

*Institutional arrangements  
for implementing  
One Health and Eco-health*

*bridges and barriers*



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# Context

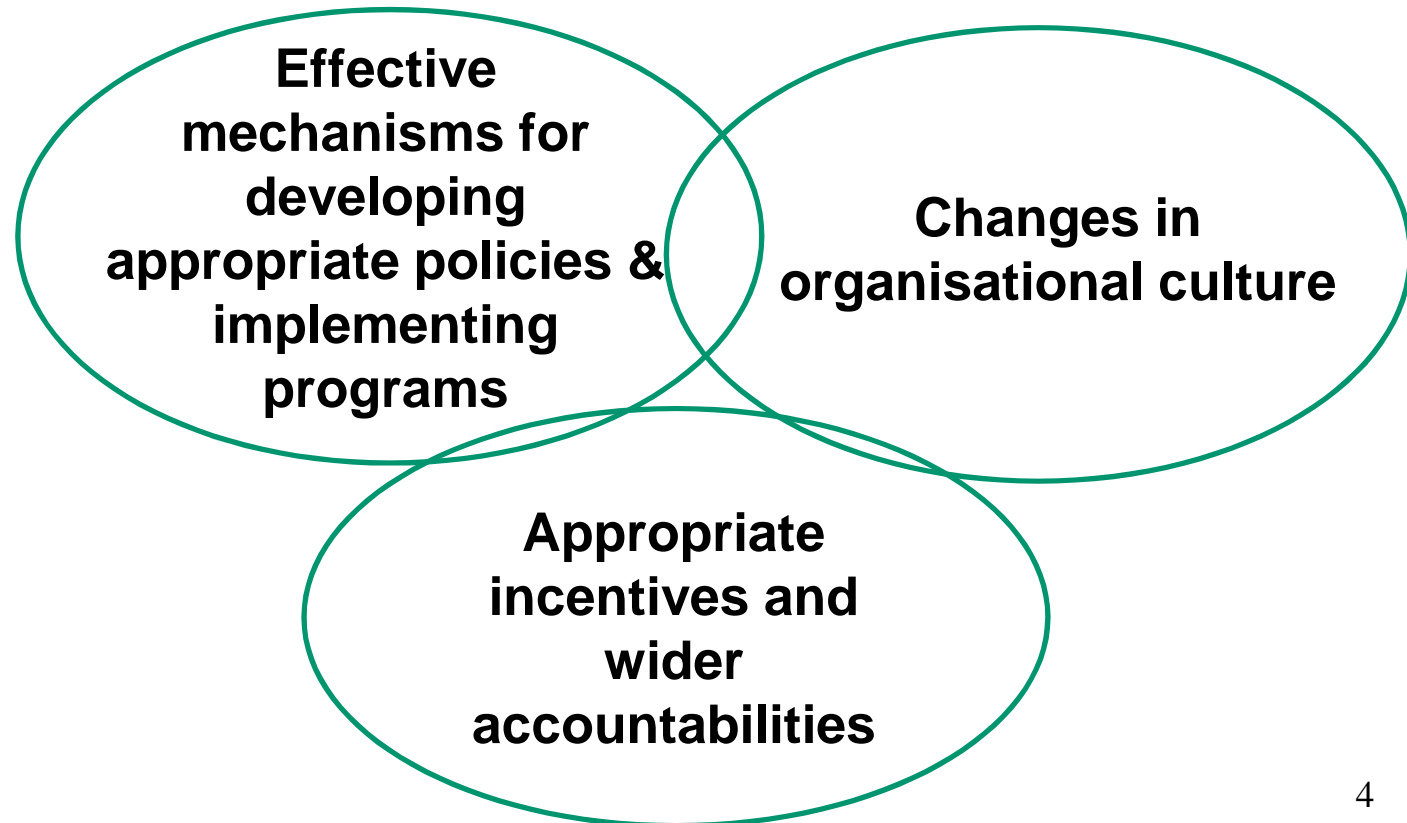
- *Unprecedented ecosystem and agricultural change are resulting in complex health and livelihood challenges*
- *These require innovative and systemic solutions, such as Eco-health and One Health. Inter-sectoral arrangements are critical to success.*
- *Understanding the priorities, types and mechanisms for institutional arrangements needs to evolve to meet these challenges (**bridges and barriers**).*

# Cross-sectoral functions

- *Strategic planning, foresight*
- *Surveillance/outbreak investigation/diagnostics*
- *Analysis, risk assessment*
- Implementation
  - Emergency response; disease control programs
  - Broader agriculture-health-environment programs
- Policy making
- Evaluation and Impact Assessment
- Education and capacity development
- Research

# Framework Concept

Hypothesis: Operationalisation of One Health and Eco-health requires fundamental changes to organisation structure, culture & behaviour



# Some One Health / Eco-health Examples

1. Inter-sectoral collaboration for bird flu in Nigeria
2. One Health / Eco-health Initiatives in Uganda
3. Establishing national Eco-health teams in countries of South East Asia

# Inter-sectoral approaches to bird flu in Nigeria

- Prior to February 2006, was no report of AI in Nigeria
- 1<sup>st</sup> suspicion at Sambawa Farm January 06
- Avian Influenza Confirmation Feb 6th
- H5N1 Profile. Received on Feb 7th
- Government went public on Feb 8th





# AICP NIGERIA



**Avian Influenza Control & Human Pandemic Preparedness and Response Project**

- Crisis management set up in State House
- Inter-ministerial meeting: MoA&RD, MoH, MoI&C, MoST
- 1st meeting chaired by the President
- Technical & communication committees set up
- 10 million USD provided before international assistance
- 50 million USD loan obtained from WB for integrated animal & human health project
- Integrated planning, key control decisions (e.g. not to vaccinate) and field response teams

# National level cross-sectoral linkages

- Most important decisions and actions on One Health or Eco-health are made at national and local levels
- Uganda – long history of Veterinary Public Health in the Ministry of Health and One Health around zoonotic sleeping sickness

# Uganda – One Health Initiatives

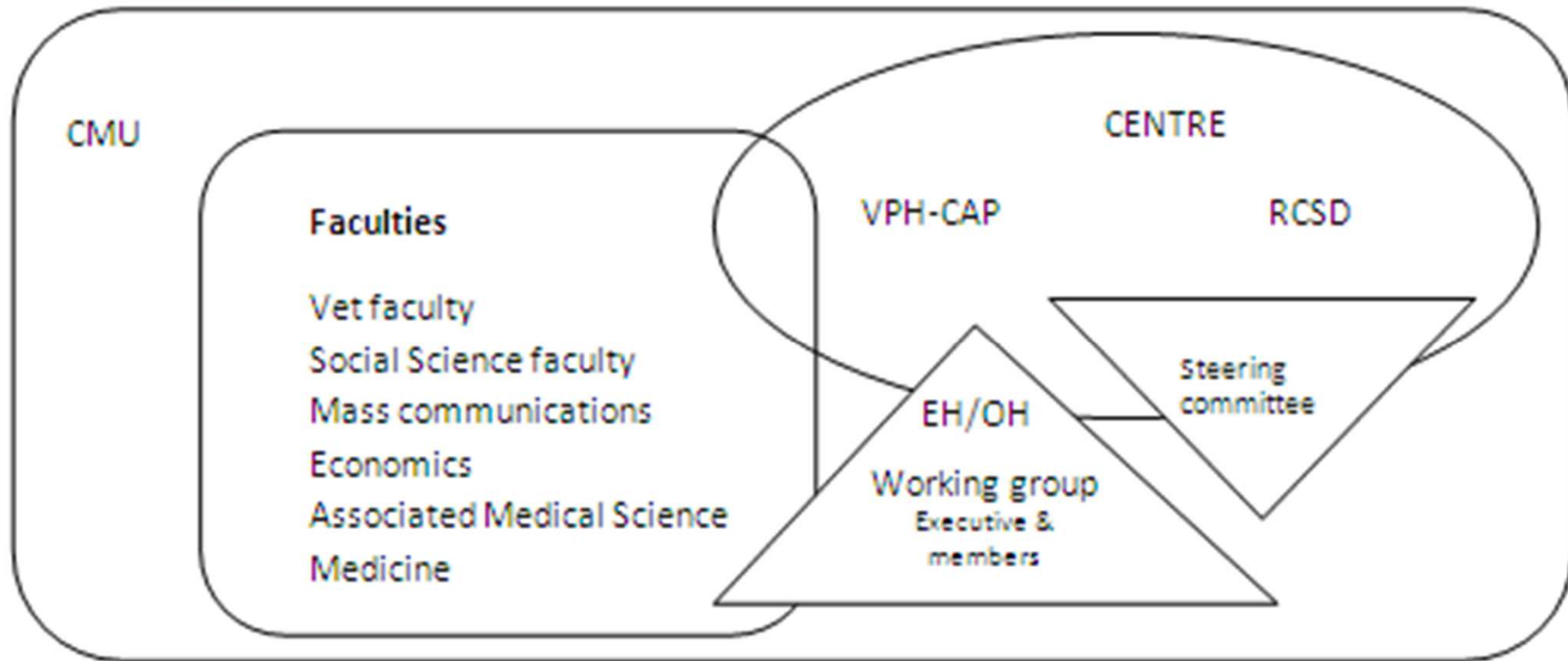
<b>Education</b>	<ol style="list-style-type: none"> <li>1. Deans Summit of 14 schools of Public Health &amp; Vet Med</li> <li>2. Wellcome Trust One Health Initiative</li> <li>3. Global Health Institute (U Minn &amp; Makerere)</li> <li>4. Sectoral Task Force to develop One Health training modules</li> <li>5. Disease outbreak mentorship program with vet &amp; med grads</li> </ol>
<b>Research</b>	<ol style="list-style-type: none"> <li>1. Ecosystem approach to health in the cattle corridor</li> <li>2. Proposed OH research on malaria (UC Davis)</li> <li>3. OH National Networks for enhanced research in infectious diseases</li> </ol>
<b>NGOs</b>	<ol style="list-style-type: none"> <li>1. Stewards of Gospel Talents - rabies prevention</li> <li>2. Conservation Through Public Health – Bwindi national park</li> </ol>
<b>Public sector</b>	<ol style="list-style-type: none"> <li>1. Coordinating Office for the Control of Trypanosomiasis in Uganda</li> <li>2. Veterinary public health in Ministry of Health</li> <li>3. National Task Force on Avian and Human Influenza (NTF/AHI)               <ol style="list-style-type: none"> <li>a. Inter-ministerial National Steering Committee under PM</li> <li>b. Technical Working Groups</li> <li>c. National and District Rapid Response Teams (RRTs)</li> </ol> </li> </ol>
<b>Public-private partnerships</b>	<ol style="list-style-type: none"> <li>1. Stamp Out Sleeping Sickness</li> </ol>

# Ugandan Experience

- Education and research are two most popular areas for One Health and Eco-health
- Public sector one health have been most effective when health risks are highest
- Interesting experiment in public-private partnerships has just begun

# National Eco-health Teams in south-east Asia

- Project: Ecosystem approaches to the better management of zoonotic emerging infectious diseases in SE Asia
- Initial activities focused on building national partnerships between public sector agencies for capacity building and supporting to conduct Eco-health research
- Relatively slow uptake and few incentives for taking up new research approaches
- Capacity over-stretched in some countries with only a few leaders



Eco-health resource centers – Thailand and Indonesia

# Why evaluate institutional arrangements

- There are both benefits and costs in partnerships and we need to consider both
- Systematic assessment of arrangements to improve:
  - Planning
  - Implementation
  - Institutional Learning and Change

# **Conclusion:**

## **Framework helps in understanding the barriers & bridges to One Health as well as the costs and benefits**

### **Mechanisms for developing policies & implementing programs**

- Clear shared goals
- Agreed structures, processes, roles
- Strong and engaged leadership
- Sufficient human resources
- Sufficient financial resources

### **Changes in organisational culture & philosophy**

- Supports and rewards cooperation & collegiality
- Welcomes different perspectives
- Focus on outcome, not output
- Innovation

### **New Incentives & accountabilities**

- 360 degree accountability
- Performance measures that reflect One Health principles
- Appropriate reward and recognition
- Shared outcome targets

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