

# ONE HEALTH CENTRAL AND EASTERN AFRICA

## *Organizational Capacity Statement*

### **1. BACKGROUND**

One Health Central and Eastern Africa (OHCEA) is an international network of twenty-four institutions constituted by higher education institutions in public health, veterinary medicine, pathobiology, global health and environmental science. These are located in 16 universities in 8 countries in Eastern, Central and Western African regions. The Universities currently forming OHCEA are: Université des Montagnes and University of Buea (Cameroon), University of Lubumbashi and University of Kinshasa (DRC), Jimma University, Addis Ababa University and Mekelle University (Ethiopia), Moi University and University of Nairobi (Kenya), Université Cheikh Anta Diop (Senegal), Sokoine University of Agriculture and Muhimbili University of Health and Allied Sciences (Tanzania), University of Rwanda and University of Global Health Equity (Rwanda), Makerere University and Mbarara University of Science and Technology (Uganda). With funding from USAID and in partnership with University of Minnesota and Tufts University, OHCEA has been implementing One Health related projects since 2012. First “The strengthening and expansion of One Health Central and Eastern Africa network” under EPT 1 (2012 – 2014) and the current One Health Workforce project under EPT 2/GHSA (2015 to date).

In 2009, a core group of One Health visionaries embarked on a drive to see highly traditional institutions of Public Health, Veterinary, and other disciplines across the African continent work together. Inspired by the realization that Public Health alone could not solve health challenges that were increasingly becoming complex, and the evolution of One Health, Public Health schools under the Leadership Initiative for Public Health in East Africa (LIPHEA), invited schools of veterinary medicine and other Public Health schools in the region to join hands in the formation of OHCEA. The network then gradually moved from disaster preparedness and response to One Health Workforce development. Based on opportunities available within the Emerging Pandemic Threats (EPT) program, OHCEA quickly became engaged in One Health Workforce strengthening in the participating countries.

The network has grown over the past 10 years. From idea generation and network inception (2009-2010), the network went into a formative stage (2010 -2014), which mainly involved development and testing of governance structures and systems, building trust and working collaboratively while championing One Health. The outcome of this phase was a proof of concept, a ready evidence on how multi-disciplinary approaches in higher institutions of learning work. This was followed by the “Take Off Phase” from 2015 to date. This phase is characterized by dynamic actions towards streamlining operations and positioning the network for higher impacts and outreach expansion (Figure 1). Using evidence generated to inform policy - both University and government policies being a strong focus on sustainability and developing high impact One Health interventions. As a network we are hopeful that this experience will inspire and contribute to building more multi-sectoral alliances that are needed to deal with the increasing complex emerging pandemics. The 10 years have also seen the network grow from 14 to now 24 institutions including expanding to Western Africa. The network’s strategic direction is summarized in figure 2.

# Network Formation Trajectory

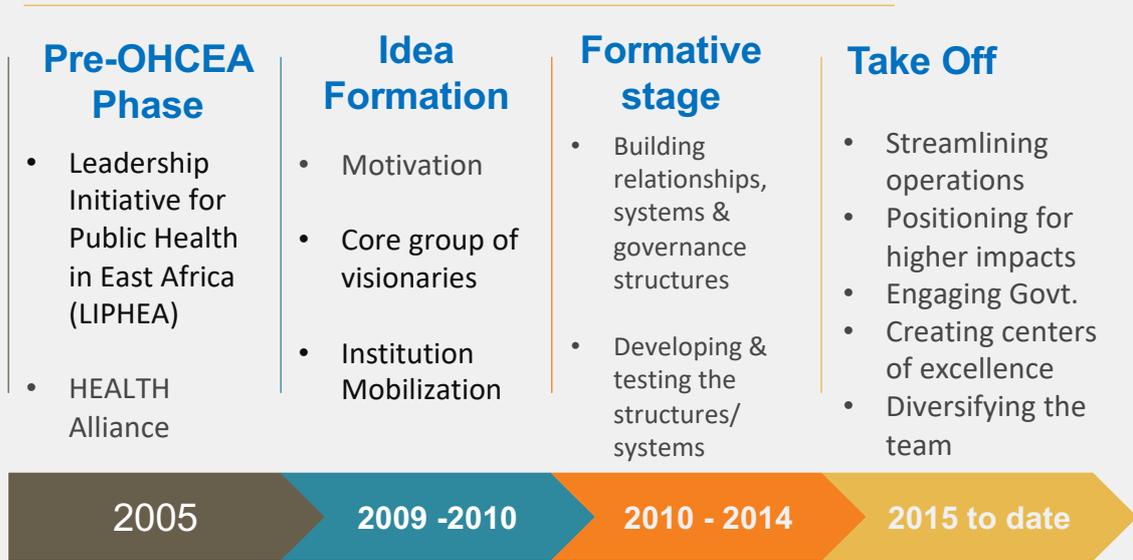


Figure 1: OHCEA network trajectory to date



Figure 2: OHCEA network looking forward

## 2. APPROACH TO ONE HEALTH WORKFORCE CAPACITY DEVELOPMENT

OHCEA has almost a decade of One Health programming and capacity development in the region. The network delights in taking a regional approach to One Health capacity building in East, Central and Western Africa through innovative in-service and pre-service training programs. The process

entails, OHCEA country teams, working with partners, and engaging institutional leadership and national and sub-national governments on workforce planning and development.

OHCEA takes a comprehensive approach to One Health Workforce development by;

1. Engaging governments to identify workforce capacity gaps, and design interventions to address them.
2. Forming partnerships with universities and other organizations in US and other parts of the world to build capacity to deliver on the network's promise
3. Developing the capacity of faculty and institutions to deliver One Health transformational programs to the students
4. Developing capacity of the current and future One Health workforce to develop One Health competences needed for managing complex health challenges
5. Developing and implementing innovative and experiential learning programs that expose students and in-service professionals to real-life learning environments.
6. Combining innovative training programs with regional, national and sub-national engagement and advocacy to influence change in practice and policy.
7. Continued Organizational Development of the network

### 3. EXAMPLES OF KEY ACTIVITIES

**Field Based Experiential Learning Training:** This training involves taking participants through theoretical classroom-based learning and practical field exposure. Various models are being used including, Field attachments, Outbreak investigations, Community outreaches, and Case competitions among others.

**Student Clubs:** These are multidisciplinary self-organizing platforms where students innovate and develop solutions. The clubs serve two purposes. They build One Health competencies for students, such as leadership, teamwork, communication, and community engagement; while rendering a service to address community healthy challenges.

**In-service training:** OHCEA runs a number of tailored, multidisciplinary in-service short courses to equip the current workforce with competencies and knowledge relevant to current complex health challenges. Some of the courses include: One Health Leadership, Risk Analysis, Infectious diseases prevention and control, Bio-risk Management Training. OHCEA implemented the first One Health Continuous Professional Development (CPD) Course in Rwanda last year, and there are plans to develop more CPD courses in Uganda, Tanzania and Kenya.

**Development of one health educational materials:** The network develops training materials such as one health modules covering soft and technical skills, case competitions that are used by institutions for training and enriching curricula and courses, for both pre-service and in-service training.

**Faculty Development:** OHCEA equips faculty to be able to deliver one health competence-based training programs and learning methodologies. Some of the activities under faculty development include trainings such as One Health Instructional Design, E-learning, Gender and Infectious

Disease Management, One Health Leadership, and Risk Analysis. In addition, faculty are also involved in offering South to South Technical Support within the network.

#### **4. TECHNICAL AND FINANCIAL MANAGEMENT CAPABILITY**

Over the years OHCEA as a network has built expertise in technical and financial management capabilities.

Technical capability includes:

- The ability to create convening space for multiple disciplines to train current and future One Health Workforce that can address complex health challenges.
- A pool of professionals with competencies in designing and executing One Health research and training programs.
- Expertise in developing and delivering multidisciplinary programs to address pre-and in-service competence capacity needs.
- Expertise in Government and strategic partnership engagement to address One Health capacity gaps and design appropriate interventions.
- Implementation of activities through institutional structures providing opportunities for institutionalization and sustainability of One Health education

Regarding financial management capacity, OHCEA has sound financial management systems that ensure transparency, accountability, judicious use of resources and efficient financial processes.

The above capabilities are assured by a team with technical, finance and administrative skills and experience. The technical team at the regional secretariat comprises 10 personnel supported by Focal Persons at the country level and other faculty who come in to support activity implementation. The team has worked with different donors including but not limited to, WHO, EU, DFID, USAID, SIDA, IDRC, SANDIA, Governments, AU, Regional Economic Communities, among others. The team also has experience engaging with different partners, for example, government, academia, the private sector, civil society, and bilateral agencies. At country level, OHCEA is a member of National One Health platforms in all its operational countries working with sector ministries and other agencies. At the regional level, OHCEA is a member of the East African Community One Health Platform, the Continental Animal Health Platform for Africa (CAHP-Africa) of the AU-IBAR. Members of the team also bring on board experience and expertise in coordinating multi-country programs, designing innovative multi-sectoral programs, network building and collaboration across cultures and sectors.

The OHCEA finance and administration personnel at both the regional and country secretariats have internationally-recognized financing qualifications. The team has training and experience working with internationally-recognized accounting packages like QuickBooks, Tally, Scalla, and Navision. They also have experience working with big funding agencies like NIH and PEPFAR, USAID, WHO, Rockefeller Foundation, DFID, EU, IDRC-Canada, DTRA, among others. The team has experience interfacing with banking and audit staff to ensure integrity of processes and systems as well as safety of funds.

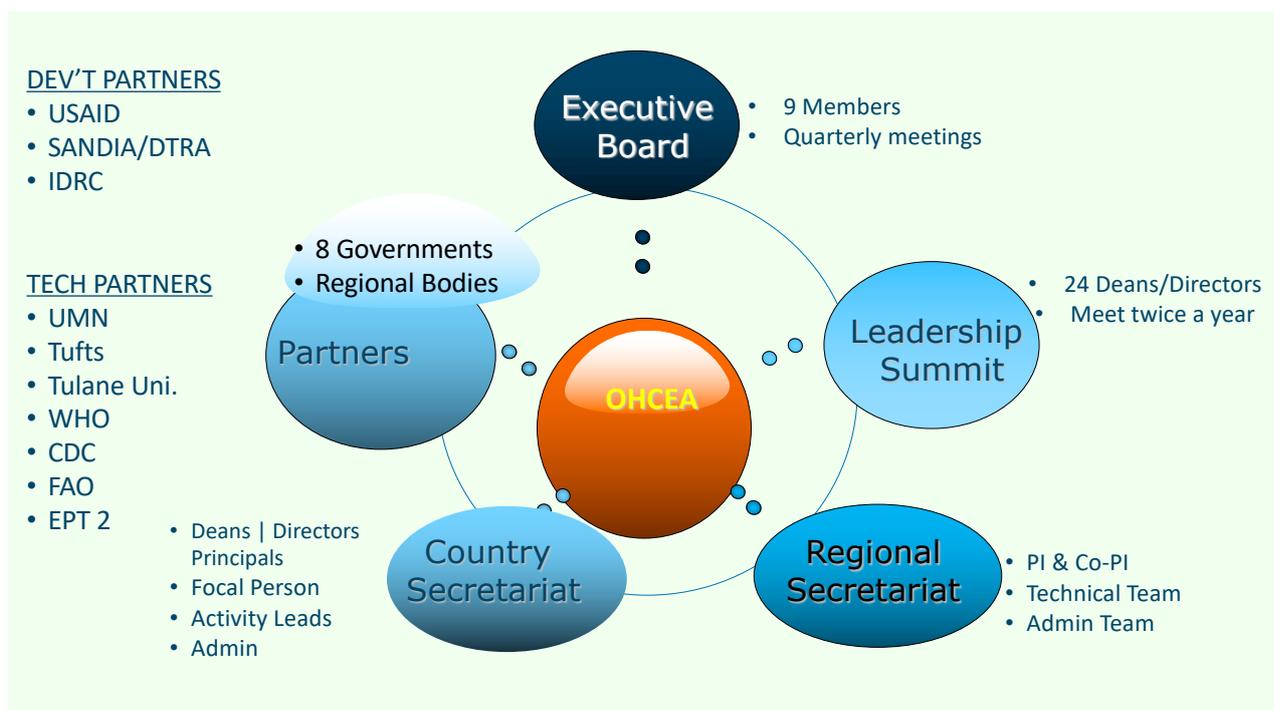
## 5. OPERATIONAL STRUCTURE

OHCEA’s leadership and governance is structured in a way that promotes a sense of ownership among member institutions and also integrates the technical expertise in the running of OHCEA’s activities. The governance structure entails, the Leadership Summit, Board of Directors, and management team.

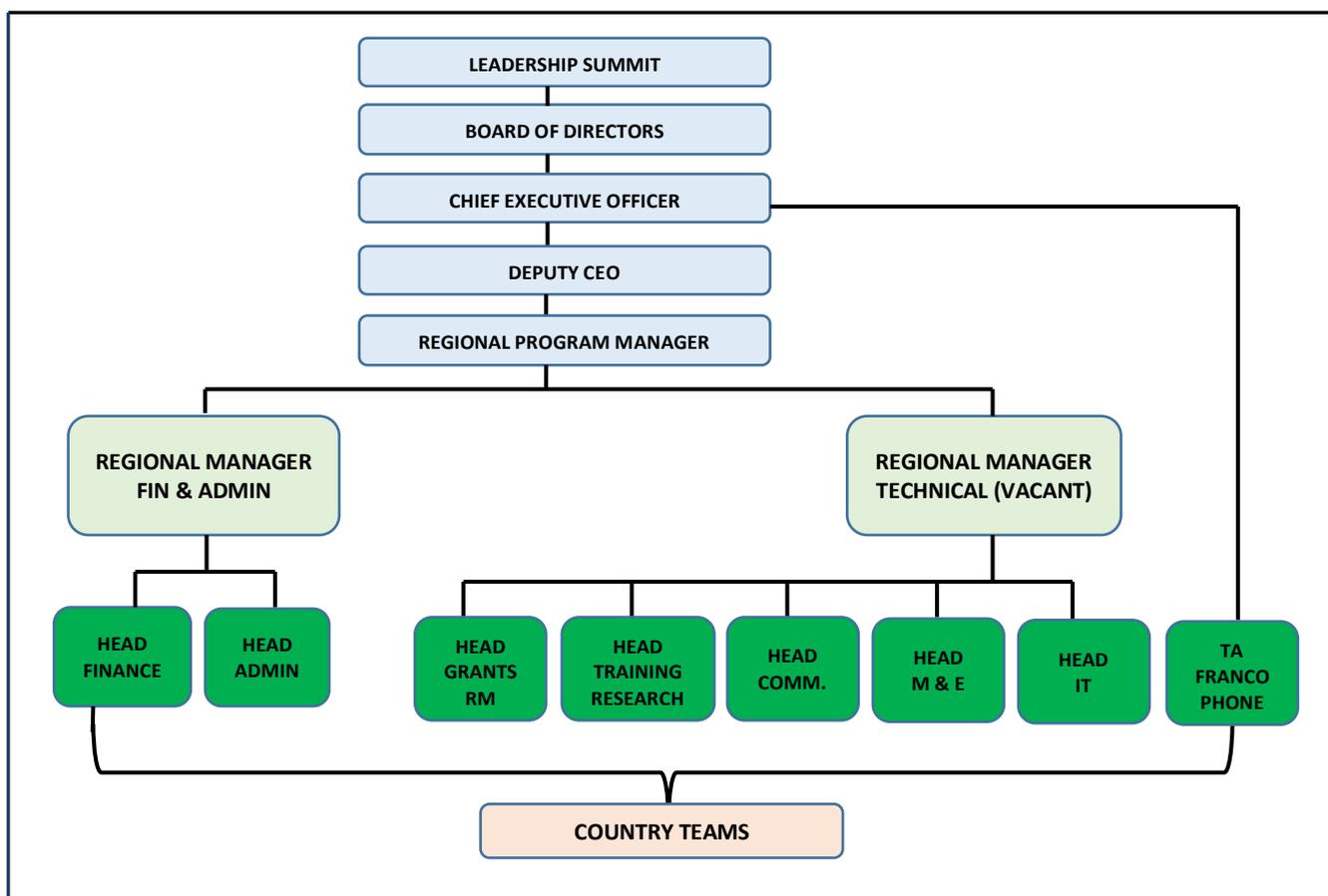
The Leadership Summit is the top decision-making body of the network, comprised of Heads of member institutions such as Deans / Directors. The Summit is charged with the responsibility of approving Board decisions and country programs for implementation. The Deans / Directors also provide technical and management oversight for program activities at country level.

The Board of Directors is a technical body and is charged with overseeing the promotion and realization of the vision, mission and objectives of the network; formulating policy to govern the effective operations of the network; and providing technical oversight to the Secretariat. Currently, Board membership comprises representatives from the founding six countries.

The OHCEA Management layer of leadership is constituted by the Chief Executive Officer, Deputy Chief Executive Officer, Regional Program Manager and Regional Manager – Finance and Administration. They provide technical and financial management support to the following units at the Secretariat: Finance and Administration; Monitoring and Evaluation; Grants and Resource Mobilization; Training and Research; Communication; and Information Technology. Activity implementation at country level is provided by the Focal Person and Country Administrator with the support of the Deans. The Regional Secretariat provides programmatic and administrative support to the country team. The interconnectedness of the OHCEA support team is demonstrated in figure 3 and the organogram in figure 4.



**Figure 3: OHCEA Support Team**



*Figure 4: OHCEA Organogram*

## 6. CONSTRAINTS AND CHALLENGES

Despite its commendable growth over the last eight years, OHCEA still has several constraints and challenges that are being addressed and are at varying levels of being eliminated. The key ones are discussed here;

- The network operates on a lean staff, with an average of one staff in per unit at the regional secretariat while the network relies on university staff at 25% effort time. This limits the network’s ability to engage in strategic needs, including resource mobilization and global level engagement, and expanding programs at country level.
- Weak knowledge management system which has limited the network’s ability to capture knowledge and learnt from what it is doing as well as hampering institutional memory. It is further hampered by constraints to collect and utilize strategic M&E data to inform decision making and program.
- The Deanship tenure within member institutions affects sustained support and institutional memory, and sometimes slows decision making, resource mobilization and activity implementation at the country level. This has also made institutionalization of One Health and OHCEA programs and innovations within the university system challenging.
- Inadequate communication function at the institutions which has limited documentation of events and activities as they are being implemented. This has caused irregularity in creating and sharing the OHCEA story, affecting the network’s visibility and the potential

to make a significant contribution to the one health knowledge base out of its rich experiences generated over the years.

- Although OHCEA has opportunities to institutionalize activities within the university system, influencing changes with complex university systems remains a major challenge.
- OHCEA is currently depending on one major donor covering all OHCEA institutions; the USAID and a few others supporting a limited coverage.
- High demand to join the network amidst limited resources.
- Competing needs and priorities of different stakeholders at institutional, country, network and partner's levels.

## **7. CONTACT DETAILS**

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