
Progress report on advancing the implementation of One Health in the Eastern Mediterranean Region

Introduction

1. At the 69th session of the WHO Regional Committee for the Eastern Mediterranean in October 2022, Member States adopted resolution EM/RC69/R.5 on advancing the implementation of One Health in the Eastern Mediterranean Region, supporting the adoption of the One Health approach and endorsing a regional operational framework for One Health and its tailored implementation through informed joint risk assessments and prioritization of zoonotic diseases.
2. The One Health approach is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and the environment. It empowers different sectors, disciplines and communities to collectively work towards tackling threats at the human-animal-environment interface. Loss of human life, disease spread, disruption of essential services, and direct and indirect economic and social impacts are all outcomes of zoonotic pathogen spillover at the human-animal-environment interface. However, the approach stretches beyond controlling the spread of zoonotic diseases and continues to be an evolving concept.
3. Although the One Health approach is being accepted both globally and regionally, challenges to its implementation persist. To address these, the Member States of the Eastern Mediterranean Region were provided with guidance through an operational framework to expedite the adoption, adaptation and implementation of the One Health approach, with a particular emphasis on zoonoses, antimicrobial resistance (AMR) and food safety. This report provides a summary of the progress made in implementing the regional One Health operational framework at regional and national levels since October 2022.

Progress update

4. WHO and its Quadripartite partners, the Food and Agriculture Organization (FAO), United Nations Environment Programme (UNEP) and World Organisation for Animal Health (WOAH), continue to lead and coordinate efforts to facilitate the adoption and implementation of the One Health approach across the Eastern Mediterranean Region. Additionally, a Quadripartite regional One Health coordination mechanism has been established and terms of reference have been developed covering the regional and subregional offices of FAO, UNEP and WOAH. A regional Quadripartite workplan has also been developed to operationalize a unified approach to addressing health threats at the human-animal-environment interface.
5. In May 2023, the first Quadripartite regional One Health meeting took place in Muscat, Oman, to introduce the regional One Health operational framework and the approaches, methodologies and tools needed to enable the countries of the Region to assess and develop their multidisciplinary One Health core capacities. These capacities are essential in preventing, detecting and responding to health threats and mitigating their impact on humans, animals and the ecosystem, in collaboration with the regional and subregional Quadripartite organizations.
6. In close collaboration with its regional partners, WHO has supported Egypt, Iraq, Tunisia and the United Arab Emirates in creating a supportive environment for the implementation of One Health-related activities through establishing One Health governance and leadership mechanisms. Moreover, Afghanistan, Bahrain, Egypt, Jordan, Lebanon, Qatar, Somalia, Tunisia, the United Arab Emirates and

Yemen have succeeded in developing national One Health strategies/operational frameworks and plans, aligned with the regional framework and global One Health Joint Plan of Action, and based on a consensus among national partners from all relevant sectors.

7. Countries are investing in efforts to institutionalize One Health through different modalities and foster multisectoral coordination across human-animal-environmental health authorities. For example, in Afghanistan, Egypt, Iraq, Jordan and Yemen, this includes the development of a One Health structure, which consists of a steering committee, a secretariat/coordination body and One Health technical working groups. In Jordan and Tunisia, this includes the development of legal agreements, such as a memorandum of understanding, to institutionalize One Health among the human-animal-environmental health authorities.

8. Regular meetings, information-sharing across sectors and joint activities have all been key in strengthening coordination, as seen in Egypt, Jordan, Lebanon, Somalia and Yemen. These activities have included joint risk assessments for zoonoses (Iraq and the United Arab Emirates), priority-setting for One Health threats (Somalia and the United Arab Emirates) and One Health National Bridging Workshops that bring together stakeholders involved in implementation of the International Health Regulations, 2005 (IHR) and WOAHA's Performance of Veterinary Services (PVS) Pathway (Lebanon, Somalia and Tunisia). National joint risk assessment workshops have so far been conducted in eight countries of the Region, and four have completed a prioritization exercise.

9. Integrating One Health in existing national plans is essential to mitigating health threats at the human-animal-environment interface. Iraq, Pakistan, Sudan, the Syrian Arab Republic, Tunisia and Yemen have been supported by WHO to embed One Health in their national action plans for health security and AMR national action plans, as well as in a Pandemic Fund proposal for which Yemen received funding in 2023. One Health has also been integrated into risk communication and community engagement plans for Crimean-Congo haemorrhagic fever in Afghanistan and Iraq, the regional dengue preparedness and response plan, and the regional strategy for food safety.

10. A regional One Health taskforce within the WHO Regional Office for the Eastern Mediterranean has been established to coordinate all One Health-related activities across the Office, and networking meetings have been held with One Health focal points from all WHO country offices in the Region. The One Health approach is increasingly being integrated in existing programmes and activities, such as those on integrated disease surveillance and the Global Laboratory Leadership Programme. Furthermore, events to promote One Health have been organized by WHO with international partners, including an international symposium on One Health with the National University of Science and Technology of Oman.

11. Enhancing outbreak preparedness and response capacities through the operationalization of the One Health approach in countries is also taking place. In Jordan, support was provided to assess national preparedness and response capacities through simulation exercises (SimEx) for avian influenza. In Somalia, a One Health cross-border SimEx to assess the preparedness, operational readiness and coordination to jointly manage outbreaks was carried out with the neighbouring countries of Ethiopia and Kenya. Meanwhile, in Afghanistan, Egypt, Iraq, Jordan, Libya, Pakistan, Qatar, Sudan, Tunisia and the United Arab Emirates, training was undertaken on how to jointly assess One Health threats with national stakeholders and on methodologies to assess selected hazards, such as Rift Valley fever, rabies and brucellosis. Initiatives have been launched to strengthen the early warning and information-sharing mechanism across sectors in some countries, such as Jordan, followed by the establishment of an electronic platform.

12. The importance of using insights from behavioural science in developing One Health activities was highlighted during the regional One Health Quadripartite meeting in May 2023. As a result, project proposals on using behavioural insights in One Health-related areas, such as the misuse of antimicrobials, were developed in Afghanistan, Egypt, Iran (Islamic Republic of), Iraq, Jordan and Palestine.

13. Regional contributions were provided for the development of an innovative global operational tool for the One Health workforce, currently in its pilot stage. The tool's aim is to ensure that the One Health workforce across the relevant sectors is thoroughly assessed, effectively trained and maintained, and efficiently mobilized to facilitate the effective management of health threats at the human-animal-environment interface.

14. A comprehensive One Health curriculum has been developed for professionals across various sectors in Jordan, reflecting an understanding of the diverse needs within the One Health approach and the need to equip professionals with the necessary skills and knowledge. Discussions are underway to tailor this curriculum to meet the specific needs of professionals and undergraduates in Egypt, ensuring that it is relevant and applicable within this different country context.

15. A series of capacity-building activities have been delivered in countries of the Region, targeting professionals at different levels and covering a wide range of One Health topics. These activities are designed to enhance the competencies and capabilities of professionals, enabling them to effectively address and manage health threats through the adoption of an integrated and collaborative One Health approach.

Challenges

16. Despite growing acceptance of the One Health approach and the implementation of some of its elements in the Region in recent years, challenges persist. These include political instability, armed conflict, insufficient data regarding established governance mechanisms, sectoral silos, a lack of clear organizational structures, funding gaps, insufficient or non-existent legal frameworks, and a lack of regulations and policies. To address these issues, the regional framework is being adapted to the unique needs of countries, while ensuring its alignment with the global One Health Joint Plan of Action (2022–2026) regarding legal matters, workforce capacity, allocation of funds and so on. Political commitment and advocacy are essential requirements for the sustainable financing of One Health implementation and work remains ongoing in this regard.

17. Although multisectoral coordination mechanisms exist in almost all countries within the Region, they remain fragmented and vary in their functionality. The establishment of these structures is supported by ministerial decrees with defined terms of reference, but the different sectors lack clearly defined roles and responsibilities. Civil society, the private sector and non-health stakeholder engagement remains weak, with few specific activities or platforms to encourage their full participation. Thus, WHO and its regional Quadripartite partners are assisting countries to develop terms of reference and responsibilities that match country contexts and to develop the needed formalities to empower and institutionalize the coordination mechanisms.

18. In many countries in the Region, surveillance systems remain fragmented across disease-specific programmes and mechanisms for information-sharing across sectors are largely based on isolated efforts. This leads to inconsistencies, procedural duplications and gaps, weak case definitions and underperforming data systems. The goal of using integrated surveillance through a single electronic platform to improve the effectiveness of data-driven decision-making, early detection of health threats, priority-setting, planning, resource allocation, and monitoring and evaluation, has yet to be achieved in the Region.

19. During the regional Quadripartite meeting in Oman, the involvement of academia and nongovernmental organizations was suggested as a way to provide additional support for One Health initiatives. Involving the private sector can also help to mobilize extra resources, although this remains challenging due to the sector's business-orientation, additional regulations and language barriers.

20. Mapping public health security, boosting community support, enhancing academic research and addressing the lack of resources, poor communication, inadequate documentation and inconsistent

reporting are needed to enable effective implementation of the One Health approach in the Region. Sustainable data collection and increased knowledge- and information-sharing across sectors through aligned communication channels within the Region and beyond are also needed.

21. Few countries in the Region include One Health in professional education and training, and human resources remain limited in the different One Health disciplines, with varying capacities within the health and veterinary sectors, requiring additional tailored support. This hinders progress in establishing and sustaining the One Health approach, along with the lack of appropriate training programmes, retention policies to address staff turnover and stakeholder involvement in capacity-building activities.

Way forward

22. To enhance implementation of the One Health approach in the Region, Member States need to implement a comprehensive strategy that encompasses a range of initiatives. This includes utilizing existing data and developing case studies and policy briefs and engaging in policy dialogue. Country One Health case studies need to be consolidated and promoted. The different One Health stakeholders should be mapped and their roles and responsibilities outlined, and to enhance the coordination, planning and implementation process among the different sectors, a One Health mechanism should be established. Existing tools should be leveraged to promote multisectoral collaboration and accelerate the implementation of One Health among sectors. Furthermore, One Health should be further incorporated into relevant national plans, in harmonization with global and regional plans. Country workforces should be mapped (for specialty, level of education and distribution, and so on) and a tailored One Health workforce strategy and capacity-building programme developed. Advocacy for the application of human behavioural science within One Health activities should be supported, including in related research and through integration into One Health national plans. Finally, a governance structure for One Health data and information-sharing should be established and digital tools developed, and One Health research priorities identified at national level.

23. WHO, in close collaboration with the regional offices of FAO, UNEP and WOA, has agreed to direct its resources to support Member States to advance One Health implementation through a series of activities. These include identifying and advocating for neglected areas of One Health beyond zoonoses, such as environmental health and AMR, introducing the One Health agenda in the curricula of universities and technical institutions, establishing a concrete multisectoral coordination mechanism, mapping country needs and institutional capacity, and providing country support to integrate One Health in national plans, ensuring their alignment with wider plans at the global and regional level. As a result, public health systems will be enabled to carry out the core functions of effectively preventing, detecting and controlling health threats at the human-animal-environment interface.

24. Important global events on AMR are taking place in 2024 which can be catalysts for advancing the One Health approach to AMR in the Region. At the 79th session of the United Nations General Assembly in September 2024, a High-Level Meeting on AMR will draw attention to the urgent need to address the threat of AMR across all sectors. Member States are expected to adopt a political declaration which lays out clear targets to reduce antimicrobial consumption in the human health, animal health and agriculture sectors and to strengthen the One Health approach to AMR. The Fourth Global High-level Ministerial Meeting on AMR, hosted by Saudi Arabia in November 2024, will take the political declaration forward and define clear steps for implementation across all relevant sectors. At the regional level, the 71st session of the WHO Regional Committee will discuss a technical paper on promoting collaborative action to accelerate the regional response to antimicrobial resistance in the Region (EM/RC71/4). Although focusing on collaboration within the human health sector, the paper also calls for the adoption of a One Health approach and involvement of all relevant stakeholders to collaboratively address AMR and deliver on the targets of the Muscat Manifesto (issued at the Third High-level Ministerial Conference on AMR in November 2022) and the Global action plan on AMR.