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World Organisation
for Animal Health
Founded as OIE

A guide to implementing the One Health Joint Plan of Action at national level



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Abbreviations and acronyms

AMR	antimicrobial resistance
BMZ	German Federal Ministry for Economic Cooperation and Development
FAO	Food and Agriculture Organization of the United Nations
MEL	monitoring, evaluation and learning
OH JPA	One Health Joint Plan of Action
OHHLEP	One Health High-Level Expert Panel
ROI	return on investment
SDGs	Sustainable Development Goals
SWOT	strengths, weaknesses, opportunities and threats
UNEP	United Nations Environment Programme
UNSDCF	United Nations Sustainable Development Cooperation Framework
WHO	World Health Organization
WOAH	World Organisation for Animal Health

Executive summary

The guide to implementing the One Health Joint Plan of Action (OH JPA) at national level provides practical guidance on how countries can adopt and adapt the OH JPA to strengthen and support national One Health action.

Building on the OH JPA theory of change, this guide describes three pathways and five key steps to implement the OH JPA at national level:

- **Pathway 1** – Governance, policy, legislation, financing and advocacy
- **Pathway 2** – Organizational and institutional development, implementation and sectoral integration
- **Pathway 3** – Data, evidence, information systems and knowledge exchange.

The stepwise approach comprises:

- 1. Situation analysis including stakeholder mapping and review of existing assessment results**
- 2. Set-up/strengthening of a multisectoral, One Health coordination mechanism**
- 3. Planning for implementation, including activity prioritization and leveraging of resources**
- 4. Implementation of national One Health action plans**
- 5. Review, sharing and incorporation of lessons learned.**

From the situation analysis through to establishing or strengthening national multisectoral, One Health coordination mechanisms and national One Health action plans, the process described in this guide builds on and links to existing national work and defines clear roles and responsibilities for primary stakeholder groups. These roles and responsibilities include those of national authorities who are charged with the primary responsibility for programmatic, financial and resource decisions. National authorities are also responsible for engaging with other governmental and nongovernmental stakeholders at all levels to ensure coordination, harmonization and support of national-level activities. The Quadripartite (Food and Agriculture Organization of the United Nations (FAO), United Nations Environment Programme (UNEP), World Health Organization (WHO) and World Organisation for Animal Health (WOAH)) at all levels is responsible for defining methodologies and approaches and may,

where resources allow, provide direct support to regions and countries at their request. The vital ingredients of governance, advocacy, investment planning and leverage are integral to the process and should be considered in the early planning stages with key stakeholders.

Countries are encouraged to design and institutionalize national One Health action plans featuring the activities prioritized by pathway and stakeholder group that link to action tracks featured in the OH JPA and existing relevant national action plans. The guide provides a basis for the sustainable implementation of a One Health approach at country level. While it does not focus on any particular technical area, it seeks to support countries in building and strengthening the necessary mechanisms and enabling factors for successful implementation for long-term sustainability.

The guide can be used by all countries regardless of their national status with respect to One Health implementation. National authorities are encouraged to review the components of all steps, and to assess areas where existing national One Health mechanisms, strategies and activities can be strengthened and better aligned with the OH JPA. This will help countries identify a starting point for using the guide to strengthen, integrate and develop activities for the implementation of One Health using the stepwise approach described in this guide. The recommendations made are not meant to replace, interrupt or render redundant ongoing One Health mechanisms, strategies and activities.

This guide was developed through a participatory process, led by the Quadripartite organizations – the FAO, UNEP, WHO and the WOA (founded as Office international des epizooties (OIE)) – involving staff engaged in One Health across the headquarters and regional levels of the four organizations. It reflects inputs from multisectoral consultations including from the One Health High-Level Expert Panel and countries with the purpose of establishing and strengthening efforts towards a sustainable One Health approach at national level.

When addressed holistically, the actions presented in the OH JPA and this accompanying guide aim to inspire greater and more targeted One Health action at every level, enhancing capacities and capabilities to prevent and mitigate risks and threats, with the ultimate aim of promoting well-being and health more sustainably for a thriving planet.

1. Introduction

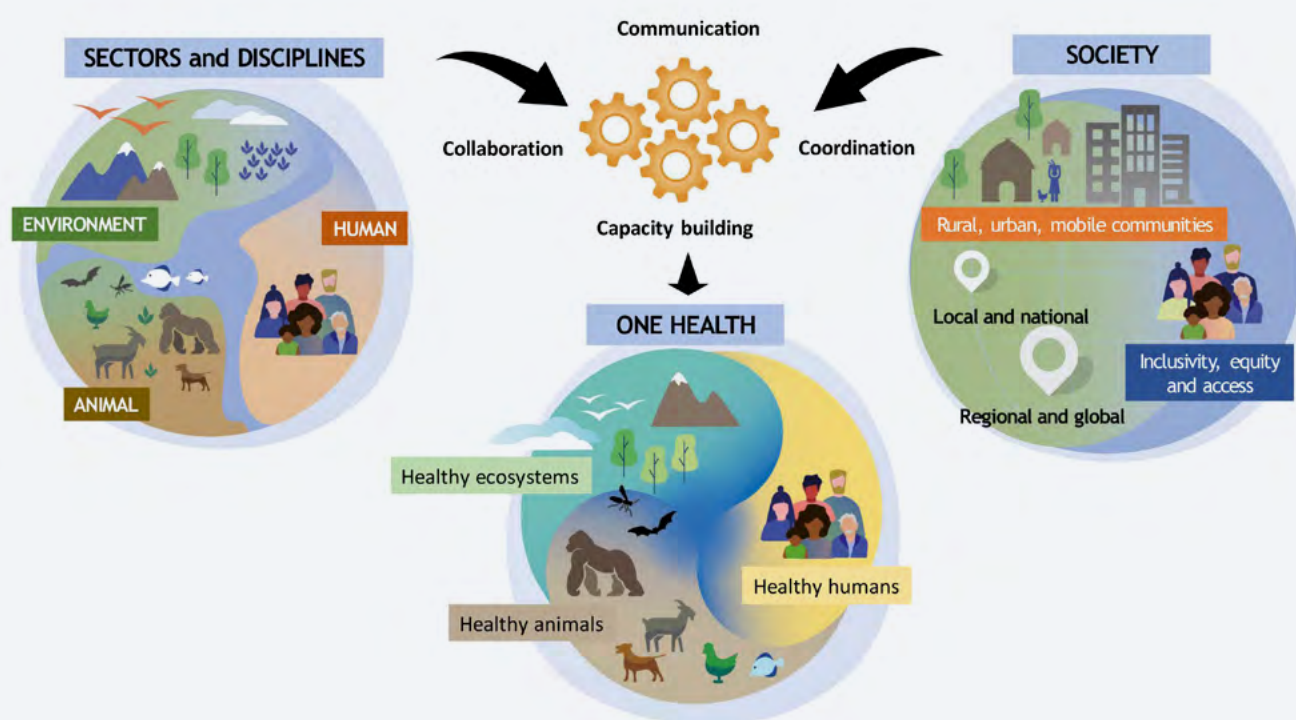


1.1 Background

The critical need for a One Health approach to health challenges is more evident today than ever before. Although One Health is not a new concept, it is increasingly recognized as the optimal approach to promote health and well-being. It offers a means to tackle associated threats at the human–animal–plant–environment interface through collaboration and coordination between these sectors and the stakeholders involved (Fig. 1).

One Health is defined by the One Health High-Level Expert Panel (OHHLEP) as “an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems. It recognizes the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and interdependent. The approach mobilizes multiple sectors, disciplines and communities at varying levels of society to work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for clean water, energy and air, safe and nutritious food, taking action on climate change, and contributing to sustainable development” (One Health High-Level Expert Panel [OHHLEP] et al. 2022a).

FIG. 1: ONE HEALTH PROMOTES A SUSTAINABLE AND HEALTHY FUTURE THROUGH COLLABORATION, COMMUNICATION, COORDINATION AND CAPACITY BUILDING



Adopting a One Health approach at all levels – global, regional, national, subnational and community – requires strong technical, coordination, collaboration and institutional arrangements. To this end, the Quadripartite organizations, namely the Food and Agriculture Organization of the United Nations (FAO), the United Nations Environment Programme (UNEP), the World Health Organization (WHO) and the World Organisation for Animal Health (WOAH, founded as OIE) jointly developed the One Health Joint Plan of Action (OH JPA) (Food and Agriculture Organization of the United Nations [FAO] et al. 2022).

The OH JPA (2022–2026) proposes a framework to prevent and mitigate interconnected health challenges at the human–animal–plant–environment interface, such as spillover events of pathogens with pandemic potential, neglected zoonotic and vector-borne diseases, antimicrobial resistance (AMR), environmental contaminants, and food safety and security issues (see sections 1.1 and 2.2 of the OH JPA). The plan also provides a framework to address the drivers of these threats including the degradation of the integrity of our natural ecosystem linked to biodiversity loss, degradation of soil and water resources, water scarcity, land use change and habitat conversion, pollution and climate change. When addressed holistically, the actions presented in the OH JPA can help prevent these threats and sustainably promote health and well-being, including the health of the environment and protection of ecosystem services, as well as enhancing food safety, food security and nutrition, which to date are often neglected in One Health.

The OH JPA outlines six action tracks for addressing key health challenges at the human–animal–plant–environment interface that can serve as focus areas for national One Health implementation (see Part 3 of the OH JPA for more details on the action tracks). The action tracks are summarized as follows:

- **Action track 1:** Enhancing One Health capacities to strengthen health systems
- **Action track 2:** Reducing the risks from emerging and re-emerging zoonotic epidemics and pandemics
- **Action track 3:** Controlling and eliminating zoonotic, neglected tropical and vector-borne diseases
- **Action track 4:** Strengthening the assessment, management and communication of food safety risks
- **Action track 5:** Curbing the silent pandemic of antimicrobial resistance (AMR)
- **Action track 6:** Integrating the environment into One Health.

The details of the main activities for One Health are outlined in each of the OH JPA action tracks. These action tracks link to the three pathways of the theory of change (see section 2.1 of the OH JPA). Many action track activities described in Part 3 of the OH JPA are aligned with cross-cutting themes under each pathway of change, as shown in Fig. 2.

To avoid a siloed approach to One Health by action track, the guide recommends countries use the three pathways of the theory of change to design and institutionalize national One Health action plans using cross-cutting activities by theme. Although a holistic, systems strengthening approach to One Health is recommended, countries have the option to prioritize pathway themes and action tracks according to their needs and capacities, as described later in this guide.

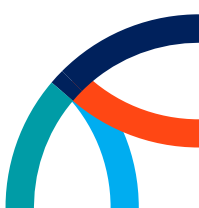
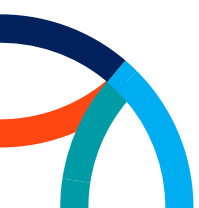
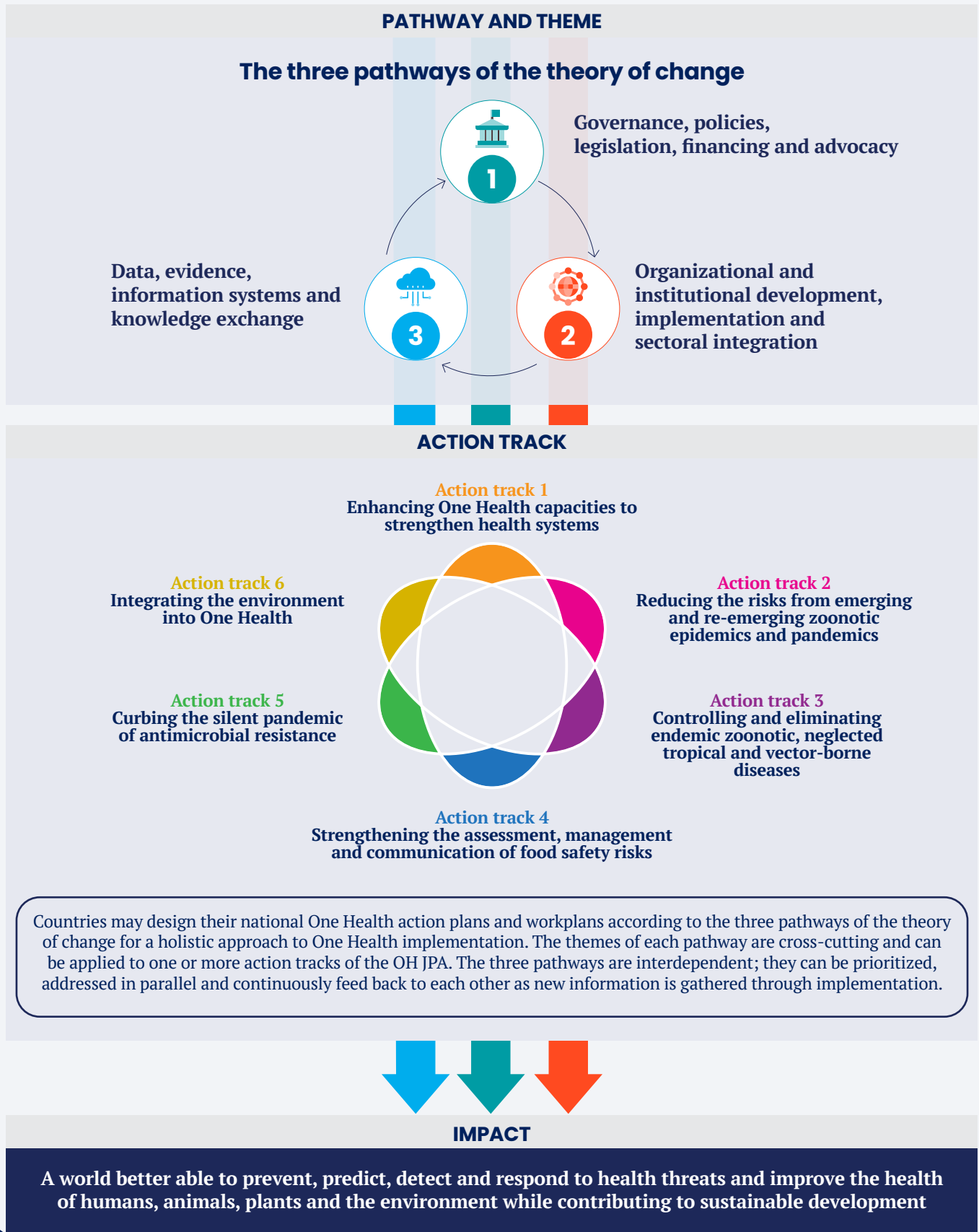


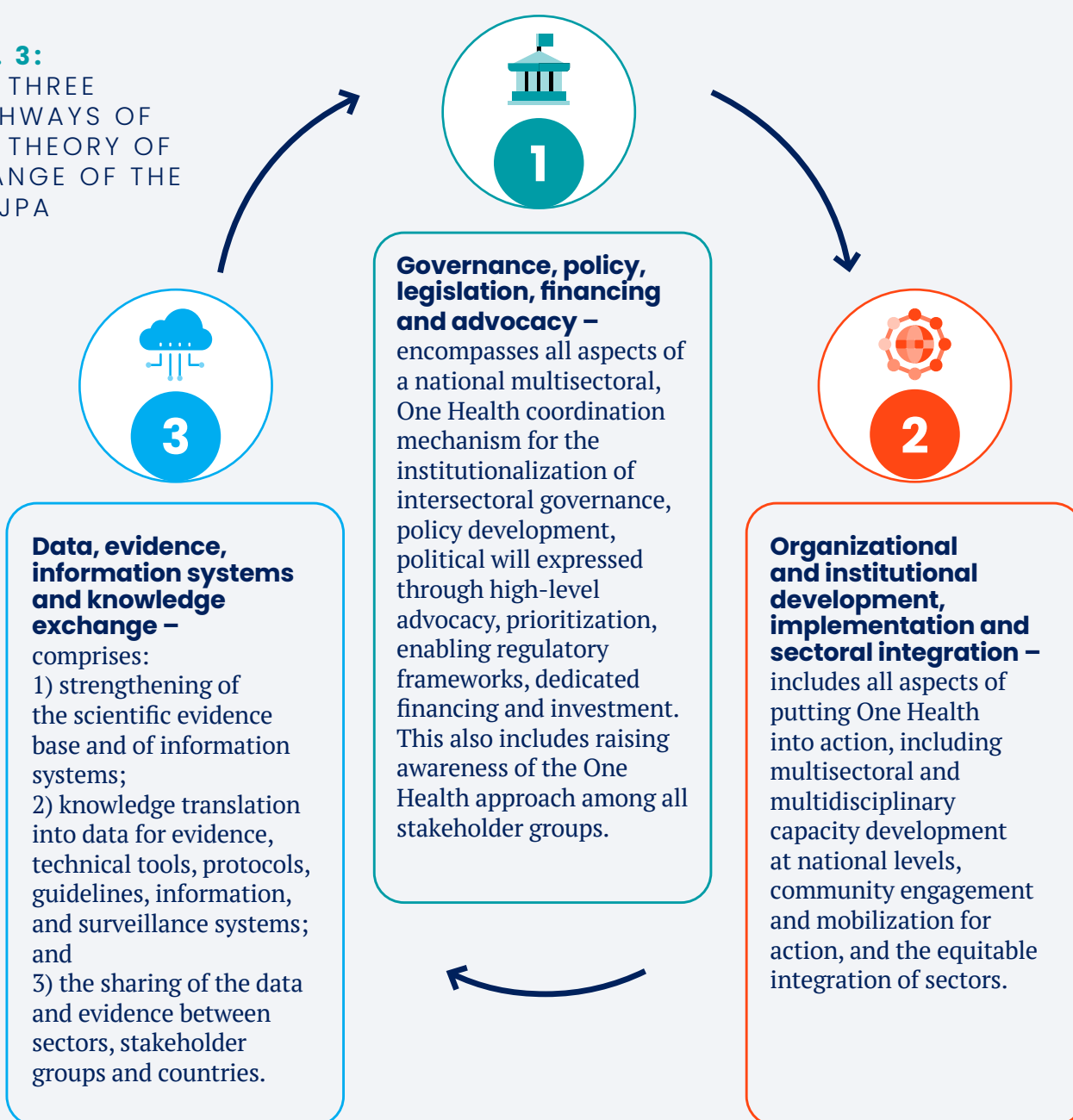
FIG. 2: DESIGNING NATIONAL ONE HEALTH ACTION PLANS AND WORKPLANS ACCORDING TO THE THREE PATHWAYS OF THEORY OF CHANGE AND ACTION TRACKS OF THE OH JPA



1.2 The basis for the guide – OH JPA theory of change

The [OH JPA](#) is guided by a clear theory of change, where the desired social change is identified, and the activities, conditions and pathways to achieve this new paradigm are outlined (OHHLEP et al. 2022b). The overall goal and objectives of the theory of change for implementing a One Health approach can be achieved through the three pathways of change as outlined in section 2.1 of the OH JPA (Fig. 3).

FIG. 3:
THE THREE
PATHWAYS OF
THE THEORY OF
CHANGE OF THE
OH JPA



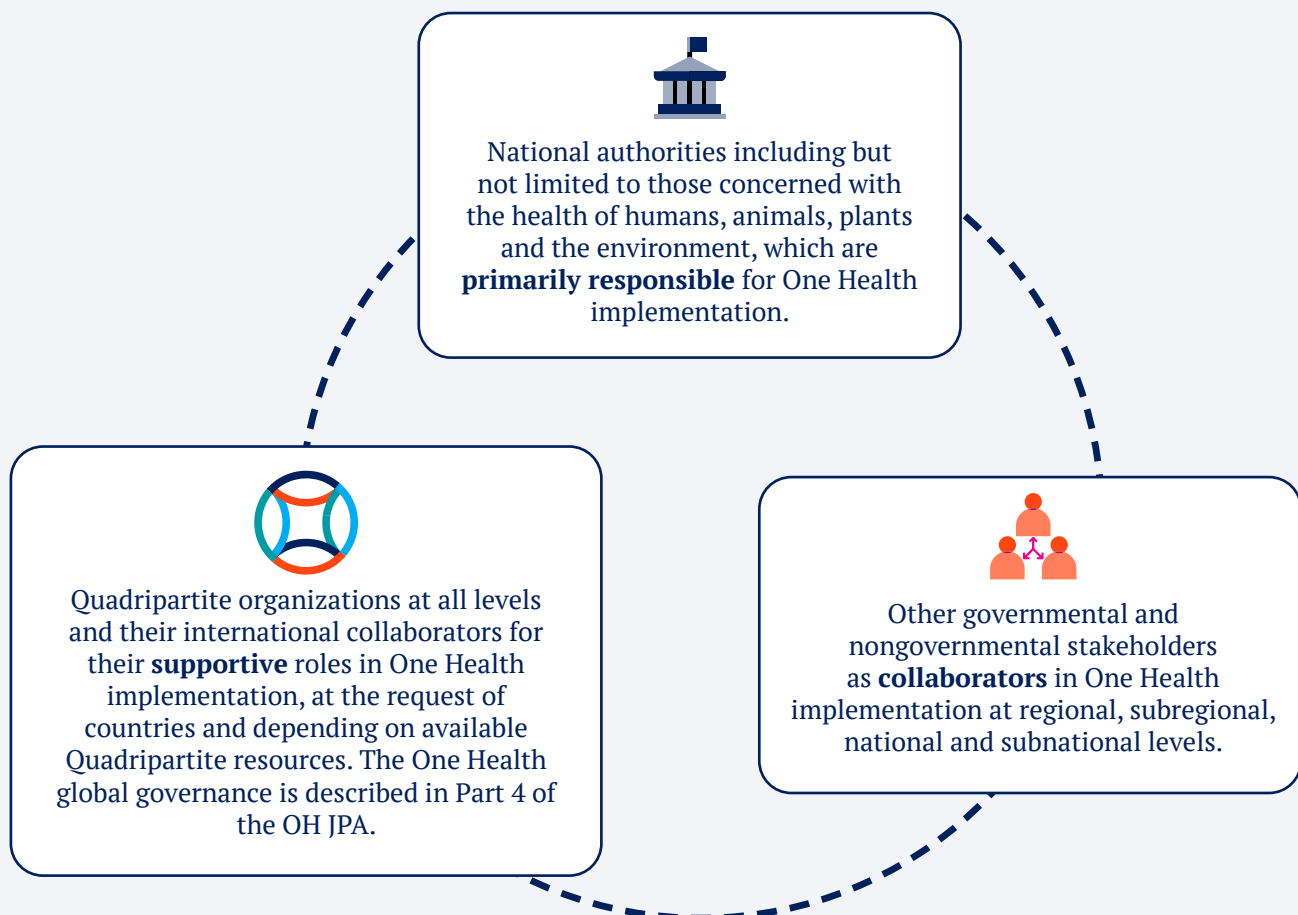
The three pathways are interdependent; the outcomes of each pathway feed back to the others in an optimal national One Health action plan (OHHLEP et al. 2022b). A periodic feedback mechanism to inform each of the pathways should be envisioned as part of monitoring, evaluation and learning (MEL) frameworks. MEL is critical for assessing the impacts of implementation through the theory of change, described in further detail in the planning for implementation step.

1.3 Purpose, scope and target audience

The guide aims to provide countries with practical guidance on how to implement the One Health approach through the adoption and adaptation of the OH JPA, aligning with the three pathways of the theory of change. The guide has an inclusive scope to allow every country to use it, regardless of its status with respect to One Health development and implementation.

The guide is intended as a resource for stakeholder groups with an interest in the health of humans, animals (terrestrial, aquatic, wild and domestic), plants and the environment (Fig. 4).

FIG. 4: TARGET AUDIENCE



1.4 Methodology

This guide was developed through a participatory process led by the joint Quadripartite Secretariat involving staff engaged in One Health across the headquarters and regional levels of the four organizations. It also reflects inputs received from broad multisectoral consultations, from OHHLEP and from countries.

FIG. 5: GUIDING PRINCIPLES

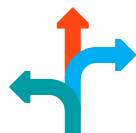
1. Applicable for any country to use:

The guide recommends a horizontal and cross-cutting approach to enable implementation of One Health in an integrated manner rather than focusing on siloed technical programmes. It also considers national contexts and priorities, as well as the level of progress on implementing One Health policies, strategies and interventions.



2. Flexible to respond to country needs:

The guide is flexible enough to adapt to country needs, priorities and context. For this, a mechanism to assess and link country needs will be developed (see Step 1.2) so that resources can be provided by the Quadripartite depending on existing funding sources and donors, in addition to domestic finance.



3. Aligned with OH JPA and building on existing work:

The guide complements the OH JPA and builds upon existing One Health initiatives, frameworks and platforms at global, regional and national levels. The goal is to fully integrate or strengthen the One Health approach in existing technical programmes rather than create new ones, by identifying bottlenecks and developing country plans that build on the current situation and address the One Health-related gaps and challenges.



4. Based on a stepwise approach to bring initiatives to scale:

Because different countries are at various stages of One Health implementation, it will be essential to adopt a stepwise approach to implement the OH JPA. Based on the extent of the implementation of the One Health approach in different countries, an assessment would help countries to determine which activities under each pathway could be prioritized for implementation across action tracks. Then the scope of the implementation would be further expanded to include other activities based on the needs, available resources and progress in implementation.



The guide was developed based on a set of guiding principles (see section 2.3 of the OH JPA) (Fig. 5).

5. Evidence-based and informed decision-making:

One Health is based on evidence and science. The content of the guide takes into consideration the latest scientific advice in One Health.



6. Based on principles of equity, parity and transdisciplinarity:

The guide upholds equity, parity and transdisciplinarity between stakeholder groups and sectors. Equity is ensured through appropriate stakeholder identification and participation (see Step 1.1). All efforts to implement the OH JPA also support gender equity and women's empowerment and adopt a gender-sensitive perspective, bearing in mind the vulnerabilities specific to each national context, consistent with the 2030 Agenda for Sustainable Development. Sociopolitical and multicultural parity is ensured through the inclusion and engagement of communities and marginalized voices. Transdisciplinarity and multisectoral collaboration, which includes all relevant disciplines, both modern and traditional forms of knowledge, and a broad representative array of perspectives and sectors, is supported in coordination mechanisms and activities recommended by the guide where possible.



7. Clarifies responsibilities for stakeholders:

Due to the multistakeholder nature of the One Health approach, the guide provides guidance on identifying the roles of the stakeholder groups involved as either implementers, collaborators and/or coordinators, building a coalition approach to One Health action. This will facilitate defining the roles and responsibilities of stakeholder groups in One Health action plans and their participation in One Health implementation.



8. Aimed at measuring progress and scalability of the OH JPA:

The guide specifies the means and metrics for evaluating progress and key success factors for implementation at global and national levels. The key performance indicators and targets for the implementation of the OH JPA should link to existing MEL frameworks and the Sustainable Development Goals (SDGs).



1.5 How to use the guide

A stepwise approach and a continuous process of OH JPA implementation at national level is highlighted in Fig. 6. It includes five main steps (1. situation analysis, 2. set-up/strengthening of OH governance and coordination, 3. planning of the implementation, 4. implementation of national One Health action plans and 5. review, sharing and incorporation of lessons learned).

Sharing of lessons learned and best practices between countries and regions as described in Step 5 can be a cross-cutting activity that occurs throughout the implementation.

Additional resources and tools to support One Health implementation are provided in the annexes:

- **Annex 1.** Template for a national One Health action plan with a workplan for activities according to the three pathways of change and by stakeholder groups linked to the action tracks of the OH JPA
- **Annex 2.** Link to OHHLEP inventory and updated analysis of One Health tools and resources for capacity assessment and One Health operationalization to build into national One Health action plans with guidance for countries.

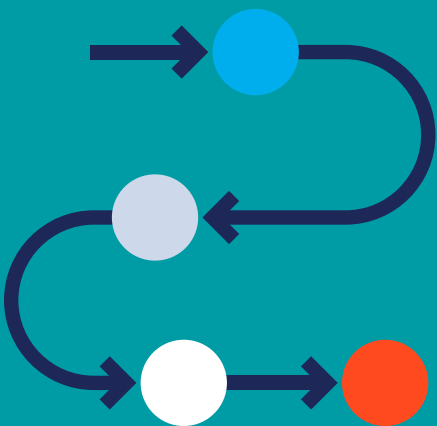
Some countries may request assistance from the Quadripartite for integrating the One Health approach into and aligning their existing relevant national action plans and technical programmes with the OH JPA and the three pathways of the theory of change. Although this guide does not specifically outline this process, many elements can be adapted to achieve this end. Countries may also request support from the Quadripartite to monitor the implementation of their existing national action plans related to One Health or for support with specific steps in the implementation process.

FIG. 6: A STEPWISE APPROACH TO OH JPA IMPLEMENTATION



2. Steps to implement the One Health Joint Plan of Action

This section describes the recommended stepwise approach to implementing the OH JPA according to the three pathways of the theory of change and the action tracks while building on existing work and linking to existing plans, strategies and frameworks.



Step 1: Situation analysis

A situation analysis of the current state of One Health implementation is the first step towards recognizing and assessing the effectiveness of existing work, involvement of stakeholders, their connections and influence and the governance mechanism.

The situation analysis should be led by the multisectoral, One Health coordination mechanism if one is already in place. If not, any of the three main ministries responsible for human health, animal health or the environment can lead the process and ensure the other relevant sectors are involved. Establishment of a One Health, multisectoral coordination mechanism is described in Step 2.

The situation analysis ideally uses a systems and participatory approach and can include mapping and analysis of stakeholder groups, existing structures, activities, plans, policies and legislation, resources, capacities, priorities, coordination and communication mechanisms at national level. Countries may choose to extend the situation analysis to subnational levels. Once identified and analysed, gaps can be filled and opportunities and actions can be taken with the help of an appropriate national One Health action plan, designed according to the three pathways of change described in Step 3. Results of the situation analysis components can serve as sources for baseline data for the national MEL framework.

Three main components of the situation analysis should be addressed with an integrated approach through a series of participatory consultations to generate ownership across stakeholder groups:

**Stakeholder mapping
and analysis**

**Review national One Health
governance and coordination**

**Review completed
assessments and plans
related to One Health**

The situation analysis should complement existing work and avoid duplication. If analysis of any component has been completed within the past five years, the results of these analyses may still be relevant and they may not need to be repeated. The Quadripartite can support countries to undertake the situation analysis subject to available resources.

Key components in this step include:

1.1 Stakeholder mapping and analysis

Stakeholder mapping at national level is a critical first step of the situation analysis. It ensures that the key and diverse stakeholders relevant to One Health are identified and their relationships, and levels of influence and engagement in One Health implementation are examined. In this way, all relevant stakeholders find ways to be involved and are given a voice in One Health implementation.

When conducting their stakeholder mapping exercise, national authorities may consider public and private actors at central and decentralized levels who are also working on gender-related issues, policy-makers, civil society beneficiaries, women groups among other stakeholder groups. Stakeholder mapping should be conducted through a participatory process, such as through workshops, informant interviews and consultations.

Following the identification of the relevant stakeholders, it is useful to jointly conduct a SWOT (strengths, weaknesses, opportunities and threats) analysis on the implementation of the One Health approach. This analysis would serve as a valuable foundation for any subsequent discussions and decision-making processes. In addition, regional representatives may undertake a regional mapping exercise, and countries may undertake subnational stakeholder mapping exercises as needed.

1.2 Review national One Health governance and coordination mechanism

It is important for countries to review the One Health governance and coordination mechanisms in place, which form the foundation for implementation of One Health activities. Adopting and complying with the core values and the principles of good governance are important to achieve and maintain the impact and outcomes of the One Health approach. The aim is to have a world that is better able to mitigate the impact of current and future health challenges at the human–animal–plant–environment interface and at the global, regional and country level.

There are three core principles of good governance:

Participation and inclusion

Accountability and rule of law

Equality and nondiscrimination

These principles provide the enabling environment for the relevant institutions and coordination mechanisms to operate, adapt and achieve their goals.

The review should include the types, scales, scope and formality of coordination mechanisms, and their strengths. The outcomes of the review will be used by national-level stakeholders to strengthen or develop new sustainable multisectoral, One Health governance and coordination mechanisms.

1.3 Review One Health-related assessments and plans

Completed and ongoing country assessments and plans related to One Health, and other secondary data and information sources should be consulted to inform priority-setting for national One Health implementation. A list of existing national action plans, strategies and frameworks should also be compiled. See **Annex 1** for a template One Health action plan detailing a workplan for activities that link to any existing relevant national action plans.

A list of tools for identifying possible completed assessments is provided in Appendix 2 of the One Health and the United Nations Sustainable Development Cooperation Framework (UNSDCF) (FAO et al. 2023) and also presented in the OHHLEP inventory of resources (**Annex 2**). Some existing tools may not have been designed with a One Health framework in mind, and thus One Health coordination across all relevant sectors will be necessary to ensure gaps in scope are sufficiently considered.

Engagement of United Nations Country Teams can ensure that Resident Coordinators and United Nations Country Teams include One Health in national UNSDCFs. They can support mainstreaming One Health approaches into national development plans, recognizing the value-added a One Health approach can bring when managing competing priorities in country planning. As the Common Country Analysis and the UNSDCF are the main UN analysis and planning mechanisms at country level, it is essential that the One Health approach be included in the development of both, given its importance for achieving the SDGs.

A validation workshop or validation process is recommended, particularly if there is limited or outdated assessment material from any relevant sector, and this is also a key means to engage stakeholders as champions at an early stage in support of forward action.

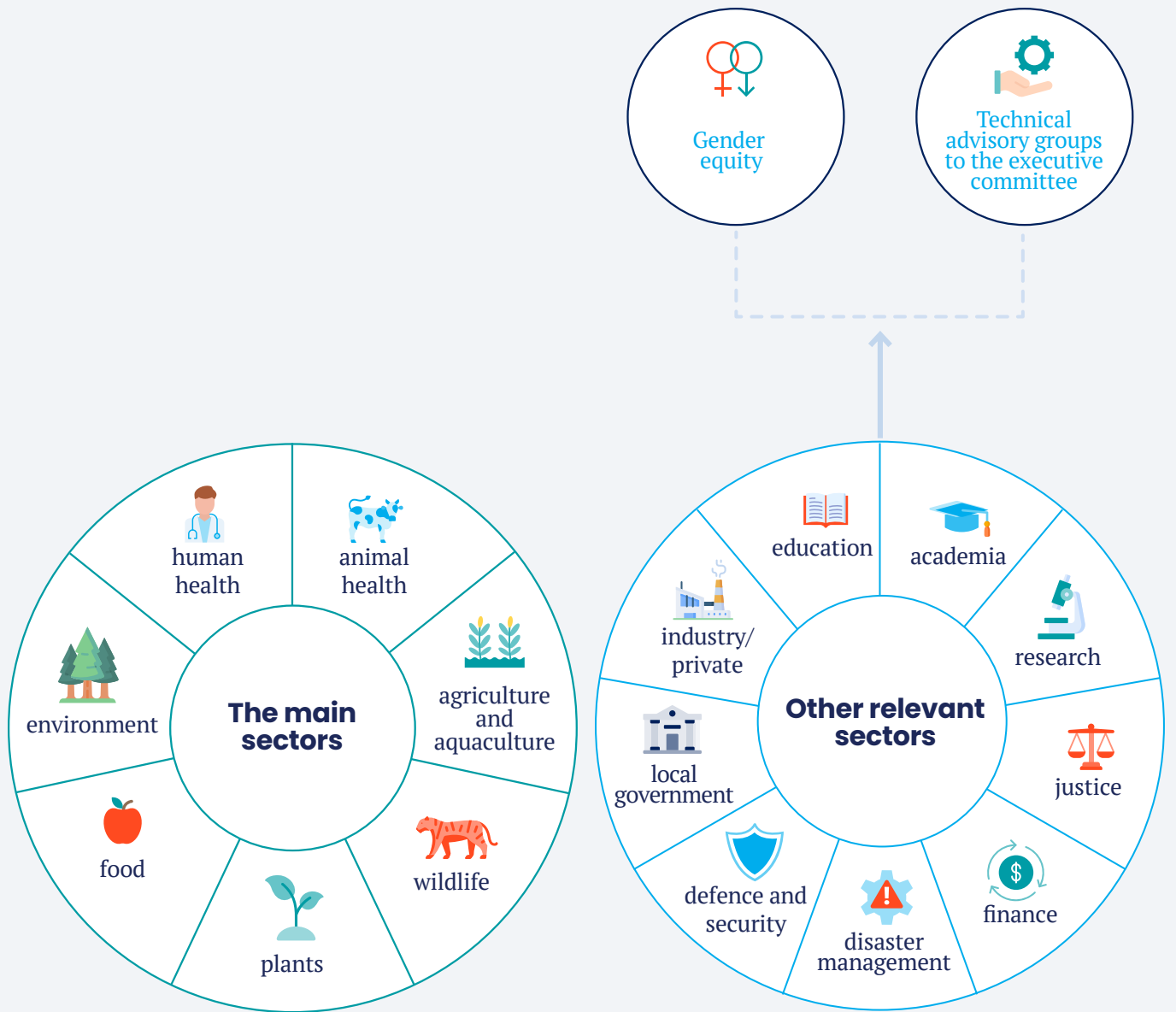
Step 2: Set-up or strengthening of a multisectoral, One Health coordination mechanism

Institutionalization of One Health governance requires a multisectoral coordination mechanism. An effective mechanism could be a national-level One Health committee, platform, or a similar structure at the appropriate political level (i.e. president's or prime minister's office, backed by an inter-ministerial steering group). It needs to be supported by an adequate secretariat, technical working groups and a sufficient budget to function effectively and sustainably. For countries that do not already have such a mechanism in place, it is important that one be established before proceeding to the next step of One Health implementation planning. Resources for establishing One Health mechanisms can be found in **Annex 2**.

The development of terms of reference for the national One Health committee should be discussed and agreed upon by the One Health committee members. A One Health committee is responsible for promoting coordination, collaboration and communication between multisectoral stakeholders and for supporting implementation of the One Health approach. Further responsibilities include liaising with other relevant national committees to exchange information and collaborate on One Health objectives. Stakeholder meetings and discussions should be regularly organized to promote information exchange and encourage experts from diverse fields to address cross-sectoral topics together.

Representation of all relevant multisectoral stakeholders and diverse expertise and perspectives on the national One Health committee are critical. The committee must include equitable representation from each of the main sectors and also from other relevant sectors (Fig. 7). Gender equity should be reflected, including applying gender sensitivity in all aspects of governance of national One Health implementation. A technical advisory group to the executive committee may be established with technical sub-working groups as per the action tracks of the OH JPA, as needed.

FIG. 7: REPRESENTATION OF RELEVANT MULTISECTORAL STAKEHOLDERS AND DIVERSE EXPERTISE AND PERSPECTIVES



Step 3: Planning for implementation

3.1 Identify, adapt and develop activities based on the OH JPA's three pathways of the theory of change, linking to action tracks and existing national action plans

Following a thorough One Health situation analysis (as described in Step 1), national authorities, under the guidance of the national multisectoral, One Health coordination mechanisms (as established in Step 2) in consultation with national-level stakeholders, should consider developing or strengthening their national One Health action plan, as well as mainstreaming One Health elements into other related sectoral plans. The plan should identify key objectives, outputs and activities, adapted or developed according to the following three pathways and the action tracks of the OH JPA, in line with existing national action plans, strategies and frameworks.

Pathway 1 – governance, policy, legislation, financing, advocacy

Pathway 1 involves strengthening the enabling environment and elements of sustainability of activities by promoting the institutionalization of intersectoral governance and providing policies and political will, enabling regulatory frameworks and attracting equitable and sustainable investments. Pathway 1 involves laying down important social, financial, political and institutional groundwork that allows stakeholder groups to develop and implement activities at the national and subnational levels and to engage with regional and international efforts. By firmly embedding policy, legal frameworks, advocacy and financing in the national One Health action plan, the sustainability of all activities including those outlined in pathways 2 and 3 will be facilitated and strengthened.

Governance: A national multisectoral, One Health coordination mechanism (as described in Step 2) is critical for overseeing the governance and coordination of One Health implementation. In countries that already have such a mechanism in place, its operations can be evaluated for effectiveness and sustainability.

Policy and legislation: Policy and legislation form the backbone to strengthen One Health governance for multisectoral, multidisciplinary collaboration, coordination and communication. Adoption of the One Health approach can be enhanced by appropriate policies that recognize its intersection between components of human, animal, plant and environment health, as well as joint mechanisms and cross-references incorporated into national legislation.

National governing bodies will need to adapt, create and support legislation, laws, regulations, procedures or executive orders to strengthen or establish a functional multisectoral, One Health coordinating mechanism as well as technical working groups with clear terms of reference, budgets and an accountability framework. This is a critical structure to facilitate routine and emergency cross-sectoral and cross-

border collaboration, data sharing, joint work and building on existing initiatives and platforms. Policy decisions are also important as they are frequently reflected in resource allocations. Furthermore, national sector-specific legislation may need to incorporate a One Health approach through the appropriate enabling mechanisms that will facilitate collaboration and synergies across sectors. These may include, among others, an appropriate legal basis for data sharing, integrated surveillance and joint early warning mechanisms.

Financing: Successful and sustainable One Health implementation requires dedicated resources. Costing and prioritizing action plans constitutes a critical step in the planning for implementation. It also involves scoping the potential investors through mapping and analysing the resource environment/investment landscape nationally and internationally as well as reviewing evidence on the perceived return on investment (ROI).

It is important to break siloed funding approaches, which lead to fragmentation of effort and competition for funding between sectors. Instead, a One Health approach can prove that by mobilizing funding and investing together, efficiencies and impact can be achieved. Multisectoral, One Health coordination mechanisms should therefore holistically map existing and potential resources including funding sources and national investments, identify existing and potential funding sources, address gaps and advise on resource mobilization and allocation. Ideally, a national focal point who is conversant with national resources in the relevant ministries should be tasked with this exercise, with inputs from the Quadripartite and other international actors from the international resource landscape. Mapping should begin with sources of financing at national and international levels to see how much domestic funding is currently allocated for One Health.

Depending on national context, investment opportunities can be prioritized and prepared in an investment case, detailed further in Step 3.4. Funds may be leveraged, pooled and optimized from existing sources to support multisectoral work with improved benefits, including cost-effectiveness. New funding streams may be identified to support long-term initiatives. Funding gaps should be identified so that resources can be mobilized and leveraged through other national plans and budgets, and to generate mechanisms for joint funding and resource mobilization.

Advocacy: Joint communication and advocacy efforts are needed to promote the wider recognition and adoption of One Health, especially among policy-makers and governments. Ideally, a multistakeholder communications working group at national level is established to lead the development and implementation of a joint communications and advocacy plan. This component is crucial to pave the way to attracting more funding and creating investment cases to support the One Health implementation in countries and ensure potential co-benefits and trade-offs are duly considered. The working group should, 1) coordinate to collate One Health best practices, success stories and proof of concept, which should be showcased for all target audiences and advocated by policy-makers, and 2) promote messages informed by the One Health approach through national campaigns via various channels. All stakeholders should have an equitable voice in communication and advocacy initiatives.

Pathway 2 – Organizational and institutional development, implementation and sectoral integration

Pathway 2 constitutes the core of One Health activity implementation around which national-level projects and programmes are developed and strengthened. A strong basis in policy, legislation and funding in Pathway 1 is critical for optimizing the activities planned in Pathway 2. The main components of Pathway 2 are organizational and institutional development, implementation and sectoral integration.

Organizational and institutional development: Organizational and institutional development involves development of the capacity of key personnel involved in One Health implementation within sectors, with joint training activities being the ideal approach. Improved training in One Health areas should be made available for all key stakeholders to promote collaborative approaches and techniques. Such development training will support and promote:

1. the next generation of One Health practitioners, researchers and technical officers to navigate challenges requiring One Health approaches;
2. the expansion of collaborative networks;
3. alignment with existing perspectives; and
4. introduction of new perspectives.

This will require defining One Health institutional and workforce capacities and adopting or developing methodologies and tools to assess and monitor national One Health performances and identify needs. Training and education on One Health approaches should also be integrated into the curricula for students in primary education, universities and academic settings, starting with mapping existing curricula and courses offered. Staff exchanges for short assignments at different ministries can enhance collaboration, training and trusted networks across sectors. In addition, capacity building opportunities for women, men and diverse groups in fields related to One Health can enhance more effectiveness and equitable health interventions. An inventory of available training courses related to One Health is included in **Annex 2**.

Implementation: Implementation requires developing or revising operational plans that include all joint activities prioritized at the national and subnational level. These include One Health surveillance, risk assessments, outbreak investigation and response, research, workforce development, wildlife and environmental monitoring, and joint efforts towards reducing foodborne diseases, AMR, biodiversity loss, zoonotic disease spillover and spillback risks, improving food and water security, addressing vector-borne diseases and enhancing environmental protection. These activities should be linked to existing national action plans for specific technical programmes. Joint communication and advocacy to promote uptake of the One Health concept as well as financing to enable One Health approaches are critical components of the implementation of the One Health approach as explained in Pathway 1.

Sectoral integration: Sectoral integration beyond the national multisectoral, One Health coordination mechanism is important at subnational and local levels where One Health implementation occurs on the ground. Sectoral collaboration includes integration into One Health implementation of the human, animal, plant and environment sectors and others including but not limited to industry and economic sectors, the government and nongovernmental sectors, and academia. It is important that the public and communities, including indigenous peoples, are integrated in activities at local level. Integration of community-level workers across human health, animal health, agriculture and aquaculture, environmental stewardship and forest and disaster management will enable implementation of One Health at community level.

Subnational multisectoral coordination mechanisms should be established and linked to national, multisectoral One Health coordination mechanisms (as mentioned in Step 2) so that actions trickle down to local level. Technical working groups can be established as needed to design, advise on and monitor One Health implementation on the ground. Training of these committees on advocacy, leadership and management change is critical to ensure sustainable implementation of the One Health approach.

Pathway 3 – Data and evidence, information systems and knowledge exchange

Pathway 3 is centred around the use of knowledge and evidence in decisions on strategic and technical One Health actions and for measuring their effectiveness. Pathway 3 actions relate to strengthening the scientific evidence base and information systems, fostering knowledge creation and exchange, technology transfer and continuing education, using better data and evidence to inform best practice, innovation, and enabling access to or co-creating new tools and technologies.

Data and evidence: There are many areas of research and data collection relevant to One Health that countries can consider undertaking and reviewing regularly. Such areas include disease incidence, emergence, prevalence and spread, wildlife and environment monitoring programmes, and tracking of the drivers of health threats at the animal–human–plant–environment interface, such as biodiversity loss, degradation of soil and water resources, water scarcity, land use change and habitat conversion, pollution and climate change. In addition, data should be collected on food production systems and trade trends, migration, knowledge, attitudes and practices relevant to One Health, and political and socioeconomic determinants of health. Collecting and analysing gender disaggregated data is also essential to understand the effects of health issues on different groups hence informing the development of targeted interventions.

Data gathered from countries by the Quadripartite and other partners, including assessment and evaluation tools, and country reports should be analysed to identify critical research gaps and areas where knowledge creation is needed. Research and investigation of benefits, based on case studies where One Health has been successfully implemented, and the relevant financial, health and environmental outcomes (as well as other relevant sustainable development indicators) of such implementation should be emphasized. The outputs of joint research and data collection will provide feedback to and inform decision-making for Pathway 1 (Governance, policy, legislation,

financing and advocacy) and Pathway 2 (Organizational and institutional development, implementation and sectoral integration) as part of monitoring and evaluation frameworks. The establishment of independent scientific panels or advisory groups on evidence for guidance and inputs is recommended, together with science-policy platforms that allow exchange between scientists and policy-makers, including regulatory bodies, for evidence-based decisions.

Information systems: High-quality data and modern digital capabilities can offer critical advantages in addressing One Health challenges. Countries are recommended to establish or enhance national-level integrated One Health information and early warning systems. Such systems should aim to capture, manage, analyse, predict, forecast and report surveillance data on diseases and AMR and other health threats, as well as ensuring mandatory reporting to relevant international authorities (Oberin et al. 2022). A robust health data infrastructure can enhance the use of modern digital technologies such as artificial intelligence and big data analytics in monitoring and reviewing health and health-related targets and concerns, as well as supporting decision-making across different levels (Ho 2022). Community-level information gathering and reporting are also critical to any national system and should be extended through engaging local community practitioners.

Knowledge exchange: The sharing of data generated from One Health data initiatives across sectors in both public and private domains and across different levels, organizations, sectors and society, including One Health networks or communities of practice is critical. There are often challenges related to sharing existing data within and between sectors and with relevant regional and international authorities. There is also sometimes a lack of awareness that relevant data exist in other sectors and a lack of familiarity with the regulations that govern data sharing and use. Bridging the divide between sectors to enable relevant data to be shared and accessed is essential.

A transparent real-time exchange of information, data and outcomes across sectors can enhance the optimization of One Health implementation and risk analysis. This effectiveness becomes particularly evident when paired with a coordinated approach involving multidisciplinary interpretations, thereby emphasizing the importance of adopting a harmonized approach to this process. Tools for knowledge exchange include joint online platforms and websites, joint surveillance and information sharing databases, joint newsletters, joint listservs to share the latest One Health-related news and information, and a joint database of One Health case studies.

The timely and regular sharing of data and information will also help create a global inventory of One Health initiatives, tools, guides, resources and training activities to serve as a platform for the provision of reliable and trustworthy information and data sources. Simultaneously, improved knowledge exchange across One Health partners will facilitate the identification of core components of successful national One Health action plans and guidance for best practices. Mapping of opportunities for enhanced technology transfer and developing mechanisms to strengthen participation is vital for One Health implementation. To facilitate this, the Quadripartite is launching a One Health Knowledge Nexus, which will provide an online portal and multiple communities of practice to enhance knowledge exchange between sectors.

3.2 Prioritize activities based on strategic objectives and criteria

Priority-setting is a process of selecting activities and actions on which to focus and thereby streamline the planning process based on existing situation analyses and sectoral strategies (World Health Organization [WHO] 2019). Priority-setting recognizes the constraints of available human and financial resources (existing and prospective), internal and external support, and time. National multisectoral One Health coordination mechanisms may be tasked with prioritizing activities identified in Step 3.1 to be implemented in a stepwise manner in inclusive consultation with stakeholder groups. Priority-setting can occur during any step of the planning process. Strategic objectives and criteria for the prioritization can include those shown in Fig. 8.

FIG. 8: STRATEGIC OBJECTIVES AND CRITERIA FOR PRIORITIZING ACTIVITIES



Criteria can be weighted along a quantitative scale. Useful tools to support semi-quantitative prioritization include a strategy map and a prioritization matrix. The Quadripartite can facilitate national activity prioritization through providing tools and supporting stakeholder workshops.

The prioritization exercise does not replace the existing priorities of sectors but should complement them, and there should be a continuous reflection on the results as the landscape changes frequently. Existing ministerial priorities can be re-examined with a One Health lens, harmonized and reviewed, and reallocation of resources can be considered.

3.3 Develop and adapt a costed and prioritized national One Health action plan/workplan, linking to existing national plans

Once core objectives, outputs and activities have been prioritized, national authorities, under the guidance of their multisectoral, One Health coordination mechanisms, are encouraged to develop or refine their national One Health action plans. The refined plans should feature workplans for prioritized activities, allocation of roles and responsibilities by stakeholder group identified in Step 1.1, time frames, indicators, costs and funding sources. They should also be linked to existing national action plans (i.e. stepwise completion of the template provided in **Annex 1**). National authorities should engage with other national governmental and nongovernmental stakeholder groups in a participatory process to develop roles and responsibilities to be set out in the workplan. Workplans can be reviewed or developed according to the priorities and desired impact in the short (1–5 years), medium (6–10 years) and long term (11–15 years) with the support of the Quadripartite as needed. These suggested time frames are based on the OH JPA theory of change (see section 2.2 of the OH JPA); however, countries may set their own timelines.

A prioritized budget that is associated with the workplan should include both resources and staff time required and should be prepared in a participatory process that includes all stakeholder groups mentioned in the workplan. Funding gaps in meeting commitments relevant to One Health can be identified through the costing exercise and addressed through resource mobilization. Availability of resources will influence the time frames and prioritization of activities, for example, identification and availability of human, technical and financial capacities, or whether these can be mobilized within the planned time frame. A coordinated, multisectoral budget can avoid competition for funding which has negative impacts on One Health collaboration.

It is recommended that one or more regional and national workshops are organized to discuss the findings from the situation analysis, agree on activities to be prioritized, link to existing national action plans, and prepare costed workplans in a coordinated and collaborative manner. National authorities are encouraged to engage with the nongovernmental stakeholders identified through the stakeholder mapping in further workshops and consultations at national and subnational levels to refine their One Health frameworks and workplans.

Throughout this process, it is important to consider which sectors and stakeholder groups may require additional attention (i.e. those who have not had sufficient involvement or input in past assessment, planning and coordination initiatives), to ensure an equitable and inclusive gap analysis and priority-setting process. Trade-offs and co-benefits of decisions should be carefully considered and balanced, keeping in mind the needs and priorities of different stakeholders, and ensuring the meaningful involvement of marginalized communities. National authorities are encouraged to engage with the nongovernmental stakeholders identified by the stakeholder mapping in further workshops and consultations at national and subnational levels to refine their One Health frameworks and workplans.

Countries may make a formal request for Quadripartite support at any step of the implementation process through country offices, regional or subregional representatives of the Quadripartite organizations.

3.4 Analyse the resource environment/investment landscape and develop a One Health investment strategy

Leveraging resources for implementation requires a clear understanding of the resources available at national and international levels, including public and private sources, as well as development partners, including bilateral and multilateral partners and the international development banks. Fig. 9 shows the range of funding and financing channels that may be available to the country, and each needs to be carefully analysed to inform and shape future One Health investment opportunities. Some of these sources may be sector-specific and One Health action can be mainstreamed and funded through these channels (for example, public health, livestock or environmental masterplans and financing). It is important to understand that, besides financial resources, the scope of the resource environment analysis should also encompass other non-monetary elements, such as policy coherence, the enabling environment for One Health implementation, and the transfer of technology and knowledge.

FIG. 9: CHANNELS OF FUNDING AND FINANCE

GAVI, The Vaccine Alliance; GAHS, Global Architecture for Health Security; GEF, Global Environment Facility; GCF, Green Climate Fund; G7, Group of Seven; G20, Group of Twenty; MOA, ministry of agriculture; MOE, ministry of environment; MOF, ministry of finance; MOH, ministry of health; NGO, nongovernmental organization; UN, United Nations.

Leveraging investment requires gaining political will and commitment in advance to ensure that domestic and international resources, including public and private sources, can be leveraged for One Health action. Availability of resources will influence prioritization of activities and their implementation time frames. Government ministries and potential investment partners should be involved in this process, particularly the ministry of finance as a critical actor regarding any allocation of funds to One Health activities.

The resulting analysis of the domestic and international resource landscape will identify the investment opportunities that can be matched with the needs of the country. Based on the landscape analysis, a national One Health investment strategy can be designed as a means to attract investors. This strategy should complement the overarching national One Health action plan, which should be costed to help countries identify financial and broader resource needs and gaps. Within this investment strategy it is critical to define and scope prioritized investment opportunities, based on the needs of the country, technical advice, the investment landscape analysis and their potential ROI.

A national One Health investment strategy will guide resource mobilization efforts, helping to steer advocacy and engagement with key investors to realize the investment required. Lack of resources is often the key impediment to successful delivery and any plan requires key champions at all levels to constantly raise the profile of and understand One Health resource needs. An investment strategy involves:

1. **Identifying** opportunities through actively scanning the resource landscape for potential opportunities (as described above) – a landscape which is often constantly evolving – domestic sources, development partners, multilateral development banks and private sector engagement among others.
2. **Engaging** key partners and potential financial channels, supported by providing a package of prioritized investment opportunities in a national One Health investment portfolio.
3. **Ensuring** mechanisms are in place to direct the funding to or leverage the financing for prioritized activities (this may necessitate specialized negotiations and financial agreements or in-kind mechanisms).
4. **Communicating** results of the implementation plan to demonstrate use of resources, success and lessons learned.
5. **Monitoring** resource mobilization activities to fine-tune efforts.

Once a national One Health investment strategy with a clear set of prioritized investment opportunities has been developed, it should be seen as an active plan managed by a task team. The team should include those who can champion and advocate at national and international levels. The aim is to continually identify and engage with possible partners through advocacy to raise awareness of the investment opportunities, understand the priorities of the partners and investors, and work together to find synergies. The Quadripartite works with a wide range of actors to catalyse and help countries leverage longer term and sustainable financial national investments to ensure One Health outcomes (see section 2.2 of the OH JPA for long-term and medium-term outcomes). The Quadripartite can also support the process of matching countries' needs with the available funding resources and continues to provide evidence for the cost-effectiveness study on One Health actions.

3.5 Develop and adapt a monitoring, evaluation and learning framework at national level

MEL is a critical tool to ensure that projects and programmes achieve their objectives through measurable outputs, outcomes and impact. It is also used to identify and address challenges that are impeding the progress of activities and to re-adjust programmes and activities accordingly. Monitoring is focused on inputs, activities, outputs and short-term outcomes, and evaluation is focused on longer term outcomes and impact (United Nations Environment Programme [UNEP] 2020). There is now greater emphasis on the “learning” component, since important knowledge is derived from lessons learned during development interventions. Reliable MEL systems and capacities (i.e. the ability to analyse and use data) at national and subnational levels are vital for decision-making, sound planning, programming and implementation.

A MEL framework will be developed and used by countries during and after the implementation of activities to measure progress, ensure that activities are effective and efficient, and to address any gaps in real time to optimize the success of national One Health implementation. Baseline indicators can be developed based on the results of assessments related to One Health. Selected key performance indicators for MEL will be developed based on the three pathways of the theory of change, and implementation will be monitored against existing MEL frameworks for different technical programmes and action tracks within the OH JPA. These indicators can be incorporated into the national One Health action plan (**Annex 1**). Appropriate indicators should be identified to monitor progress by capturing each One Health principle defined by OHHLEP that is being applied (i.e. equity, parity (inclusion), equilibrium, stewardship and transdisciplinarity). Other sources of monitoring programmes (i.e. academia, NGOs, civil society), can be used to develop the indicators. Appropriate definitions, characteristics such as funding sources and time frame, and measures of sustainability should be built into the MEL frameworks.

A holistic measure of outcomes including trade-offs, co-benefits, added value and risk mitigation strategies identified through a One Health approach should be captured throughout MEL processes; these considerations are anticipated to become more robust as a more equitable process evolves and relevant stakeholders are included. Benchmarks should be defined and progress monitored against these benchmarks. This could provide concrete evidence of progress, allow advocacy and stimulate achievements. Effective work using the One Health approach is often manifested in the long term. These long-term outcomes can be included in MEL frameworks and linked to the SDGs.

A periodic feedback mechanism for data and evidence from One Health implementation and One Health research to inform each of the pathways on a continual basis is envisioned as part of MEL frameworks to inform policy and programme adoption. Both primary and secondary sources of data will be available throughout the implementation phase, so building a process evaluation system may be an effective way to guide the implementation of the OH JPA. The Quadripartite is currently developing a MEL framework with targets and indicators to measure and facilitate reporting on OH JPA progress. The targets of the OH JPA will be linked to reflect their contribution towards attaining the relevant targets of the SDGs.

MEL will also be used to periodically revise the guide to implementing the OH JPA to adapt it to changing priorities, conditions and goals.

Step 4: Implementation of national One Health action plans

This is the step where implementation of activities at national level according to the action plans takes place. Ideally, countries will have followed the recommended steps up until this point and be ready to begin implementing their new and adapted activities (Fig. 10).

FIG. 10: CHECKLIST FOR IMPLEMENTATION OF NATIONAL ONE HEALTH WORKPLANS

- 1. A **situation analysis** has been completed.
- 2. A **national multisectoral, One Health coordination mechanism** has been established or adapted.
- 3. A **national** One Health action plan with prioritized activities with responsible stakeholder group(s) identified, which links OH JPA action tracks to the three pathways of change in consultation with existing relevant national action plans, frameworks, and strategies related to One Health (for example, on AMR, food safety or national animal or environment health plans) has been developed (see **Annex 1** for a template). An **MEL framework** has been developed, activities have been **costed and resources have been mobilized**.

Gaps have been identified and addressed or are in the process of being addressed according to prioritization exercises done in the planning step and considering enablers of and barriers to implementation. The implementation activities could centre around the four main pillars of coordination, collaboration, communication and capacity-building, as illustrated in the One Health definition.

The technical guidance and resources available for each of the pillars and for the six action tracks of the OH JPA should be identified and consulted to support implementation of the activities of the national action plan. Stakeholders mapped in the planning phase should now be mobilized and engaged in the implementation in accordance with their mandate and expertise. Support from the Quadripartite organizations and other relevant development partners should be identified, and sustainability issues discussed.

Review, alignment and adaptation of the national One Health plans to the global OH JPA should be considered, to collectively achieve the six key objectives (Fig. 11).

FIG. 11: THE SIX KEY OBJECTIVES OF A NATIONAL ONE HEALTH ACTION PLAN, ALIGNED WITH THE SIX ACTION TRACKS OF THE OH JPA

1

Provide adequate guidance and tools for the effective implementation of One Health approaches to promote the health of humans, animals, plants and ecosystems and to prevent and manage risks at the human–animal–plant–environment interface.



2

Reduce the risk and minimize local and global impacts of zoonotic epidemics and pandemics by understanding the linkages and drivers of emergence and spillover, adopting upstream prevention and strengthening One Health surveillance, early warning and response systems.



3

Reduce the burden of endemic zoonotic, neglected tropical and vector-borne diseases by supporting countries in implementing community-centric, risk-based solutions, strengthening policy and legal frameworks from the local to the global level and across sectors, and increasing political commitment and investment.



4

Promote awareness, policy changes and action coordination among stakeholders to ensure that humans, animals and ecosystems achieve health and remain healthy in their interactions with and along the food supply chain.



5

Take joint action to preserve antimicrobial efficacy and ensure sustainable and equitable access to antimicrobials for responsible and prudent use in human, animal and plant health.



6

Protect and restore biodiversity, prevent the degradation of ecosystems and the wider environment to jointly support the health of people, animals, plants and ecosystems, underpinning sustainable development.



National One Health action plans should be institutionalized by the respective ministries to allow for sustainable and reliable implementation, follow-up and MEL. MEL should be ongoing throughout the implementation of activities.

Step 5: Review, sharing and incorporation of lessons learned

Countries should refer to their MEL frameworks to provide feedback and undertake evaluation of the outputs and data from all steps of implementation, including activities according to the three pathways of change. Countries may prepare annual reports on One Health implementation, led by their multisectoral, One Health coordination mechanisms and will ideally share their reports, lessons learned and best practices through regular exchange, One Health knowledge platforms, international One Health conferences, summits, regional networks and symposia. Sharing between countries is encouraged, not only once activities are implemented, but also throughout the steps of implementation.

3. References and bibliography



References

Food and Agriculture Organization of the United Nations, United Nations Environment Programme, World Health Organization & World Organisation for Animal Health (2022). One Health Joint Plan of Action (2022-2026). Working together for the health of humans, animals, plants and the environment. Rome (<https://doi.org/10.4060/cc2289en>, accessed 4 August 2023).

Food and Agriculture Organization of the United Nations, United Nations Environment Programme, World Health Organization & World Organisation for Animal Health (2023). One Health and the United Nations Sustainable Development Cooperation Framework. Guidance for UN Country Teams. Rome (<https://iris.who.int/bitstream/handle/10665/373462/WHO-OHI-2023.2-eng.pdf>, accessed 1 November 2023).

Ho CW-L (2022). Operationalizing “One Health” as “One Digital Health” through a global framework that emphasizes fair and equitable sharing of benefits from the use of artificial intelligence and related digital technologies. *Front Public Health*. 10 (<https://www.frontiersin.org/articles/10.3389/fpubh.2022.768977>, accessed 4 August 2023).

Oberin M, Badger S, Faverjon C, Cameron A, Bannister-Tyrrell M (2022). Electronic information systems for One Health surveillance of antimicrobial resistance: a systematic scoping review. *BMJ Global Health*. 7:e007388 (<http://dx.doi.org/10.1136/bmjgh-2021-007388>, accessed 4 August 2023).

One Health High-Level Expert Panel (OHHLEP), Adisasmito WB, Almuhairei S, Behravesh CB, Bilivogui P, Bukachi SA et al. (2022a). One Health: a new definition for a sustainable and healthy future. *PLoS Pathogens*. 18:e1010537 (<https://doi.org/10.1371/journal.ppat.1010537>, accessed 4 August 2023).

One Health High-Level Expert Panel (OHHLEP), Dar O, Machalaba C, Adisasmito WB, Almuhairei S, Behravesh CB, Bilivogui P, et al. (2022b). One Health Theory of Change. World Health Organization (https://cdn.who.int/media/docs/default-source/one-health/ohhlep/ohhlep--one-health-theory-of-change.pdf?sfvrsn=f0a46f49_6&download=true, accessed 4 August 2023).

United Nations Environment Programme (UNEP) (2020). Monitoring, evaluation and learning strategy and action plan. Nairobi: UNEP (<https://wedocs.unep.org/20.500.11822/35798>, accessed 4 August 2023).

World Health Organization (2019). NAPHS for all: a country implementation guide for national action plan for health security (NAPHS). Geneva: World Health Organization. <https://apps.who.int/iris/handle/10665/312220>, accessed 25 September 2023)

Bibliography

The references listed below were consulted in the development of this guide:

Berthe F, Cesar J, Bouley T, Karesh WB, Le Gall FG, Machalaba CC et al. (2018). Operational framework for strengthening human, animal and environmental public health systems at their interface (English). Washington (DC): World Bank Group (<http://documents.worldbank.org/curated/en/703711517234402168/Operational-framework-for-strengthening-human-animal-and-environmental-public-health-systems-at-their-interface>, accessed 4 August 2023).

- Bhatia R (2019). Implementation framework for One Health Approach. *Indian J Med Res.* 149:329–31 (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6607818/>, accessed 4 August 2023).
- Bhatia R (2021). National Framework for One Health. New Delhi: Food and Agriculture Organization of the United Nations (<https://www.fao.org/3/cb4072en/cb4072en.pdf>, accessed 4 August 2023).
- Theory of change for organisations (2017). London: Bond (<https://www.bond.org.uk/resources/theory-of-change-for-organisations/>, accessed 4 August 2023).
- World Health Organization (2015). Global action plan on antimicrobial resistance. Geneva: World Health Organization (<https://www.who.int/publications/i/item/9789241509763>, accessed 28 August 2023).
- World Health Organization (2021). WHO guidance on preparing for national response to health emergencies and disasters. Geneva: World Health Organization (<https://apps.who.int/iris/rest/bitstreams/1403264/retrieve>, accessed 4 August 2023).
- World Health Organization (2022). WHO implementation handbook for national action plans on antimicrobial resistance: guidance for the human health sector. Geneva: World Health Organization (<https://apps.who.int/iris/handle/10665/352204>, accessed 4 August 2023).
- World Health Organization (2022). World Health Organization strategy (2022-2026) for the National Action Plan for Health Security. Geneva: World Health Organization (<https://apps.who.int/iris/handle/10665/365581>, accessed 4 August 2023).
- World Health Organization, Food and Agriculture Organization of the United Nations & World Organisation for Animal Health (2016). Antimicrobial resistance: a manual for developing national action plans, version 1. Geneva: World Health Organization (<https://apps.who.int/iris/handle/10665/204470>, accessed 4 August 2023).
- World Health Organization, Food and Agriculture Organization of the United Nations & World Organisation for Animal Health (2019). Taking a multisectoral, one health approach: a tripartite guide to addressing zoonotic diseases in countries. Geneva: World Health Organization (<https://apps.who.int/iris/handle/10665/325620>, accessed 4 August 2023).
- World Health Organization, Food and Agriculture Organization of the United Nations, World Organisation for Animal Health and United Nations Environment Programme (2022). Strategic framework for collaboration on antimicrobial resistance – together for One Health. Geneva: World Health Organization, Food and Agriculture Organization of the United Nations and World Organization for Animal Health (<https://www.who.int/publications/i/item/9789240045408>, accessed 4 August 2023).
- World Health Organization Regional Office for Africa (2020). Country NTD Master Plan 2021-2025: Framework for Development (https://espen.afro.who.int/system/files/content/resources/NTDMasterPlan_Guidelines_WHOAfrRegion_Version3_160321.pdf, accessed 4 August 2023).

4.

Annexes



Annex 1. Template for a national One Health action plan for [Country]

This template for the national One Health action plan and associated workplan Excel file can be downloaded using the following links:
[Country-specific template for a national One Health action plan](#). WHO, 2023.
[Template for a national One Health workplan](#). WHO, 2023.

I. Executive summary

Summarize main aspects of the national One Health action plan for [Country] in the context of the One Health Joint Plan of Action (OH JPA) and the OH JPA guide.

II. Introduction and background

a. Country context and rationale

Summarize the country context for One Health, including the relevant ministries and stakeholders as well as the current major health threats faced by the country at the human–animal–plant–environment interface. Briefly state the rationale and why there is a need for a One Health approach to address these threats, list the relevant regional and global agreements and partnerships, and the Quadripartite collaboration for One Health.

b. Progress on national One Health implementation to date

Summarize progress, milestones and lessons learned from national One Health implementation to date. (Details of existing mechanisms, strategies, plans, frameworks and activities should be covered in the situation analysis in section IV below.)

c. Institutionalization of the national One Health action plan

Describe the approach to institutionalizing the national One Health action plan in terms of how its sustainability is characterized (i.e. funding, human resources, time frames) and measured.

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d. Purpose and scope of the national One Health action plan

The purpose of this national One Health action plan is to strengthen the existing plan or to develop a new national One Health action plan in line with the OH JPA, integrating and building on existing work related to One Health.

Describe the scope of the national One Health action plan in terms of the sectors and levels involved (i.e. national to subnational levels) and the time frames within which the action plan is intended to be undertaken. Describe how this national One Health action plan is aligned with the global Quadripartite OH JPA.

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III. Sharing of lessons learned

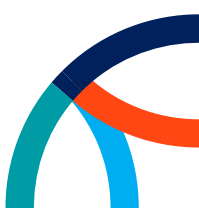
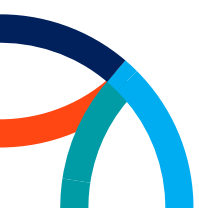
Describe the process for sharing outcomes, outputs and lessons learned from national One Health implementation with other stakeholders as a cross-cutting activity.

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IV. Stage 1: Situation analysis

a. Stakeholder mapping and analysis

Describe the approach to and results of the national stakeholder mapping and analysis.

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b. Review of national One Health governance and coordination

Describe the results of the review of national One Health governance and coordination, including a strengths, weaknesses, opportunities and threats (SWOT) analysis.

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c. Conduct or review of completed assessments related to One Health

Describe the results of the review of completed national assessments on One Health, including the gaps identified, how they have or have not been addressed, and plans for any assessments to be undertaken in future. If no recent assessments have been undertaken, conduct a One Health assessment with existing tools.

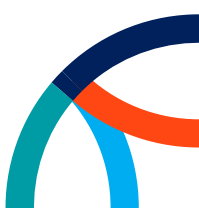
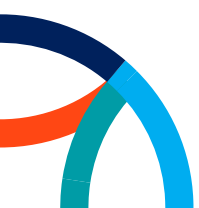
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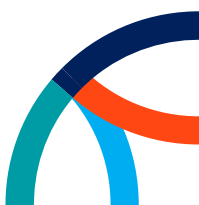
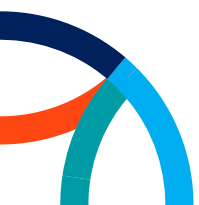


d. Identification of existing national action plans related to One Health, strategies, frameworks and activities

Describe existing national action plans related to One Health (using the six action tracks of the OH JPA as a guide), strategies and frameworks including possible gaps in alignment with the OH JPA.

V. Stage 2: Set-up/strengthening a multisectoral, One Health coordination mechanism

Describe the national, One Health coordination mechanism including when and how it was established, sectors represented in a whole-of-government and whole-of-society approach, gender equity, terms of reference/responsibilities, supporting policies and legislation for institutionalization and sustainability. Include any associated technical advisory/working groups, challenges and lessons learned. Describe how gender equity is reflected in the mechanism and how gender sensitivity is applied in all aspects of its governance of national One Health implementation. For countries that do not already have such a mechanism in place, it is important that one be established before proceeding to the next stage of One Health implementation planning.



VI. Stage 3: Planning for implementation

a. Prioritization of activities

Describe the approach to and results of the prioritization of action tracks and pathways of change of the OH JPA to meet the needs and country context, using these as a starting point for prioritization, and the stepwise approach to implementation described in the OH JPA guide. The findings from the situation analysis of Stage 1 should be used as the basis for this prioritization.

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b. Strategic objectives/outcomes

List the strategic objectives/outcomes for this national One Health action plan in line with the OH JPA.

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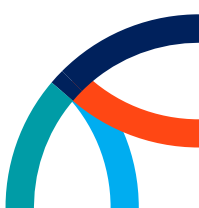
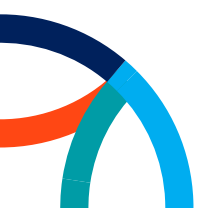
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c. Workplan and budget

See the associated template national One Health workplan Excel file

d. Monitoring, evaluation, and learning (MEL) framework

See the associated template national One Health workplan Excel file



e. Resource mobilization

Describe the approach to resource mobilization for sustainable funding and institutionalization of the national One Health action plan, including domestic and international financing. Describe return on investment or economic analysis or investment planning of One Health interventions in the country, if any.

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VII. Contact

Provide the contact information for the focal point(s)/office(s) responsible for ensuring implementation and monitoring of this national One Health action plan.

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VIII. References

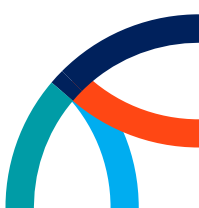
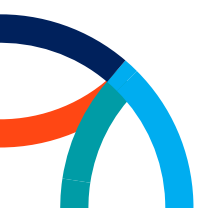
List any relevant references such as existing national action plans and assessment reports that are cited in this document.

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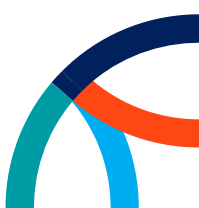
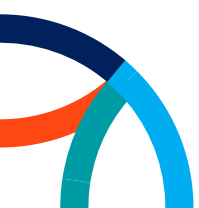
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Annex 2. Link to One Health High-Level Expert Panel (OHHLEP) inventory of One Health tools and resources for capacity assessment and One Health operationalization with guidance for countries

These resources can be used by countries to identify tools to build into national One Health action plans, as well as to identify possible completed One Health-related assessments to inform priorities for national One Health implementation, and establish or strengthen One Health mechanisms.





For more information on One Health,
please visit our websites:

FAO: www.fao.org

UNEP: www.unep.org

WHO: www.who.int

WOAH: www.woah.org

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