THE EAST AFRICAN COMMUNITY

DRAFT EAC REGIONAL ONE HEALTH STRATEGY

2022-2027

EAC SECRETARIAT

P.O. BOX 1096

ARUSHA, TANZANIA   **February 2022**

Foreword (*to be completed after regional validation*)

The strategy builds a strategic, dynamic and functional platform that advances multi-sectoral and inter-sectoral collaboration. It enables stakeholders of the public and private sector to better and more efficiently deal with emerging infectious diseases and other public health emergencies. As it builds on rather complex interactions of multiple disciplines that do not necessarily see the benefit or need to interact, it is essential to institutionalise One Health in public sector entities and to enhance One Health capacities in the East African Community (EAC). In order to achieve this, a strategic approach is needed to remain focused and results driven in the implementation. Hence, a regional One Health strategy will serve as a guiding document to implement One Health sustainably at the EAC Secretariat and in the Partner States.

Acknowledgement

The process of developing the EAC Regional One Health Strategy was inclusive and consultative eliciting a wide spectrum of experts and stakeholders from different sectors in the region and beyond. All EAC Partner States, the EAC Secretariat, regional, continental and international institutions, organisations and networks contributed to this Strategy. The latter comprised AU CDC, FAO, OIE, US CDC, WHO, AFROHUN and the German Friedrich-Loeffler-Institut, Federal Research Institute for Animal Health.

I would like to take this opportunity to thank members of the Task Force who committed themselves to developing the EAC Regional One Health Strategy and who provided leadership and strategic guidance throughout the process.

I am equally pleased about the consultative and inclusive process that was followed in the development of the Strategy. Appreciation is extended to EAC Partner States and regional, continental and international stakeholders.

Finally, I would like to sincerely thank the German Government for their highly appreciated financial and technical support provided through the Support to Pandemic Preparedness in the EAC Region (PanPrep) project and the Global Programme Pandemic Prevention & Response, One Health (GV PPOH) of the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH.

Signed by SG (?)

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Executive Summary

Introduction

One Health is a collaborative, multisectoral, and multi-disciplinary approach – working at local, regional, national, and global levels – to achieve optimal health and well-being outcomes recognizing the interconnections between people, animals, plants and their shared environment. **The EAC Secretariat however, applies a much wider One Health definition. It involves all sectors and disciplines which are affected by an outbreak of an infectious disease or other event of public health concern, which can contribute to preventing it and to mitigating its impact.** A multi-sectoral and multidisciplinary "One Health" approach is crucial for effective preparedness and response to Public Health of Major Concern. These include disease outbreaks, Anti-Microbial Resistance (AMR), Food safety and Security and other disasters such as floods etc. The EAC Regional Contingency Plan is the key EAC instrument in outbreak prevention in the region. It embraces the One Health approach in regional prevention and response measures.

An estimated 60% of pathogens that cause human diseases come from domestic animals or wildlife and over 70% of emerging infectious diseases in humans have their sources in animals. They affect animals and humans and their livelihoods. Antimicrobial resistance (AMR) has also become another major threat among others. Other Major Public Health Threats of Concern include but are not limited to floods, food safety and security such as contaminated food and water or contamination of crops with aflatoxins, and locusts' storm.

Rationale of developing the EAC One Health Strategy

The East African (EAC) region, comprising of the Republics of Burundi, Kenya, Rwanda, South Sudan, Tanzania and Uganda, has experienced a number of outbreaks of emerging and re-emerging infectious diseases in the past two decades. These include Ebola Virus Disease (EVD), Rift Valley Fever (RVF), Marburg, Dengue, Crimean Congo hemorrhagic fevers, Yellow Fever, Avian Influenza, Anthrax, Cholera, Polio, Hepatitis A and E and currently Covid-19. Other Major Public Health Threats of Concern in the region as mentioned above include AMR, Food safety and Security such as and many disasters such as flooding. The threats necessitated the EAC Council of Ministers of Health to direct the EAC to embrace One Health approach and establish and operationalize an EAC Regional One Health Platform comprising of all relevant departments and sectors in its 35th Ordinary Meeting of the EAC Council of Ministers in 2017.

Scope of the strategy

While the content of the Strategy is applicable to a wide range of events of public health concern including disasters, chemical hazards and accidents to mention just a few, this document focuses primarily on infectious diseases. However, it takes into account that many determinants of health outcomes outside the health sector and that the impacts also go beyond it. The strategy will therefore be an inter-sectoral, multi-disciplinary and multi-agency document.

Methodology adopted to developing the strategy

The process of developing the EAC Regional One Health Strategy was inclusive and consultative eliciting a wide spectrum of experts and stakeholders from different sectors in the region. All EAC Partner States, the EAC Secretariat and regional, continental and international institutions, organizations and networks contributed to this Strategy. The latter comprised AU CDC, FAO, OIE, US CDC, WHO, AFROHUN and the German Friedrich-Loeffler-Institut, Federal Research Institute for Animal Health.

After the initial development of the draft strategy by consultants in collaboration with GIZ-PanPrep, there were a series of meetings ranging from meetings with the EAC secretariat, selected stakeholders from Partner

States as mentioned above and six meetings of an Expert Working Group (EWG) comprised of members appointed by Partner States. These were followed by national and regional validation meetings before presentation to the EAC Council of Ministers for consideration for approval. The PanPrep project under the GIZ provided financial, but also technical support in the development of the strategy.

The goal and strategic priority areas of the EAC OH Strategy

The goal of the EAC regional One Health Strategy is to strengthen multi-sectoral and multi-disciplinary preparedness for and response to outbreaks of infectious diseases and other events of public health concern and to mainstream the One Health approach in the region.

The EAC strategy encompasses key players beyond the human animal and environment such as the agriculture, environment trade, education just to mention a few as experience has shown a wide array of sectors are impacted and need to be a party to multi-sectoral preparedness and response. The strategic priority areas or pillars put forward as key to the first EAC OH strategy include to Institutionalise the One Health approach sustainably at the EAC, to promote the application of the One Health approach in the preparedness for, prevention and detection of and response to Major Public Health Threats of Concern in the region and strengthen the One Health capacity in the EAC region. Outcomes, outputs and activities have then been developed for five years covering the period from 2022 to 2026.

Key to achievement in implementation of the strategy: The key to successful implementation of what is contained in the EAC One Health strategic plan lie mainly on the **commitment of the EAC secretariat and the Partner States** and a well-planned and executed resource mobilization strategy.

Abbreviations and Acronyms

AFROHUN	Africa One Health University Network
AMR	Antimicrobial Resistance
AU	African Union
AU CDC	Africa Centers for Disease Control and Prevention
CDC	Centers for Disease Control and Prevention
CORDS	Connecting Organizations for Regional Disease Surveillance
COVID-19	Corona Virus Disease of 2019
CSO	Civil Society Organization
DMD	Disaster Management Department
EAC	East African Community
EAIDSNet	East African Integrated Disease Surveillance Network
EIDSR	Electronic Integrated Disease Surveillance and Response
EVD	Ebola Virus Disease
FAO	Food and Agriculture Organization of the United Nations
FLI	Friedrich-Loeffler-Institut
GHSA	Global Health Security Agenda
GIZ	German International Development Agency
HORN	One Health Regional Network for the Horn of Africa
HPAI	Highly Pathogenic Avian Influenza
ICT	Information and Communications Technology
IDSR	Integrated Disease Surveillance and Response
IHR-2005	International Health Regulation of 2005
ILRI	International Livestock Research Institute
JEE	Joint External Evaluation
JRA	Joint Risk Assessment
LiDeSA	The Livestock Development Strategy for Africa
MoH	Ministry of Health
MoU	Memorandum of Understanding
NAPHS	National Action Plan for Health Security
NCD	Non Communicable Disease
NOHSP	National One Health Strategic Plan
OHCD	One Health Coordination Desk
OHCEA	One Health East and Central Africa

OHRECA	One Health Research, Education and Outreach Centre for Africa
OIE	World Organization for Animal Health
PanPrep	Support to Pandemic Preparedness in the EAC Region Project
PHEIC	Public Health Emergency of International Concern
PMO	Prime Minister's Office
PVS	Performance of Veterinary Services
ROHSP	Rwanda One Health Strategic Plan
RRT	Rapid Response Team
RVF	Rift Valley Fever
SACIDS	The Southern Africa Center for Infectious Disease Surveillance
SADC	The Southern Africa Development Community
SOP	Standard Operating Procedure
TOR	Terms of Reference
TWG	Technical Working Group
UGHE	University of Global Health Equity, Rwanda
UNEP	United Nations Environment Programme
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
US CDC	United States Centers for Disease Control and Prevention
UWA	Uganda Wildlife Authority
WHO	World Health Organization
ZDU	Zoonotic Disease Unit

1. Introduction

1.1 Background

The East African (EAC) region has experienced a number of outbreaks of infectious diseases in the past decade. These include Ebola Virus Disease (EVD), Rift Valley Fever (RVF), Marburg, Dengue and Crimean Congo hemorrhagic fevers, Yellow Fever, Highly Pathogenic Avian Influenza, Anthrax, Cholera, Polio, Hepatitis A and E and many more. Most of the pathogens are endemic in the region and pose a constant health risk. Many are zoonotic in nature, which means that they can be transmitted between animals and humans.

The current Coronavirus Disease (COVID-19) pandemic clearly shows that in our globalized world new pathogens that could emerge anywhere in the world can also spread to the region in a short time and can jeopardise public health, economic stability and the livelihoods of citizens. The spread of infectious diseases is facilitated by migration and transboundary trade, which is promoted by the EAC common market, tourism with its close interface between humans and wildlife and as a result of a changing environment and climate. The migration of wildlife and livestock in the region further contributes to the spread of zoonoses across borders. To prevent and combat disease outbreaks, Partner States need to be prepared.[1]

From the EVD outbreak in West Africa (2014-2016) and the current Coronavirus Disease (COVID-19) pandemic, the international community learned that preventing and tackling epidemic causes require close cooperation among various sectors, professions and disciplines as reflected in the One Health approach to disease prevention and management, coupled with organized and coordinated preparations and responses even across borders.

1.2 Rationale of a regional One Health strategy

One of the greatest threats to public health is the uncontrolled spread of highly pathogenic infectious diseases, especially those that easily cross borders and have the potential to wreak societies and their economies. More than 60% of pathogens that cause human diseases come from domestic animals or wildlife and over 70% of emerging infectious diseases in humans have their sources in animals. They affect animals and humans and their livelihoods. Depending on their nature they also impact negatively on sectors like trade, tourism, education and the economy as a whole. They are transmitted directly, via vectors or food. But they are not the only threats to public health. Antimicrobial resistance (AMR) has become another major threat among others, when it comes to preventing and controlling infections caused by bacteria, viruses, parasites and fungi. Globally, governments have been working hard to prevent and control the AMR problem that is threatening the achievements of modern medicine. Areas identified as key in the prevention and control of AMR include detection, surveillance, stewardship and infection prevention and control. Other events of public health concern include but are not limited to floods, contaminated food and water or the invisible contamination of crops with aflatoxins.[2]

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[1] https://www.who.int/emergencies/diseases/novel-coronavirus-2019
[2] http://who.int/csr/don/en/

A multi-sectoral and multidisciplinary "One Health" approach is crucial for effective preparedness and response to each of these threats to public health. One Health policy instruments are required to guide the regional process. so far, they are missing.

The decision to embrace One Health and establish and operationalize an EAC Regional One Health Platform comprising of all relevant departments and sectors, was taken by the 35th Ordinary Meeting of the EAC Council of Ministers in 2017 (**EAC/CM 35/Decision 64**). This decision is a strong statement for One Health in the region. It takes into consideration lessons from the West African EVD outbreak, the frequency of disease outbreaks in the EAC and the provisions and requirements of the EAC Regional Contingency Plan for Epidemics due to Communicable Diseases and other conditions of public health concern (2018-2023) – in short: Regional Contingency Plan. The decision reflects the need to build the outbreaks response capacity in the region in line with the World Health Organization's (WHO) International Health Regulations of 2005 (IHR-2005) and the World Organization for Animal Health (OIE)'s Terrestrial Animal Health Code. They provide for the establishment of a public health emergency response plan including the creation of multi-sectoral and multi-disciplinary teams to respond to events that may constitute a Public Health Emergency of International Concern (PHEIC)[3,4].

In November 2019, the 19th EAC Sectoral Council of Ministers of Health directed the EAC Secretariat to strengthen multi-sectoral collaboration and coordination by developing a regional One Health Strategy by June 2021 (**EAC/SCHealth/19/Directive/043**) and directed the Partner States to further promote and strengthen interdisciplinary collaboration to embrace One Health in preparedness and response (**EAC/SCHealth/19/Directive/044**).

EAC considers the One Health approach as the key to increasing the overall resilience to public health threats and enabling preparedness and response to be an all-inclusive and coordinated effort. This is particularly relevant for events of cross-border nature that require even stronger joint action of stakeholders who need guidance and structure to do this effectively. The EAC Regional Contingency Plan is the key EAC instrument in outbreak prevention in the region. It embraces the One Health approach in regional prevention and response measures. This is reflected in the plan's emergency response structure.

It is against this background that the EAC Secretariat developed a Regional One Health Strategy. **The strategy consolidates gains mentioned above and streamlines and guides the implementation and practice of One Health. It will mainstream One Health in the EAC region. The regional strategy will complement national strategies and provide regional guidance and direction in the implementation of One Health in the EAC. It will also harmonise, consolidate and synergise national efforts and provide guidance for multi-disciplinary and multi-sectoral preparedness, prevention, detection and response to public health threats across EAC borders. It will encourage and promote the development of a community of practice in One Health approach in the region.**

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[3] https://www.who.int/ihr/publications/9789241580496/en/
[4] https://link.springer.com/chapter/10.1007/978-1-4020-6699-3_17

2. The One Health approach

The approach promotes the multi-sectoral and interdisciplinary application of knowledge, skills and practices to attain optimal health for people, animals and the environment. It aims at promoting a **cross-sectoral, collaborative and whole-of-society approach** to health hazards

2.1 Applied definition of One Health

Worldwide many definitions of One Health are being applied. The One Health Commission defines One Health as a collaborative, multisectoral, and trans-disciplinary approach – working at local, regional, national, and global levels – to achieve optimal health and well-being outcomes recognizing the interconnections between people, animals, plants and their shared environment.[5] However, like most approaches this definition narrows One Health down to human, animal and environmental health, while reality clearly shows, that many more sectors and disciplines play a role in preparedness and response.

The EAC having learned from public health events, recognized the importance of involving various sectors of society in preparedness and response to events that threaten public health. **Therefore, the EAC Secretariat applies a much wider One Health definition in the prevention of and response to threats of public health concern. It involves all sectors and disciplines which are affected by an outbreak of an infectious disease or other event of public health concern, which can contribute to preventing it and to mitigating its impact.** The following four examples illustrate the impact of infectious disease outbreaks and disasters on a wide range of sectors and with it the importance of the One Health approach:

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[5] https://www.onehealthcommission.org/en/why_one_health/what_is_one_health/

Table 1: Examples of outbreaks that have occurred in the EAC region and their impact on a variety of sectors

1	**Highly pathogenic avian influenza, HPAI *outbreak in Uganda***
	The outbreak of HPAI, commonly known as "Bird Flu" along the shores of Lake Victoria in Uganda in January 2017 affected various sectors in several East African countries. It was the first outbreak of its size in the region and it could recur any time, as Lake Victoria is situated along the route of two major migratory bird flyways. The lake is the largest freshwater body in Africa and is shared by Uganda, Kenya, and Tanzania.
	The unprecedented outbreak affected the wild birds and thousands of domestic birds (ducks and chicken) along the shores of Lake Victoria. Although this was not a dangerous disease to humans, it affected the livelihoods of fishermen who could not continue with fishing and trading in fish products. It affected farmers, whose ducks and chicken died. Kenya and Tanzania responded by closing the points of entry and banning trade in poultry and poultry products from Uganda. Poultry trade with Kenya came to a standstill for almost one year resulting in huge economic losses. Tourism was also negatively affected when the wild birds were dying and their carcasses floating on Lake Victoria and tourists cancelled their visits.
2	***RVF outbreaks in Kenya, Rwanda, South Sudan, Tanzania and Uganda***
	RVF is a re-occurring public health event in the EAC which has claimed numerous victims among animals and humans in the past years with tremendous impact on the livelihoods of the people and the economy as a whole. In 2018, heavy rainfall resulted in widespread flooding in low-lying grasslands. Flooding and standing water enabled a higher than normal number of mosquito eggs to hatch and thus increased the potential for RVF to spread among people and animals. In June the first animals started dying in Kenya, Rwanda and Uganda and few weeks later human fatalities were reported in Kenya, with herders being most affected.
	The outbreak threatened the lives and livelihoods of farmers and herders in the region. Agriculture ministries stopped the movement of livestock in the region and banned slaughter and trade with severe economic consequences. Mass vaccination campaigns for cattle were initiated and communities were alerted on the risk of contracting RVF and on suitable prevention measures. Although on average only about 2 % of infected people die from the fever, this outbreak caused exceptionally severe symptoms in humans, which the WHO described as "Ebola-like".
3	***COVID-19 pandemic in the East African Community region***
	The COVID-19 pandemic has affected the EAC like no other outbreak before and at the same time affected all sectors of daily life. Although the numbers of infections and fatalities in the region and in the whole of Africa stayed low in comparison with countries across the world, the economic impact was unprecedented. Tourism as one of the main sources of income in the East African Partner States, came to a complete standstill.

	Many tourism companies had to close rendering those who depended on the industry directly and indirectly jobless.
	Although trade was not banned, it was severely hampered. The imposed lockdowns and travel restrictions contributed to a decrease in agricultural production and supply and raised fears of severe food insecurity. Schools were closed between one month and more than a year and children deprived of their urgently needed education, while at the same time the rate of domestic violence and teenage pregnancies increased. The novel virus might have had its origin in animals and an influence of climate (temperatures and humidity) is being discussed.
4	*Flooding in South Sudan* Since July 2020, heavy rains and flooding combined with the historical overflow of the River Nile and its tributaries have affected most of the states in South Sudan, causing devastating damage alongside riverbanks in the northern, central and eastern regions of the country. The rains led to inland flooding, mainly in the eastern and central parts of the country. The flooding caused large-scale displacement of people and livestock and had a devastating impact on agriculture and livelihoods by destroying crops and damaging property. An estimated 1,066,000 people were affected by the flooding between July 2020 and January 2021. Of the people affected, an estimated 623,000 were displaced. An increased occurrence of Cholera was a subsequent effect of the flooding impacting the health of many local communities.

2.2 One Health as a cross-cutting issue

The COVID-19 pandemic serves as a prominent example for the importance of the One Health approach.

The exact source of the novel Severe Acute Respiratory Syndrome Corona Virus 2, commonly known as COVID-19, is still being investigated. However, undisputed is that China's city of Wuhan in the province of Hubei was the center of the first outbreak. One theory suggests that the virus spread from animal products sold at the Wuhan market and that the pathogen spilled over to humans and subsequently spread globally from human to human. Just three months into the pandemic local and international trade, agriculture, international travel and tourism were seriously affected with huge economic losses. Stock markets were in free fall, food systems and social life had been affected far beyond China. In a bid to contain the spread of COVID 19 countries-imposed lockdowns, halted air travel, closed schools and places of worship and cancelled social gatherings like weddings and other cultural celebrations. In the EAC region this resulted in socio-economic consequences including loss of livelihoods, an increase in domestic violence, mental health challenges and teenage pregnancies. Access to essential services was

hampered among others. All this against the backdrop of a novel virus strain that is highly infectious and challenged the resilience of health care systems but has an average case fatality rate of 2,5 % in Africa according to WHO-AFRO[6]. Strict application of the One Health approach by involving all affected sectors, such as in the response from the start of the pandemic might have led to less destructive measures on the continent.

However, this regional Strategy does not seek to always involve all sectors in preparedness, prevention and response. It rather encourages to treat One Health as a cross-cutting issue that should be thought of automatically and applied in a reasonable manner, whenever useful and expedient. As an example, the COVID-19-pandemic was treated as a pure health problem for months before it was publicly recognized as an event that affected almost all sectors of daily life. As such it would have required a negotiation process between these sectors to render the response most effective with the least negative implications on people and the economy in the long run.

3. Situational Analysis

3.1 Status of One Health implementation

3.1.1 At the global level

The concept of One Health reaches far back. More than 100 years ago, the German physician and pathologist Rudolf Virchow (1821–1902) coined the term 'zoonosis'. He is quoted as saying: "Between animal and human medicines there are no dividing lines – nor should there be. The object is different, but the experience obtained constitutes the basis of all medicine". The concept re-emerged in response to the recommendations of the 2007 International Ministerial Conference on Avian and Pandemic Influenza in New Delhi, when FAO, OIE, WHO, UNICEF, the World Bank, and the United Nations System Influenza Coordination (UNSIC) came together and developed a document titled "Contributing to One World, One Health™" and issued a joint strategic framework for "Reducing Risks of Infectious Diseases at the Animal-Human-Ecosystems Interface".[7]

The so-called "Tripartite Alliance" of WHO, FAO and OIE described their collaborative strategy in a Concept Note in 2010[8]. After the United Nations Environment Programme (UNEP) joined the Alliance, the four organisations are being referred to as "Partners" or "Tripartite Plus". They are advised by the newly established One Health High Level Expert Panel. In its first meeting held virtually in May 2021, the Panel agreed to put the initial focus on[9]:

- Providing policy relevant scientific assessments on the emergence of health crises arising from the human-animal-ecosystem interface.

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[6] WHO-AFRO Weekly Bulletin on outbreaks and other emergencies" (No 50, 6-12 December 2021).
[7] https://onehealthoutlook.biomedcentranl.com/articles/10.1186/s42522-019-0007-9
[8] https://www.oie.int/fileadmin/Home/eng/Current_Scientific_Issues/docs/pdf/FINAL_CONCEPT_NOTE_Hanoi.pdf
[9] https://www.unep.org/news-and-stories/story/unep-joins-three-international-organizations-expert-panel-improve-one-health

- Providing guidance on development of a long-term strategic approach to reducing the risk of zoonotic pandemics, with an associated monitoring and early-warning framework, and the synergies needed to institutionalize and implement the One Health approach, including in areas that drive pandemic risk.

The One Health approach is also reflected in the Global Health Security Agenda[10], launched in 2014 and signed by 70 countries to strengthen capacities to prevent, detect, and respond to disease threats. It has been formally endorsed by various governmental bodies and intergovernmental organisations, universities, non-governmental organizations and others[9].

3.1.2 In Africa

In Africa, people's lives are intimately related to the health and productivity of livestock and their environment, but sectors and their institutions are facing numerous challenges to be able to nurture the growing need for interdependence. This presents African health professionals with an opportunity to build on an instinctive understanding of the connectivity between people, animals and their environments. Benefits of a One Health approach have been demonstrated in collaborative projects such as the livestock and child vaccination campaigns in pastoralist communities in Chad, resulting in economic savings for the Chadian public health and animal health Ministries. Importantly, this approach improved vaccination coverage of children and women who would otherwise not have access to healthcare[11],[12],[13]. It also strengthened integrated human and animal zoonotic disease surveillance in Ethiopia where epidemiological links between bovine Tuberculosis in humans and animals were established [14],[15]. Such joint programmes present African professionals with an opportunity to strengthen still further the attitude of working together.

Africa CDC has developed a One Health Framework in alignment with the Sustainable Development Goals and the African Union (AU) Agenda 2063: "The Africa We Want". The framework is primarily aimed at National Public Health Institutes but has valuable input for everybody engaged in One Health. The framework provides a set of minimal objectives for Zoonotic Disease Prevention and Control, proposes activities, and gives guidance for National Public Health Institutes and Ministries of Health to address priority zoonotic diseases, using a One Health approach. The framework targets One Health coordination, coordinated surveillance, diagnostic capacity and laboratory networks, coordinated response, and multisectoral workforce [16].

The The Southern Africa Development Community (SADC) Joint Technical Committee validated a Regional AMR Strategy that is aligned to the Global Action Plan at a meeting held in

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[10] https://ghsagenda.org
[11] https://pubmed.ncbi.nlm.nih.gov/15771021/
[12] https://link.springer.com/chapter/10.1007/978-1-4020-6699-3_17
[13] https://pubmed.ncbi.nlm.nih.gov/23327380/
[14] https://pubmed.ncbi.nlm.nih.gov/22526748/
[15] https://pubmed.ncbi.nlm.nih.gov/25005234/
[16] https://africacdc.org/download/framework-for-one-health-practice-in-national-public-health-institutes/

Johannesburg, South Africa in 2019. The AMR Regional Strategy will be collectively implemented by SADC member countries. The validation of the Strategy, developed since 2018 by the SADC Secretariat with support from the Tripartite, is a major step towards a One Health approach in fighting the spread of AMR in the Region.

3.1.3 At the EAC level

One Health has come a long way in the East African region, which is committed to the approach. Some key One Health documents have been developed under the auspices of the EAC Secretariat. They include the regional contingency plan for pandemic preparedness and response, the regional risk and crisis communication strategy and One Health Standard Operating Procedures (SOPs) for their implementation.

The "Support to Pandemic Preparedness in the EAC Region" (PanPrep) project, which is implemented by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) on behalf of the German Government, has further assisted the EAC Secretariat to:

- Revise and integrate the One Health approach in the Regional Contingency Plan and its Emergency Management Structure;
- Draft terms of reference and expand the standing EAC Technical Working Group (TWG) on Communicable and Non-Communicable Diseases (TWG CD & NCD) by experts from health, agriculture, environment, trade, tourism, civil society and media to embrace the approach.
- Develop SOPs to put the Regional Contingency Plan with its One Health approach into practice.
- Develop a Regional Risk and Crisis Communication Strategy and SOPs that comprise the approach.
- Conduct and test the One Health approach in cross-border table-top and field simulation exercises.
- Develop Terms of Reference for a One Health Platform and Steering Committee;
- Develop a curriculum for a regional post-graduate short course on Pandemic Preparedness with a One Health approach (PPOH).
- Pilot the short course at Egerton University together with Moi University, both Kenya, and Makerere University (Uganda) to strengthen the One Health capacity of the workforce in the region.

The approach is well acknowledged in the region, but a regional strategy is still missing.

3.1.4 In the EAC Partner States

At Partner States' level, the Republics of Kenya, Rwanda, Tanzania and Uganda have national strategies to guide the One Health approach in their respective countries, while the Republic of South Sudan is yet to develop such strategies. Kenya, Rwanda, Tanzania, Burundi and Uganda have One Health National Committees/Platforms. In Kenya the One Health Platform is attached to the Ministry of Health (MoH), while in Tanzania, the One Health Platform is attached and

coordinated by the Prime Ministers' Office (PMO) and thereby detached from any sectoral ministries. In Rwanda, there is a Memorandum of Understanding between Directors of Health Services and Directors of Veterinary Services on the running of One Health activities.[17]

3.1.4.1 Republic of Burundi

In Burundi, an overall mechanism for coordinating "One Health" activities is not yet in place. However, there are a series of activities related to One Health. Committees, commissions and platforms dealing with aspects of One Health exist in the country. Indeed, Burundi is among the states that have ratified the International Health Regulations (IHR) since 2005 and its implementation began in 2007.

Since 2010, with Avian Flu, the public health and animal health sectors have worked closely to prepare to prevent this growing threat. From then, areas of common interest gradually mobilized human resources of a multidisciplinary and multisectoral nature. Burundi conducted the JEE in March 2018. The IHR-2005 core capacities strengthening are a reminder of the need to consider health in all its dimension to act effectively to complex health problems, especially in terms of zoonoses, food safety and antimicrobial resistance among other topics.

3.1.4.2 Republic of Kenya

In Kenya the National Influenza Task Force that was formed in 2005 was transformed into the Zoonotic Technical Working Group (TWG) in 2006 and started planning meetings in 2008. This is a multi-sectoral TWG with members from Ministries, research institutions, agencies, regional and international organisations. It meets quarterly under the chairmanship of the Director of Veterinary Services who alternates with the Director of Medical Services. The Zoonotic Disease Unit (ZDU) also known as the One Health Office was formed in 2011 when the Memorandum of Understanding between the Ministry of Public Health Services and the Ministry of Livestock Development was signed.

The One Health Office started to be operational in 2012, when the One Health Strategic Plan (2012-2017) was launched. The main objectives of the Strategic Plan were to strengthen surveillance, prevention and control of zoonoses, to establish structures and partnerships to promote One Health and to conduct and promote applied research. Many outcomes of the plan have been operationalised. They include but are not limited to the establishment of a molecular diagnostic laboratory at the Kenya Wildlife Service, Avian Influenza surveillance in wild birds and Rift Valley Fever and vector-borne and seasonal surveillance. Capacity building on One Health to the 32/47 counties and research projects incorporating the One Health approach is another component.

Key challenges persist in the implementation of the One Health in Kenya including lack of a policy and specific legal framework, limited resources for key activities, weak zoonotic disease

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[17] https://doi.org/10.1186/s42522-019-0007-9

surveillance, inadequate cross sectoral engagement and changing global priorities due to changing political interests which influence investment.

3.1.4.3 Republic of Rwanda

Rwanda embraced the One Health approach in 2011 and to date many activities have been implemented under this framework[18]. Rwanda established One Health platform overseen by the Prime Minister's office, supported by a One Health Secretariat and a One Health Multisectoral Coordination Mechanism, Technical Working Groups.The Multisectoral Coordination Mechanism is composed of representatives from government institutions, bilateral and multilateral partners, Civil Society Organizations, the private sector and communities involved in One Health. The mechanism is responsible for the overall governance including establishing strategies, prioritizing funding allocations, and advocating and mobilizing resources for One Health. Through this mechanism, the first Rwanda One Health Strategic Plan (ROHSP 2014-2018) was developed. Subsequently, several joint activities like zoonotic disease prioritization, including the development of preparedness and response plans for three of the six priority zoonotic diseases, i.e. Rift Valley Fever, Avian Influenza and Rabies, were carried out. Areas of multi-sectoral collaboration for zoonotic disease surveillance, outbreak investigation and control were identified.

Based on the successes and challenges of the ROHSP 2014-2018, the second ROHSP (2021-2026) was developed and is currently being implemented. In March 2021, the One Health Policy was signed which has been developed to provide guidance on the planning, monitoring and evaluation of all activities under the One Health Approach countrywide. In addition, Rwanda's National AMR plan and disaster management plans was developed.

Under the same mechanism, many other activities were conducted by the University of Rwanda (UR) and the University of Global Health Equity (UGHE) through OHCEA/AFROHUN, including training of 528 final year undergraduate students from different disciplines in One Health. In parallel to field experiential learning, UR and UGHE reviewed several undergraduate and postgraduate curricula to integrate One Health modules and concepts. UGHE has a Center for One Health which has started a Master's programme in One Health.

3.1.4.4 Republic of South Sudan

In South Sudan, zoonotic diseases are a serious public health threat with the major ones being Ebola Virus Disease, Yellow Fever, Anthrax, Brucellosis, bovine Tuberculosis, highly pathogenic Avian Influenza, Rabies, and Rift Valley Fever. Antimicrobial resistance is another emerging problem given the unregulated use of antimicrobials in humans and animals and the lack of surveillance systems to document antimicrobial susceptibility trends. The Republic of South Sudan is yet to develop a One Health Strategy. The 2017 Joint External Evaluation showed that

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[18] https://gh.bmj.com/content/2/1/e000121

while systems for zoonotic diseases exist in the animal and human sectors there is need to strengthen coordination and communication between the Ministry of Health, Ministry of Livestock and Fisheries, the Ministry of Environment, the Ministry of Wildlife Conservation and Tourism, Ministry of higher Education and Government Universities, Ministry of Water Resources and Irrigation, Ministry of Defense and other relevant sectors. This will allow the development of requisite policies, strategies, plans and guidelines to establish optimal operational readiness and response to zoonotic diseases that involves all relevant sectors.

However, South Sudan developed and launched the National Action Plan for Health Security (NAPHS) 2020-2024, Joint Risk Assessment 2021, Health Emergency Risk Profiling/Strategic Tool for Assessing Risks (STAR), Rapid Response Teams (RRT) and established national laboratory capacity to confirm priority zoonotic diseases in animals and humans. It also adapted and rolled out the 3rd edition of the Integrated Disease Surveillance and Response (IDSR) at national, and county level. All these measures incorporated and coordinated the One Health approach.

3.1.4.5 United Republic of Tanzania

In Tanzania, the One Health agenda was launched in 2013, followed by the development of the National One Health Strategic Plan (NOHSP), 2015-2020, which is currently under review. The establishment of the One Health Coordination Desk within the Disaster Management Department in the Prime Minister's Office and the four multi-sectoral Technical Working Groups including surveillance, research, advocacy, preparedness and response, were part of the implementation of the NOHSP. Both, the National One Health Strategic Plan and the One Health Coordination Desk were launched in 2018. The Desk functions as Secretariat of the National One Health Platform and coordinates One Health activities country wide. Zoonotic diseases were prioritized in 2017. Strategic disease control plans, guidelines and SOPs were developed, and implementation is ongoing. The National Antimicrobial Resistance Action Plan 2017-2022 for Mainland, the Zanzibar Action Plan for Antimicrobial Resistance 2019-2024 and the National Action Plan for Health Security 2017-2021 were developed. The latter aims to address gaps identified during the JEE in 2016 for Tanzania Mainland and 2017 for Zanzibar.

Other coordinated activities include Joint Risk Assessments (JRA), field simulation exercises across the Kenyan and Tanzanian border and bordering regions of Kagera and Kigoma and several table-top simulations. After-action reviews for Rabies and Anthrax outbreaks were conducted and One Health resource was mobilised. A number of One Health leadership trainings for government officials and key players were conducted under the leadership of One Health Coordination Desk. One Health Workforce projects under AFROHUN strengthened capacity on the One Health approach by developing curricula for pre-service (universities, diploma and certificate training levels) as well as in-service personnel all of which are being implemented nationally.

3.1.4.6 Republic of Uganda

In 2016, a One Health Framework was endorsed by the technical heads of the four line-ministries which are MoH, the Ministry of Agriculture, Animal Industry and Fisheries, the Ministry of Water and Environment (MWE) as well as the Ministry of Tourism Wildlife and Antiquities represented by its agency Uganda Wildlife Authority (UWA). The framework defined and led to the formation of the National One Health Platform. A Memorandum of Understanding (MoU) was signed by the four line-ministries and consequently lead to the development of the Uganda One Health Strategy (2018-2022). The latter focuses on three priority public health threats: 1) Zoonotic diseases, 2) AMR, and 3) Biosafety and Biosecurity (BSS).

The AMR National Action Plan (2018-2023) that applies the One Health approach has been developed and integrated into the One Health Strategic Plan. The country has just concluded the adoption of the 3rd edition of the Integrated Disease Surveillance and Response framework in which the One Health approach has been incorporated. As a signatory to the International Health Regulations (2005), the country conducted a Joint External Evaluation of IHR core capacities in June 2017 which highlighted strengths and critical capacity gaps that exist in preparing for and responding to public health emergencies. Following the 2017 JEE, Uganda developed and launched the National Action Plan for Health Security in 2019 to address all gaps in health security which utilises a One Health approach/principle.

A summary of Partner States' One Health implementation status according to the existence of strategic plans, policy/legal frameworks, action plans, political commitment, institutional and funding arrangements, staffing and stakeholders' engagement is provided in **Annex II.**

3.2 Overview of existing regional networks and initiatives

At a global level, significant support to implement One Health has led to the establishment of several One Health initiatives, international One Health networks and consortia, such as the FAO/OIE/WHO/UNEP Tripartite Plus collaboration, the One Health Workforce and the One Health Alliance of South Asia. In Africa, Regional Economic Communities that bring together countries' sectors to improve the livelihood of their people have operational One Health as one of the areas to receive tremendous focus. Strategies include the "Common Market for East and South African Livestock" policy framework.[19]

In 2000 the EAC Partner States with support from the Rockefeller Foundation established the East African Integrated Disease Surveillance Network (EAIDSNet), a collaborative initiative of the EAC national ministries of human and animal health with national health research and academic institutions. EAIDSNet aims to develop and strengthen communication amongst EAC Partner States for integrated cross-border animal and human disease surveillance and control efforts. With EAIDSNet the integrated disease surveillance systems, in particular of prioritized

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[19] https://www.unep.org/news-and-stories/story/unep-joins-three-international-organizations-expert-panel-improve-one-health

diseases in the EAC Partner States, have been enhanced and links with research and academic institutions strengthened using a One Health approach.

The Southern Africa Centre for Infectious Disease Surveillance (SACIDS) Foundation for One Health, formerly SACIDS, was launched in 2008 with support from Google.org. Initially it operated as a consortium of academic and research institutions involved with infectious diseases of humans and animals in the Democratic Republic of Congo, Mozambique, South Africa, Tanzania and Zambia. In 2018, SACIDS was rebranded and became a regional One Health institute hosted by the Sokoine University of Agriculture in Tanzania.

In 2010, the United States Agency for International Development (USAID)'s Emerging Pandemic Threats Programme supported the creation of the One Health Central and Eastern Africa (OHCEA) now named Africa One Health University Network (AFROHUN). The network of academic institutions started with six countries (Democratic Republic of Congo, Ethiopia, Kenya, Rwanda, Tanzania, and Uganda). Recently, Cameroon and Senegal, Côte d'Ivoire and Liberia were added. It comprises eleven public health institutions, ten veterinary higher education institutions, one pathobiology institute, one global health institute and one institute of environmental science located at 16 universities in 8 countries in the Eastern, Central and Western African region. AFROHUN in collaboration with partners supports the implementation of One Health in Partner States.

Connecting Organizations for Regional Disease Surveillance (CORDS) was created in 2012 as a programme consisting of six regional networks with 28 countries in Africa, Asia, Middle East and Europe. The programme aims at ending pandemics by strengthening detection and control of the spread of infectious diseases through information exchange and collaboration among member states using a One Health approach. EAIDSNet and SACIDS are part of CORDS.

Networks in Africa have created awareness about One Health by bringing together professionals from different disciplines. For instance, SACIDS together with the Tanzania National Institute for Medical Research and OHCEA, held their One Health conference in Arusha, Tanzania, in 2013. Such conferences are opportunities to share research conducted in different disciplines and create awareness among practitioners in members states. Professional bodies such as the Uganda Veterinary and Uganda Medical Associations held their first joint conference in Uganda and more are expected in Africa. The Comprehensive Africa Agriculture Development Programme[20] spearheaded by the AU aims at transforming agriculture, wealth creation, food security and nutrition, economic growth and prosperity for all African countries. The Livestock Development Strategy for Africa (LiDeSA)[21] was developed by the AU Inter-African Bureau for Animal Resources. LiDeSA is committed to support countries in Africa to implement the Strategic Framework for One Health developed in 2015[22].

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[20] https://www.un.org/en/africa/osaa/peace/caadp.shtml
[21] http://www.celep.info/wp-content/uploads/2017/10/2015-LiDeSA.pdf
[22] https://www.afro.who.int/sites/default/files/2018-02/Report%20of%20the%20One%20Health%20Technical%20and%20Ministerial%20Meeting%20--%20Dakar_.pdf

In the Horn of Africa, a network called the One Health Regional Network for the Horn of Africa (HORN) was initiated in 2018. HORN is an innovative and ambitious training and research programme that intends to increase research capacity in the Horn of Africa. HORN is funded by the Research Council of UK's Global Challenges Research Fund and is carried out as part of a collaborative project of the University of Liverpool, University of Nairobi (Faculty of health sciences, Faculty of veterinary medicine), Addis Ababa University (College of Veterinary Medicine and Agriculture, College of Health Sciences – School of Public Health and the College of Social Science).

The One Health Research, Education and Outreach Centre for Africa (OHRECA), a German Federal Ministry of Economic Cooperation and Development supported initiative, was established at the International Livestock Research Institute (ILRI), Nairobi, Kenya. OHRECA draws on the expertise, resources and research facilities of several centers of excellence operating within ILRI. These include ILRI's Mazingira Centre, which is tackling problems at the interface of livestock, the environment and climate change. Mazingira is a collaboration between ILRI, the Centre for International Forestry Research and the Research Programme on Climate Change, Agriculture and Food Security.

The African Science Partnership for Intervention Research Excellence (Afrique One - ASPIRE), is a pan-African research consortium for capacity building in "One Health" established in 2009. Collaborating with 21 institutions from 14 African and European countries, its research focuses on ecosystem and population health by broadening disciplinary, sectoral, linguistic, cultural and geographic boundaries. The programme equips African scientists with expertise in planning, monitoring and evaluating interventions of One Health research with the aim of tackling zoonoses. Afrique One aims to improve human and animal health and well-being, as well as food security.

Wellcome Trust, Rockefeller Foundation, Google.org, the Canadian International Development Research Center, the European Union, and member states in Africa have been supporting networks such as Afrique One, Training of Health Researchers into Vocational Excellence, SACIDS, and the Consortium for Advanced Research Training in Africa promoted training and research in One Health. Most of these initiatives have been spearheaded by academic institutions because of their long-term commitment to training the future workforce, conducting research, and community outreach. Universities through AFROHUN are also composed of different disciplines that might be relatively easier to bring together to champion One Health with an open mind. Universities would play a role regardless of whether the issue is managing infectious diseases before, during or after an outbreak.

3.3 Policy environment

3.3.1 Global level

WHO revised the IHR 2005 to provide a new framework for the coordination of events that may constitute a Public Health Event of International Concern and for improving the capacity of countries to assess and manage acute public health risks. The IHR 2005 require that unusual health events, including zoonotic disease outbreaks, be addressed by effective national surveillance and the establishment of human-animal coordinated response mechanisms at all levels. The IHR 2005 guidelines also require the inclusion of veterinary officers and wildlife experts in the national and sub-national public health emergency management committees when dealing with zoonotic events[23].

The Sendai Framework for Disaster Risk Reduction 2015-2030 outlines seven clear targets and four priorities for action to prevent new and reduce existing disaster risks: (i) Understanding disaster risk; (ii) Strengthening disaster risk governance to manage disaster risk; (iii) Investing in disaster reduction for resilience and; (iv) Enhancing disaster preparedness for effective response, and to "Build Back Better" in recovery, rehabilitation and reconstruction. It aims to achieve the substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries over the next 15 years.

At the 61st World Health Assembly in 2008, WHO adopted 20 key indicators for monitoring IHR core capacity at the national level, including two indicators specific to One Health. First, each country is required to establish a mechanism for coordinating all relevant sectors in the implementation of IHR 2005. Second, each country must establish a system for surveillance of zoonoses and potential zoonotic events. In addition, the OIE has advocated for improved governance of zoonotic diseases by its members and has recognized improved collaboration between the public and animal health sectors as key in this process. In February 2006, a tripartite agreement between FAO, OIE, and WHO created the global early warning system for the prediction, prevention, and controlling disease threats including zoonoses.[24]

Adoption and implementation of One Health Strategies facilitates the implementation of the IHR 2005 and the OIE PVS pathways. Successful implementation requires the fulfillment of 8 core capacities including legislation, policy and coordination, surveillance, preparedness, response, risk communication, laboratory and human resources for all levels including Points of Entry and potential hazards (zoonotic events). A developed checklist and indicators for monitoring progress in the development of IHR Core Capacities in State Parties have been developed. The checklist aims to enable self-assessment of the status of States Parties' core capacity development and identify areas for strengthening[25].

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[23] https://www.who.int/ihr/publications/9789241580496/en/
[24] https://apps.who.int/iris/bitstream/handle/10665/325620/9789241514934-eng.pdf?sequence=1&isAllowed=y
[25]http://apps.who.int/iris/bitstream/handle/10665/84933/WHO_HSE_GCR_2013.2_eng.pdf;jsessionid=1F488952702D307D00C06021CAF8BB74?sequence=1

3.3.2 Regional level

In the EAC, a number of policies advocate for a multi-sectoral and multi-disciplinary approach. These include Article 4 of the protocol on the establishment of the EAC Common Market focuses on widening and deepening cooperation among the Partner States in the economic and social fields for their benefits. It also stresses on the promotion of common understanding and cooperation among citizens for their economic and social development and enhance research and technological advancement to accelerate economic and social development.

The EAC Regional Contingency Plan with its emergency management structure (Figure 1) anchors One Health in pandemic preparedness and response as does the regional Risk and Crisis Communication Strategy and the EAC Strategy on Transboundary and Zoonotic Diseases. The Sector Council of Ministers of Health' and Heads of States' decisions on the implementation of One Health further contribute to the policy environment.

Figure 1: The EAC Contingency Plan Emergency Management Structure
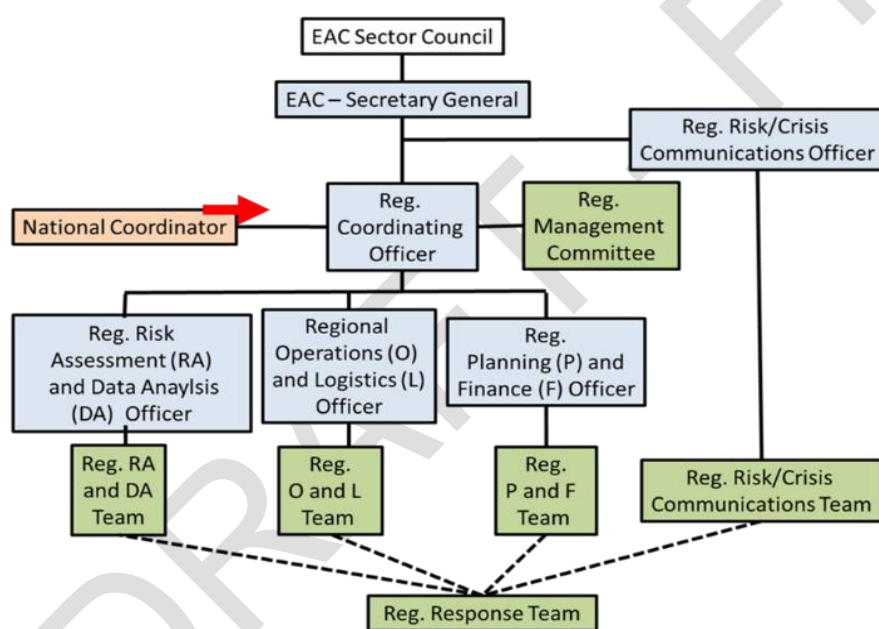
the EAC Sanitary and Phytosanitary (SPS) protocol provides for cooperation across sectors in SPS measures and harmonization of plant health, animal health and food safety. However, the protocol is still undergoing ratification by Partner States and is yet to be implemented.

Article 22 (c) "Restrictions and Prohibitions to Trade" of the Protocol on the Establishment of the EAC Customs Union allows Partner States to impose measures to safeguard human life, environment and natural resources, public safety, public health or public morality, as well as Section (d) for the protection of animals and plants.

The EAC Elimination of NTBs Act 2017 permits Partner States to impose temporary measures restricting trade in the interest of defense and security, public safety or public health.

The East Africa One Stop Border Post Act (2016) also embraces a multi-sectorial, coordinated approach in addressing various challenges including diseases.

3.3.3 National level of EAC Partner States

EAC Partner States have different policy frameworks and institutional set-ups that facilitate the implementation of One Health, but no country has reported a framework that impedes the One Health approach either locally or internationally. However, Partner States team up to conduct the voluntary, collaborative, multi-sectoral JEE process to assess country capacities to prevent, detect and rapidly respond to public health risks whether occurring naturally, deliberately, or due to accidental events. With the JEE, countries can identify the most critical gaps within their human and animal health systems to prioritize opportunities for enhanced preparedness and response based on the International Health Regulations and OIE's Performance of Veterinary Services pathways that bind member states to adhere to agreed minimum requirements of core capacities and performance milestones. This includes policy frameworks that enhance not only multi-sectoral and multi-disciplinary communication and collaboration but also regional collaboration.

With the tripartite agreement, One Health is being embraced globally to bring together sectors and disciplines in today's interconnected world where diseases can spread faster and more easily across borders than ever before. The current COVID-19-pandemic has cemented the need for sectors and disciplines to work together in combating pandemics. Diseases have no borders; it is therefore important for Partner States to work together and develop one health policy frameworks that facilitate communication and collaboration in preparedness and response to major public health threats.[26]

3.4 Experiences with One Health implementation: Strengths, weaknesses, opportunities and threats

3.4.1 Globally

Among the **strengths** is the global momentum and recognition of the importance of the One Health approach to reduce the risk of public health threats at the human-animal- environment interface. Consequently, several One Health offices and training programmes, multiple technical and coordination bodies, committees and initiatives have been established, each with their different scopes and mandates. Among the **weaknesses** of One Health implementation and its application to different diseases and contexts, is the difficulty in achieving consistency and a coherent vision. Other weaknesses include institutional settings, inadequate policy frameworks, socio-economic bottlenecks, inadequate human capacity and supportive infrastructure. In

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[26] https://apps.who.int/iris/bitstream/handle/10665/325620/9789241514934-eng.pdf?sequence=1&isAllowed=y

addition, implementation at the global level remains challenging because of the complexity of the architecture and scarce resources.

There are several **opportunities** to strengthen One Health at the global level. One of them is the political support from national governments. An example is the 2021 G7 Communiqué (as made available by the White House), that specified the improvement of multisectoral integration, by strengthening a "One Health" approach across all aspects of pandemic prevention and preparedness, recognizing the critical links between human and animal health and the environment. The One Health High-Level Expert Panel to improve understanding of how diseases with the potential to trigger pandemics, emerge and spread is yet another opportunity. The biggest **threats** are related to low financial resources and political commitment.

3.4.2 EAC Secretariat level

One of the key **strengths** of One Health implementation at the regional EAC level is the strong commitment to the approach endorsed by the Sector Council of Ministers and Heads of States. The extension of the standing EAC Technical Working Group for Communicable and Non-Communicable Diseases by non-health sectors is a contribution to the sustainable implementation of the approach. The integration of One Health in the Regional Contingency Plan and its emergency structure as the key strategic EAC document as well as in related SOPs makes the application of the approach mandatory in pandemic preparedness and response. Cross-border table top and field simulation exercises were conducted under the One Health approach and participants in their evaluation clearly stated that the approach is viable and highly important. Terms of Reference for a One Health Platform and Steering Committee are already available and adapted by the Heads of States. The regional post-graduate short course curriculum on Pandemic Preparedness under a One Health approach offers a unique opportunity to develop the urgently needed One Health work force for pandemic preparedness and response. It clearly contributes to anchoring One Health sustainably in the region, while using it as an instrument for regional integration. The biggest challenge and at the same time major **weakness** to institutionalising One Health at the regional level is that the approach does not happen on its own. It needs the continuous effort of all sectors to think beyond their own professional boundaries. The sustainable inclusion of One Health needs advocacy and behaviour change as well as joint activities across sectors, disciplines and agencies to build the understanding of One Health.

Despite its devastating effects on lives and livelihoods in the region, the COVID-19 pandemic offered a unique **opportunity** to apply the One Health approach in preparedness and response as it affected a multitude of sectors beyond health. A thorough and unbiased evaluation of the response in the EAC Partner States and at the EAC Secretariat supported by research, and the documentation of lessons learned could strengthen and sustainably implement the approach in the region. The main **threat** to institutionalising and mainstreaming One Health at the EAC level is the lack of funds for establishing a One Health Platform, One Health Office and Steering Committee at the EAC Secretariat. This hampers the continuous involvement of relevant sectors. The lean human resource structure contributes to this challenge, as experts from

different departments often cannot afford the time to participate in meetings and activities where their expertise would be crucial to the process.

3.4.3 Partner States level

EAC Partner States assessed their One Health implementation status in terms of strengths, weaknesses, opportunities and threats. Their findings are summarised below and provided in appendix II.

3.4.3.1 Republic of Burundi

Political commitment and the involvement of sectoral ministries, like the Ministries of Health, Environment, Agriculture and Livestock and the existence of functional veterinary, health and environmental services and texts governing these services are among the key **strengths** of One Health implementation in Burundi. Indeed, Burundi has the Integrated Surveillance and Response Strategy 3rd generation (10/2020), the National Health Security Plan 2019-2023 that includes One Health aspects, the Cholera Eradication Plan, the National Plan for Antimicrobial Resistance and the multi-sectoral Commission in charge of the fight against AMR. It ratified the IHR in 2017. The **weaknesses** include the lack of a One Health coordination platform, the needs for capacity building of skilled personnel on the One Health approach and limited funds as well as financing systems.

Among the **opportunities** is the existence of One Health-type commissions/platforms and a legislation supporting the implementation of the One Health approach. Burundi receives strong global technical support and advocacy for One Health implementation through FAO, OIE, WHO and the EAC Secretariat. A monitoring and data sharing mechanism exists but needs to be strengthened. Burundi has already set up a National Health Observatory (2019) for data collection taking into account the One Health aspect and established the Center for Public Health related Emergency Operations (2020). The collaboration between Ministries in charge of public health and animal and environmental health is another opportunity. The biggest **threats** include the lack of human resources (especially in the veterinary sector), limited funds and financing systems and the porous borders which contribute to the rapid spread of diseases.

3.4.3.2 Republic of Kenya

Kenya has a national One Health Platform housed by the Zoonotic Disease Unit of the Department of Disease Surveillance and Response (DDSR) and the veterinary epidemiology and economic section as one of the **strengths**. Other strengths include the development of *key* zoonotic disease strategic documents and a strong national network of laboratories. Kenya has linked with universities by creating a network for spearheading the integration of the One Health approach in curricula through various development partners. Main **weaknesses** include a weak policy and legal framework for zoonotic disease prevention and control, weak surveillance and response systems for zoonotic diseases and inadequate engagement of all relevant sectors.

Important **opportunities** are strong global technical support and advocacy for the One Health approach through FAO, OIE, WHO and World Bank among other international organizations. The presence of a vibrant private sector that provides an opportunity for Public-Private partnerships for One Health implementation is another opportunity as is the devolved government with regards to proper coordination and management of zoonotic diseases at the sub-national level. There is growing global interest in research on emerging and re-emerging diseases. **Threats** are mainly related to potential shifts in global public health priorities leading to under-investment in African priority diseases. Globalization enhances the emergence and the rapid spread of zoonotic diseases. Another threat is the lack of collaboration among Partner States due to changing political interests.

3.4.3.3 Republic of Rwanda

In Rwanda, the existence of inter-sectoral collaboration especially of Rapid Response Teams (RRTs) that have been developed to respond to different outbreaks such Avian Influenza and recently COVID-19 is the main **strength**. The necessary capacity and infrastructure to support collaboration between the animal and human health sectors is in place. There is an electronic surveillance reporting system human health that can be leveraged on to develop a joint surveillance system. The main **weaknesses** include low level of public sensitization about the One Health approach and policies. There needs to be the dissemination of this information to community levels and other sectors (immigration, police, journalism, etc.). Likewise, availability, and sharing of data, as well as the channels of communication, are still a challenge. Lastly, even though all priority zoonotic diseases can be detected by the central laboratories in Rwanda, the capacity of satellite laboratories to detect all priority zoonotic diseases is limited and need improvement.

Opportunities include political will, capacity and infrastructure necessary to support collaboration between the animal and human health sectors. The latter exists but requires strengthening and improved coordination mechanisms to provide a framework for collaboration. The main **threats** relate to limited resources for full implementation of the One Health Strategy and the multiple porous borders that increase the risk of imported cases of infectious diseases.

3.4.3.4 Republic of South Sudan

The main **strengths** are the presence of the public health emergency operation center (PHEOC) with trained staff and a functional IHR coordination mechanism that brings together sectors to implement the One Health approach during public health emergencies. South Sudan developed and launched the National Action Plan for Health Security (NAPHS) 2020-2024, Joint Risk Assessment 2021, Health Emergency Risk Profiling/STAR and functional Rapid Response Teams and Mechanisms are established at all levels, national laboratory capacity is in place to confirm priority zoonotic diseases in animals and humans. **Weaknesses** include the lack of a One Health policy, One Health Platform, One Health strategic plan, lack of formalize multi coordination

mechanism at both national and sub national level and of funds to support implementation of the One Health approach.

There are no funds sustainably supporting the unit and the country faces inadequate laboratory capacity for diagnosis all infectious pathogens at different biosafety levels.

The laboratory testing reagents and kits at the central veterinary laboratory are inadequate and disease picture among the wildlife population is unknown.

Opportunities include regional and international support such as EAC and WHO respectively, EAC Partner States collaborations and strong political commitment. **Threats** are mainly attributed to the return of refugees back to South Sudan, internally displaced persons, cross border movements through unofficial routes and lack of local resource mobilization, in particular funds, manmade disaster (war) and staff turnover due to lack of payment.

3.4.3.5 United Republic of Tanzania

In Tanzania, **strengths** include the fully developed electronic Integrated Disease Surveillance and Response system in the human health sector that trickles down to the lower levels. There is Informal coordination amongst institutions, One Health stakeholders of varied levels of responsibility and some coordination and communication through the Prime Minister's Office (PMO). The existing laboratory infrastructure is good with accredited laboratories within public and private sectors and contingency plans for emerging and re-emerging threats such as disasters, highly pathogenic avian influenza and RVF. Multi-sectoral preparedness and response plans and public health risks and emergencies plans are also in place. The main **weaknesses** include the animal health sector electronic surveillance system, which is not well developed at lower levels as well as weak infrastructure and inadequate Quality Management System (QMS) implementation in veterinary (livestock and wildlife) laboratories. There is also weak multisectoral and multidisciplinary coordination, and inadequate resource allocation. Lack of funds to support the One Health Coordination Desk hampers its sustainability and there are no comprehensive National One Health Strategic Plan and One Health Policy guidelines. There is also not enough human resource capacity in different areas, in particular frontline workers, and inadequate integration of the One Health concept in University/Institutional curricula.

Opportunities include support from partners, the existence of regional networks such as AFROHUN, SACIDS, Afrique One and others as well as political will with strong support from PMO and the existence of Disaster and Emergency committees. **Threats** to implement the One Health approach include the global economic crisis, conflicting interests on priority setting amongst key players and sector Ministries, frequent transfer of trained personnel and competing parallel projects with different priorities.

3.4.3.6 Republic of Uganda

In Uganda, **strengths** include the existence of the National One Health Platform having a One Health Technical Working Group with its constituent sub-committees, other multi-sectoral platforms like the National Task Force and strong political commitment, One Health Coordination Office with office space, multi-sectoral and multi-disciplinary emergency

preparedness and response structures at both national and subnational levels plus documents such as the One Health Strategic Plan, the National Action Plan on AMR, the One Health Communication strategy and prioritized zoonotic diseases list to guide implementation of One Health activities in the country. **Weaknesses** include the non-existence of a national One Health policy to back up operations, financial constraints, and limited human and logistical capacity. Awareness about One Health is still low and a national One Health policy including an activity plan is missing.

Main **opportunities** include the existence of development partners and local and regional One Health networks. They play integral roles in the implementation of One Health in Uganda. Current challenges of emerging and re-emerging infectious diseases many of which are zoonotic, AMR, biosafety and biosecurity and food security provide an opportunity for One Health implementation. **Threats** to implementation of One Health include divergent priorities across line-ministries that ultimately affects allocation of resources, emerging pandemic threats and other events of public health concern including climate change.

4. Scope, vision, mission, guiding principles and goal

4.1 Scope

This strategy will focus on:

- Emerging and re-emerging zoonotic disease events; and
- other events of public health concern

While the content of the Strategy is applicable to a wide range of events of public health concern including disasters, unsafe food, chemical hazards and accidents to mention just a few, this document focuses primarily on infectious diseases. However, it takes into account that many determinants of health outcomes are outside the health sector and that the impacts go beyond it. The strategy will therefore be an inter-sectoral, multi-disciplinary and multi-agency document.

4.2 Vision

The One Health approach is embraced and widely applied in the EAC region in prevention, detection and response to public health threats.

4.3 Mission

To create an enabling environment for successful multi-stakeholder One Health approaches towards infectious disease outbreaks and other public health threats.

4.4 Guiding principles

The One Health strategy is based on shared values and guided by a set of principles that reflect the One Health spirit (**Table 2**).

Table 2: Guiding principles and descriptions

Principle	Description
Multi-sector involvement	Implementation of the Strategy will involve multiple sectors in line with the EAC One Health definition. All sectors shall have a collective responsibility.
Multi-disciplinary approach	All One Health initiatives and activities shall comprise the inclusion of multiple disciplines. It shall be understood, that all disciplines weigh equal.
Science-driven	Technical inputs and decisions shall have a solid scientific basis
Sustainable capacity building	The foremost important aspect of One Health implementation is to have a critical mass of stakeholders at relevant levels understanding One Health and taking it up in their everyday work. To achieve this, capacity needs to be built and supported at all levels. More and more people shall be involved to develop a community of practice
Inclusiveness	Partner States shall benefit equally from the strategy implementation and shall contribute equally to its success. All relevant key stakeholders will be involved
Transparent cooperation	All involved Partner States and stakeholders shall act accountably and in a transparent and cooperative manner to allow consensus building and decision making based on common understanding
Human, animal and environmental wellbeing	Fundamental right of people and animals to live in a clean, healthy and secure environment
Prevention is better than cure	Emphasis shall be given on building capacity and resilience to preventing threats from surfacing as public health crisis
Adaptability	Key players shall be able to make adjustments or be flexible with the change in global health priorities and situations.

4.5 Goal

The goal of the EAC regional One Health Strategy is to strengthen multi-sectoral and multi-disciplinary preparedness for and response to outbreaks of infectious diseases and other events of public health concern and to mainstream the One Health approach in the region.

5. Overall objectives and strategic approaches

5.1 Overall objectives

The overall objectives of the three strategic approaches of the EAC Regional One Health Strategy are to:
1. Institutionalise the One Health approach sustainably at the EAC level;
2. Promote the application of the One Health approach in the preparedness for, prevention and detection of and response to public health threats in the region
3. Strengthen the One Health agenda and capacity in the EAC region.

5.2 Strategic approaches

The strategic approaches are based on:

- Creation of an enabling political environment for the institutionalisation and application of the One Health approach;
- Promotion of the approach;
- Enhanced cooperation on One Health;
- Strengthened One Health capacity;
- Promotion of One Health research

The activities geared towards the implementation of the One Health approach under this regional Strategy will contribute to the approach being fully embedded in the day-to-day routine of EAC Secretariat's sectors and departments and in their collaboration with the EAC Partner States.

For this, internal processes must be defined and implemented to provide One Health with an institutional home at the EAC Secretariat. Only then, all recommended activities, which can be summarised under the three strategic approaches of "Institutionalisation, Promotion and Development of Capacity in One Health" can unfold properly.

5.3 Strategic Priority Areas

5.3.1 Overall objective 1: Institutionalise the One Health approach at the EAC level

5.3.1.1 Strategic priority area 1: Overview on objectives

1   Develop an EAC One Health Policy and Legal Framework
2   Establish an EAC One Health Coordination Office and operationalise it
3   Mobilise resources for the EAC One Health Office

5.3.1.2 Problem Statement

The EAC region and the EAC Secretariat embrace the One Health approach, however, the application is random instead of structured and continuous. This is due to the lack of a staffed One Health body that can push the One Health agenda, mainstream the approach across Sector Departments and units and coordinate the activities listed under this strategy. Other reasons are the lack of funding to maintain the office on a long-term basis and to implement the identified activities.

5.3.1.3 Strategic priority area 1: Objective, outcomes, outputs and activities

Objective 1: Develop an EAC One Health Policy and Legal Framework
1 Outcome: Conducive framework for the One Health approach in place at the regional level
-    *1.1   Output 1: EAC One Health policy in place*
     Activities:
     1.1.1   Develop the One Health Policy between EAC and Partner States and get approval

-    *1.2   Output 2: EAC One Health legal framework established*
     Activities:
     1.2.1   Develop the Legal Framework between EAC and Partner States and get approval

Objective 2: Establish an EAC One Health Coordination Office and operationalise it
2   Outcome: One Health sustainably anchored at the Secretariat
-    *2.1   Output 1: One Health Coordination Office established and staffed*
     Activities:
     2.1.1   Develop Terms of Reference for establishing the One Health Unit and budget for operations
     2.1.2   Recruit/ appoint staff
     2.1.3   Establish an Information and Communication Technology (ICT)-based regional One Health platform
     2.1.4   Develop Terms of Reference for Focal Points
     2.1.5   Coordinate the appointment of One Health Focal Points at EAC and in the Partner States
     2.1.6   Establish a Steering Group

2.1.7   Coordinate preparedness and response under a One Health approach

2.2   Output 2: EAC One Health Coordination Office operational
Activities:
2.2.1   Organise One Health meetings aimed at identifying the roles of different sectors in the prevention of and response to events of public health concern
2.2.2   Support Partner States in developing and reviewing national One Health advocacy plans/ strategies
2.2.3   Organise conferences on One Health to exchange and share ideas
2.2.4   Publish periodical bulletins on One Health activities
2.2.5   Undertake at least 1 preparedness-related activity per year that promote/ strengthen One Health
2.2.6   Establish linkages with other regional and international One Health Platforms

Objective 3: Mobilise resources for the EAC One Health Office
3   Outcome: Sufficient funds available for sustainably operationalizing One Health at the regional level
3.1   Output 1: Resources mobilized for the EAC One Health Coordinating Office
Activities
3.1.1   Include budget line for operationalizing the One Health Office in the EAC budget
3.1.2   Conduct annual donor round tables to mobilise resources
3.1.3   Advocate for flexible funding mechanisms, available for OH activities independent of the sector, that support multi-sectoral work

5.3.2 Overall objective 2: Promote the One Health approach in the EAC region

5.3.2.1 Strategic priority area 2: Overview on objectives

1   Enable increased One Health stakeholder engagement in the EAC region
2   Enable communication using One Health approach among the stakeholders in the EAC
3   Increase One Health advocacy and awareness in the EAC
4   Use a collaborative, multi-sectoral and multi-disciplinary One Health approach in preparedness of and response to events of public health concern in the EAC region
5. Strengthen collaboration and establish linkages in One Health in the EAC region with the international community and the private sector

5.3.2.2 Problem Statement
Although the EAC Secretariat and Partner States embrace the One Health approach there is no common understanding and uniform definition. Therefore, knowledge on the approach needs to be fostered and understanding of the approach furthered especially among key stakeholders

and key multipliers at all levels of society. Mainstreaming the One Health approach will need advocacy and focal persons as well as ambassadors who promote the approach based on evidence that clearly showcases the benefits of multi-sectoral and multi-disciplinary cooperation in the prevention of and response to events of public health concern. The One Health approach is also no "fast sell". It needs continuous encouragement and actively to be filled with life not only at the expert level but also in public.

5.3.2.3 Strategic priority area 2: Objective, outcomes, outputs and activities

Objective 1: Enable increased One Health stakeholder engagement in the EAC region
1   Outcome: Framework for regional One Health stakeholder engagement is set
    1.1   Output 1: Stakeholders mapping and needs assessment report in place
        Activities:
        1.1.1 Identify, document and map One Health stakeholders including regional media partners and champions
        1.1.2 Assess stakeholders needs and interests and their level of engagement in One Health
        1.1.3 Conduct at least 1 advocacy and coordination meeting with stakeholders per year
        1.1.4 Develop resource mobilization strategy to promote One Health in the EAC

Objective 2: Enable communication using One Health approach among stakeholders in the EAC
2   Outcome: Communications regarding One Health in the EAC region improved
    2.1   Output 1: Regional One Health communication, engagement and advocacy strategy approved and launched
        Activity:
        2.1.1 Develop, launch and disseminate a One Health Communication and Advocacy Strategy

Objective 3: Increase One Health advocacy and awareness in the EAC
3   Outcome: One Health advocacy and awareness in the EAC region increased
    3.1   Output 1: Harmonized and targeted advocacy and communication materials developed and in use
        Activities:
        3.1.1   Train One Health Focal persons on One Health advocacy
        3.1.2   Develop advocacy and awareness materials for targeted groups and harmonise the messages
        3.1.3   Print and disseminate advocacy material through Focal Points
        3.1.4   Organize and celebrate international One Health events and involve stakeholders
        3.1.5   Organize and convene annual regional One Health Scientific Conference

3.2   Output 2: Digital platforms for sharing information and knowledge about the One Health approach established and operational
Activity:
3.2.1   Develop and utilize digital platforms at regional level and support their establishment at national levels

Objective 4: Use a collaborative, multi-sectoral and multi-disciplinary One Health approach in preparedness of and response to events of public health concern in the EAC region

4   Outcome: EAC Secretariat and Partner States collaborate across disciplines and sectors in preparedness of and response to events of public health concern

4.1   Output 1: Relevant EAC regional strategies and contingency plans embrace the One Health approach
Activity:
4.1.1   Review regional strategies and plans where the One Health approach needs to be mainstreamed und update (e.g. Disaster Risk Reduction Strategy, Health Strategic Plan, Contingency Plans, Climate Change and Biodiversity plans)

4.2   Output 2: Partner States have basic measures in place for infection prevention
Partner States have basic measures in place for infection prevention
Activities:
4.2.1   Establish WASH infrastructure and handwashing facilities in high-risk areas in all Partner States
4.2.2   Introduce Small irrigation schemes and water harvesting technologies at health centres and schools
4.2.3   Establish evacuation centres in each Partner State
4.2.4   Establish multi-sectoral food safety and food security measures at EAC Secretariat and in Partner States

4.3   Output 3: Framework conditions improved for the application of a collaborative OH approach in preparedness and response
Activities:
4.3.1   Establish OH Technical Working Groups and convene regular meetings
4.3.2   Hold meetings between EAC and Partner States and use platforms identified above to create and share best practices and lessons learned
4.3.3   Conduct joint planning, implementation, monitoring and evaluation of OH activities between regional and national levels

Objective 5: Strengthen collaboration in One Health in the EAC region with the international community and the private sector

5   Outcome: EAC collaborates internationally and with the private sector to mainstream the One Health approach

5.1   Output 1: Collaborations in One Health with international organisations and private sector established
Activities:

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      5.1.1   Sign MoUs/ agreements with international organizations/ partners and private sector in One Health

      5.1.2   Plan, implement, monitor and evaluate activities jointly with international organizations and private sector in line with the MoUs

      5.1.3   EAC to participate in relevant international meetings, fora and activities planned by international partners

5.3.3 Overall objective 3: Strengthen the One Health capacity in the EAC region

5.3.3.1 Strategic priority area 3: Overview on objectives

1. Determine existing One Health capacities and gaps in the EAC region
2. Improve framework conditions for One Health capacity building in the EAC region
3. Create supportive environment for multi-sectoral and multi-disciplinary cooperation
4. Conduct One Health-related research in the EAC region and disseminate results

5.3.3.2 Problem statement

Although the EAC acknowledges the advantages of and embraces the One Health approach, the capacity for implementing and mainstreaming the approach is still low and the temptation to stay in one's own sectorial silo high. Bringing people from different professional backgrounds together in a learning atmosphere contributes strongly to understanding the advantages of One Health. Existing One Health courses are often lacking this element. Offering regional multi-disciplinary and multi-sectoral postgraduate courses are well suited for overcoming silo mentalities and contribute at the same time to regional integration. However, the One Health approach should also be included in standard syllabi and not only at the level of higher education, but ideally already in the syllabi of schools so that learning and working together across sectors and disciplines becomes natural. Using modern teaching technologies and facilitating the formation of networks and think tanks can further contribute to mainstreaming One Health in societies. One Health activities should be monitored and accompanied by research to assess its benefits and to reveal necessary adjustments.

5.3.3.3 Strategic priority area 3: Objective, outcomes, outputs and activities

Objective 1: Determine existing OH capacities and gaps in the EAC region

1. Outcome 1: Capacity of EAC Secretariat staff and Partner States to implement the One Health approach is increased:

    1.1   Output 1: Baseline information on existing capacities and gaps at all levels including the community and frontline levels in both government and private sectors is available
       Activities:

      1.1.1   Conduct baseline assessment of One Health capacities at EAC Secretariat and in each Partner State

      1.1.2   Map institutions, organizations and Centers of Excellence in EAC Partner States that offer One Health courses

      1.1.3   Assess existing curricula embracing the One Health approach in the EAC region

Objective 2: Improve framework conditions for One Health capacity building in the EAC Region

2   Outcome 2: Framework conditions for One Health capacity building are improved

    2.1   Output 1: Educational offers available to enhance the One Health capacity in the region

        Activities:

        2.1.1   Design regional "light", short and intermediate courses with a One Health approach to build capacity at different levels of society

        2.1.2   Develop a regional advanced course with a One Health approach for students from different sectors and professions

        2.1.3   Train trainers to deliver the courses

        2.1.4   Pilot regional "light", short, intermediate and advanced courses

        2.1.5   Include One Health competencies in existing, relevant curricula and One Health content in school syllabi at national level and review after 3 years

        2.1.6   Strengthen One Health competency based applied training programs, also at community level

    2.2   Output 2: One Health experts share their experiences and best practices in networks

        Activities:

        2.2.1   Develop and install an ICT-based tracking and engagement tool for graduates and alumni of courses with a One Health approach at the Inter-University Council East Africa (IUCEA).

        2.2.2   Establish network of training institutions which apply a One Health approach and One Health experts from various sectors and professional backgrounds to share best practices and experiences

Objective 3: Create supportive environment for multi-sectoral and multi-disciplinary cooperation

3   Outcome: Multi-sectoral and multi-disciplinary cooperation is supported in the EAC region

    3.1   Output 1: Regional One Health capacity development is strengthened

        Activities:

        3.1.1   Establish task-based Expert Working Groups (EWG) for One Health capacity development

        3.1.2   Develop regional One Health capacity development strategy

        3.1.3   Mobilise resources for One Health-capacity building according to budgeted regional Strategy activity plan

        3.1.4   Encourage and mobilize multi-disciplinary trainings, research and practice initiatives in cross border areas including community levels

        3.1.5   Digitalise One Health courses and use technology (platforms, e.g. Massive Open Online Courses - MOOC) that promotes equitable access to information

        3.1.6   Link students and faculties from different departments via activities such as joint degrees, interdisciplinary events scenario-based cases, research or traineeships

Objective 4: conduct One Health-related research in the EAC region and disseminate results

4   Outcome: One Health-related research conducted in the EAC region and the results are shared widely

    4.1 Output 1: A supportive environment established for One Health research activities in the EAC region

        4.1.1   Develop and budget for a regional One Health research agenda for EAC

        4.1.2   Document One Health research in the region and develop policy briefs

        4.1.3   Establish and operationalize an EWG and respective sub-groups for research on One Health

        4.1.4   Establish regional One Health research fund

    4.2 Output 2: One Health research knowledge and skills in the EAC region shared

        4.2.1   Conduct joint meetings, workshops and bi-annual scientific conferences for researchers and policy makers on One Health in EAC Partner States

        4.2.2   Map potential partners for resources mobilization

    4.3 Output 3: Researchers supported to pursue capacity building trainings
      Activities:

        4.3.1   Create links, sign agreements/ MoUs with development partners on One Health research support

        4.3.2   Lobby for flexible funding mechanisms that support multi-sectoral work

6   Institutional and Implementation arrangements

6.1 Institutional arrangements

The EAC Regional One Health Strategy highlights the need for a well-coordinated One Health approach by various stakeholders both, at the regional and national levels, and the need for a defined coordination and management structure to enhance synergies and minimize duplication of efforts.

The Strategy directs that the institutional framework to coordinate implementation shall include the EAC Secretariat working jointly with Partner States, EAC organs, regional, continental and international organisations, governmental and non-governmental organisations, private sector, higher education, science and research institutions, schools, communities, civil society organisations, One Health platforms and networks, and media.

The EAC One Health Unit and One Health Technical and Expert Working Groups will play a crucial role in implementation together with One Health Focal Points and One Health Ambassadors. The composition of the Working Groups shall be multi-sectoral and multi-disciplinary, with experts drawn from areas like Health, Animal and Environmental Health, Agriculture and Livestock, Education, Tourism and Trade, Wildlife and Defense among others.

The roles of the EAC One Health Unit include:
- Developing policy guidance on One Health and guiding its implementation;
- Driving the sustainable institutionalization of the One Health approach at the EAC Secretariat and its application in the Partner States;
- Coordinating, promoting and mainstreaming One Health activities in EAC;
- Supporting One Health advocacy and capacity building;
- Supporting research on the efficiency and effectiveness of the One Health approach;
- Promoting the One Health approach actively at national, regional and international level;
- Collaborating on the One Health approach in the EAC region, on the continent and internationally;
- Convene and coordinate the EWG and TWG meeting on One Health
- Furthering One Health networks and One Health think tanks;
- Driving resource mobilization for One Health; and
- Planning and budgeting for monitoring and evaluation of One Health

One Health Working Groups:
- Validate the One Health annual plans and budgets
- Support development of key instruments, documents and reports on One Health
- Support the organization and conducting the One Health Platform and organization Scientific Conference
- Promotion of One Health activities in the EAC

Based on experiences, the One Health Office should be supra-sectoral to avoid the sectoral biasness and ensure inclusivity. The One Health Office should report directly to the top management (SG & DSG) so that there is effective coordination of sectors in the event of a public health emergency such as infectious disease outbreaks, flooding, landslides and others.

Figure 2: EAC One Health institutional arrangement
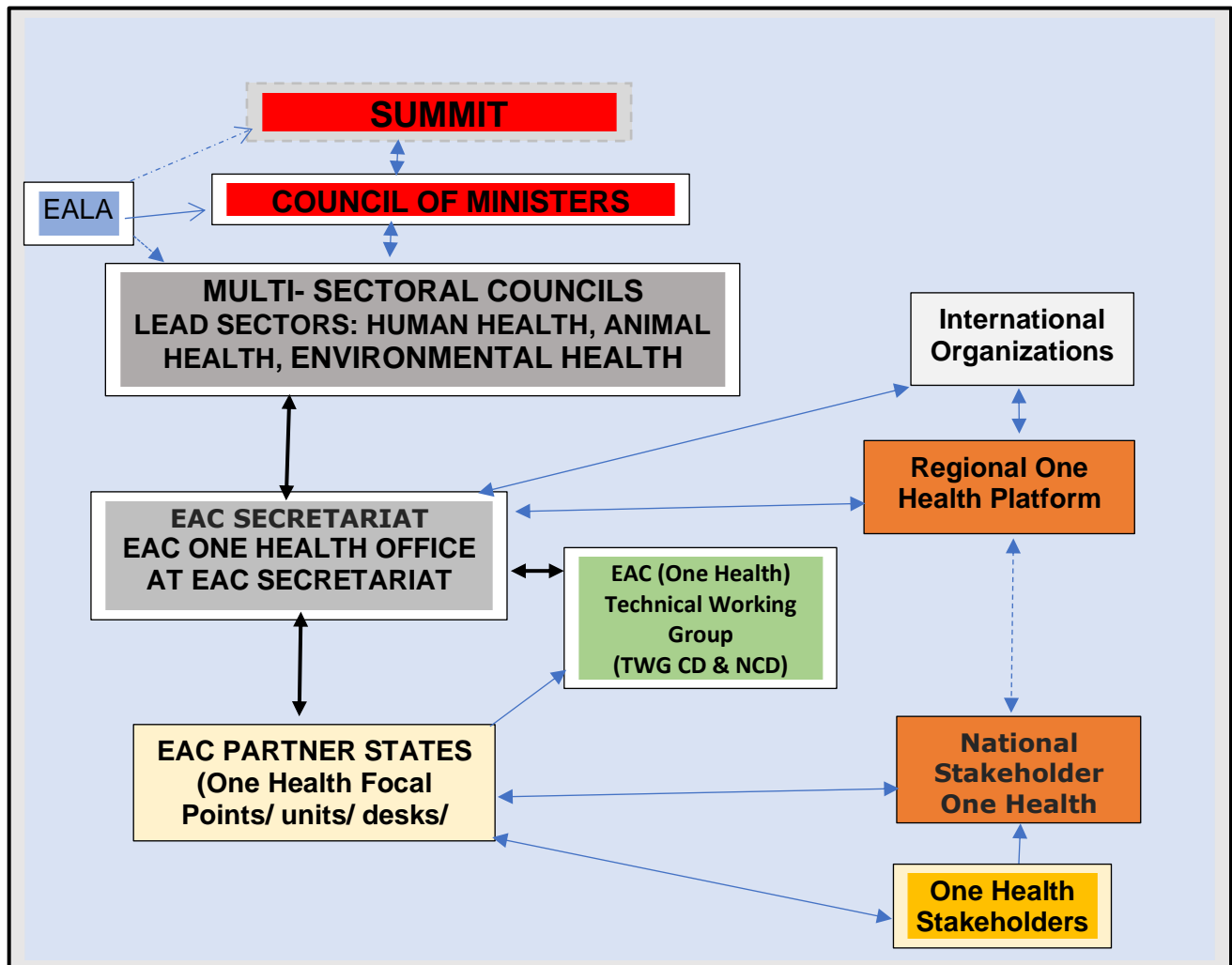
Key

TWG - Technical Working Group

CD & NCD -Communicable Diseases and Non-Communicable Diseases

6.2 Collaboration and partnerships

To implement a regional One Health strategy requires an inclusive and multi-sectoral approach involving a broad range of stakeholders at all levels. The present strategy will be implemented in a manner that ensures that stakeholder interests, expectations, and requirements are considered and addressed.

Key stakeholders include the relevant governing structures at EAC and the technical structures at the EAC Secretariat with the One Health desk at its core. Primary stakeholders include relevant regional and international bodies and technical One Health platforms or networks with direct connection to the EAC (Figure 3).

A 'holistic, multi-stakeholder and multi-sectoral approach' in implementing this strategy will be followed. All identified stakeholders will be an integral part of the strategy implementation and they will contribute in various ways to the success of the proposed interventions. Emphasis will be placed on building of synergies and complementarities to avoid duplication of efforts and ensure optimal use of resources and maximization of results and impacts. Stakeholder consultations will be undertaken annually based on degree of influence, importance, commitment, engagement in the Regional One Health Strategy activities.

The EAC integration agenda is anchored on the "people-centered principle" and hence, all the Organs and Institutions of the Community work towards the fulfilment of the aspiration of "One People, One Destiny" in line with article 5(b) on cooperation[27] of the Treaty establishing the EAC. In execution of its mandate, the EAC works with - and for - a wide range of stakeholders. Of high importance for the implementation of One Health in the region are the different Sector Councils with special emphasis on the Sectoral Council of Ministers of Health, the EAC Secretariat and further EAC Institutions, Partner State governments with their sectors, communities, media, the private sector and non-governmental organizations, development partners and other regional, continental and global partners (Figure 1).

With regards to sectors and disciplines the stakeholder role depends on the nature of the disease outbreak or other event of public health concern. COVID-19 for example affected a wide range of sectors like health, animal health, agriculture, trade, tourism, wildlife, education, military, and civil society. Life-threatening flooding would involve the water sector, infrastructure, environment and climate among others. Therefore, each of these stakeholders has a role to play in protecting the region from public health threats and risks and is a crucial pillar when it comes to mainstreaming One Health in the region.

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[27] "co-operation" includes the undertaking by the Partner States in common, jointly or in concert, of activities undertaken in furtherance of the objectives of the Community as provided for under this Treaty or under any contract or agreement made thereunder or in relation to the objectives of the Community.

6.3 Key stakeholders and their roles

Sector Councils, EAC Secretariat and Partner States' ministries with their Expert and Technical Working Groups provide the political framework and environment as well as advice and can convene and coordinate One Health activities in the region. Their representatives are important Ambassadors and role models when it comes to mainstreaming the approach and play a crucial role in making the necessary funds available. Without political will it would be difficult to fill the One Health approach with life. This would, however, enable governments to negotiate a solution and design a response that considers and balances the justified interests of all parties to the benefit of the country.

The **public sector** is the backbone of society. Without administration, learning institutions from school to higher education, the health, animal and environmental health sectors, trade, tourism and wildlife with their respective agencies, police, defense and many more sectors daily life would come to a standstill. Water supply, a functioning sewage and waste collection system are key in disease prevention. The public sector is close to the citizens, and because it is present at all levels of society has the means for deep impact with its measures. This also makes the public sector a strong role-model for One Health implementation. The multi-sectorial work of staff at **Points of Entry** is an excellent example.

The **private sector** including the East African Business Council, industries, small and medium enterprises, chambers, associations and other branch specific players depends on a business-friendly environment, continuity and open borders. The private sector is the lifeline for big parts of civil society and contributes to peace and security. Therefore, the sector has a genuine interest in preventing public health threats, quick and efficient responses as well as effective mitigation. It also has the means to co-finance and implement preventive or emergency measures that contribute to keep the economy going while at the same protecting the lives and livelihoods of the people. In addition, the private sector has the advantage of being able to take quick action. This makes the private sector a crucial stakeholder in emergency preparedness and response and in mainstreaming One Health.

Civil society and its representative bodies are the key point in the prevention of and response to public health threats as well as the mitigation of their impact. Civil society with its communities, non-governmental, faith-based and community organisations, volunteers, community, religious and women leaders to name just a few reflects and lives One Health. Here, sectors work together naturally. Preventive and response measures depend on the cooperation of civil society. Risk and crisis communication utilises this relation to empower citizens in a way that they can take informed decisions. Often governments are disappointed, when people do not react in the expected way. However, risk and crisis communication are not about forcing people to behave in a certain way but rather to weigh their options and calculate their risks and decide on this basis what is best for them. This makes citizens strong stakeholders when it comes to mainstreaming One Health.

Schools, colleges and higher learning institutions with their regulatory bodies, such as the Interuniversity Council of East Africa, boards and commissions can facilitate understanding

of the approach and the concept behind. They can build One Health capacity among multiple disciplines and include the core competencies of One Health in their curricula. Colleges and higher learning institutions bring together under one topic a variety of sectors and disciplines who can experience the benefits and power of multi-sectoral and multi-disciplinary approaches. They can explain with examples the interlinkages, provide best practices and gather and spread widely lessons learned. This makes them strong advocates and ambassadors for One Health in the region.

Science and research institutions like the East African Health Research Commission and public and private research institutions can accompany the One Health implementation process and provide the necessary data and evidence that reflect the meaningfulness and success or failure of the approach and challenges to mainstreaming it at national and regional levels. Science is also important in conveying lessons learned and best practices, which will facilitate successful implementation.

International, continental and regional institutions and organisations including the UN organisations are powerful advocates for the One Health approach and at the same time able to facilitate it through knowledge transfer and technical and financial support.

The **Media** including social media platforms are important when it comes to promoting the need of working between sectors and leaving silos for a higher benefit. Just like community or religious leaders they are important Ambassadors for One Health in their multiplier function.

Networks connect people under one overarching topic. Networks facilitate the exchange of experiences and of joining forces towards a common goal. They play a crucial role in advocating for and mainstreaming the application of One Health in the prevention of and response to public health threats.
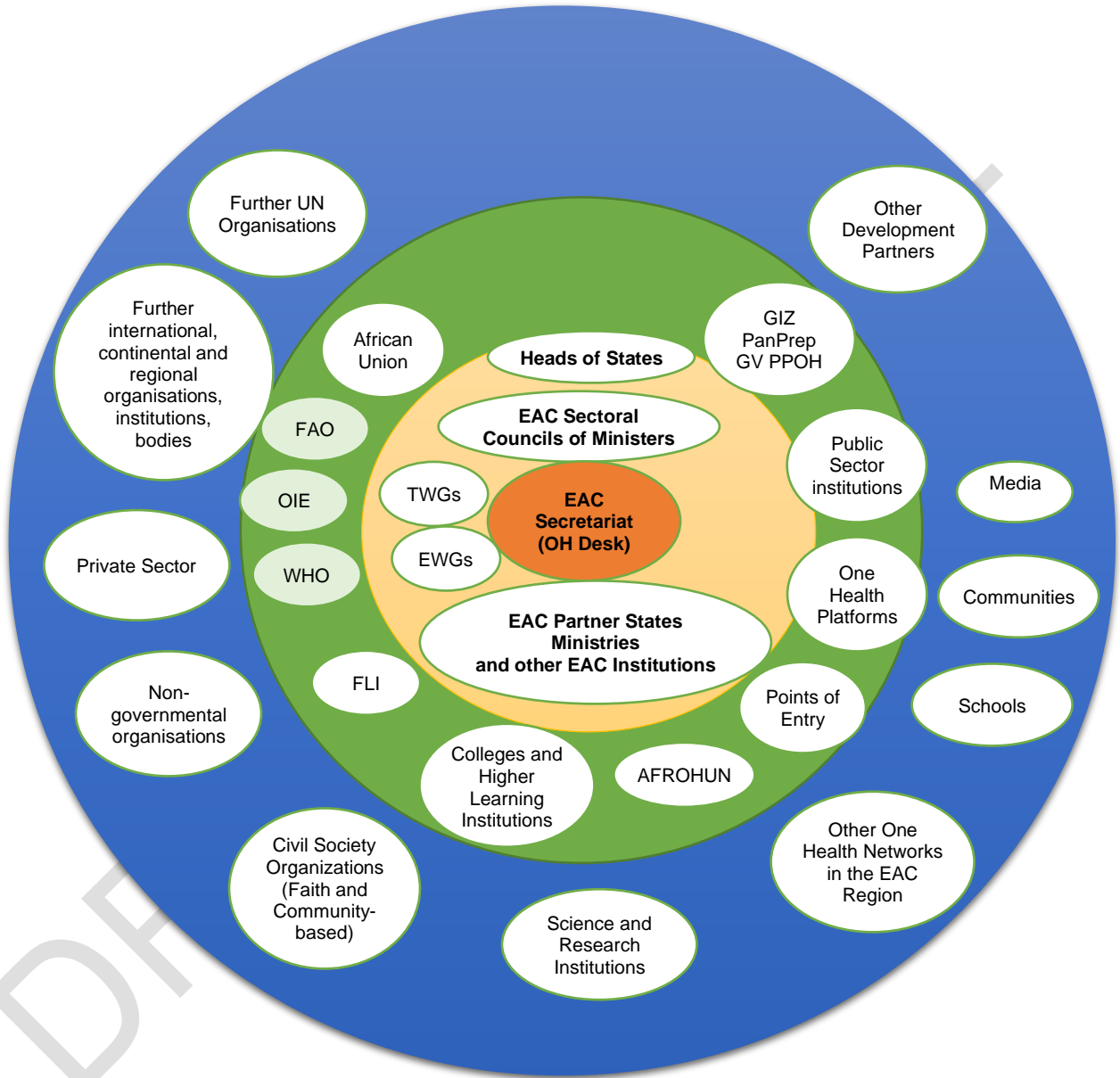
Figure 3: One Health stakeholders for the EAC Secretariat

Legend:
Key Stakeholders
Primary Stakeholders (involved in developing the Strategy)
Secondary Stakeholders (further stakeholders)

6.4 Sustainability Strategies

The EAC Regional One Health Strategy brings together national, regional and continental structures and efforts to implement One Health in the region. The institutionalization and mainstreaming of One Health at EAC are envisaged to create reliable sustainability pathways through the establishment of structures permanently embedded at the EAC Secretariat. EAC Partners States will be expected to mainstream One Health activities respectively through existing or planned national plans and strategies and need to support budgetary allocation.

6.5 Resource mobilization

The implementation of the One Health strategy with the outlined activities requires adequate allocation of financial and human resources. As the main responsibility of the strategy implementation lies with the EAC Secretariat, the budget allocated to the implementation is managed at the EAC Secretariat level.

The institutionalization of the One Health approach through this strategy is deemed a regular activity requesting an appropriate consideration of the regular budget to the implementation. In this regard the EAC Secretariat will request Partner States and international and regional donors to support the implementation through in-kind and financial contributions. International partners are urged to channel their support to the EAC region on issues related to One Health through a contribution to the EAC One Health strategy.

6.6 Monitoring and evaluation

Monitoring and evaluation of the EAC One Health Strategy includes an integral set of activities to ensure that the planned activities are executed in time with allocated resources to attain the preplanned objectives/goals. In monitoring there will be a routine checking of progress, against the defined direction. Depending on the pre-defined time of information collection to monitor, there will be reporting on outputs, activities and use of resources (e.g. people, time, money, and materials) by the EAC secretarial body to assure accountability. Evaluation assessment or change from the situation before the starting of implementation of the EAC one health strategy will be used to ensure that the implementation path chosen is correct, and that the right mix of activities and resources were used to attain the main objective of strengthening multi-sectoral and multi-disciplinary preparedness and response to events of public health concern in the region and to promote, strengthen and guide the One Health approach in the region.

A **mid-term evaluation** might be undertaken during the third year of implementation, in this case in the year 2024. The main purpose of the mid-term evaluation is to assess whether the targets set will be met, i.e. if implementation of the One Health Strategy is on the right track and if there are any adjustments required. In most of the cases the assessments entail collation of monitoring data as yardstick for costs and time to implement the planned activities, i.e. if the implementation of the strategy is **on cost and on time by the time of the assessment**.

This is the first EAC Regional One Health Strategy, so typically, this section will act as a consolidated source of information showcasing project progress, generating reports that contribute to transparency and accountability, and allows for lessons to be shared more easily. It is expected that the strategy will lay down the foundation for future and more ambitious one health undertakings in the region. Mistakes will offer paths for learning and improvements, partner states to learn from each other's experiences and to incorporate them into policy and practice and most importantly it will provide a more robust basis for raising funds from partner states and developing partners to help influence policy.

Detailed information has been provided on the rationale to have a joint multi-sectoral and multi-disciplinary approach in preparedness and response to emergency public health events at the regional level. To achieve these, three strategic priority areas have been identified as the starting points or foundation for a solid and smooth implementation of one health approach in the EAC region. These include the setting up of the legally credible functional structure within EAC to foresee the implementation, promoting the approach in the region and beyond and building the capacity regionally and within Partner States. The outcomes, which are the objectives to be reached by implementing the strategy and achievements contributing to the overall goal include:

- Conducive framework for the One Health approach in place at the regional level
- One Health sustainably anchored at the EAC Secretariat
- Sufficient funds available for sustainably institutionalising One Health at the regional level
- Framework for regional One Health stakeholder engagement is set
- Communications regarding One Health in the EAC region improved
- One Health advocacy and awareness in EAC region increased
- EAC Secretariat and Partner States collaborate across disciplines and sectors in preparedness of and response to events of public health concern
- EAC collaborates internationally and with the private sector to mainstream One Health approach
- Capacity of EAC Secretariat staff and Partner States to implement the One Health approach is increased
- Framework conditions for One Health capacity building are improved
- Multi-sectoral and multi-disciplinary cooperation is supported in the EAC region
- One Health-related research is conducted in the EAC region and the results are shared widely

The monitoring framework for strategic priority 1 has been included hereunder. Monitoring framework for strategic priority areas 2 and 3 will follow the same pattern.

Table 3: Monitoring framework for strategic priority 1

	Outcome	Baseline	Outputs	Activities	Indicators	Budget $	Timeframe
Milestone 1	Conducive framework for the One Health approach in place at the regional level	No conducive framework for One Health approach	An EAC One Health Policy is in place	Develop the One Health Policy between EAC and Partner States and get approval	OH Policy in place	45,000	2022-23
			An EAC One Health Legal Framework is established	Develop Legal Framework between EAC and Partner States and get approval	Legal Framework in place		2022-24
Milestone 2	One Health sustainably anchored at the Secretariat	One Health only randomly applied	One Health Coordination Office established and staffed	Develop TORs for the establishment of the One Health Office and budget for operations	TORs and draft budget available	30,000	2022
				Establish an ICT-based regional One Health platform	Platform functional	30,000	2023
				Develop Terms of Reference for Focal Points	Terms of Reference available for nomination of Focal Points		2022
				Coordinate the appointment of OH focal points at EAC and in the Partner States	Focal Points appointed		2022
				Establish a Steering Group and organise regular meetings	Steering Group constituted and functional	220,000	2022
				Coordinate preparedness and response under a One Health approach	5 One Health preparedness and response coordinated in 3 years	1,000,000	2022-25
			EAC One Health Coordinating Office operational	Organise One Health meetings aimed at identifying the roles of different sectors in the prevention of and response to events of public health concern.	At least 5 meetings held	260,000	2022-23
				Support Partner States in developing and reviewing national One Health advocacy plans/ strategies	At least 2 Partner States received support to draft OH strategic plans in alignment with EAC OH Strategic Plan components.	100,000	2023-24

	Outcome	Baseline	Outputs	Activities	Indicators	Budget $	Timeframe
				Organize conferences on One Health to exchange and share ideas	At least 1 conference held per year to share best practices	300,000	2022-26
				Publish periodical bulletins on One Health activities	Number of publications in place per year	8,000,000	2022-23
				Undertake at least 1 preparedness-related activity per year that promotes/ strengthens One Health	Prepared-ness-related OH strengthening activity undertaken	2,000,000	2023-23
				Establish linkages with other regional and international OH Platforms	5 linkages established	450,000	2022-23
Milestone 3	Sufficient funds available for sustainably institutionalising OH at the regional level	No funds for institutionalising OH at the regional level sustainably	Resources mobilized for the EAC One Health Coordinating Office	Include budget line for operationalising the OH Office in the EAC budget	Budget line for OH Office included in EAC budget line	10,000	2022
				Conduct annual donor roundtable meetings to mobilize resources	At least 10,000,000 USD funds mobilised in 5x1 donor round table meetings	250,000	2022
				Advocate for flexible funding mechanisms, available for OH activities independent of the sector, that support multi-sectoral work	Flexible funding mechanisms for multi-sectoral work are developed and implemented	50,000	2022

Annex I: Implementation framework

Strategic priority area 1: To institutionalize One Health approach sustainably at the EAC level

Overall objective	Strategic objective	Outcome	Outputs	Activities	Indicators	Means of verification	Responsibility	Budget $	Timeframe
Institutionalize the One Health approach sustainably at the EAC level	**Objective 1:** Develop an EAC One Health Policy and Legal Framework	**Outcome 1:** Conducive framework for the One Health approach in place at the regional level	**Output 1.1:** An EAC One Health Policy is in place	**Activity 1:** Develop the One Health Policy between EAC and Partner States and get approval	OH Policy in place	Meeting reports; Council report; Policy document	EAC Secretariat / Partner States	45,000	2022-23
			Output 1.2: An EAC One Health Legal Framework is established	**Activity 1:** Develop Legal Framework between EAC and Partner States and get approval	Legal Framework in place	Meeting reports; Council report; Legal Framework	EAC Secretariat/ Partner States		2022-24
	Objective 2: Establish an EAC One Health Coordination Office and operationalize it	**Outcome 2:** One Health sustainably anchored at the Secretariat	**Output 2.1:** One Health Coordination Office established and staffed	**Activity 1:** Develop TORs for the establishment of the One Health Office and budget for operations	TORs and draft budget available	Meeting reports; TORs; Budget for OH Office	EAC Secretariat	30,000	2022
				Activity 2: Establish an ICT-based regional One Health platform	Platform functional	Platform	EAC Secretariat	30,000	2023
				Activity 3: Develop Terms of Reference for Focal Points	Terms of Reference available for nomination of Focal Points	ToR	EAC Secretariat		2022
				Activity 4: Coordinate the appointment of OH focal points at EAC and in the Partner States	Focal Points appointed	Lists of Focal Points appointed at the Secretariat and by Partner States;	EAC Secretariat/ Partner States		2022
				Activity 5: Establish a Steering Group and organise regular meetings	Steering Group constituted and functional	List of Steering group members; number of meetings	EAC Secretariat/ Partner States	220,000	2022
				Activity 6: Coordinate preparedness and response under a One Health approach	5 One Health preparedness and response coordinated in 3 years	Regional contingency plan with OH approach; Reports of the activities coordinated	EAC Secretariat/ Partner States	1,000,000	2022-25
			Output 2.2: EAC One Health Coordinating Office operational	**Activity 1:** Organise One Health meetings aimed at identifying the roles of different sectors in the prevention of and response to events of public health concern.	At least 5 meetings held	Minutes and meeting reports; participants' lists indicating sectors	EAC Secretariat	260,000	2022-23
				Activity 2: Support Partner States in developing and reviewing national One Health advocacy plans/ strategies	At least 2 Partner States received support to draft OH strategic plans in alignment with EAC OH Strategic Plan components.	Reports of consultancies and meetings	EAC Secretariat	100,000	2023-24
				Activity 3: Organize conferences on One Health to exchange and share ideas	At least 1 conference held per year to share best practices	Conference reports; Participants' lists indicating sectors	EAC Secretariat/ Partner States	300,000	2022-26
				Activity 4: Publish periodical bulletins on One Health activities	Number of publications in place per year	Publications	EAC Secretariat	8,000,000	2022-23
				Activity 5:	Prepared-ness-related OH strengthening activity undertaken	Activity reportd;	EAC Secretariat	2,000,000	2023-23

Overall objective	Strategic objective	Outcome	Outputs	Activities	Indicators	Means of verification	Responsibility	Budget $	Timeframe
				Undertake at least 1 preparedness-related activity per year that promotes/ strengthens One Health		Participants listd indicating involved sectors			
				Activity 6: Establish linkages with other regional and international OH Platforms	5 linkages established	Activity reports; List of new linkages	EAC Secretariat/ Partner States	450,000	2022-23
	Objective 3: Mobilise Resources for the EAC One Health Office	**Outcome 3:** Sufficient funds available for sustainably institutionalising OH at the regional level	**Output 3.1:** Resources mobilized for the EAC One Health Coordinating Office	**Activity 1:** Include budget line for operationalising the OH Office in the EAC budget	Budget line for OH Office included in EAC budget line	EAC budget with OH office budget line	EAC Secretariat/ Partner States	10,000	2022
				Activity 2: Conduct annual donor roundtable meetings to mobilize resources	At least 10,000,000 USD funds mobilised in 5x1 donor round table meetings	Reports of roundtable		250,000	2022
				Activity 3: Advocate for flexible funding mechanisms, available for OH activities independent of the sector, that support multi-sectoral work	Flexible funding mechanisms for multi-sectoral work are developed and implemented	Framework; Reports on implementation	EAC Secretariat, Partner States and Development Partners	50,000	2022

Strategic priority area 2: To promote One Health approach in the EAC region

Overall objective	Objective	Outcome	Baseline	Outputs	Activities	Indicators	Means of verification	Responsibility	Budget $	Timeframe
Promote the One Health approach in the EAC region	**Objective 1:** Enable increased OH Stakeholder engagement in the EAC region	**Outcome 1:** Framework for regional One Health stakeholder engagement is set	**Baseline 1:** No framework for stakeholder engagement	**Output 1.1:** Stakeholders mapping and needs assessment report in place	**Activity 1:** Identify, document and map OH stakeholders including regional media partners and champions	Comprehensive OH Stakeholder map available	Stakeholder map	EAC Secretariat	100,000	2022
					Activity 2 Assess stakeholders needs/ interests and their level of engagement in OH	An assessment report on needs and the level of engagements of stakeholders in OH is available	Consultant contract; Assessment report	EAC Secretariat	250,000	2022
					Activity 3 Conduct at least one advocacy and coordination meeting per year	At least one advocacy and coordination meeting conducted per year	Meeting reports; Participants' lists	EAC Secretariat	500,000	2022-26
					Activity 4 Develop resource mobilization strategy to promote One Health in the EAC	Strategy in place	Consultant contract; Meeting reports; Sector Council report; strategy document	EAC Secretariat	150,000	2022
	Objective 2: Enable communication using One Health approach among stakeholders in the EAC	**Outcome 2:** Communications regarding One Health in the EAC region standardized and strengthened	**Baseline 2:** OH Communication not strategic and well established	**Output 2.1:** Regional One Health communication, engagement and advocacy strategy approved, launched and applied	**Activity 1:** Develop, launch and disseminate OH Communication and Advocacy Strategy	Strategy in place	Consultant contract; Meeting reports; Sector Council report; strategy document	EAC Secretariat	150,000	2022
	Objective 3: Increase OH Advocacy and awareness in the EAC	**Outcome 3:** One Health advocacy and awareness in EAC region increased	**Baseline 3:** Awareness on OH in the EAC region is low	**Output 3.1:** Develop and Harmonized and targeted advocacy and communication materials developed and in use	**Activity 1:** Train OH Focal persons on One Health advocacy	All nominated OH Focal persons at regional and national level trained	Training reports	EAC Secretariat	150,000	2023-2024
					Activity 2: Develop advocacy and awareness materials for targeted groups and harmonise messages	At least 5 OH awareness products are available		EAC Secretariat	200,000	2024
					Activity 3: Print and disseminate advocacy material through Focal Points	Number of advocacy materials printed and distributed	Reports of disseminations Delivery notes;	EAC Secretariat	500,000	2024-26
					Activity 4: Organize and celebrate international One Health events and involve stakeholders	Stakeholders involved in at least 1 celebrations of international OH events per year	Reports and feedbacks from the event	EAC Secretariat	500,000	2024-26

Overall objective	Objective	Outcome	Baseline	Outputs	Activities	Indicators	Means of verification	Responsibility	Budget $	Timeframe
					Activity 5: Organize and onvene annual Regional One Health Scientific Conference	5 regional OH scientific conferences conducted in 5 years	Conference Programmes and reports	EAC Secretariat	500,000	2024-26
				Output 3.2: Digital platforms for sharing information and knowledge about the One Health approach established and operational	**Activity 1:** Develop and utilize digital platforms at regional level and support their establishment/ strengthening at national levels	A total of 7 digital platforms in place and use at regional and national levels	Use of the platform; Number of users; Number of posts and downloads	EAC Secretariat, Partner States	500,000	2024-26
	Objective 4: Use a collaborative, multi-sectoral and multi-disciplinary OH approach in preparedness for and response to events of public health concern in the EAC region	**Outcome 4:** EAC Secretariat and Partner States collaborate across disciplines and sectors in preparedness of and response to events of public health concern	**Baseline 4:** Low and non-systematic multi-sectoral and multi-disciplinary approach in response to events of public health concern	**Output 4.1:** Relevant EAC regional strategies and contingency plans embrace the OH approach	**Activity 1:** Review existing regional strategies and plans where the One Health approach needs to be mainstreamed (e.g. Disaster Risk Reduction Strategy, Health Strategic Plan, Contingency Plans, Climate Change and Biodiversity plans)	At least 1 Strategy and 2 plans or guidelines are updated to incorporate the OH approach	Revised Strategy and Plans	EAC Secreta-riat, Partner States and supporting partners	300,000	2022-23
				Output 4.2 Partner States have basic measures in place for infection prevention	**Activity 1:** Establish WASH infrastructure and handwashing facilities in high risk areas in all Partner States	Major high-risk points in Partner States covered with WASH infrastructure	Installation protocols	EAC Secretariat, Partner States and supporting partners	600,000	2022-26
					Activity 2: Introduce Small irrigation schemes and water harvesting technologies at health centres and schools	At least 5 pilot health centres and schools equipped	Reports, protocols	EAC Secretariat and Partner States and supporting partners	600,000	2022-26
					Activity 3: Establish evacuation centres in each Partner State	1 Evacuation Centre established in each Partner States	Reports	EAC Secretariat, Partner States, supporting partners	1,000,000	2022-26
					Activity 4: Establish multi-sectoral food safety and food security at measures EAC Secretariat and in Partner States	At least 2 measures implemented in each Partner State		EAC Secretariat, Partner States, supporting partners	1,000,000	2022-26
				Output 4.3 Framework conditions improved for the application of a collaborative OH approach in preparedness and response	**Activity 1:** Establish OH Technical Working Groups and convene regular meetings	At least 1 meeting of each TWG held per year	TWG/EWG documentation /reports	EAC Secreta-riat and Partner States	300,000	2022-26
					Activity 2: Hold meetings between EAC and Partner States and use platforms identified above to create and share best practices and lessons learned	Best practices, lessons learned, and challenges shared on 7 platforms and in at least 5 meetings	Lessons learned documents; Meeting reports and platform contributions	EAC Secretariat and Partner States	250,000	2023-26
					Activity 3: Conduct joint planning, implementation, monitoring and evaluation of OH activities between regional and national levels	At least 6 joint OH activities conducted	Reports, publications	EAC and Partner States	400,000	2022-26

Overall objective	Objective	Outcome	Baseline	Outputs	Activities	Indicators	Means of verification	Responsibility	Budget $	Timeframe
	Objective 5: Strengthen collaboration in OH in the EAC region with the international community and the private sector	**Outcome 5:** EAC collaborates internationally and with the private sector to mainstream One Health approach	**Baseline 5:** No formal and only sporadic collaboration internationally and with the private sector	**Output 5.1:** Collaborations in One Health with international organizations and private sector established	**Activity 1:** Sign MoUs/ agreements with international organizations/ partners and private sector in OH	At least 3 MoUs/ agreements signed	MoUs, Meeting reports	EAC Secretariat and supporting partners	60,000	2023-26
					Activity 2: Plan, implement, monitor and evaluate activities jointly with international organizations in line with the MoUs	3 joint activities planned, held, monitored and evaluated per year	Planning documents; Participants lists; Reports	EAC secretariat, Partner States and international organizations	150,000	2023-26
					Activity 3: EAC to participate in relevant international meetings, fora and activities planned by international partners and private sector in OH	At least 3 fora and 10 activities organized by international partners attended/ participated in 5 years	Programs of activities; Participants lists; Reports	EAC Secretariat, Partner States and international organizations	250,000	2023-26

Strategic priority area 3: To strengthen the One Health capacity in the EAC region

Overall objective	Objective	Outcome	Baseline	Outputs	Activities	Indicators	Means of verification	Responsibility	Budget $	Timeframe
Strengthen the One Health capacity in the EAC region	**Objective 1:** Determine existing OH capacities and gaps in the EAC region	**Outcome 1:** Capacity of EAC Secretariat staff and Partner States to implement the OH approach is increased	**Baseline 1:** Capacity of EAC Secretariat staff and Partner States to implement OH is not known	**Output 1.1** Baseline information on existing OH capacities as well as gaps at all levels including the community and frontline levels in both government and private sectors is available	**Activity 1** Conduct baseline assessment of OH capacities at EAC Secretariat and in each Partner State	7 Baseline assessments of OH capacities conducted	Baseline assessment reports	EAC Secretariat & Partner States	200,000	2022
					Activity 2: Map institutions, organizations and Centers of Excellence in EAC Partner States that offer OH courses	Database with institutions in EAC Partner States established at EAC Secretariat	Database	EAC Secretariat & Partner States	300,000	2022
					Activity 3: Assess existing curricula embracing the OH approach in the EAC region	Curricula with OH approach assessed	Assessment report	EAC Secretariat, Partner States, Partners	150,000	2022
	Objective 2: Improve framework conditions for OH capacity building in the EAC region	**Outcome 2:** Framework conditions for OH capacity building are improved	**Baseline 2:** Only basic framework conditions for OH capacity building available	**Output 2.1:** Educational offers are available to enhance the OH capacity in the region	**Activity 1**: Design regional basic, short and intermediate courses with a OH approach to build capacity at different levels of society	Generic regional light, short and intermediate courses with a OH approach are available for offer and inclusion in syllabi by Partner States	Course content; Course programmes	EAC Secretariat, Partner States Universities	300,000	2023-24
					Activity 2: Develop a regional advanced course with a OH approach for students from different sectors and professions	An advanced course with a One Health approach is offered by at least 1 university in the region	Course modules, Course Programmes, Syllabies	EAC, Partner States, IUCEA	500,000	2023-24
					Activity 3: Training of Trainers to deliver the courses	At least 5 Trainers from different sectors trained for each course format	Training manuals; Workshop programmes; Reports	EAC, Partner States, IUCEA	100,000	2023-24
					Activity 4: Pilot regional • basic • short, • intermediate and • advanced courses	Each course format was piloted in at least 2 Partner States	Course participants lists which indicate sectors; Certificates issued; Evaluation reports of pilots	EAC, Partner States, IUCEA	500,000	2024-25
					Activity 5: Include OH competencies in existing curricula at national level and review after 3 years	OH approach included in at least 6 existing curricula and reviewed	Curricula before and after OH integration; Review report	EAC, Partner States and IUCEA	300,000	2023-24
					Activity 6: Strengthen OH competency based applied training programmes, also at community level	At least 1 programme per Partner State was supported	Training programmes	EAC Secretariat, Partner States	50,000	2022-26
				Output 2.2:	**Activity 1:**	A tracking and engagement tool for	Tracking tool	EAC Secretariat, Partner States,	400,000	2022

Overall objective	Objective	Outcome	Baseline	Outputs	Activities	Indicators	Means of verification	Responsibility	Budget $	Timeframe
				One Health Experts share their experiences and best practices in networks	Develop and install an ICT-based tracking and engagement tool for graduates and alumni of courses with a OH approach at IUCEA	graduates and alumni of courses with a OH approach is installed at IUCEA		IUCEA		
					Activity 2: Establish network of training institutions which apply a OH approach and OH experts from various sectors and professional backgrounds to share best practices and experiences	A network is in place and used	Network format; Users and hits	EAC Secretariat, Partner States, IUCEA	70,000	2022
	Objective 3: Create supportive environment for multi-sectoral and multi-disciplinary cooperation	**Outcome 3:** Multi-sectoral and multi-disciplinary cooperation is supported in the EAC region	**Baseline 3:** Support to multi-sectoral and multi-disciplinary cooperation is not formalized and well documented at the regional level	**Output 3.1:** Regional OH capacity development is strengthened	**Activity 1:** Establish task-based Exercise Working Group (EWG) for OH capacity development	EWG in place, members nominated	List of EWG members; meeting reports	EAC Secretariat, Partner States	100,000	2022
					Activity 2: Develop regional OH capacity development strategy	Approved Strategy available and implemented	Strategy with activity plan; Reports on activity implementation	EAC Secretariat, Partner States, Development Partners	150,000	2022
					Activity 3: Mobilise resources for OH capacity building according to budgeted regional Strategy activity plan	Seed funding is available to start implementing the regional Strategy	Regional Strategy activity plan, approved budget	EAC Secretariat, Partner States, Development Partners	1,000,000	2022
					Activity 4: Encourage and mobilize multi-disciplinary trainings, research and practice initiatives including at community level	At least 1 training, research and practice initiative per Partner State resulted from mobilization efforts	Training and research reports	EAC Secretariat, Partner States	200,000	2022-26
					Activity 5: Digitalize OH courses and use technology (platforms, e.g. MOOCs) that promote equitable access to information	OH-related information is available online for everybody without costs	Digital learning platforms; Number of users	EAC Secretariat, Partner States, Learning institutions	100,000	2023-24
					Activity 6: Link students and faculties from different departments via activities such as joint degrees, interdisciplinary events scenario-based cases, research or traineeships	Students work together across departments and disciplines	MoUs/ Agreements on joint activities available	EAC Secretariat, Partner States and IUCEA	100,000	2023-26
	Objective 4: Conduct OH-related research in the EAC region and disseminate results	**Outcome 4:** OH-related research is conducted in the EAC region and the results are shared widely	**Baseline 4:** Only sporadic OH related research and dissemination of results in the EAC region	**Output 4.1.** A supportive environment is established for OH research activities in the EAC region	**Activity 1:** Develop and budget for a regional OH research agenda for EAC	Approved regional budgeted research agenda available	Research agenda	EAC Secretariat, Partner States and IUCEA	4,100,000	2022
					Activity 2: Document OH Research in the region	An overview on OH research in the region is available	Report	EAC Secretariat, Partner States and IUCEA	50,000	2022

Overall objective	Objective	Outcome	Baseline	Outputs	Activities	Indicators	Means of verification	Responsibility	Budget $	Timeframe
					Activity 3: Establish and operationalize an EWG and respective sub-groups for research on One Health	A OH research EWG is established and members are nominated	EWG; List of nominated members; Meeting reports	EAC Secretariat, Partner States and IUCEA	100,000	2022
					Activity 4: Establish regional OH research fund		Functional research fund	EAC Secretariat, Partner States and Development Partners	80,000	2023-26
				Output 4.2: OH research knowledge and skills in EAC region shared	**Activity 1:** Conduct joint meetings, workshops and bi-annual scientific conferences for researchers on OH in EAC Partner States	4 virtual meetings and 2 workshops per year and 2 scientific conferences in 5 years have been convened for OH researchers	Programmes; Participants lists; reports	EAC Secretariat, Partner States and IUCEA	450,000	2023-26
					Activity 2: Mapping potential partners for resources mobilization	Overview on potential partners for research support available	Stakeholder map/ Overview on potential funding partners	EAC Secretariat, Partner States		2022-26
				Output 4.3: Researchers supported to pursue capacity building trainings	**Activity1:** Create links, sign agreements/ MoUs with development partners on OH research support	At least 1 MoU/ Agreement signed for each Partner State	signed MoUs/ Agreements	EAC Secretariat, Partner States & Development Partners	50,000	2022-26
					Activity 2: Lobby for flexible funding mechanisms that support multi-sectoral work	Number of one health works supported by different efforts	Developed and implemented supporting frameworks	EAC Secretariat, Partner States and Development Partners	50,000	2022-26

Annex II: Summary of One Health implementation status in EAC Partner States

LEVEL (REGIONAL/ PARTNER STATE)	PARAMETER	OBSERVATION(S)	COMMENTS
EAC	Policy	No policy exists	
	Strategic Plan	Regional Contingency Plan and Emergency Structure reflect the One Health approach and provide a coordination mechanism between the various departments as well as the regional and national levels concerned during public health emergencies Regional Risk and Crisis Communication Strategy reflects the One Health approach	
	Legal Framework	None	
	Action Plans	None exist	
	Political Commitment	Exists as evidenced by the different decisions from council of ministers Technical Working Group on communicable and non-communicable diseases expanded by members from other than Health Ministries with relevance to One Health	
	Institutional arrangement	Decision to place One Health under Health	
	Funding arrangement	No direct funding safe from partners and projects like PanPrep	
	Staffing	No surge staff; depending on 1 project staff	
	Stakeholder arrangement	No platform has been constituted though ToRs exist	
Burundi	Policy	None One Health policy in place	
	Strategic Plan	None in place	

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	Legal Framework	None	
	Action Plans	- COVID-19 Response Plan - EBOLA Contingency Plan - National Laboratory Risk Management Plan - AMR Plan, - Multi-sectoral Cholera Elimination Strategic Plan, - Malaria Control Strategic Plan, - Outbreak Response Plan, - Integrated disease surveillance and Response plan	
	Political Commitment	Exists as evidenced by the existence of the national committee for multisectoral preparedness and response.	
	Institutional Arrangement	Ministry of Health is currently implementing One Health policies and strategies	
	Funding Arrangement	No direct funding	
	Staffing	None	
	Stakeholder Arrangement	National committee on One Health as opposed to a platform exists	
Kenya	Policy	No One Health Policy in place,	Policy mapping done
	Strategic Plan	OHSP in place	
	Legal Framework	Operates on an MoU, supported by the Health Act, Animal Health Act, Veterinary Practitioners and Para-professionals Act, Public Health Act	
	Action Plans	- RVF contingency plan - Avian influenza contingency plan - Rabies elimination plan - Anthrax prevention and control plan - Brucellosis prevention and control plan - Public health events of initially unknown etiology preparedness plan - Contingency Plan for COVID-19	

	Political Commitment	Domestic support for the Zoonotic Diseases Unit (salaries, office support, activity support) Joint ministerial statements of zoonotic events, and other One Health activities	Additional support required to strengthen the Unit
	Institutional Arrangement	• A zoonotic Diseases Unit exists housed in the MOH • AMR steering committee • Food safety coordinating Technical Working Groups • No overarching One Health body, role currently taken up by Zoonotic disease Unit (ZDU)	
	Funding Arrangement	Mainly from partners with less from government	
	Staffing	Staffing exists from government. 3 epidemiologists for now. Numerous officers seconded from programmes e.g. FELTP. Need based co-opting of other officer depending on the activity. The County One Health Units roll out ongoing	
	Stakeholder Arrangement	Zoonotic Technical Working Group-bring together stakeholder on Zoonoses Similar arrangements for AMR and Food Safety, i.e AMR Steering Committee, and Food Safety Technical Working Group	
Rwanda	Policy	Policy in place	
	Strategic Plan	In place (Rwanda One Health Strategic Plan II (2019-2023))	
	Legal Framework	Not sure	
	Action Plans	Exist • National Action Plan for Health Security • AMR plan with One Health approach/ • RVF plan	
	Political Commitment	Exists as evidenced by the existence of the One Health multi-sectoral Coordination Mechanism	
	Institutional Arrangement	The institutional arrangement exists and is defined by the One Health Policy with	

		1 One Health multi-sectoral Coordination Mechanism the inter-ministerial leadership and coordination level 2 Technical Working Groups are envisaged to provide expert forums 3 One Health Secretariat 4 Ministry of Health and line ministries (with clear responsibilities)	
	Funding Arrangement	In place (Government and donors funding)	
	Staffing	Staffing exists from government	
	Stakeholder Arrangement	Existence of One Health multi-sectoral Coordination Mechanism	
South Sudan	Policy	No policy, no legal framework but have a coordination unit	Policy
	Strategic Plan	There is no strategic plan in place, however two consultative meetings were conducted with support from WHO.	Strategic Plan
	Legal Framework	No legal framework	Legal Framework
	Action Plans	▪ COVID-19 preparedness and response plan. ▪ EVD preparedness plan ▪ Cholera response plan	Action Plans
	Political Commitment	At the leadership level there is a strong commitment for One Health to be established	Political Commitment
	Funding Arrangement	There is no funding either from partners nor government in place	Funding Arrangement
	Staffing	The PHEOC is ready to staff One Health approach.	Staffing
	Stakeholder Arrangement	There is a coordination mechanism in place between key ministries, such as MOH, MLF, MHDM, Ministry of Wildlife Conservation and Tourism, Ministry of Defense, Ministry of Water Resources and Irrigation, Ministry of Environment and Forestry, etc.	Stakeholder Arrangement
Tanzania	Policy	No policy exists	

	Strategic Plan	OH SP exists but expired in 2020	Process of review and update ongoing
	Legal Framework	In place using existing Acts	Such as the PHA, Animal Diseases Act etc.
	Action Plans	Prepared annually	
	Political Commitment	A strong commitment exists	
	Institutional Arrangement	Coordination through existing government coordination mechanisms Coordination Office in place (One Health CD at PMO's Office)	PMO coordinates with Focal Persons from each ministry
	Funding Arrangement	Government pays salaries for appointed One Health Focal points; partners support activities	
	Staffing	One Health CD has 4 staff (1 Coordinator, 1 Human Health, 1 Animal Health, 1 data management person); each relevant Ministry has appointed a Focal Person	
	Stakeholder Arrangement	Platforms exist with a very good stakeholder engagement	Includes International Partners such as AFROHUN
Uganda	Policy	No policy exists. Just concluded a Regulatory Impact Assessment as a step towards formulation of a National One Health Policy	Recommendations from the JEE and part of the NAPHS implementation to promote multisectoral collaboration/One Health
	Strategic Plan	One Health Strategic Plan (2018 – 2022) exists.	Country has just concluded a midterm review to assess progress of implementation.

			Other documents include the National One Health communication strategy
	Legal Framework	In the absence of a policy, using a MoU and existing Acts though many of these are outdated and are being reviewed	Such as the PHA, Animal Diseases Act etc. Currently the PHA is under review
	Action Plans	Prepared annually in sectoral work plans A national Action Plan on AMR also exist	Also prepared for emergence preparedness and response. Major operational/guiding documents such as IDSR, MHEPR plans, Inter-operable surveillance systems, etc with partners support using One Health in place or in process of being made
	Political Commitment	A strong commitment exists	
	Institutional Arrangement	A national One Health Coordination Office exists but with no permanent staff. Currently housed at MOH with 8 FPs/ members (2 institutional representatives from MOH, MAAIF, MWE and UWA)	The plan is to have One Health coordinated at Office of the Prime Minister as this is the official government coordination mechanism. This is a process ongoing

	Funding Arrangement	Mainly from partners and less from government	Some efforts to institutionalize One Health in sector workplans and budgets has been made by anchoring coordination of One Health in specific departments. This is to ensure One Health activities are budgeted for and get some funding.
	Staffing	There is a no One Health Coordinator and a few support staff but on voluntary basis. So, there is no permanent/ recruited staff	
	Stakeholder Arrangement	A strong and functioning National One Health Platform with a strong and active One Health Technical Working Group exists At the sub national level 20 District One Health Platforms Have been established and trained and the process is ongoing to ensure all the districts are covered	At subnational level attempts are also being made to establish Joint PoE and District One Health Platforms in districts that host PoEs

Annex III: Main strengths, weaknesses, opportunities and threats in One Health implementation in EAC Partner States

Country	Strengths	Weaknesses	Opportunities	Threats
Burundi	Political commitment and involvement of sectoral ministries (Ministry of Health, Ministry of the Environment, Agriculture and Livestock). Existence of functional veterinary, health and environmental services and texts governing these services; Existence of ad hoc collaboration between public and private institutions and availability of certain disease control strategies	Lack of the One Health coordination platform and insufficient qualified personnel in the One Health approach (human and animal health personnel). Lack of human resources (veterinary human resources essentially) and limited funds and financing systems; Few disease control strategies and low human capacity at the national level in surveillance activities, quality data reporting and a framework for exchanging resources between the human and animal health sector Need for further sensitization on the One Health approach Decisions makers	Existence of certain One Health type commissions or platforms. There is also legislation supporting the implementation of the One Health approach. Strong global technical support and advocacy for the One Health approach through FAO, OIE, WHO and EAC secretariat in the implementation of the One Health approach in member states Existence of collaboration between Ministries in charge of public health and animal and environmental health Existence of an Emergency Operations Centre for (COUSP)	Increase in multifaceted health-related problems (food safety, Zoonoses, AMR, etc.) Porous borders and the rapid spread of diseases. Leadership problem and anchoring in the old practice and conception of health
Kenya	Strong national One Health Platform – ZDU, Availability of key zoonotic disease strategic documents Strong national laboratory systems	Weak policy and legal framework for zoonotic disease prevention and control Weak surveillance and response systems for zoonotic diseases Inadequate engagement of all relevant sectors	Strong global technical support and advocacy for the One Health approach through FAO, OIE, WHO and World Bank among other international organizations Presence of a vibrant private sector that provide opportunity for Public-Private partnership for One Health implementation	Potential shifts in global public health priorities leading to under-investment in African priority diseases Globalization enhances emergence and rapid spread of zoonotic diseases

			There is growing global interest in research on emerging and re-emerging diseases Support from the EAC as regional body	Lack of collaboration among member states due to changing political interests
Rwanda	Strong political commitment on the part of the government of Rwanda (Ministries of Agriculture, Health and environment) Existence of One Health Policy Existence of coordination mechanisms (One Health Multi-Sectoral Coordination Mechanism) Existence of a network of laboratories under national reference laboratory National reference Laboratory is accredited ISO 15189:2012	Insufficient funds and financing systems for sustainability in new medical products including, medicines diagnosis tools, vaccines and other intervention Limited skills to apply for research grants (sector-specific and multi-sectoral) which ultimately limits the acquisition of funds to prepare well and prevent zoonotic diseases and other public health events. Limited joint simulation exercises that bring together both human and animal health services which makes it difficult to prepare properly for prevention measures in a One Health spirit.	Enhanced coordination across sectors Existence of social Cluster under the Prime Ministry Existence of public Private partnership initiatives Existence of mass media to facilitate awareness programmes Existence of Integrated diseases surveillance and response system (IDSR)	Limited resources for full implementation of the One Health Strategy Multiple porous borders growing the risk of imported cases
South Sudan	Availability of a full function public health emergency operation center (PHEOC) which is responsible of public health emergencies response in the country with full trained human resource Existence of an IHR coordination (2005), bringing together representatives of the ministries concerned (health, Agriculture,	Since South Sudan got independent there is no One Health Platform in place, although there are many zoonotic diseases in the history of the country. No funds for supporting the unit (sustainability) and inadequate laboratory capacity for diagnosis all infectious pathogens (biosafety level)	EAC support the establishment and the operation of the platform; through Collaboration between EAC partner states The World Health Organization is also interested in supporting the establishment of One Health platform in South Sudan. There is a strong political commitment towards the establishment of One Health	Return of the refugees and IDPs back to their places of origin. Cross border movement through uncontrolled points of entry. South Sudan economical breakdown and lack of funding from government side

	Livestock and Fisheries, Environment, Defense, Trade, Transport, etc) Existence of a coordination mechanism between the various ministries concerned during public health emergencies and for certain specific events such as those related to food safety. Existence of contingency plans and strategies (National action plan for health security (NAPHS), RVF contingency plan, Preparedness Plan for Public Health Risks and Emergencies) Availability of surveillance guidelines for prioritized zoonotic diseases	The laboratory testing reagents and kits at the central veterinary laboratory are inadequate. The disease picture among the wildlife population is unknown. lack of formalize multi coordination mechanism at both national and sub national level	strategy, coordination and collaboration. Further availability of supporting partners to mention few. 1. OIE. World organization for animal health 2. FAO. To support livestock and agriculture 3. WFP. Support nutrition	The communities in South Sudan and at the border are interactive both human and livestock, and they share the same water source
Tanzania (Mainland and Zanzibar)	Fully developed electronic Integrated Disease Surveillance and Response system in the human health sector down to levels of health care system. Formal OH coordination and communication through the Prime Minister's Office (PMO). Laboratory infrastructure is good with accredited labs within public and private	The animal Health sector electronic surveillance system isn't well developed at lower levels. Insufficient funds to support the One Health Coordination Desk and line Ministries There is no One Health Policy Inadequate human resource capacity, in particular with regard to frontline workers,	Existence of Support from Partners and regional networks such as AFROHUN, SACIDS Foundation for One Health, Afrique One. Strong Political will and strong Government support Existence of Emergency and Disaster committees at all levels of Government administration.	Conflicting interests on priority setting amongst key players; and sector Ministries Frequent transfer of trained personnel Global economic crisis. Competing parallel projects with different priorities

			Inadequate of own resource
sectors and contingency plans for some emerging and re-emerging threats such as Bird Flu, Rift Valley Fever. Multi-sectoral preparedness and response plans, control strategies, guidelines and public health risks and emergencies plans are available. One Health Workforce projects under AFROHUN has strengthened capacity in one health approach by developing curricula for pre-service and inservice personnel	Inadequate integration of the One Health concept in University/Institutional curricula.		
Uganda The existence of the NOHP having a One Health Technical Working Group and its constituent sub-committees Multi-sectoral coordination: mechanisms already exist across institutions through the OPM Key sectors have developed a OH	Lack of a clear funding framework for implementation of OH activities in the country. Lack of a national One Health policy. Without a law in place, various sectors are not legally obliged to allocate funds to OH activities. There's weak coordination, amongst sectors and implementing partners.	Current challenges of emerging and re-emerging infectious diseases many of which are zoonotic, AMR, biosafety and biosecurity and food security provide an opportunity for One Health implementation. The existence of development partners, local and regional One Health networks. They play integral roles in the implementation of One Health in	Emerging and remerging public health threats. Divergent priorities across line ministries. Increasing land use changes, eco-system degradation and climate change. Sustainability of funding (over

| | framework, signed MoU to ease operations and Strategic documents to guide and mainstream OH approach e.g. One Health Strategic Plan, National Action Plan on AMR.

Enhanced laboratory diagnostic capacity for Priority zoonotic diseases

Existence of multisectoral and multidisciplinary Public Health Emergence Preparedness and Response Structures at both national and sub-national level | Over dominance of the platform by the health sectors.

Decentralization of OH to subnational levels is still low | Uganda. Partner support to GoU to monitor and accelerate progress while complying with the IHR 2005.

Existence of capacity building programs, e.g Public Health Fellowship Program and In-service Applied Veterinary Epidemiology Training (ISAVET).

A coordination mechanism through OPM exists and can be harnessed to implement OH

Shift in government financing from sector-specific to program-based budgeting.

Availability of emergency response funds under the Ministry of Disaster Preparedness and Refugees. | reliance on donor funds with limited input from government)

Lack of a policy for the existence and operationalization of One Health |