

Report of the proceedings of the One Health Zoonotic Disease Prioritization workshop

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The One Health Zoonotic Disease Prioritization (OHZDP) workshop, organized by the One Health Coordinating Unit (OHCU), was held recently in Tanzania. The overarching goal of the One Health prioritization process is to use a multi-sectoral, One Health approach to prioritize endemic and emerging zoonotic diseases of major public health concern that should be jointly addressed by human and animal health ministries.

The aims of the OHZDP workshop were to:

- Bring together multi-sectoral One Health representatives to connect human, animal (both livestock and wildlife) and environmental health sectors.
- Prioritize endemic and emerging zoonoses of greatest national concern using equal input from all represented sectors.
- Focus the use of limited resources to reduce the impact of prioritized zoonoses through capacity building.
- Consider laboratory diagnostics, surveillance, joint outbreak response plans, and prevention and control activities.
- Support the creation of or strengthen existing One Health coordination mechanisms.

Why is a prioritized zoonotic disease list essential?

- Funding is finite.
- Personnel are limited.
- Surveillance, especially across sectors, must be focused.
- Laboratory tests and equipment cannot cover all diseases.
- A thoughtful list of priority diseases is more likely to interest funding agencies.

Why do we need a One Health method for zoonoses prioritization?

- No one sector can address all public health issues at the animal-human-ecosystem interface alone.
- Successful public health interventions require multi-sectoral teams to address these complex challenges.
- Successful cross-sector surveillance is more likely if human and animal health institutions are equally invested.
- The process of joint prioritization provides a foundation for trust.
- Collaborative prioritization is fundamental to capacity building, including implementation of the Global Health Security Agenda (GHSA).

Why is the OHZDP process unique?

- All sectors are jointly prioritizing endemic and emerging zoonoses of greatest national concern using a transparent process with equal input from all represented sectors.
- Workshop participation strengthens multi-sectoral collaborations
- The process is a flexible tool that is scalable to the local, national, or regional level and the intended purpose, e.g. prioritizing research activities and project development.
- The process utilizes alternative disease data allowing zoonoses to be prioritized even in the absence of reliable prevalence data.
- The process provides outcomes in a timely manner so participants can give immediate feedback and capitalize on collaborations built during the prioritization process.

Workshop process

The workshop methodology/process was guided by facilitators from the Centers for Disease Control and Prevention (CDC), Atlanta, and USAID regional and country offices, as well as locally-recruited facilitators who were trained before the exercise. The process leading up to the workshop included:

- A review of available data and literature (over 60 days):
 - an extensive process, collecting both country and regional information;
 - using information provided by ministries and partner organizations, including reportable zoonoses lists for human and animal health; and
 - collected from multiple sources, e.g. publications, reports, summary documents and input from technical experts.

- The development of a list of up to 40 endemic and emerging zoonotic diseases to discuss and prioritize.
- Sharing of this list with representatives from participating ministries in advance of the workshop.
- Presentation of the list to workshop participants for discussion

Type and role of workshop participants

Workshop attendees from the Livestock, Livelihoods and Health programme were:

- Dr Karimuribo, a co-investigator on HAZEL, who attended as a voter.
- Prof Kazwala, a co-investigator on HAZEL, SEEDZ and Brucella, who attended as an observer.
- Dr Keyyu, a co-investigator on SEEDZ, who attended as a voter.
- Dr Mtui, a co-investigator on HAZEL, who attended as an observer.
- Dr Shirima, a co-investigator on Brucella, who attended as an observer.
- Dr Swai, a co-investigator on HAZEL, SEEDZ and Brucella, who attended as a voter.

1. Voting members representing all ministries active in zoonoses (eight to 12) who could:

- Provide key input to develop and rank criteria.
- Develop associated questions used to prioritize zoonotic diseases.
- Assume a leadership role within their respective ministries
- Be involved in and have working knowledge of technical and operational activities related to zoonoses and the current state of cross-sectoral interactions
- Be responsible to carry the zoonoses list forward to final approval and actively solicit colleague participation in planned cross-cutting activities.

2. Observers representing key partners (10-15), who did not vote during the workshop, but who participated in selected workshop discussions. They included representatives from the Food and Agriculture Organization of the UN (FAO), the World Organisation for Animal Health (OIE), the World Health Organization (WHO), university partners, the CDC country office, USAID mission, and others.

The detailed list included the following:

- **Voters:** a) Public health: Dr Janneth Maridadi and Dr L. Mboera; b) animal livestock health: Dr E. Swai and Prof. Karimuribo; c) animal health/wildlife: Dr J. Keyyu and Dr M. Kilewo (TANAPA); and d) environment: Dr B. Kaitira and Ms Abela Muyungi.
- **Facilitators:** Prof R. Kazwala, Dr J. Assenga, Dr Mary Kitambi and Dr Henry Magwisha.
- **Observers:** FAO - two, WHO - two, academia - two, CDC - four (including external facilitators), USAID - two, Preparedness & response (P&R) project - two, OHCU – two.

Five steps undertaken during the workshop

1. Preparation for group work: Eight to 12 stakeholder representatives were selected to participate in facilitated group work. A list of all zoonoses to be ranked was generated.
2. Five to eight criteria to be used to define the relative importance of the zoonoses selected in Step 1 were generated.
3. One categorical question for each criterion selected in Step 2 was generated.
4. Each participant individually ranked the zoonoses listed in Step 1 against the criteria developed in Step 2. Individual scores were combined to produce an overall ranked list of criteria.
5. The zoonoses were ranked using a decision tree by answering the categorical question for each criterion.

End result

By the end of the workshop, six zoonotic diseases were identified to be of priority in Tanzania. In descending order of priority, these were:

1. Anthrax
2. Rabies,
3. Rift Valley fever (RVF) and other hemorrhagic fevers
4. Zoonotic influenza
5. African human trypanosomiasis
6. Brucellosis