

# REPORT

## Africa One Health Leadership Meeting September 22 – 24, 2015, Nairobi, Kenya

### Preamble

The first Africa One Health Leadership Meeting that brought together Veterinary and Public Health Officers (VPHOs) and Focal points from key country specific sectors (wildlife and disaster management units) took place at Villa Rosa Kempinski Hotel in Nairobi, Kenya, on 23– 24 September 2015. Eighty eight representatives from nine countries,<sup>1</sup> and participants from the Republic of Kenya Zoonotic Disease Unit (ZDU-Kenya), Centers for Disease Control and Prevention Global Health Security Agenda (GHSA-CDC), USAID, CRDF Global, and the Food and Agriculture Organization of the UN (FAO) attended the meeting.

The meeting was organised by ZDU–Kenya, CRDF Global and the United States Biosecurity Engagement Program (BEP), in collaboration with Global Implementing Solutions (GIS).

The meeting was officially opened by Dr. Salome Wanyoike, (on behalf of the Ministry of Health, Kenya – who could not make it), representing the Ministry of Agriculture, Livestock and Fisheries (MALF) of Kenya following remarks from GIS, GHSA-CDC, CRDF Global and FAO.

### Objectives

The meeting's objectives were:

- To share success stories, challenges and opportunities for implementing One Health (OH) in the region.
- To recommend the way forward for fast-tracking the implementation of OH in the region.
- To explore opportunities to establish a OH network to enhance information sharing in the region.

---

<sup>1</sup>Rwanda, Cameroon, Nigeria, Ethiopia, Kenya, Somalia, Egypt, Tanzania and Uganda.

The proceedings of the two-day meeting enabled the participants to address the various topics in the agenda that included:

- An update on new initiatives: GHSA; Preparedness and Response (USAID activities).
- Overview of country activities, focusing on OH initiatives/implementation.
- Criteria for assessing progress in OH approach.
- Developing a country priority zoonotic disease list.
- Developing a One Health Network.
- Barriers and benefits of implementing OH activities at country level.

### **Progress review**

A review of OH implementation amongst participating countries revealed varied levels of progress and further demonstrated that progress had been made since the launch of the tripartite concept note (FAO, WHO, OIE) in April 2010. The key component of this tripartite was 'sharing responsibilities and coordinating global activities to address health risks at the animal-human-ecosystem interface'. Key achievements made amongst participating countries are:

- Recognizing the need for the sector to work together in order to effectively and efficiently use the scarce resources available,
- The establishment of OH health activities in many countries within the framework of highly pathogenic avian influenza (HPAI) and Rift Valley fever (RVF) outbreaks. (The establishment was meant to be more responsive to the event on the ground rather having a clear course of action within the entire framework of OH and this may explain why these structure are not functioning properly and sustaining their roles and activities after the outbreaks.)

The following challenges remain:

- OH operational instruments (guiding policy, legislation, strategies) are not adequately articulated in the current operating legislation governing the key sectors (public health, livestock, wildlife & environment).
- Governance issues - cascading OH policies, strategies and activities from national to sub-national (regions, districts, community) levels.

- Sectoral activities are not coordinated/institutionalized.
- Traditional professional biases and rivalry.
- Security and bioterrorism – for some countries.
- Many countries lacking biosafety and bio-security policies and guidelines in their current laws and regulations.

## **Agreements**

Following fruitful deliberations, the meeting agreed on the following:

### **1. Priority zoonotic diseases for immediate consideration**

Considering the number of zoonotic diseases that were reported to occur/exist in the region and given the threat of their emerging and re-emerging and, noting the decline of operating budgets from government and inactive preparedness plans for RVF and HPAI in place, the meeting recommended that:

- Countries in the region urgently activate their national Contingency Plans using a One Health approach. A tool developed jointly by OIE/WHO/World Bank with the support of FAO (Integrated IHR – PVS tool and Trans-sectorial Coordination Framework) was recommended.
- Countries in the region come up with a list of priority potential zoonotic diseases. Tools developed jointly by Kenya ZDU and CDC were recommended.
- Countries in the region urgently develop and adopt criteria for assessing progress in their OH approach. To be able to evaluate the OH implementation two scenarios were proposed: using the formal government procedure, however lengthy, and the practical process of fast-tracking. Countries were urged to start lobbying, revising/incorporating policy, legal and statement in the current existing framework so as to fast-track OH implementation.

Actions for Tanzania to be undertaken amongst others include:

- Preparation of an information note to introduce the idea/concept of re-prioritizing zoonotic diseases to partners, policy and decision makers.

- Short-listing key stakeholders, including their names and their affiliated institutions, including outsourcing potential resource person and development partner organization (FAO, WHO, CDC) to lead and support the exercise.
- Develop a draft implementation plan and agree on milestones and expected outputs (i.e. an agreeable list of key diseases to be our main focus during the implementation of OH strategic plan).

## **2. Information sharing and disease reporting**

Irregularity and weakness in reporting, and poor recording and documentation of collected zoonotic disease data are a major constraint in disease control in the region. This has also been exhibited - weak information sharing at national, regional and local to regional partner organizations (FAO, CDC). Considering this setbacks, the meeting recommended:

- Improvement of disease reporting and surveillance information sharing through a relevant forum. To this end the idea of establishing an Africa OH network was proposed for consideration. The role and mandates for the network will be a platform for sharing materials (protocols, plans, success stories); database (i.e. country-specific zoonotic diseases outbreak data); cross-border studies and disease control programs, and periodic OH meetings and conferences.
- That ZDU-CDC draft a *modus operandi* of the network, including setting clear rules and principles governing the management of the network through a defined charter.

The meeting considered that as the African continent has such wide and diverse differences when it comes to OH issues, specific regional economic communities be considered as an interim platform for housing an OH network. The East African Community (EAC) has a regional surveillance and information-sharing platform (EAIDSnet) and is an exemplar and the following was recommended:

- Such a platform be supported and strengthened while the big idea of having a continental platform is underway, and;
- The envisaged Africa OH network should be anchored within continental bodies such as the African Union Inter-African Bureau for Animal Resources (AU-IBAR).

### **3. Promotion of One Health**

Participating countries as well as development partner's organization/programs shared their experiences in implementing the OH approach. Tanzania, through Afrique One and the ZELS' Livestock, Livelihoods and Health projects was hailed for fostering many multidisciplinary, multi-sectoral OH activities/projects at ground level. The meeting commended those countries and organizations for the progress made and recommended that ZDU-Kenya finalize the mapping and documentation of all ongoing OH experiences and initiatives being implemented across the region.

Participating countries were urged to explore the opportunities accrued through attending this meeting. Participants and countries were urged to foster partnership and collaborations in several ways, including networking (in-country across sectors and beyond country) and learning from other countries' experiences, cross-border collaborations, joint research and exchange of programs, and holding dissemination forums (conferences, regular meeting etc.).

#### **Closure**

The meeting was officially closed by Dr. F. Gakuya (Kenya Wildlife Service) on behalf of Kenya's Director of Veterinary Services by thanking the organizer and participants for their openness and active participation.

#### **Acknowledgement**

The participants to the Africa One Health Leadership Meeting are grateful to the Government of Kenya, Kenya-ZDU, CRDF Global, and GIS for the support extended to them during the preparation and the conduct of the meeting.

---

***Report prepared by Dr Emmanuel Swai, Ministry of Livestock and Fisheries Development, Tanzania.  
October 2015***