Summary report on the

Quadripartite regional meeting to accelerate implementation of One Health in the Eastern Mediterranean Region

Muscat, Oman
8–11 May 2023

Food and Agriculture Organization of the United Nations

UN environment programme

World Health Organization
Eastern Mediterranean Region

World Organisation for Animal Health
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1. Introduction

The WHO Eastern Mediterranean Region is diverse and complex, and profoundly impacted by emergencies resulting from a wide range of hazards, from natural hazards and climate change to conflict and the increasing threat of infectious disease, particularly emerging zoonotic diseases. The COVID-19 pandemic underscored the intricate interplay between human health and animal health, and inspired multisectoral approaches to finding solutions to protect the human population. Other potential threats that could lead to future pandemics are neglected tropical diseases, wildlife diseases, vector-borne diseases, antimicrobial resistance (AMR) and diseases related to water, sanitation, hygiene and food. The implementation of the One Health approach across the Region is therefore of the utmost importance.

The aim of the One Health approach is to sustainably balance and preserve the health of humans, animals, plants and their shared environment. It involves different sectors, disciplines and communities working together to tackle threats at the human-animal-environment interface. These threats may lead to loss of human life, the disruption of essential services and both direct and indirect economic and social impacts. The approach encompasses more than just addressing the spread of zoonotic diseases and continues to be an evolving concept. While several One Health initiatives have been implemented at global and regional levels, its operationalization continues to encounter multiple challenges.

To advance One Health, four leading agencies have joined together to form the Quadripartite, including the Food and Agriculture Organization of the United Nations (FAO), the United Nations Environment Programme (UNEP), the World Health Organization (WHO) and the World Organisation for Animal Health (WOAH, founded as OIE).

In response to worldwide concerns over future pandemics and the need to sustainably promote health through the One Health approach, the Quadripartite organizations developed the One Health Joint Plan of Action (OHJPA) 2022–2026. The five-year OHJPA focuses on supporting and expanding capacities in six areas: (1) enhancing One Health capacities to strengthen health systems; (2) reducing the risk of zoonotic epidemics and pandemics; (3) controlling and eliminating zoonotic, neglected tropical and vector-borne diseases; (4) strengthening the assessment, management and communication of food safety risks; (5) constraining the silent pandemic of AMR; and (6) incorporating the environment into One Health. The next steps for the OHJPA include implementation, monitoring and evaluating, budgeting and communicating.

Against this background, a regional meeting of the Quadripartite was held in Muscat, Oman, on 8–11 May 2023 to accelerate implementation of One Health in the Eastern Mediterranean Region. Participants attended from the Quadripartite organizations and from countries, including Afghanistan, Bahrain, Egypt, Iraq, Jordan, Oman, Saudi Arabia, Somalia, Qatar and the United Arab Emirates.

The objectives of the meeting were to:

- update countries on global and regional progress on One Health;
- share experiences and best practices for implementing One Health in the Eastern Mediterranean Region, including existing tools;
- introduce the regional One Health Operational Framework and its alignment with the global Quadripartite OHJPA and explore ways to adapt and contextualize it at country level;
- introduce considerations for the inclusion and uptake of behavioural insights, data and tools in national One Health plans; and
- introduce the regional One Health Quadripartite taskforce to streamline One Health efforts among the Quadripartite organizations at regional, subregional and country levels.

The meeting aimed to provide countries of the Region with approaches, methodologies and tools to enable them to assess and develop their multidisciplinary One Health core capacities to prevent, detect and effectively respond to ongoing and potential health threats at the human-animal-environment interface, and mitigate their impact, with the support of the Quadripartite.

The meeting involved in-depth presentations, interactive discussions and plenary sessions, including groupwork exercises and a panel discussion. Participants had the opportunity to share their experiences and challenges, giving current practical examples of One Health implementation. Presenters shared useful tools to enhance multisectoral coordination and collaboration.

Opening remarks were made by Dr Hilal Bin Ali Al Sabti, Minister of Health, Oman; Dr Saoud Bin Hamoud Bin Ahmed Al Habsi, Minister of Agriculture, Fisheries and Water Resources, Oman; Dr Abdullah Bin Ali Al Amari, Head of the Environment Authority, Oman; Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean Region; Mr Sami Dimassi, UNEP Regional Director for West Asia; Dr Serge Nakouzi, FAO Deputy Regional Representative for the Near East and North Africa; and Dr Chadia Wannous, OIE One Health Global Coordinator.

2. Summary of discussions

Regional progress on One Health

In 2022, the 69th session of the WHO Regional Committee for the Eastern Mediterranean endorsed a regional operational framework for One Health, which had five strategic objectives: 1) establish governance and leadership; 2) foster multisectoral coordination; 3) strengthen early warning and information-sharing systems; 4) enhance preparedness and response capacities; and 5) develop a skilled

multidisciplinary workforce. For implementation of the regional operational framework to progress successfully, countries need to establish a multisectoral structure, dedicate resources, conduct a One Health risk assessment, develop protocols, policies and a national One Health plan, establish a monitoring and evaluation mechanism, and increase advocacy for One Health. At the regional level, a One Health Quadripartite steering committee should be established to provide strong leadership, political engagement and overall guidance, in addition to a technical group to provide support and mobilize resources.

Risk communication and strong leadership will be key. Involving communities and expanding partnerships, including with academia and the private sector (such as hospitals), are also vital for One Health implementation. Furthermore, human behaviour should not be overlooked as it serves to break down barriers between sectors, build trust and enhance communication.

Moreover, the Region faces many health emergencies, including outbreaks, natural disasters, armed conflict and human displacement, leading to a significant increase in people in need of humanitarian assistance. However, during times of emergency, sectors can unite their efforts towards a shared objective, as seen during the COVID-19 pandemic.

Governance, leadership and financing

Governance capacities for One Health vary globally. Challenges for One Health governance and leadership in the Eastern Mediterranean Region include political instability, lack of data regarding governance mechanisms, lack of clear organizational structures, sectors working in silos, lack of funding and a lack of legal frameworks, regulations and policies. Governance for One Health is strengthened through participation, rule of law, transparency, responsiveness, political support, equity, inclusiveness and a consensus-oriented mindset.

To address these issues, there is a need to adapt the regional operational framework to the country context and ensure alignment with the OHJPA to address legal matters, workforce capacity, allocation of funds and other issues. Additionally, political commitment and advocacy are necessary to achieve sustainable financing for One Health activities.

Sectoral integration and organizational development

Coordination between sectors is essential for One Health organizational development. Building trust among different sectors (human health, animal health, agriculture and the environment) will take time but remains a priority action. The COVID-19 pandemic showed that multiple sectors can work together towards One Health. However, there is mistrust between stakeholders due to potentially conflicting priorities, a lack of understanding and clarity in communication, and unclear terms of reference, roles and responsibilities.

Several operational tools exist to foster intersectoral coordination, including the Multisectoral Coordination Mechanism that has been implemented in Bahrain, Iraq, Jordan, Morocco and Pakistan. However, there is remains a need to set up and strengthen One Health coordination mechanisms. The Joint Risk Assessment operation tool has been successfully implemented in countries, including Afghanistan, Egypt, Jordan, Pakistan, Qatar and the United Arab Emirates. Other measures taken at the national and international levels include zoonotic disease prioritization, surveillance and information sharing, and development of the One Health curriculum. However, given the wide and diverse range of available tools, countries requested additional clarification to ensure that these are streamlined and used for their intended purpose.

Funding mechanisms for One Health currently remain unclear and their distribution among sectors is unequal. To avoid delays arising from funding issues, participants expressed the need for innovative strategies to implement and operationalize One Heath within existing resources

and noted that financial support from different sectors would reduce these challenges. Additionally, it was suggested that including the private sector, such as medical centres and hospitals, in the implementation of One Health would help overcome funding challenges. In some countries, such as Oman, progress has been made on securing funds for technical projects through the involvement of laboratories, veterinarians and other medical sectors.

Discussions highlighted the differing views among sectors. However, common ground can be found on collective issues. One important factor in building the relationship between sectors is acknowledging and validating each other's work. National bridging workshops facilitated by WHO and OIE are an example of providing a platform for different sectors – in this case animal health and public health – to improve their collaboration, although challenges will surface in areas such as education, coordination and funding.

Effective communication would also support trust-building among sectors. For example, language appropriate to the audience should be used with non-One Health partners to gain their support, including on social media, and sessions could be held on One Health to introduce the topic in meetings, particularly at the regional level.

Moreover, it is necessary to build awareness and knowledge about One Health among young people and decision-makers. Young people can be educated on One Health through schools and universities, while decision-makers could be briefed on One Health to gain additional support for the implementation of projects. Other agencies may be approached at the subregional level to introduce One Health using their own technical expertise. For example, UNESCO might be approached to support the branding of One Health within educational systems.

Organizational and institutional development

The fourth session focused on the multidisciplinary workforce within the Region and the development of a guide to operational tools for workforce development to assist effective responses to diseases and other challenges at the human-animal-plant-environment interface. Few adequate workforce capacity development structures exist in the Region. Challenges in this regard include limited appropriate training programmes and lack of retention policies to address high staff turnover rates, and insufficient involvement of stakeholders in existing capacity-building activities. Lack of knowledge about the One Health educational model and operational research to inform training priorities, the sustainability of One Health training programmes, creating incentives for the workforce and change resistance are additional issues.

To overcome these challenges, workforce development operational tools are available and may fill gaps in educational training. One such tool is the field epidemiology training programme (FETP), a supervised, competency-based training and service programme that targets health professionals (e.g. medical, veterinary) to deal with outbreaks and other health-related matters at all levels in countries. This professional training programme is accessible to all and comprises assessments, projects and field assignments. Although it remains free of charge for the first three months, the ministry of health assumes control of the programme if it is used for nine months or more and may impose restrictions or fees, depending on the country. Although FETP has been implemented in Somalia, One Health has yet to be integrated within it. Risk communication, the Multisectoral Coordination Mechanism, the Joint Risk Assessment (JRA) tool, and surveillance and information sharing can be used in countries to strengthen capabilities in conducting integrated surveillance, epidemiological investigations and outbreak responses for zoonoses and other One Health-related threats.

Data and information exchange

The fifth session focused on the outcomes of a consultative meeting on the prevention and control of emerging diseases, the One Health Monitoring Tool, and data and information sharing. United Nations agencies and other international organizations were urged to focus on engaging academia and nongovernmental organizations working in the field to provide additional support for One Health initiatives. Involving the private sector more would also help in gaining the necessary resources. However, this can be challenging due to the private sector's business-oriented mindset, and additional regulations and language barriers. Mapping public health security threats at the human-animal-environment interface, increased community support and enhanced academic research are needed to counter resource shortages, poor communication and lack of proper documentation and reports on specific situations. Increasing knowledge and information sharing throughout the Region and beyond may lead to sustainable data collection and ensure communication is aligned across borders.

The One Health Monitoring Tool is a self-assessment tool to monitor One Health progress and assess and evaluate its results and its operational readiness at national level. It is useful in identifying gaps and bottlenecks in One Health processes and implementing the OHJPA. The One Health High-Level Expert Panel consists of four thematic groups to focus on four initial areas: One Health definition and implementation; One Health assessment and best practice tools; emerging zoonosis surveillance, early detection and rapid data sharing; and the identification of factors creating spillover and disease spread.

Understanding and studying human behaviour is key to the implementation of One Health. If it is not taken into consideration, policies are less likely to achieve their desired outcomes. To study behaviours, local data should be collected through evidence reviews, as well as through observational, qualitative, quantitative and mixed

methods. The Diagnose, Design, Implement and Evaluate framework can be used for data collection methods. As research and data collection can take months, understanding behaviour may be more rapidly achieved through use of focus group discussions. It is always important to use the appropriate methodology to achieve the desired results, and follow-up research should be conducted three to six months later.

Integration of national plans and alignment with the regional One Health operational framework and global OHJPA

The sixth session discussed the integration of national plans and alignment with the One Health regional operational framework and the global Joint Plan of Action. Vector control funding, community engagement, lack of human resources and collaboration, humanitarian emergencies and disease outbreaks were seen as the primary challenges within this context.

To establish sustainable vector control, enabling factors include adopting a multisectoral approach, strong leadership, preparedness and strengthened multisectoral committees. High-level commitment to vector control is essential due to the poor availability of vaccines. Investment must also be made in strengthening laboratory capacities for disease reporting.

National AMR plans should be updated jointly by the relevant ministries and the Quadripartite. Conducing a situation analysis is key to identifying bottlenecks and best practices, and evidence-based data should be considered during updating of the National Action Plan for Health Security (NAPHS).

Food safety is a vital component of One Health but is not well integrated among sectors. Therefore, collaboration, coordination and information sharing for improvements in food safety and public health is essential. The next steps in implementing the regional plan of action for food

safety include: 1) strengthening national food control systems and establishing an infrastructure for proper food control systems; 2) identifying and responding to food safety challenges; 3) improving the use of food chain information; and 4) strengthening stakeholder engagement (not only in data sharing but also in empowering consumers through risk communication). A mapping process is ongoing and activities regarding food safety systems will be prioritized at regional and national levels.

Environmental health should be embedded within One Health by making use of national policies, identifying climate change priorities and creating a multisectoral action plan. The Conference of the Parties (COP) serves as a high-level platform to further highlight the One Health approach within environmental plans. For example, COP26 in Glasgow called on countries to develop climate-resilient systems and lower their carbon footprint; 13 countries in the Region have already initiated this process. In addition, major countries contributing to greenhouse gas emissions with a heavy carbon footprint will now provide compensation to the countries most affected. Adaptation and mitigation are both needed as emissions are on the rise in the Region. Despite the many opportunities, the available resources are not being fully utilized for One Health activities.

Behavioural insights

A group exercise took place in the last session. Participants were divided into country groups and asked to select a One Health-related issue to prioritize within their country. They then developed proposals for behavioural insights projects to contribute towards development of their national One Health plans.

3. Recommendations

Final recommendations, suggested by participants throughout the meeting to support the multisectoral implementation of One Health within the Region, are as follows:

1. Identify and advocate for neglected areas of One Health (areas beyond zoonoses).
2. Utilize existing data and develop case studies, policy briefs and policy dialogue, and promote and consolidate One Health case studies by countries.
3. Map relevant stakeholders in One Health and clearly define their roles and responsibilities.
4. Establish a One Health mechanism for coordination, planning and the implementation process among the different sectors.
5. Utilize existing tools to accelerate and support the implementation of One Health among sectors.
6. Highlight One Health and incorporate it in various national plans, ensuring its alignment with global and regional plans.
7. Map the existing workforce (e.g. specialty, level of education and distribution), then develop a One Health workforce strategy and capacity-building programme.
8. Introduce the One Health agenda in the curricula of universities and technical institutions.
9. Introduce an international day for One Health to promote it the approach and kickstart a One Health conference in the Region.
10. Advocate the use of human behavioural science in One Health activities and ensure that research is undertaken on human behaviour when addressing One Health issues and behavioural insights inform One Health national plans.
11. Establish a governance structure for data and information sharing, develop digital tools, set a One Health research agenda at the national level, identify One Health research priorities and formulate a regional workplan.

12. The Quadripartite should engage with other United Nations/international agencies to gain support for One Health.
13. Emphasize climate change within the One Health approach and incorporate a systematic way of thinking and joint planning.
14. Highlight advocacy for resource mobilization to ensure it receives the necessary focus in the recommendations.

4. Next steps by the Quadripartite

1. Finalize the establishment of the regional Quadripartite One Health platform.
2. Establish a regional mechanism to bring all relevant stakeholders and institutions together with the regional Quadripartite.
3. Collaborate with universities and other technical institutions to create a One Health training package and programme.
4. Provide resources and technical support to countries to adapt and implement One Health plans.
5. Convene an annual One Health meeting to review progress and accelerate its implementation.

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