

2019 | Facilitator Guide

ONE HEALTH POLICY AND ADVOCACY



Source: <http://www.cthealth.org/blog/advocacy-in-action>



This is a product of the One Health Central and Eastern Africa (OHCEA) for health professionals' training with support from the United States Agency for International Development (USAID).

Published by OHCEA

Unit 16A, Elizabeth Avenue Kololo, P.O Box 35270, Kampala - Uganda

www.ochea.co.org

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First Edition

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OHCEA
8 Countries
16 Universities
24 Institutions



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Preface

This module is One of the 16 One Health Training Modules developed by the One Health Central and Eastern Africa Network (OHCEA). OHCEA is an international network, currently of 24 institutions of higher education in public health, veterinary sciences, pathobiology, global health and environmental sciences. These are located in 16 universities in 8 countries in Eastern, Central and Western Africa 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), Muhimbili University of Health and Allied Sciences and Sokoine University of Agriculture (Tanzania), University of Rwanda and University of Global Health Equity (Rwanda), Makerere University and Mbarara University of Science and Technology (Uganda).

The OHCEA network's vision is to be a global leader in One Health, promoting sustainable health for prosperous communities, productive animals and balanced ecosystems. OHCEA seeks to build capacity and expand the human resource base needed to prevent, detect and respond to potential pandemic disease outbreaks, and increase integration of animal, wildlife and human disease surveillance and outbreak response systems. The overall goal of this collaboration is to enhance One Health policy formation and implementation, in order to contribute to improved capacity of public health in the region. OHCEA is identifying opportunities for faculty and student development as well as in-service public health workforce that meet the network's goals of strengthening One Health capacity in OHCEA countries.

The 16 modules were developed based on One Health Core Competencies that were identified by OHCEA as key elements in building a skilled One Health workforce. This network is supported by two United States University partners: Tufts University and the University of Minnesota through the USAID funded One Health Workforce Project.

Acknowledgements

This module was made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the One Health Central and Eastern Africa (OHCEA) university network under the Emerging Pandemic Threats 2 One Health Workforce Project and do not necessarily reflect the views of USAID or the United States Government. USAID reserves a royalty-free nonexclusive and irrevocable right to reproduce, publish, or otherwise use, and to authorize others to use the work for Government purposes.

OHCEA extends her gratitude to those who participated in earlier works that informed the development of this module as well as reviewers and editors of the module.

Sections/parts of the materials for this course were adopted from RESPOND SEAOHUN One Health Course Modules: <https://seaohunonehealth.wordpress.com/ecosystem-health/>

Introduction to the One Health Central and Eastern Africa (OHCEA) One Health Course Modules

Training the Current and Future Public Health Workforce Using a One Health Approach

There is abundant evidence that no single sector or department can sufficiently manage the challenges of public health in any country, region or continent. Experiences from the fight against Ebola and the highly pathogenic avian influenza in the past few years demonstrated the effectiveness of multi-sectoral, multi-agency approaches and the need for specific training targeting multi-sectoral and multi-disciplinary public health professionals not limited by national or regional borders in dealing with public health threats. In response to this challenge, the One Health approach has been advocated as the global framework for strengthening collaboration and capacities of the sectors and actors involved in health service delivery.

One Health Central and Eastern Africa (OHCEA) is a network of universities in Central and Eastern Africa which are collaborating to build One Health capacity and academic partnerships between the member institutions in the region and with governments. The overall goal of this collaboration is to enhance One Health policy formation and implementation, to contribute to improved capacity of countries to respond to any emerging pandemics in the region. OHCEA seeks to expand the human resource base needed to prevent, detect and respond to potential pandemic disease outbreaks, and increase integration of domestic animal, wildlife and human disease surveillance and outbreak response systems.

OHCEA has identified One Health core competencies and developed modules based on the identified competencies that are key to delivering knowledge and skills to a multidisciplinary workforce and building a framework on which One Health curricula can be designed and implemented. They combine human health, animal health, infectious disease management with principles of ecology, social and environmental sciences. A total of 16 modules have been developed including One Health soft skills such as communication, culture, leadership, gender and core technical skills such as ecosystem health, infectious disease epidemiology, One Health concepts and outbreak response.

The modules are intended to:

- create a framework for One Health curriculum.
- improve workforce capacity to prevent, detect and respond to threats posed by infectious diseases and zoonosis.



One Health is defined as the collaborative effort of multiple disciplines working together locally, nationally, and globally to attain optimal health for people, animals and the environment

www.AVMA.org



The One Health paradigm emerged from the recognition that the well-being of humans, animals and the ecosystem are interrelated and interdependent and there is a need for more systematic and cross sectoral approaches to identifying and responding to global public health emergencies and other public health threats arising at the human-animal-ecosystem interface.

- generate a shift in countries workforce culture and training structure of the different countries.
- enable working across sectors and disciplines for a stronger and more effective public health sector.
- allow universities to be key drivers of the future workforce as they forge partnerships and drive change.
- combine human health, animal health, infectious diseases with principles of ecology and environmental sciences.

The modules can be used at both pre-service and in-service levels as full courses, workshops or integrated into course materials for professionals who impact disease detection, prevention and response, allowing them to successfully function as an integral part of a larger, multi-disciplinary, team of professionals. This is key to creating a stronger sustainable Public Health workforce.

Each module contains a Facilitator Guide, Student Guide, PowerPoint slides and a folder of resources/ references for users. These modules are iterative and are continuously being revised. For any inquiries, please email: OneHealthModules@ohcea.org or wbikaako@ohcea.org

These 16 modules were developed by collaborative efforts of multiple disciplines and teams of people from eight different OHCEA partner countries with the support of two US university partners namely Tufts University and University of Minnesota. A team of sixty (60) people were engaged in the development of these modules. All the materials represent contribution by the faculty and leadership of the OHCEA network institutions and the technical and managerial support of the OHCEA Secretariat. The modules were built off previous One Health modules developed by SEA OHUN- network: <https://seaohunonehealth.wordpress.com/ecosystem-health/> with addition of more Africa-specific materials, examples and case studies relevant and applicable to the region. Each module was reviewed by OHCEA network faculty including US university partners with technical expertise as well as partners with field experience that allows for OH application and appreciation of the local African context.

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UNIVERSITY

Overview of One Health Policy and Advocacy Module

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

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

Promoting One Health policies is key to advancing favorable change by influencing decision makers and other stakeholders to endorse or implement policies that contribute to improving One Health. Specialized One Health policy and advocacy is required to influence policy decision-makers and implementers.

This module will help participants to understand One Health policy and advocacy, importance of advocacy in One Health and how One Health policies can be developed or implemented in a gender sensitive way. The One Health policy and advocacy module is designed to address some of the challenges by imparting the requisite information, knowledge and skills for creating a framework for policies that can be used in the multi-disciplinary approach to the management of public health problems.

Target Audience

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

Goals of the Training

- i) Participants become aware of the One Health policy advocacy making processes and its implementation.
- ii) Participants have the skills and knowledge necessary for developing, and analyzing One Health policy advocacy and identification of the different challenges involved in development and implementation.
- iii) Participants become aware of gender One Health policy and advocacy.
- iv) Develop collaboration among various stakeholders on One Health policy and advocacy

Learning Objectives of the Module

Participants will be able to:

- i) understand One Health policies and advocacy principles and related concepts.
- ii) conduct situation analysis to identify policy problems that affect One Health issues.
- iii) define stakeholder analysis and identify stakeholders.
- iv) bring the One Health policy to the attention of the different stakeholders and decision makers.
- v) identify targets and agents of One Health policy change efforts.
- vi) advocate One Health policies for different stakeholders.
- vii) explain basic elements of One Health policy advocacy.
- viii) identify gender gaps related to One Health policies and advocacy plan.
- ix) implement gender sensitive policy and advocacy plan.
- x) understand policy approaches to gender equality in One Health.

Module Program/Agenda

Session 1	Session 2	Session 3	Session 4
Describe key concepts and terminologies as used in One Health policy and advocacy.	Conduct situation analysis on the current national policies that affect One Health issues.	Conduct a stakeholder analysis.	Addressing One Health Policy in Relation to other Global Health Challenges
Session 5	Session 6	Session 7	
Describe the policy change process.	Advocacy for One Health policies and gender inclusiveness		

Module Overview

	Topic (goal)	Learning Objectives (LO),	Instructional Activities (Mode of Delivery)	Materials	Time (Min)
01	Describe key concepts and terminologies as used in One Health policy and advocacy.	<ul style="list-style-type: none"> • Define policy, law and regulations • Define stakeholder • Define policy analysis advocacy and policy problem • Define health care system 	<ul style="list-style-type: none"> • PowerPoint presentations • Brainstorming using sticky notes to define One Health policy and terminologies 	<ul style="list-style-type: none"> • Computer • Sticky notes 	90 minutes
02	Conduct situation analysis on the current national policies that affect One Health issues.	<p>Define Situation Analysis, components of situation analysis</p> <ol style="list-style-type: none"> 1. Trend analysis 2. Network analysis 3. SWOT analysis methods of conducting <ol style="list-style-type: none"> i) Surveys ii) Case studies <ul style="list-style-type: none"> • Data requirements and sources <ol style="list-style-type: none"> i) Secondary data (HMIS) ii) Primary data (FGDs, IDIs) iii) Literature review • Analysis and reporting 	<ul style="list-style-type: none"> • Lecture in PowerPoint presentation to explain situation analysis • Case study • Small group activity 	<ul style="list-style-type: none"> • Flip chart paper • Sticky notes • Colored markers • Computer 	120 minutes

03	Conduct a stakeholder analysis.	<ul style="list-style-type: none"> Define stakeholder analysis and identify stakeholders for specific policy issues, Mapping stakeholders (social network analysis) How to conduct a stakeholder analysis (process) Prepare a matrix to reflect power, influence and interest 	<ul style="list-style-type: none"> Presentations Group activity Group discussion 	<ul style="list-style-type: none"> Computer Flip chart paper Colored markers 	90 minutes
04	Engage different stakeholders in the policy making process	<ul style="list-style-type: none"> Mobilize stakeholders (form and considerations) Agenda setting, coalition building and lobbying Develop policy briefs 	<ul style="list-style-type: none"> PowerPoint presentations Plenary session Group discussions and presentations 	<ul style="list-style-type: none"> Computer 	240 minutes
05	Describe the policy change process.	<ul style="list-style-type: none"> Frameworks for policy, development and change Constraints to policy making and advocacy plan 	<ul style="list-style-type: none"> Lecture in PowerPoint presentation Group discussion 	<ul style="list-style-type: none"> Computer Flip chart papers Colored marker 	90 minutes
06	Advocate for One Health policies and gender inclusiveness.	<ul style="list-style-type: none"> Explain One Health policy advocacy Discuss basic elements of One Health policy advocacy Identify gender gaps related to One Health policies and advocacy plan Implement gender sensitive policy and advocacy plan 	<ul style="list-style-type: none"> Case study Small group activity Brainstorming Group discussions 	<ul style="list-style-type: none"> Computer Flip chart papers Colored marker 	120 minutes

Session 1: Describing Key Concepts and Terminologies as Used in One Health, Policy and Advocacy

Session Overview

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

Session Learning Objectives and Activities







Participants will be able to:

- i) define One Health policy, law and regulations.
- ii) define stakeholder.
- iii) define:
 - policy analysis.
 - advocacy .
 - policy problem.
- iv) define health care system.
- v) understand the importance of One Health policy development.

Schedule	Topic/Activity	Learning Activity
8:00 - 9:00	Registration	
9:00 - 10:00	Introduction <ul style="list-style-type: none">• Goals and Agenda• Expectations• Guest Speaker• Pre-Test	Presentations
10:00 - 10:15	Tea Break	
10:15 - 1:00	Discovering One Health and Policy and Advocacy, others	Small Group Activity
1:00 - 2:00	Lunch	
2:00 - 3:30	Understand Importance of One Health Policy Development	Small Group Activity
3:30 - 3:45	Tea Break	
3:45 - 4:30	Presentation about One Health Policy and Advocacy Terms	Interactive Presentation
4:30 - 4:45	Evaluation of the Day	Plenary

Materials

- Sign in sheet
- PowerPoint
- Sticky notes (2 Colors)
- Flip charts
- Tape
- Pre-test
- Markers

Time	Activity/Topic	Facilitator Instructions (More detailed facilitator notes are included at the end of the session)
 15 min	Registration 	i) Have participants sign the OHCEA attendance register. ii) Explain logistics (e.g., breaks, meals, etc.) iii) Issue per diem. iv) If the short course is residential, check on housing accommodations.
 15 min	Welcome 	Facilitator welcoming remarks and introductions. Participant introductions: <ol style="list-style-type: none"> In pairs, have participants share their: <ul style="list-style-type: none"> name. where they are from. type of work and position. Prepare 1-minute introduction of their partner to the class. Go around the room and have each pair present their partner to the class.
 30 min	Expectations 	Set up: Have two flipcharts in the front of the room: one titled “Expectations” and the other “Concerns.” <ol style="list-style-type: none"> Give each participant two different colored sticky notes. Ask participants to write down their expectations for the short course on one of the sticky notes (specify color), and their concerns about the course on the second sticky note (specify color). Have participants place their expectation sticky notes on a flip chart titled “Expectations” and their concerns sticky notes on another flip chart titled “Concerns” Organize the sticky notes per common themes. Explain the agenda for the week and the goals of the short course highlighting the expectations that will be met over the week and the expectations that will not be met. Comment on and address concerns.

- vi) Explain that this course is sponsored by OHCEA.
- OHCEA is the One Health Central and Eastern Africa network comprised of 24 academic institutions from eight African countries consisting of schools of public health, veterinary medicine and environmental sciences with two US partners. The US partners are: Tufts University and the University of Minnesota. OHCEA is funded under a major USAID grant.
 - OHCEA's vision is to be a global leader in One Health promoting sustainable health for prosperous communities, productive animals and balanced ecosystems. OHCEA seeks to expand the human resource base needed to detect and respond to potential pandemic disease outbreaks.
- vii) OHCEA has One Health policy and advocacy as a critical competency to achieving their vision. For this reason, they are sponsoring this course.



**Guest Speaker
and
Pre-test**

15 min



- i) In advance, be sure the speaker is prepared to address the group. Share with the speaker the short course goals and desired outcomes and what you would like her/him to emphasize in her/his address.
- ii) Introduce the invited guest speaker to “officially open the course.”
- iii) Pass out copies of the pre-test.
- iv) Tell participants they have 15 minutes to complete the pre-test. Explain that a pre-test is used to gauge how much they will have learned over the week; a post-test will be administered at the end of the course. The two tests will be compared. There is no grade associated with the pre-test. When participants finish, they can begin their break.



15 min

Break



20 min

Pre-training Reading Material



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

Operationalizing One Health: A Policy perspective; Taking stock and Shaping an Implementation Road Map. CDC, National Center for Emerging and Zoonotic Infectious Diseases.

Advancing One Health Policy and Implementation through the concept of One Medicine One Science. Cardonna et al. *Global Advances in Health Medicine*.

Walt, G., Shiffman, J., Schneider, H., Murray, S.F., Brugha, R. and Gilson, L., 2008. 'Doing' health policy analysis: methodological and conceptual reflections and challenges. *Health policy and planning*, 23(5), pp.308-317.

Sharma, R.R., 1996. An introduction to advocacy: training guide.

Begin the session by having the participants watch the following videos: One Health: from concept to Action by CDC

<https://www.youtube.com/watch?v=TG0pduAYESA>

One Health: from Idea to Action: <https://www.youtube.com/watch?v=gJ9ybOumITg&t=4s>

Briefly discuss the two videos with the participants:

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

1. Define One Health approach.
2. Identify two examples of One Health in practice.
3. Identify two to three advantages of multiple disciplines working together to promote One Health.

Have the participants display these sticky notes on the wall in the three separate sections. Then in a plenary review the following:

1. What are the common things identified?
2. What are the differences?
3. Is there anything that surprised anyone?

Come up with a group description of what One Health is.

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

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



15 min

Discovery Activity: What is One Health?



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

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

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



20 min

One Health Definitions and Stakeholders



- i) Instruct the participants to conduct individual search of the Internet to define the following terms and write down the local, regional and international organizations that operate in each sector (this will take 10–20 minutes depending on internet speed):
 - Eco Health
 - Ecosystem Health
 - Planetary Health
 - Global Health
 - One Health
 - Environmental Health
- ii) Have participants read the definitions they found out loud to the class and capture the key points on a flip chart or whiteboard.
- iii) Ask the participants to note the areas of overlap among the concepts, as well as the major differences.

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

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

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

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



20 min

The History of One Health



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

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



20 min

Discovery Activity: What is One Health Policy?



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

1. Define One Health policy.
2. Define One Health policy advocacy.
3. What is the importance of One Health policy advocacy?

Have them display these sticky notes on the wall in the three separate sections. Then in a plenary discuss the definitions.

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

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

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

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



20 min

What has been the Driving the need for One Health Policy?



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



30 min

Video Case Study: Killer Outbreaks: Deadly Animals Among Us



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

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

1. What do they think should be done?
2. What policies should be put in place?
3. What agencies should be responsible for the implementation of those policies?



15 min

Drivers of Disease Emergence PPP No. 1



Give a 15-minute presentation on the drivers of disease emergence

This presentation introduces One Health, the interdependence between humans, animals and the environment and why disciplines need to work together and One Health core competencies. It also answers the questions: why One Health and why now?

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

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



15 min

PowerPoint Presentation that Defines Basic Terms



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

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



15 min

Break



15 min



Concluding Comments End of Day One Evaluation

- Create the flip chart shown below.
- Ask the class: “How did the session go?”

How did the session go?



Comments:

References

Walt, G., Shiffman, J., Schneider, H., Murray, S.F., Brugha, R. and Gilson, L., 2008. ‘Doing’ health policy analysis: methodological and conceptual reflections and challenges. *Health policy and planning*, 23(5), pp.308-317.

Sharma, R.R., 1996. *An introduction to advocacy: training guide.*

Influencing-policy-development.htm

Session 1: Facilitator notes

1. Definition of One Health

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

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

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

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

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

References

- Ebola's lasting Legacy by Erika Check Hayden: Nature: volume 519, 5 March 2015
- FAO (2013). "Understanding and Integrating Gender Issues into Livestock Projects and Programmes: Checklist for Practitioners," from www.fao.org/docrep/018/i3216e/i3216e.pdf
- Gender issues in Human Animal and Plant health using an Eco Health perspective by Brigitte Bagnol, Robyn Alders and Robyn Mcconchie: Environmental and Natural Resources Research Vol 5 No1, 2015
- OCDE (2012) "Tackling the Root Causes of Gender Inequalities in the Post-2015 Development Agenda," from www.worldwewant2015.org/file/287499/download/311690
- What the solution isn't: the parallel of Zika and HIV viruses for Women: Susan T. Fried and Debra J. Liebowitz: the Lancet global health blog; February 2016
- WHO (2007). "Addressing Sex and Gender in Epidemic-Prone Infectious Diseases" from www.who.int/csr/resources/publications/SexGenderInfectDis.pdf

2. Definitions of Different Terms

- **Global health** is the health of populations in a global context and transcends the perspectives and concerns of individual nations. In global health, problems that transcend national borders or have a global political and economic impact are often emphasized. It has been defined as “the area of study, research and practice that places a priority on improving health and achieving equity in health for all people worldwide.” Thus, global health is about worldwide improvement of health, reduction of disparities, and protection against global threats that disregard national borders. (www.who.org)
- **Environmental Health** is that branch of public health concerned with all aspects of the natural and built environment that may affect human health. Other phrases that concern or refer to the discipline of environmental health include environmental public health and environmental protection. The field of environmental health is closely related to environmental science, and public health, and is concerned with environmental factors affecting human health. Environmental health addresses all the physical, chemical and biological factors external to a person and all the related factors impacting behaviors. It encompasses the assessment and control of those environmental factors that can potentially affect health. It is targeted towards preventing disease and creating health-supportive environments. This definition excludes behavior not related to the environment, as well as behavior related to the social and cultural environment, and to genetics.
- **Ecological Health (Eco Health):** The Eco Health approach focuses above all on the place of human beings within their environment. It recognizes that there are inextricable links between humans and their biophysical, social, and economic environments, and that these links are reflected in a population’s state of health (International Development Research Centre). The mission of Eco Health is to strive for sustainable health of people, wildlife and ecosystems by promoting discovery, understanding and trans-disciplinarity. Eco Health Alliance works at the intersection of ecosystem, animal and human health through local conservation programs and develops global health solutions to emerging diseases. It is an international organization of scientists dedicated to the conservation of biodiversity. Eco Health Alliance focuses on innovative research, education and training, and accessibility to international conservation partners.
- **Ecosystem health** is a metaphor used to describe the condition of an ecosystem. Ecosystem condition can vary as a result of fire, flooding, drought, extinctions, invasive species, climate change, mining, overexploitation in fishing, farming or logging, chemical spills, and a host of other reasons. There is no universally accepted benchmark for a healthy ecosystem, rather the apparent health status of an ecosystem can vary depending upon which health metrics are employed in judging it and which societal aspirations are driving the assessment.
- **Planetary Health:** Planetary Health is the newest kid on the block. Planetary health is defined as the achievement of the highest attainable standard of health, wellbeing, and equity worldwide through judicious attention to the human systems—political, economic, and social—that shape the future of humanity *and* the Earth’s natural systems that define the safe environmental limits within which humanity can flourish. – (Planetary Health Alliance)
- **One Health** is defined as the integrative (collaborative) effort of multiple disciplines working together locally, nationally, and globally to attain optimal health for people, animals, and the environment. Together, the three make up the One Health triad, and the health of each is inextricably connected to the others in the triad.
- Following the discussion, have the participants call out the One Health-related organizations that they found in their research. Possible organizations that participants should reference are outlined below. Be sure to probe the participants for the organizations on the list as well as local/regional entities working in the sector.

Organizations Operating in the One Health Sphere

- i) World Health Organization (WHO)
- ii) Food and Agriculture Organization (FAO)
- iii) World Organization for Animal Health (OIE)

- iv) One Health Initiative
- v) United States Centers for Disease Control (CDC)
- vi) Eco Health Alliance
- vii) United States Agency for International Development (USAID)
- viii) OHCEA- One Health Central and Eastern Africa
- ix) Southeast Asia One Health University Network (SEAOHUN)
- x) Universities - Departments, Centers, etc.
- xi) Ministries of Health, Agriculture, Environmental Resources, etc.
- xii) Medical or Health Professional Associations

Conclude with the slides showing the One Health Initiative's and the CDC's definitions of One Health and the One Health Initiative. (Adopted from SEAOHUN modules; <https://seaohunonehealth.wordpress.com/>)

- The One Health concept is a worldwide strategy for expanding interdisciplinary collaborations and communications in all aspects of health care for humans, animals and the environment. The synergism achieved will advance health care for the 21st century and beyond by accelerating biomedical research discoveries, enhancing public health efficacy, expeditiously expanding the scientific knowledge base, and improving medical education and clinical care. When properly implemented, it will help protect and save untold millions of lives in our present and future generations. – *One Health Initiative*
- The One Health concept recognizes that the health of humans is connected to the health of animals and the environment. CDC uses a One Health approach by working with physicians, ecologists, and veterinarians to monitor and control public health threats. We do this by learning about how diseases spread among people, animals, and the environment. – *United States Centers for Disease Control*

Historical context of One Health

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

In 2009, a One Health Office was established at CDC. The CDC now uses a One Health approach by working with physicians, ecologists and veterinarians to monitor and control public health threats. Their focus is on learning about how diseases spread among people, animals and the environment.

In 2011, the first International One Health Congress was held in Australia. Delegates from 60 countries and a range of disciplines came together to discuss the benefits of working together to promote a One Health approach. In addition to understanding the interdependence of human, animal and environmental health, attendees agreed that it was important to include other disciplines such as economics, social behavior and food security and safety.

Although One Health is a new phrase, the concept extends back to ancient times. The recognition that environmental factors can impact human health can be traced as far back as to the Greek physician Hippocrates (c. 460 BCE – c. 370 BCE) in his text “On Airs, Waters, and Places” He promoted the concept that public health depended on a clean environment. The Italian physician Giovanni Maria Lancisi (1654–1720) was a pioneering epidemiologist, physician, and veterinarian, with a fascination in the role the physical environment played in the spread of disease in humans and animals. Lancisi may have been the first to advocate the use of mosquito nets for prevention of malaria in humans[4] but was also a pioneer in the control of rinder pest in cattle. The idea that human, animal and environmental

health is linked was further revived during the French Revolution by Louis-René Villerme (1782–1863) and Alexandre Parent-Duchâtelet[fr] (1790–1835) who developed the specialty of public hygiene.[5]

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

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

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

Session 2: Situation Analysis on One Health Policy

Session Overview

Session 2 will include an identification of a framework for the creation of One Health policy, the different components including systematic collection and evaluation of data and assessment of progress, and identification of factors that may influence One Health policy implementation. The issues that endorse or delay One Health advocacy and policy making will be discussed.

Session Learning Objectives and Activities

Participants will be able to:

- i) Define Situation Analysis
- ii) Identify framework components of One Health policy
 - SWOT analysis

Schedule	Topic/Activity	Learning Activity
8:00 - 9:00	Registration	
9:00 - 9:30	Morning Reflections	Plenary Session
9:30 - 10:00	Introduction to Situation Analysis	Presentation
10:00 - 10:30	Case studies: One Health in India	Small Group Activity
10:30 - 10:45	Tea Break	
10:45 - 11:45	Creating One Health Policy Framework	Group Activity
11:45 - 12:45	Situation and SWOT Analysis	Presentation Small Group Activity
12:45 - 1:45	Lunch	
1:45 - 2:30	Case studies in One Health Policies and Analysis	Group Activity
2:30 - 3:30	Case study continued	Small Group Activity
3:15 - 3:30	Tea Break	
3:30 - 4:30	Group Presentations	Plenary Session
4:00 - 4:15	Evaluation of the Day	Plenary

Materials

- Sign in sheets
- Two flip charts
- Sticky notes
- PowerPoint slides
- Role charts
- Markers of different colors

Time	Activity/Topic	Facilitator Instructions
15 min	 	Attendance <ol style="list-style-type: none"> i) Have participants sign the OHCEA attendance register.
30 min	 Case Study on Avian Influenza 	<p>Review the following case study on the response to avian influenza: this is adapted from the paper; Integrating One Health in National Health policies of developing countries: India's lost opportunities</p> <p>The emergence of the H5N1 influenza, and the resulting policy and public panic, led to the conceptualization of multi-sectoral linkages in India, with human health, animal health, and wildlife sectors coming together to combat the problem. The collaboration was institutionalized in the form of an Inter-Ministerial Task Force and Joint Monitoring Group at the national level, with coordination mechanisms established all the way down till the district level. Written standard operating procedures (SOPs), in the form of avian influenza contingency plans, were developed and followed in subsequent outbreaks. The protocols ensured successful stamping out of the virus from most locations, though some of the north-eastern states are now endemic, with porous international borders playing an important role in the continued transmission.</p> <p>While the avian influenza preparedness and response have been success stories for India, the opportunity created could not be capitalized on. The scope of these coordination mechanisms remains limited and has not been extended to cover zoonoses and wider sets of issues emerging at the human-animal-wildlife interface. Several subsequent zoonotic disease events, occurring nationally and internationally, such as Crimean-Congo Hemorrhagic Fever (CCHF), Ebola Virus Disease (EVD), Middle East Respiratory Syndrome Coronavirus (MERS-CoV), brought the sectors together briefly, culminating into a national program for intersectoral coordination. A proposal for the same was submitted by the National Centre for Disease Control (NCDC) to the Planning Commission Working Group on the disease burden of communicable diseases for the 12th 5 Year Plan.</p> <p>Participants should discuss the following questions</p> <ol style="list-style-type: none"> i. Why do you think most of these avian influenza platforms were not sustainable in most countries? ii. What can be done to make them successful? iii. What is needed before policies can be recognized. <p>This scenario is typical of all the responses to avian influenza preparedness across most countries. The national task forces that were formed were not sustainable in most countries. There were no policies in place in any of these countries to sustain the process.</p>

Creating a One Health Policy Framework



120 min



Group Activity

Preparing ourselves for the infectious disease challenge of the 21st century would mean that we have to go beyond the eco-epidemiological approaches and address the vast systemic weaknesses in dealing with EIDs through a holistic approach instead. The key to this holistic approach is to establish linkages between the human health, animal health and husbandry, agriculture, and environment sectors. Response in one sector should incorporate impact assessment and mitigate downstream adverse effects on the other sectors as well.

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

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

- i) Scientific evidence and studies that can support the One Health approach
- ii) Impact assessments and systematic evaluation of successful One Health systems
- iii) Leadership and human resources
- iv) Governance and infrastructure
- v) Formation of national One Health platforms at higher levels of government
- vi) Partnership and stakeholder engagement
- vii) Enabling environments for building core capacity
- viii) Political will and financial support

Group Activity:



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

They should key in on the following questions:

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

The groups should present in a plenary for all the participants to be able to comment

There is evidence that collaborative multidisciplinary teams need skills processes and institutions that enable policies and operations to be co-managed and co-delivered across jurisdictions.



15 min

Situation Analysis and Its Components Presentation. PPP No. 3



Situation analysis and its components presentation

Present a brief PowerPoint on situation analysis, what it is and its components, methods of conducting an analysis and reporting.



30 min



Group Activity

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

SWOT Analysis: XX Country

Strengths	Opportunities
Weaknesses	Threats

Post them on the wall using flip chart and plenary review for discussion.



45 min

Case Studies in One Health Policies and Advocacy



Case Studies in One Health Policies and Advocacy

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

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

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

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

Case study: 2013 Situation analysis Research update/Sierra Leone. (pdf)

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



15 min

Break

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



80 min

Group Presentations



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

Concluding Comments



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

- i) Health emergencies are not limited to one sector.
- ii) Human activity, agricultural practices and gender roles can contribute to disease transmission.
- iii) The benefits of cross-sectoral cooperation and the sharing of resources leads to the prevention of disease at the root cause which is economic and can save lives.
- iv) Primary health strategies need to include education about disease and disease transmission.
- v) These are key issues that can be raised to influence policy decisions.



Asian Vulture Crisis Case Study



Homework assignment: Read Asian Vulture Crisis Case Study

Provide the participants with the case study on avian vulture crisis. They should read it overnight thoroughly and come to class prepared to discuss it

(This case study is included in the resource folder).

References

- Blanchet, K. Palmer, J. Palanchowke, R. Boggs, D. Jama, A. and Girois, S. 2014. Advancing the application of systems thinking in health: analyzing the contextual and social network factors influencing the use of sustainability indicators in a health system – a comparative study in Nepal and Somaliland, *Journal of negative results in biomedicine, Health Research Policy and Systems*
- http://steps-centre.org/project/drivers_of_disease/Mitchell, R.K., Agle, B.R. and Wood, D.J., 1997. Toward a theory of stakeholder identification and salience: Defining the principle of who and what really counts. *Academy of management review*, 22(4), pp.853-886.

Session 3: Conducting Stakeholder Analysis

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

Session Learning Objectives and Activities

Participants will be able to:



- i) define stakeholder analysis and identify stakeholders that are involved in One Health policy issues.
- ii) do mapping of stakeholders (social network analysis).
- iii) know how to conduct a stakeholder analysis (process).
- iv) prepare a matrix to reflect power, influence and interest.

Schedule	Topic/Activity	Learning Activity
8:00 - 9:00	Registration	
9:00 - 9:15	Introduction to Session Three	
9:15 - 9:45	Stakeholder Mapping	Group Activity
10:15 - 10:20	Group Presentations	Plenary Session
10:20 - 10:50	Prepare SWOT matrix	Group Activity
10:50 - 11:00	Tea Break	
11:00 - 11:30	Identification of Organizations Working in the One Health Sphere	Plenary Session
11:15 – 12.00	National Agencies and One Health policy	Group activity
12.00-1.00	Group Presentations	Plenary
1:15 - 2:15	Lunch	
2:00 – 3.30	The OIE, WHO, FAO tripartite	Group Activity
3.30-4.00	USAID- Emerging Pandemics Threat Program	Group Activity
4.00-4.30	CDC	Group Activity
4:20 - 4:30	Evaluation of the Day	Plenary Session

Materials

- Sign in sheet
- PowerPoint presentation
- Laptop
- Evaluation chart
- Activity 1
- Activity 2
- Activity 3

Detailed Facilitator Notes

Time	Activity/Topic	Facilitator Instructions
 120 min	Attendance Stakeholder Mapping 	<p>Have participants sign the OHCEA attendance register.</p> <p>Stakeholder Analysis of Asian Vulture Crisis Case Study</p> <p>Stakeholder mapping: Asian vulture crisis stakeholder analysis: Form groups of 6 team members</p> <p>(a) You have been provided with a set of sticky notes.</p> <ol style="list-style-type: none">On a sticky note, write a name of a stakeholder or player in the Asian vulture crisis. One name per note. Write as many stakeholders as you can think of. Identify them by their roles. Consider their gender as well especially at the community level.Line the sticky notes on the plain piece of paper according to whether they are international, national, regional or local.Draw a circle around those stakeholders with lots of power and authority using a red marker.Draw a square around those players with the most interest in the activity or who are impacted the most.Using a red marker, draw arrows that show flow of decision making (power and authority) from one stakeholder to another.Using a green marker, draw arrows that show flow of resources (funding) from one stakeholder to another.Using a blue marker, draw arrows that show communication flow from one stakeholder to another. Have the groups discuss the map and the following questions:<ol style="list-style-type: none">Who has power and authority?Who do you think should have power and yet does not?Who is being left out of the different arrows and yet considered important and how do you include them?Can you identify any gender differences in power, communication flow and resource flow?Which stakeholders are key players in policy issues?How are these policy issues affected by socio-political, economic and cultural issues?

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



Group Presentations

60 min



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

- i) Discuss the importance of stakeholder analysis, generally and in relation to the Asian vulture crisis.
- ii) Discuss at length the Asian vulture crisis case study and advocacy and policy implications related to that case especially with a focus on advocacy for the vulture, and the banning of Diclofenac in South Asia.



Identifying Organizations in the One Health Sphere

45 min



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

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

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

With each organization or body, they should identify:

- i) The organization's mission
- ii) The One Health strategic focus
- iii) The organization's policies or procedures that impact human, animals or environment
- iv) Other organizations it is collaborating with
- v) Is it a policy making body and what is its major role?

They should be prepared to present in a plenary session

There should be many organizations presented here including:

WHO, OIE, FAO, USAID, CDC, Rockefeller Foundation, Bill Gates, IDRC, DTRA, IUCN, regional organizations like AU-IBAR, OHCEA, SACCIDS



60 min

National Agencies and One Health Policy



Group Activity

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

Group Activity

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

- Public health
- Animal health
- Environment
- Wildlife
- Agriculture

Divide participants into five groups. Each group should tackle one of the areas listed above. Focusing on a specific country, they should try and identify:

- i) the policies in place for that particular area.
- ii) the different parties they collaborate with and stakeholders affected by each policy.
- iii) whether the policy, regulation or guideline takes a One Health perspective, integrating human, animal and environmental health. If yes, how was this perspective incorporated? If no, how would you modify the policy to achieve a One Health perspective?
- iv) whether any of the existing policies promote prevention of and response efforts to EPT.
- v) how One Health perspective could improve policies.



30 min

WHO, OIE, FAO Tripartite



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

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

WHO: <http://www.youtube.com/watch?v=1H2iCibm8hs>

OIE: <http://www.youtube.com/watch?v=mNfwA2Rwyog>

FAO: <http://www.youtube.com/user/FAOoftheUN>

Group Activity:



Group Activity

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

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

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



30 min

USAID- Emerging Pandemics Threat



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

Have the participants review the following facts sheets on USAID-Emerging Pandemics Threat program.

Have the participants review the following worksheets on EPT:

EPT1-<https://www.usaid.gov/news-information/fact-sheets/emerging-pandemic-threats-program>

EPT2- <https://www.usaid.gov/what-we-do/global-health/pandemic-influenza-and-other-emerging-threats/programs>

Plenary Activity

Discuss the following questions in a plenary:

1. What is the mission of EPT?
2. List the organizations funded under EPT?
3. List the countries EPT covers?



15 min

The Centers for Diseases Control (CDC)



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

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

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

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

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

References

- Brugha, R. and Varvasovszky, Z., 2000. Stakeholder analysis: a review. *Health policy and planning*, 15(3), pp.239-246.
- Bryson, J.M., 2004. What to do when stakeholders matter: stakeholder identification and analysis techniques. *Public management review*, 6(1), pp.21-53.
- Prell, C., Hubacek, K. and Reed, M., 2009. Stakeholder analysis and social network analysis in natural resource management. *Society and Natural Resources*, 22(6), pp.501-518.

Session 4: Addressing One Health Policy in Relation to other Global Health Challenges

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

Session Learning Objectives and Activities

Participants will be able to:







- i) have a bird's eye view of global challenges that promote One Health.
- ii) identify specific examples of these challenges and policies introduced.
- iii) develop policy briefs.

Schedule	Topic/Activity	Learning Activity
8:00 - 9:00	Registration	
9:00 - 9:15	Introduction to Day Four	
9:15 - 10:15	Global Health Security Agenda	Plenary Session
10:15 - 10:30	Tea Break	
10:30 - 11:30	Antimicrobial Resistance	Group Activity
11.30-1.00	Climate Change and Global Warming (Paris Agreement)	
1:00 - 2:00	Lunch	
2:00 - 3:00	Developing Policy Briefs	Group activity
3:00 - 3:15	Tea Break	
3:15 - 4:30	Developing Policy Briefs	Group Activity
4:30 - 4:45	Presentation of Briefs	
4:45 - 5:00	Evaluation of the Day	Plenary Session

Materials

- Sign in sheet
- PowerPoint presentation
- Internet access
- Evaluation chart
- Activity

Detailed Facilitator Notes

Time	Activity/Topic	Facilitator Notes
 30 min	Attendance 	Attendance Have participants sign the OHCEA attendance register.
 20 min	Introduction to Session Four 	We need governmental and non-governmental policy makers, funders and industry to collaborate and work closely together to protect and meet global health and health security goals. In fact, the wheels have already been set in motion. For example, the One Health approach is already being implemented in policies to address a broad range of global challenges. In this session, we will discuss some of these areas.
 120 min	The Global Health Security Agenda 	Have participants watch the video of president Obama addressing the Global Health Security Agenda summit, and show them PPP No. 4 https://www.youtube.com/watch?v=bQTrSu6I-M Fact sheet on GHSA: https://obamawhitehouse.archives.gov/the-press-office/2015/07/28/fact-sheet-global-health-security-agenda The Global Health Security Agenda (GHSA) was launched in February 2014 and is a growing partnership of over 50 nations, international organizations, and non-governmental stakeholders to help build countries' capacity to help create a world safe and secure from infectious disease threats and elevate global health security as a national and global priority. GHSA pursues a multilateral and multi-sectoral approach to strengthen both the global capacity and nations' capacity to prevent, detect, and respond to human and animal infectious diseases threats whether naturally occurring or accidentally or deliberately spread. https://www.ghsagenda.org/ GHSA takes a multi-sector, multi-partner approach to accelerate improved capacity on the noted 11 Action Package technical areas. These efforts are intended to help advance implementation of the International Health Regulations and similar animal health and disease reporting systems of the OIE, by building countries capacity to prevent, detect, and respond to infectious disease threats. Among the organizations supporting the GHSA are USAID, CDC, the World Health Organization (WHO), the Food and Agriculture Organization (FAO), and the World Organization for Animal Health (OIE) and are working together to prevent, detect, and respond to global infectious disease threats using the One Health approach. The GHSA has the following 3 main areas and 11 action packages:

GHSA Action Packages



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

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



Antimicrobial Resistance

60 min



<http://www.who.int/antimicrobial-resistance/events/UNGA-meeting-amr-sept2016/en/>

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

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

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

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

WHO is working closely with FAO and OIE in a 'One Health' approach to promote best practices to avoid the emergence and spread of antibacterial resistance, including optimal use of antibiotics in both humans and animals.

A global action plan on antimicrobial resistance was adopted by member states at the 68th World Health Assembly and supported by the governing bodies of FAO and OIE in May and June 2015. The goal of the global action plan is to ensure, for as long as possible, continuity of successful treatment and prevention of infectious diseases with effective and safe medicines that are quality-assured, used in a responsible way, and accessible to all who need them.

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

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

Group Activity

Discuss this in a plenary to understand how antimicrobial resistance is a One Health issue, how it is helping to promote One Health policies and frameworks, and what is happening at country levels.



120 min

Policies, Solutions and Frameworks



<https://www.youtube.com/watch?v=OYFaom8R1ig>

Summarize the session by watching this video on some of the policies, solutions and frameworks that are being put in place to combat antimicrobial resistance. Also show them PPP No. 5

Group Activity

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

- **Malaria** – the System-wide Initiative on Malaria and Agriculture (SIMA) was created by the International Water Management Institute in Sri Lanka to investigate the relationship between agricultural practices, livestock management and malaria occurrence.
- **Ozone Layer** – the Montreal Protocol helped to significantly reduce the emission of ozone-depleting substances due to the combined efforts of 197 countries.
- **Global warming** – the Paris Agreement within the United Nations Framework Convention on Climate Change (UNFCCC) is developing cross-disciplinary policies on the global average temperature well below 2 Celsius degrees above pre-industrial levels.

Debrief by groups presenting their findings.



Developing Policy Briefs

120 min



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

Selecting topic for brief

Session 1: A policy brief is:

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

Activity 1

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



Know Your Audience

30 min



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

1. What questions need answers?
2. What are their interests and concerns?
3. What does it take to reach specific readers such as media and decision makers?

Activity 2

Have the participants identify their audience.



15 min



Lead with a short statement. The brief statement should:

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

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

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

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

Activity 3

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



120 min

PowerPoint Presentation on how to Prepare Policy Briefs (PPP No. 5)



Give a PowerPoint presentation on how to prepare policy briefs.

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

Activity 4

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

References:

- Brugha, R. and Varvasovszky, Z., 2000. Stakeholder analysis: a review. Health policy and planning, 15(3), pp.239-246.
- Bryson, J.M., 2004. What to do when stakeholders matter: stakeholder identification and analysis techniques. Public management review, 6(1), pp.21-53.
- How to write a policy brief; https://www.udsm.ac.tz/sites/default/files/how-to-write-a-policy-brief_0.pdf
- Prell, C., Hubacek, K. and Reed, M., 2009. Stakeholder analysis and social network analysis in natural resource management. Society and Natural Resources, 22(6), pp.501-518.







Session 5: The Policy Change Process

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

Session Learning Objectives and Activities

Participants will be able to explain:

- i) frameworks for policy development and change.
- ii) constraints to policy making and advocacy plan.
- iii) integrate One Health policy into their programs.

Time	Activity/Topic	Facilitators Instructions
 30 min	Introduction to Session Five 	<p>This morning focuses on describing the targets of change (i.e., those who would adopt or implement policies) and what they can do for the policy change. State their interests.</p> <p>Group Activity: Ask participants to think about policies and changes to them. They should identify one policy in their lives or working environment that they would like to change or have seen change:</p> <ol style="list-style-type: none"> 1. What are some of the reasons they wanted it changed? 2. Do they think it is important to change a policy? If yes, give justifications. 3. What are the obstacles in changing policy and adding One Health perspective policies. <p>Ask each group to present what they have got.</p>
 20 min	Fatal Infestations Video 	<p>Show the video <i>Fatal Infestations</i> which is about the West Nile virus disease in New York city in 1999:</p> <ol style="list-style-type: none"> i) Discuss some of the policies that need to be changed as a result of this and some of the challenges that would be encountered in trying to change these policies. ii) Discuss the different stakeholders who need to be engaged to effect that change.
 15 min	PowerPoint Presentations on One Health Policies Development (PPP No. 6) 	<p>PowerPoint presentations on One Health policies development, limitations to their progress and advocacy plan.</p> <p>Identify targets and agents of One Health policy change efforts and their assets and interests.</p> <p>Activity 2</p> <p>Returning to the policies the participants have identified for change. Let the participants answer the following questions.</p> <ol style="list-style-type: none"> 1. What organization or policy-making body would be responsible for making the decisions in case of your policy change. 2. What is the formal decision-making process for this institution? 3. What are the steps in the formal process?

4. When will each step take place?
5. What are the informal workings or “behind the scenes” actions for the decision-making process?
6. Who is/are the key decision makers at each stage?
7. Which stages in the process can you influence? How can you influence these stages?



60 min

Presentation on Policy Change Process

(PPP No. 7)



Presentation on Policy Change Process, its Constraints and Integrating One Health Policy in their Programmes

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

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

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

Adapted from Sharma, R.R., 1996. An introduction to advocacy: Training guide.





References

Buse, K., Dickinson, C., Gilson, L. and Murray, S.F., 2007. How can the analysis of power and process in policy-making improve health outcomes: moving the agenda forward. ODI Briefing Paper, (25).

Buse, K., Mays, N. and Walt, G., 2012. Making health policy. McGraw-Hill Education (UK).

Walt, G., Shiffman, J., Schneider, H., Murray, S.F., Brugha, R. and Gilson, L., 2008. ‘Doing’ health policy analysis: methodological and conceptual reflections and challenges. Health policy and planning, 23(5), pp.308-317.

Session 6: Advocacy for One Health Policies and Gender Inclusiveness

Time	Activity/Topic	Facilitator Instructions
 60 min	Introduction 	<p>This session will provide an understanding of effective One Health policies advocacy, advocacy techniques, strategies, how to do case studies for One Health policy and advocacy, identifying advocacy audiences, developing and delivering advocacy messages.</p> <p>Session Learning Objectives and Activities</p> <p>Participants will be able to:</p> <ol style="list-style-type: none"> explain advocacy. discuss basic elements of One Health advocacy. <p>Advocacy is defined as the support or defense of a cause and the act of pleading on behalf of another person or a cause. Every day, people have experiences that are frustrating, unbelievable or so outrageous that they think “How can this be? There ought to be a law!” Advocacy means channeling this sense of outrage about inadequately conceived laws, policies and regulations or a lack thereof, when the need for one is clear.</p> <p>Advocates endeavor to let policy makers and decision makers know what needs to be changed. Advocacy influences the outcome of local, state, national and international policies, laws and regulations. Show learners PPP No. 8</p> <p>Brainstorming Activity: Ask participants to think through and identify an action that they particularly feel passionate about and would like to advocate for it. Make a list of all these areas. Ask participants to share what they have done about it or what they would like to do about it.</p> <ol style="list-style-type: none"> Ask four or five participants to share an experience when an individual or organization advocated on their behalf about a health issue and changed a dynamic in their lives. How did it feel to have someone advocate for them? Ask four or five participants to share their experiences when they had opportunity to advocate for someone about a health issue. What were the challenges and how did they overcome them? How did they feel advocating for someone?
 20 min	Ensuring Gender Sensitivity in Advocacy 	<p>Almost all development initiatives involve some level of advocacy involving women and men, boys and girls who are affected. In order to effectively operationalize gender issues in One Health and emerging pandemics, there is need for it to be included in policies and advocated for.</p> <p>Divide the class into four groups and have them analyze the four scenarios given below:</p>

Group 1: In this community, there is conflict between the people and the national parks because the community is collecting medicinal plants and firewood from the national parks—an area that is protected. The wildlife has also been destroying the villagers' crops and killing their domestic animals. The national park management has been having meetings with the village men in the evening at the local men's club to map out a strategy on how to solve the problem.

The meetings are held at the local men's club in the evenings which limits women who are care providers for children from attending. In some communities, women are not even allowed to go out at night. The park is not including women in its plans and is not considering the fact that most of the people who collect medicinal plants and firewood are women; they should be a key stakeholder in the decision making.

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

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

Group 3: The government in the country you work in wants to target farmers for training in poultry production and management on Avian Influenza prevention and control. They are focused on implementing a training policy and ask the animal health workers in the communities to identify people for training. Since men are the heads of households and the decision makers, they are selected to attend the training.

In most communities that were affected by Avian influenza, the poultry caretakers were women. The women should therefore have been a key target for disease prevention training. However, since they are not part of the leadership circle in many communities they are not involved in identifying trainees and cannot voice their opinion. Therefore, even if the men are trained, they will not deliver and the disease will still spread.

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

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

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

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



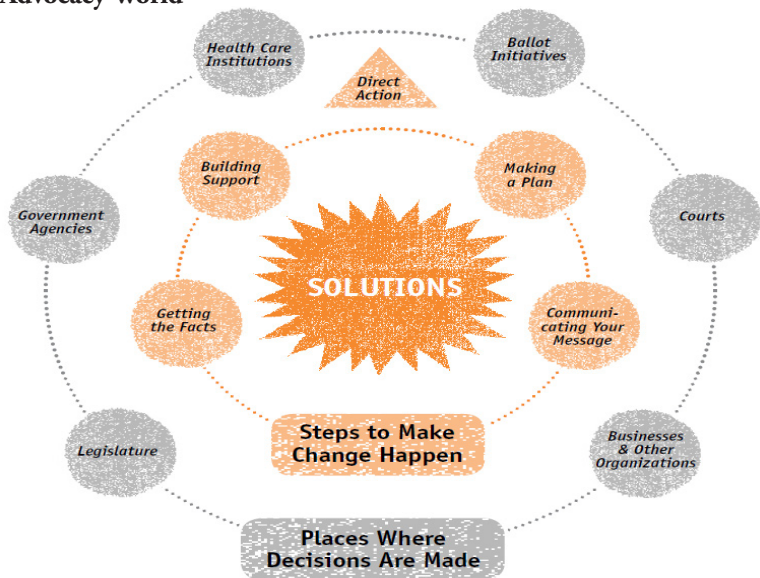
Advocating for Change



120 min

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

Advocacy World



The advocacy template from:

Advocating for Change | Understanding How to Impact Health Policy

Written by Harry Snyder, with assistance from Matt Iverson

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30 min

Four Steps of Advocating for One Health Policy



Step 1: Getting the facts-research and data collection

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

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1122133/pdf/214.pdf>

In the 1990s, the world was plagued by Aids especially in Africa. Antiretrovirals existed but the cost was prohibitive for all the poor and dying in Africa until a team of advocates using facts and data decided to take on the big organizations and the drug companies to campaign for free drugs for people with AIDS across the world. This was one of the most successful campaigns ever done because they had facts and data to back them up.

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

Getting the Facts on Lead

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

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

The questions that need to be addressed include:

1. Who is being hurt/ or what needs to be changed? Figures and numbers are important.
2. How are they being hurt? Describe the problem.
3. How serious and widespread is it?
4. What are the consequences if left unattended?
5. How is the community affected?
6. Why does the issue matter?

Step 2: Building support-organization and coalition building

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

Activity 2

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

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

Activity 3

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

- i) A clearly defined problem
- ii) A clearly defined solution and interim goals
- iii) An assessment of resources
- iv) A clear strategy

Step 4

Communicate your message - inform the public and decision makers.

The key to this part is making sure you communicate your message in a way that facts are understood and believed and can move the people to action and make sure you are targeting the right audience.

Watch the following YouTube video of Michelle's Obama and Jimmy Fallon's *Evolution of Mom Dancing* which changed Mrs Obama's *Lets move campaign* because of her target audience.

<https://www.youtube.com/watch?v=Hq-UR19F17Y>

Communications ToC: Let's Move!

Can you identify each of the following in the *Evolution of Mom Dancing* video?

WHO COMMUNICATOR	SAYS WHAT MESSAGE	IN WHICH CHANNEL MEDIUM	TO WHOM RECEIVER	WITH WHAT EFFECT? EFFECT
---------------------	----------------------	----------------------------	---------------------	-----------------------------

Michelle
Obama

↳ Move! ↳

Late
Night
Talk
Show

↳ Mothers ↳

Mothers
engage
their kids
in
activity

Activity 5

Create your message. Create an advocacy message for your One Health issue. Keep in mind the following four foundations:

- i) You must offer accurate facts and respected analysis.
- ii) You must present a broadly acknowledged value.
- iii) You must tell a simple and compelling story - Frame the issue.
- iv) You must reach the right audience.

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

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

Watch the video on *Am just a bill*

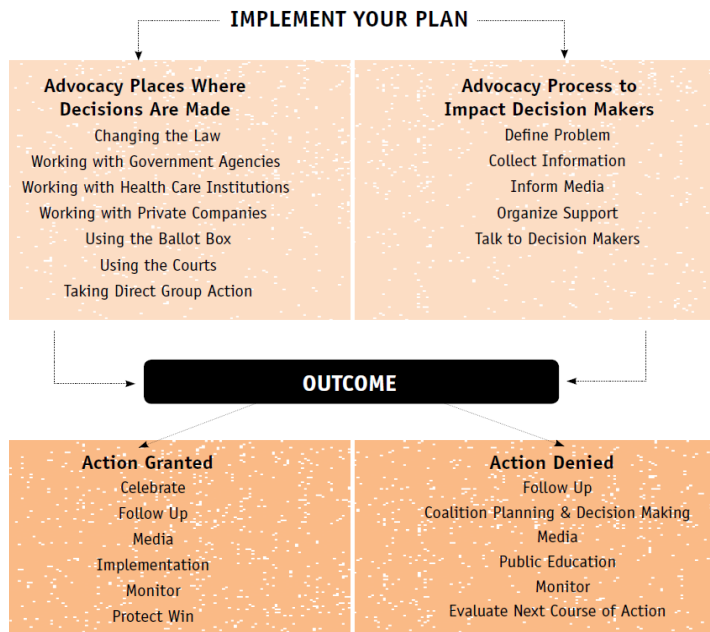
<https://www.youtube.com/watch?v=tyeJ5o3El0>

Identify any of the institutions that you need to work closely with. The outcome can be successful or not but in either case change has happened or there was impact.



20 min

Advocacy Places Where Decisions are Made



Adopted from:

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Rabies Advocacy Video

15 min



Finally have the participants watch the following videos on rabies.

Video: Rabies Advocacy

Select one of the videos from the list below.

- Her Royal Highness Princess Haya with OIE Against Rabies at <http://www.youtube.com/watch?v=XjbBeie2G7I>
- No More Deaths from Rabies at <https://www.youtube.com/watch?v=qoBumMaDr3g>
- Fighting Rabies in Asia at http://www.youtube.com/watch?v=RS4_38sZF3w&feature=c4-overview&list=UUYWwT1w9Yv2qpKChz9Hoomg



Debrief and Reflection

20 min



Debrief, Reflection and Conclusion of Workshop

Conclude the workshop allowing the participants time to reflect on the training.

Give them time to fill out the post-test and OHCEA evaluation form. If a guest speaker is invited to close the ceremony and give out certificates, then that should conclude the workshop. Any logistics issues should also be dealt with.

References

- Gender analysis in health: a review of selected tools*. Geneva, World Health Organization, 2002 (http://www.who.int/gender/documents/en/Gender_analysis.pdf, accessed 19 June 2009).
- Jerome, J. *Country gender profiles: A tool for summarizing policy implications from sex-disaggregated data*.
- March, C. (1996). *A tool kit: Concepts and frameworks for gender analysis and planning*. Oxford, Oxfam uk/Ireland,.
- WHO Gender Working Group, *Gender Policy for WHO*. World Health Organization, Geneva, 18 February 2000.

OHCEA Event Evaluation – One Health Policy and Advocacy Short Course

Facilitators: _____

Dates: _____

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

Please circle your response to each of the following

1. This event met my expectations.

- | | |
|----------------------|-------------------|
| a) Strongly disagree | d) Strongly agree |
| b) Disagree | e) Don't know |
| c) Agree | |

2. This event was relevant to my personal interests.

- | | |
|----------------------|-------------------|
| a) Strongly disagree | d) Strongly agree |
| b) Disagree | e) Don't know |
| c) Agree | |

3. This event was relevant to my professional interests.

- | | |
|----------------------|-------------------|
| a) Strongly disagree | d) Strongly agree |
| b) Disagree | e) Don't know |
| c) Agree | |

4. The information presented was new to me.

- | | |
|----------------------|-------------------|
| a) Strongly disagree | d) Strongly agree |
| b) Disagree | e) Don't know |
| c) Agree | |

5. The amount of information provided was:

- a) Not enough
- b) About right
- c) Too much

6. This event helped clarify my understanding of “One Health.”

- | | |
|----------------------|-------------------|
| a) Strongly disagree | d) Strongly agree |
| b) Disagree | e) Don't know |
| c) Agree | |

7. The pre-event logistics were well organized.

- a) Strongly disagree
- b) Disagree
- c) Agree
- d) Strongly agree
- e) Don't know

8. The event itself was well organized.

- a) Strongly disagree
- b) Disagree
- c) Agree
- d) Strongly agree
- e) Don't know

9. Overall, I found this event to be worthwhile.

- a) Strongly disagree
- b) Disagree
- c) Agree
- d) Strongly agree
- e) Don't know

10. I intend to take action in my work as a result of what I have learned at this event.

- a) Strongly disagree
- b) Disagree
- c) Agree
- d) Strongly agree
- e) Don't know

11. Describe what, if any, actions you will take in your work because of this event.

12. What were the strengths of this event?

13. What can be done to improve this event?

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

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

16. Did you present at this event?

- a) Yes
- b) No

17. 16a. If yes, what was the topic of your presentation?

18. What is your *primary* area of work?

- a) Nursing
- b) Human Medicine
- c) Veterinary Medicine
- d) Wildlife Medicine
- e) Public Human Health
- f) Public Veterinary Health
- g) Other (please specify): _____

19. Which sector do you represent?

- a) Government
- b) Private sector
- c) Education
- d) Non-governmental organization (NGO)
- e) Research
- f) Other (please specify): _____

20. What is your sex?

- a) Male
- b) Female

21. Nationality: _____

Extra Facilitator Notes

History of One Health

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

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

Timeline: People and Events in One Health

1821-1902: Virchow recognizes the link between human and animal health

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

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

1849-1919: William Osler, father of veterinary pathology

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

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

1947: The Veterinary Public Health Division is established at CDC

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

1927-2006: Calvin Schwabe coins the term “One Medicine” and calls for a unified approach against zoonoses that use both human and veterinary medicine

Calvin Schwabe, DVM, ScD, MPH, made many important contributions to veterinary epidemiology over his career. He began his career studying zoonotic parasitic diseases and directed the World Health Organization programs on hydatid disease and other parasitic diseases. In 1966, Dr Schwabe became the founding Chair of the Department of Epidemiology and Preventive Medicine at the Veterinary

School at the University of California Davis. It was the first department of its kind at a veterinary school.

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

2004: The Wildlife Conservation Society publishes the 12 Manhattan Principles Expanded

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

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

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

2007: The One Health approach is recommended for pandemic preparedness

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

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

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

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

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

2009: The One Health Office is established at CDC

In 2009, Lonnie King, then director of CDC's National Center for Zoonotic, Vectorborne and Enteric Diseases, proposed the One Health Office. The office was created as a point of contact for external

animal health organizations and to maximize external funding opportunities. Since that time, the role of the One Health Office has expanded to include supporting public health research that furthers the One Health concept, facilitating the exchange of data and information among researchers across disciplines and sectors.

2009: USAID establishes the Emerging Pandemic Threats program

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

2009: Key recommendations for One World, One Health™ are developed

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

2010: The Hanoi Declaration, which recommends broad implementation of One Health, is adopted unanimously

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

2010: Experts identify clear and concrete actions to move the concept of One Health from vision to implementation

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

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

2010: The United Nations and the World Bank recommend adoption of One Health approaches

In July 2010, the World Bank and the United Nations released the "Fifth Global Progress Report on Animal and Pandemic Influenza." The report reiterated the findings of the delegates at the International Ministerial Conference on Avian and Pandemic Influenza in Hanoi. It also emphasized the importance

of adopting a One Health approach to sustain momentum in pandemic preparedness. Rather than focusing on controlling avian influenza through emergency initiatives, countries and regional bodies should build One Health capacity to respond to a broad range of emerging and existing disease threats, the report advised.

2010: The European Union reaffirms its commitment to operate under a One Health umbrella

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

2011: The 1st International One Health Congress is held in Melbourne, Australia

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

2011: The 1st One Health Conference in Africa is held

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

2011: The High Level Technical Meeting to Address Health Risks at the Human-Animal-Ecosystem Interface builds political will for the One Health movement

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

2012: The Global Risk Forum sponsors the first One Health Summit

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

2013: The 2nd International One Health Congress is held in conjunction with the Prince Mahidol Award Conference

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



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