group Activity: Divide into three groups

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.

- 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.
Notes
Discovery Activity: What is One Health policy?

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

Display these post it notes on the wall in 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?

Brainstorming
Brainstorm and identify events or activities that are driving the One Health and policy debates over the past few years.

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 and 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.
Power point 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?

Power point presentation 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
Notes
**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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<td>Introduction to situation analysis</td>
<td>Presentation</td>
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<td>10:00 - 10:30</td>
<td>Case Studies: One Health in India</td>
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<tr>
<td>10:45 - 11:30</td>
<td>Creating One Health policy framework</td>
<td>Group activity</td>
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<td>11:45 - 12:45</td>
<td>Situation and SWOT analysis</td>
<td>Presentation</td>
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<td>Small Group Activity</td>
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<td>Flipchart Paper</td>
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<td>Colored Markers</td>
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<td>12:45 - 1:45</td>
<td>Lunch</td>
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<td>1:45 - 2:30</td>
<td>Case studies in One Health policies and analysis</td>
<td>Group Activity</td>
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<td>2:30 - 3:30</td>
<td>Case study continued</td>
<td>Small Group Activity</td>
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<td>Tea Break</td>
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<td>3:30 - 4:30</td>
<td>Group Presentations</td>
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<td>4:00 - 4:15</td>
<td>Evaluation of the Day</td>
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**Detailed Facilitator Notes**
### Attendance
- Have participants sign the OHCEA attendance register

### Read 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

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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 to 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.

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 recognized?

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.

### Creating a One Health Policy Framework

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

**Group activity:**
Divide 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?

**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 co-managed and co-delivered across jurisdictions.

**Power point presentation on situation analysis and its components presentation**
Group Activity:
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**

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<th>Weaknesses</th>
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Post them on wall using flip chart and plenary review for discussion

Notes
Case Studies in One Health policies and advocacy

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

Case Study: 2013 Situation Analysis Research Update Kenya (pdf)

Case Study: 2013 Situation Analysis Research Update Zambia (pdf)
Case study: 2013 Situation Analysis Research Update Zimbabwe (pdf)

- Read your case study, answer the questions at the end of the case and prepare a 10-minute report summarizing the case and conclusions.

Note: Case studies include facilitator notes in italics to ensure that student responses are accurate and complete.

Case Study: situation analysis, 2013 Situation Research Analysis Sierra Leone (pdf)

Lassa fever is a zoonosis (disease transmitted from animals to people) caused by Lassa virus. Estimates of its incidence vary widely, and range from 100,000 to nearly 13 million infections, and between 5,000 and 67,000 deaths each year across West Africa. Since it was first recognized in a hospital outbreak originating in northeastern Nigeria in 1969, studies have shown it to be endemic in focal areas of Sierra Leone, Guinea, Liberia and Nigeria, with evidence of Lassa virus in several other countries throughout the West African sub-region.

GEOGRAPHIC DISTRIBUTION OF LASSA VIRUS ACROSS WEST AFRICA. COUNTRIES IN GREEN HAVE DOCUMENTED TRANSMISSION OF LASSA VIRUS IN HUMANS OR RODENTS. COUNTRIES IN YELLOW HAVE EVIDENCE OF LASSA OR LASSALIKE VIRUS.

Primary transmission of Lassa virus to humans is through contact with M. natalensis, one of the most widespread native rodents in Africa. Secondary (person-to-person) transmission occurs through contact with the body fluids of an infected person. Rodent-to-rodent transmission is responsible for maintenance of Lassa virus as humans are dead-end, incidental hosts.
Lassa fever manifests itself from three to 21 days after exposure to the virus, with gradual onset of fever, headache, malaise and weakness. The lack of distinctive symptoms from other endemic diseases in the region such as malaria and typhoid make clinical diagnosis difficult without laboratory confirmation. Death can occur 10 to 14 days after the onset of symptoms, but evidence suggests that mild or asymptomatic disease also exists. Treatment is with ribavirin, a broad-spectrum antiviral. No vaccine is approved for Lassa fever prevention.

There has been little research into the disease dynamics of Lassa fever. As Lassa virus is considered to have potential for use in bioterrorism, the majority of research funding has been devoted to addressing this threat as well as related laboratory-based studies. The result is a paucity of evidence on the social and ecological dimensions of virus spillover (in which it is passed to susceptible humans), exposure and maintenance to guide policy on disease prevention and control. Still, there are some significant known features of the virus and its rodent reservoir.

Chief among these are that M. natalensis is almost always found in association with human habitation or agricultural activities (farmed or fallow fields) and that the traditional construction of homes in West Africa, using natural materials, is associated with increased M. natalensis infestation. It is known that human antibody prevalence for the virus is greater in communities that eat rodents. Also, that the disease is uncommon in urban areas, though more so in urban-edge areas; and a higher incidence of it has been documented in villages where diamond mining activities take place. The unknowns though remain more numerous and significant. For example, the geographic range of M. natalensis in Africa far surpasses the endemic area of Lassa fever and this lack of congruence remains unexplained.

The disease dynamics of Lassa fever interact with a range of local social and ecosystem service processes – these local system contexts and interactions in turn being shaped by wider drivers of change. For some of these there is an evidence base for the Drivers of Disease study to build upon. These include:

Climate For example, it is known that M. natalensis is a prolific breeder and population explosions can occur when environmental conditions are favorable (i.e. there is increased rainfall).

Biodiversity For example, it is known that Lassa virus spillovers do occur in other rodent species. (Though unknown whether these species play a role as bridge vectors or amplifying hosts, or whether interspecies rodent aggression or resource competition is significant in regulating M. natalensis.)

Land Use Disease emergence with all the hemorrhagic fevers identified in the past 60 years has been associated with human impact on the landscape (anthropogenic change).

Other drivers of disease remain largely uncharted territory. The effects of spatial and seasonal variations in rodent habitat and Lassa fever transmission in the shifting farm-fallow-upland-swamp sites of village landscapes remain unknown. Gender, age and social relations have important impacts on livelihood opportunities and poverty in rural areas and on the ways people move throughout the landscape in accessing resources and ecosystem services. This raises important questions surrounding different social and demographic groups’ exposure to the Lassa virus.
Further complexity is added as Sierra Leone’s environment undergoes larger-scale changes, shaped by factors such as climate change, rapid urbanization and major transformations of land use associated with recent large-scale commercial land deals to grow crops for export and biofuels. Four communities in Kenema District with recorded Lassa incidence have been selected for the study. Each display potentially important variants of ecosystem and land-use. Field activities include vegetation and land-use mapping, air-temperature and humidity recording, rodent trapping and sampling, human disease sampling, and interviews and focus group discussions. A range of participatory methods and modeling exercises are being used to explore the complex relations that link different people’s livelihoods, their use of landscapes and ecosystem services, their contact with rodents and potential exposure to Lassa fever transmission risks, and poverty and wellbeing. Process-based modeling is addressing disease ecosystem dynamics and Lassa fever transmission, while pattern-based modeling is addressing the factors driving Lassa fever dynamics and distribution at wider scales.

**PATHWAYS TO IMPACT**

Drivers of Disease researchers are developing and maintaining close contact and dialogue with government and other stakeholders involved with health, environment and development in Sierra Leone. In this way, it is anticipated that the research findings will contribute to policy and practice, as well as to scientific knowledge. New understandings of how people are exposed to Lassa virus and its rodent reservoir will, the team hopes, highlight new opportunities to develop interventions decreasing people’s risks of infection – low-cost, locally-appropriate interventions which can realistically be taken up by people in the very poor settings where Lassa fever is endemic. Greater appreciation of the environmental, social and economic drivers of Lassa fever should also open new opportunities for joined-up thinking and policy across local, national and international agencies and sectors – and so real action towards a vitally-needed One Health approach, which values human health, animal health and the environment, in order to address this devastating disease.

**Specific questions:**

1. What are the main transmission routes for Lassa virus transmission, from rodent to rodent, from rodent to human and from human to human?
2. Who is most vulnerable to Lassa fever?
3. How does land-use change affect rodent ecology and Lassa fever transmission?
4. How does rodent ecology and Lassa fever transmission transform across seasons and with variations in livelihood practices?
5. How does climate change relate to changes in rodent numbers and Lassa fever distribution?
6. What are the differences between Lassa fever transmission dynamics in urban-edge settings and those in more remote rural areas?
7. What local knowledge and cultural understandings surround Lassa fever?
8. How can this study be used to influence One Health policy?
Break

Group Presentations
* Present and discuss case studies

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

Concluding Comments
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

**Read Asian Vulture crisis case study overnight**
http://steps-centre.org/project/drivers_of_disease/


**Conduct a 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>Sign in sheet</td>
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<tr>
<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>
</tr>
<tr>
<td>10:20 - 10:50</td>
<td>Prepare SWOT matrix</td>
<td>Group Activity</td>
<td>Activity 3</td>
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<td>10:50 - 11:00</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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<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>
<td></td>
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<tr>
<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**

**Attendance**
- Sign the OHCEA attendance register

**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**

In plenary ask the different groups to present their stakeholder maps

Discuss the importance of stakeholder analysis. Discuss the Asian vulture crisis case with a focus on advocacy and policy implications. What were the driving forces behind the changes that were made?
Identifying organizations in the One Health sphere

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, identify organizations at the international level, national level and local level in your 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?

Be prepared to present in a plenary session

National Agencies and One Health policy

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 you will identify national agencies (Ministries of Health, Agriculture, Livestock, Environment, etc.) and describe their scope and role. You 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
- Environment
- Wildlife
- Agriculture

Divide into five groups. Each group should tackle one of the areas listed above. Focusing on a specific country, 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.

Review the following video clips that give a brief overview of the three organizations

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

**Group activity**: Divide 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. Review the following facts sheets on USAID-Emerging Pandemics threat programme.

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?

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

The CDC is one of the major organizations at the center of One Health policy implementation. 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/ncdezid-divisions/oho.html

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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<td>Sign in sheet</td>
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<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>
<td>PowerPoint</td>
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<td>10:15 - 10:30</td>
<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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<tr>
<td>1:00 - 2:00</td>
<td>Lunch</td>
<td></td>
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<tr>
<td>2:00 - 3:00</td>
<td>Developing policy briefs</td>
<td>Group activity</td>
<td>Internet Access</td>
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<tr>
<td>3:00 - 3:15</td>
<td>Tea Break</td>
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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
Sign the OHCEA attendance register

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:**

Watch this video of president Obama addressing the Global Health Security Agenda summit [https://www.youtube.com/watch?v=bQTrSIu6I-M](https://www.youtube.com/watch?v=bQTrSIu6I-M)


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.

The GHSA has the following 3 main areas and 11 action packages under these:

<table>
<thead>
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<th>GHSA Action Packages</th>
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<tbody>
<tr>
<td><strong>PREVENT</strong></td>
</tr>
<tr>
<td>Antimicrobial Resistance</td>
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<tr>
<td>Zoonotic Disease</td>
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<tr>
<td>Biosafety and Biosecurity</td>
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<tr>
<td>Immunization</td>
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<tr>
<td><strong>DETECT</strong></td>
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<tr>
<td>National Laboratory System</td>
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<tr>
<td>Real-Time Surveillance</td>
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<tr>
<td>Reporting</td>
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<tr>
<td>Workforce Development</td>
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<tr>
<td><strong>RESPOND</strong></td>
</tr>
<tr>
<td>Emergency Operations Centers</td>
</tr>
<tr>
<td>Linking Public Health with Law and Multisectoral Rapid Response</td>
</tr>
<tr>
<td>Medical Countermeasures and Personnel Deployment</td>
</tr>
</tbody>
</table>

Divide 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=OYFaom8RTig

Watch 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:

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:**

Identify a One Health topic that you 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. Think through who your 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: 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: Spend 15 minutes creating a short leading statement for their brief. They should then share their statement with the team in a plenary session

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

Work on your briefs for the rest of the afternoon. These briefs should focus on a One Health policy area or theme

Activity 4: Share the summary of your 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: *Describe 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 in to their programmes

**Detailed Facilitator Notes**

**Introduction to session Five**

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 to change.

**Group Activity:** Think about policies and changes to them. Identify one policy in your lives or working environment that you would like to change or have seen change: What are some of the reasons you wanted it changed? Do you think it is important to change a policy? If yes give justifications What are the obstacles in changing policy and adding One Health perspective? Present what they have got.

Watch 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

**Power point presentations on One Health policies development, limitations to their progress and advocacy plan.**

**Activity 2:** Returning to the policies you have identified for change. 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

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>
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<tr>
<td>Formal Process</td>
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<td>Informal Process</td>
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<td>Decision Makers Involved</td>
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<td>Approximate Date of Action</td>
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<td>How we can influence the process at this stage</td>
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References:


Session 6: Advocacy for OH policies and gender inclusiveness

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.

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: Think through and identify an action that you particularly feel passionate about and would like to advocate for it. Make a list of all these areas. Share what you have done about it or what you would like to do about it.

- Share an experience when an individual or organization advocated on your behalf about a health issue and changed a dynamic in your lives. How did it feel to have someone advocate for you?

- Share your experiences when you had opportunity to advocate for someone about a health issue. What were the challenges and how did you overcome them? How did you feel advocating for someone?

Ensuring Gender sensitivity in advocacy

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 into four groups and 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.

**Group 2:** There is an outbreak of avian influenza in this community. The government decides 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.

**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.

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.

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:

**Advocacy World**

![Advocacy World Diagram]

The advocacy template from:

*Advocating for Change | Understanding How to Impact Health Policy*
Written by Harry Snyder, with assistance from Matt Iverson
Coprized by Lisa Black  Designed by Lane + Lane

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Four steps of advocating for One Health Policy

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 word was plagued by aids especially in the 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.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:** Identify the teams of people you think can support you in your 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 YouTube 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.

https://www.youtube.com/watch?v=Hq-URI9F17Y

Activity 4: create your message. Create an advocacy message for your One Health Issue. Keep in mind the following four foundation:

- 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.

Advocacy places where decisions are made

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=tveJ55o3Ei0
Identify any of the institutions that you need to work closely with. The outcome can be successful or not but 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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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=emotioncontrol&list=UUYWwT1w9Yv2qpKChz9Ho0mg](http://www.youtube.com/watch?v=RS4_38sZF3w&feature=emotioncontrol&list=UUYWwT1w9Yv2qpKChz9Ho0mg)

Debrief, reflection and conclusion of work shop
20 min Fill out the post-test and OHCEA evaluation form.
References


RESPOND EVENT EVALUATION – ONE HEALTH POLICY AND ADVOCACY SHORT COURSE

Facilitators: __________________________________________________________________________

Dates: ______________________________________________________________________________

RESPOND 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.