2nd Meeting of the One Health High-Level Expert Panel (OHHLEP) Term II
18 & 19 September 2024

Note for the record

Day One-18 September 2024

08:30 – 9:30 : UN Security Briefing

A representative from the WHO country office presented a security briefing for the participants.

09:30 – 10:00 : Opening Remarks

Dr Ailan Li, Assistant Director General for the Universal Health Coverage, Healthier Populations Division of the WHO, welcomed the participants to this second full panel meeting of OHHLEP and the first in person meeting of the panel in its second term. She highlighted the importance of this opportunity to shape the strategic direction of the panel's work, stressing the importance of building on the success of OHHLEP's first term using this expanded interdisciplinary panel to drive a shift towards a better implementation of One Health, through raising political awareness and commitment, strengthening evidence-based policies to ensure actionable solutions and building a strong investment case to sustain long-term efforts. **Dr Ailan Li** concluded by acknowledging OHHLEP's crucial advisory role and expressed gratitude for the members dedication to advancing One Health.

Dr Thanawat Tiensin, Assistant Director General, Director of the Animal Production and Health Division, Chief Veterinary Officer at FAO, welcomed the OHHLEP members and Quadripartite partners, acknowledging the high-level, impactful deliverables achieved by the panel in the first term. He stressed the need to build on this solid foundation to provide the Quadripartite with evidence-based advice as it advances in the implementation of the One Health approach. He highlighted that the OHHLEP panel is composed of champions of One Health whose role is critical in advising the Quadripartite; that an increasing number of countries are recognizing and prioritizing One Health within their national agendas; the importance of the collaboration across all levels of the Quadripartite organizations; the adaptability of the One Health approach to the unique needs of each country. Finally, he expressed enthusiasm for the ongoing collaboration and the forthcoming deliverables that will emerge from this teamwork.

Ms. Doreen Robinson, Director of Biodiversity and Land at UNEP, welcomed participants and emphasized that collaboration and communication are key, as well as the co-creation of solutions, stressing that knowing how and when to implement the One Health approach and guiding principles and values is crucial to turning theory into practice. Defining concrete actions and moving towards implementation requires recognizing and integrating diverse perspectives from various sectors, actors, and stakeholders, given the inextricable links between animal, human and ecosystem health. The Quadripartite greatly values the independent advice provided by the panel, as it brings valuable insight and fosters constructive debate on One Health, not only on the science and evidence but also on the organizational, political dynamics.

Dr Amina Benyahia, Head a.i. of the One Health Initiative Unit at WHO, warmly welcomed participants and shared her vision for the second term of OHHLEP. While the One health approach is not new, significant

knowledge gaps remain, particularly in advising member countries on how to implement One Health and translate it into concrete actions and policies. She emphasized the critical role that OHHLEP plays in supporting the Quadripartite in guiding the countries through this process, through the different thematic areas that the panel will be focusing on during this term. With the panel's new composition and diverse expertise, OHHLEP is well-positioned to provide guidance on scaling up effective One health interventions across multiple domains. She stressed the value of learning from examples concrete examples of One Health implementation, the lessons learnt, challenges and success, that can inform the development by the Quadripartite of policies that are more attuned to the realities faced by countries at both local and national levels; policies that are sustainable, practical and impactful. She thanked the participants again and is looking forward to the productive exchange and collaboration during this meeting.

Dr Chadia Wannous, Global One Health Coordinator at WOAH, expressed the importance of gathering with the participants for this in person meeting and stressed the value of the diverse expertise present in the Term II panel which spans a broad spectrum of One Health and includes valuable contributions from key sectors and disciplines. OHHLEP can build on the solid foundation of the first term to drive forward key deliverables for the second term to help shift the focus from theory to implementation. She added that driving forward key deliverables for this term is crucial, and the panel's multidisciplinary expertise will play a pivotal role in achieving excellent outcomes. Among the Quadripartite's strategic priorities are rolling out the Joint Plan of Action (JPA) and ensuring that One Health remains a priority on the global political agenda. OHHLEP's role in providing actionable insights and expert guidance is central to these goals. This and future meetings will strengthen the evidence base and deliverables, forming the backbone for implementing One Health through practical solutions. As the collaboration enters this new chapter, **Dr Wannous** expressed confidence that there was important strength in addressing challenges ahead together, with unwavering commitment to safeguarding the health of the planet, animals, and people.

Prof Carlos Das Neves and **Prof Wanda Markotter**, Co-Chairs of the panel, and chairs of this meeting, welcomed the participants and started the meeting.

10:00 – 10:15: Introduction of participants

OHHLEP members and the Quadripartite principal focal points and senior managers introduced themselves and shared an overview of their work on One Health.

10:15 – 10:45: Update from the Quadripartite on the One Health Joint Plan of Action (OH JPA)

Chadia Wannous, presented on behalf of the Quadripartite, a review of the six action tracks of the One Health Joint Plan of Action (OH JPA) and its three pathways of change of the Theory of Change (ToC), as well as updated participants on the four strategic priorities of the Quadripartite including:

1. **The implementation of the OH JPA**: Implementation of the OHJPA is being supported through regional coordination mechanisms, operational tools, resource mobilization and communication of activities. The Quadripartite has already conducted regional workshops in Eastern Mediterranean, Asia-Pacific, and European regions. Additional workshops for Africa and the Americas are planned for 2025, with key projects underway in Southeast Asia, the Middle East, and West Africa. Several individual countries have done national OH workshops including South Africa, Bangladesh and Kosovo. A QPT resource mobilization workshop is planned for October 2024.
2. **Science and evidence:** OHHLEP has been established to strengthen the science and evidence through the advisory role of the panel, and to collaborate with other scientific and technical groups of the Quadripartite. The One Health Knowledge Nexus (OHKN) is an available mechanism that can be built upon to advance the generation and use of One Health knowledge. The QPT is currently engaged in the Nexus through a community of practice focused on OH return on investment, featuring case studies, economic evaluations, discussion boards, training courses, among others.

3. **Political engagement and advocacy:** The Quadripartite has actively engaged in various political forums, including the Pandemic Agreement, the UN General Assembly, G20, G7, and UN Climate Change Conferences. One Health appears in the UN draft pandemic Agreement and advocacy continues through high-level meetings, including a planned One Heath meeting under the G20 Brazil presidency in October 2024.

4. **Leveraging investment for One Health:** sustainable financing is critical for implementing One Health and supporting countries. The QPT is working to support countries tap into available existing mechanisms. A planned QPT resource mobilization workshop will focus on articulating the Quadripartite's values to encourage investment, followed by roundtable discussions with partners and donors.

Areas where OHHLEP could provide support were also suggested for further discussion at the meeting, including policy development, research collaboration, capacity building, public outreach, advocacy at global forums and monitoring and evaluation for One Health.

11:15 – 12:30: Term II deliverables discussion

Abigail Wright from the World Health Organization (WHO) delivered an overview of the proposed deliverables (elaborated by the Quadripartite) shared with the panel in advance of the meeting. These deliverables are organized into five thematic areas of work:

1. **One Health Governance Policy and Advocacy**
2. **One Health Implementation Tools and Metrics**
3. **Equity and Stakeholder Engagement in One Health**
4. **Integration of the Environment in One Health**
5. **Economics of One Health**

During her presentation, Abigail contextualized the development of the Term II workplan, emphasizing that the high-level objectives of OHHLEP should leverage the enhanced panel's capabilities. The goal is to build upon the achievements of Term I while sustaining the political momentum necessary for continued progress in the implementation of One Health.

The Quadripartite aims for OHHLEP to provide guidance and advice to the Quadripartite on critical areas that will advance the implementation of the One Health approach, ultimately leading to impactful outcomes on the ground.

To facilitate this process, the Quadripartite circulated a document summarizing where OHHLEP's guidance is sought and suggested possible deliverables. Subsequent discussions delved deeper into the thematic areas and proposed deliverables, and also requested that OHHLEP suggest deliverables where they saw a need or an opportunity.

Lessons learned from the previous term highlighted the importance of pre-discussion for all proposed deliverables. This approach allows the Quadripartite to assess their priority, identify the most suitable lead, define roles, and determine whether human and financial resources are necessary. Decisions regarding deliverables will consider the following criteria:

- **Relevance:** Whether the deliverable serves the interests of all four organizations and if there is a consensus on its necessity.

- **Implementation Approach:** Where the deliverable is best executed (e.g., within the Quadripartite, outsourced, or through OHHLEP) and the specific responsibilities assigned to each party involved, including leadership roles.
- **Capacity Assessment:** Whether the panel and the Quadripartite have the necessary capacity to undertake the deliverable.
- **Budget Considerations:** The need for a budget and the likelihood of securing funding within an appropriate timeframe.

14:00 – 15:30: Thematic discussion on the implementation of the One Health Joint Plan of Action

The Quadripartite deliverables document raised the question around how the four organizations could collaboratively provide impactful support to countries and settings that are striving to implement the One Health Joint Plan of Action. The following proposed deliverables were discussed in this session.

1. **Principles for Effective One Health Implementation**: Implementation cases continue to serve as a solid foundation for empirical evidence in One Health practice. Therefore, developing principles or learning guidelines for effective One Health implementation would enhance existing information and resources available to stakeholders.
2. **Monitoring and Evaluation Framework**: There is a recognized need for a robust framework for monitoring and evaluating the One Health Joint Plan of Action. The Quadripartite must consider the most effective approach to develop this framework.
3. **Guidance on One Health Tools**: The inventory of One Health tools is a crucial resource for countries and settings aiming to implement the One Health approach; however, there have been numerous requests for guidance on maximizing the utility of this inventory. We must explore the potential role of OHHLEP in developing further guidance to assist users and link it to the implementation guide of the OH JPA.
4. **Prioritized Research in One Health**: While there is significant demand for prioritized research within the One Health domain, this task is inherently broad. Various partners and related stakeholders (e.g., CABI) are actively working to identify research gaps and determine how to prioritize and fund research initiatives for different themes under the OH approach. The Quadripartite should reflect on how it can advance and add value to these efforts.

Catherine Machalaba, Nitish Debnath, and **Casey Barton Behravesh** moderated the session on OH JPA implementation and discussed key deliverables proposed by the Quadripartite.

Discussion:
- The implementation of the One Health Joint Plan of Action (OH JPA) should take into consideration the existing efforts and progress made in various countries regarding One Health implementation.
- OHHLEP members highlighted examples of support provided to countries, including a five-year grant from USAID aimed at strengthening One Health implementation in Bangladesh. And a five-year grant from the UK to the Quadripartite Support for the Implementation to the ASEAN countries to implement the One Health Joint Plan of Action.
- Integrated/collaborative information systems are essential for One Health initiatives, yet they are currently lacking at national, community, and local levels.
- Strengthening health systems across sectors is crucial for establishing the infrastructure necessary for ongoing One Health work.

- The Action Tracks of the OH JPA should be utilized as entry points, tailored to each country's specific priorities and the progress they have already made.
- Not all countries will begin at the same starting point; some may have already completed situational analyses, developed plans for various themes, or have well-established activities and strategies in place. Therefore, the implementation process should be flexible and adaptable to local contexts.
- One Health implementation should be contextualized based on the current situation and available resources in each country.
- Governments should take ownership of the process by identifying existing policies related to One Health, defining relevant indicators, and recognizing gaps that require further action.
- OHHLEP's products, should be interconnected to provide practical examples of how One Health principles are applied in various contexts.
- Case studies should undergo critical evaluation by OHHLEP members and, if necessary, be discussed to identify opportunities for improvement.
- Investment in One Health is critical, and while many large donors are from high-income countries, it is essential to assess the interest of governments in low- and middle-income countries (LMICs) in One Health initiatives. Understanding their interests and leveraging their investments is key.
- Although many countries have Multisectoral Coordination Mechanisms (MCMs) established, these often function primarily during emergencies or specific action tracks of the OH JPA, mainly zoonoses. Ensuring continuous, integrative decision-making outside of emergency contexts and for the broad One Health approach is essential. Mapping existing governance structures and documenting and sharing of successful strategies could facilitate this process.
- A lack of trust among partners may hinder collaboration, particularly regarding data sharing. There is a need for normative instruments that mandate data sharing and promote a culture of collaboration, especially among ministers and high-level representatives.
- Equity must be prioritized in One Health implementation to ensure the active participation of vulnerable groups.
- LMICs may require additional support to transition from planning stages to actual implementation, with OHHLEP providing advice to the QPT on how to support them make this transition through appropriate tools and resources.
- Building a culture of continuous learning throughout One Health implementation is crucial so that countries can monitor their progress and share best practices.
- Monitoring and evaluation (M&E) should follow a standardized format across countries, with OHHLEP assisting in the effort to standardize this process.
- Developing incentives for One Health could help generate the political and organizational will needed to effectively implement the OH JPA.

Guidance on the Use of Tools and Resources:
- The OH tools inventory has been recognized as a valuable resource for countries aiming to implement the One Health approach. However, further guidance is needed on how to use these tools coherently, where to begin, which tools complement one another, and how to address existing gaps.
- OHHLEP can assist in developing a method to categorize these tools and provide guidance on their use based on each country's priorities, ensuring that complimentary or overlapping tools are identified.
- It is essential to translate tools into local languages and consider scalability and feasibility to maximize their impact.
- Currently, the Quadripartite is formulating a funding proposal to maintain and regularly update the inventory, as well as support the development of additional guidance.

16:00 – 17:30: Thematic group on One Health Governance, Policy and Advocacy

The Quadripartite shared several key elements of consideration with OHHLEP members regarding the proposed workplan, emphasizing that effective governance is crucial for implementing the One Health approach. While many countries have established governance structures, others are in the early stages of determining their optimal governance frameworks.

To support governance efforts, two deliverables were proposed:

1. **Policy Briefs**: A series of policy briefs aimed at bridging the gap between the theoretical understanding of the One Health approach and its practical implementation. The specific target audience and purpose of these briefs will be determined in subsequent discussions.
2. **Review of Governance Models**: A comprehensive review of governance models in high- and middle and low-income countries, as well as across various levels of government. This review aims to provide examples and best practices for settings seeking to implement the One Health approach.

Gian Luca Burci and **Osman Dar** moderated the session on One Health Governance, Policy and Advocacy and discussed key deliverables proposed by the Quadripartite and opened with the following points:

- Consistent terminology is essential in One Health collaborations to ensure a shared understanding among all sectors and stakeholders.
- To integrate health, environment, and society into a cohesive system, the governance structure for One Health must clearly define institutional responsibilities, procedures, and coordination mechanisms across sectors.
- OHHLEP's role is to assist the Quadripartite in implementing the OH JPA without duplicating existing structures, with a focus on governance that functions effectively and sustainably outside of crisis situations.
- There is a critical need to move beyond zoonotic diseases and emergency scenarios to establish national mechanisms that ensure continuous investment in One Health initiatives.
- Existing coordination mechanisms, such as those established under the International Health Regulations (IHR), could be strengthened to incorporate One Health principles.
- Effective One Health governance requires sharing resources and financing across sectors to promote collaboration and maximize overall benefits.
- To achieve diverse objectives, One Health systems necessitate a balanced and integrated strategy, along with governance structures that encourage holistic operations.

Discussion:
- The options for institutional arrangements in One Health governance were discussed, emphasizing the importance of determining whether coordination mechanisms should operate at ministerial, presidential, or other levels and how the designated Secretariat will manage and share responsibilities.
- The need to explore whether legal mandates are necessary to unify various sectors was highlighted, along with the importance of defining specific mandates for those sectors to ensure alignment and commitment.
- A comprehensive workplan is essential for facilitating effective cross-sector coordination, ensuring efficient collaboration among different entities.
- Participants debated the effectiveness and usefulness of various "soft" and "hard" mechanisms in promoting transdisciplinary collaboration at both international and national levels.
- The Quadripartite was described as exemplifying successful collaboration across sectors; similar cooperation at the national level is critical for effective One Health implementation.
- Determining the necessity of a centralized versus decentralized national governance structure remains a key consideration for successful One Health coordination.
- Local communities, including indigenous groups, are considered vital stakeholders in the implementation of One Health. Integrating these stakeholders into governance mechanisms,

respecting and incorporating their governance mechanisms, and leveraging local knowledge can significantly enhance the effectiveness of One Health strategies at the local level.

- It is essential to strike an appropriate balance between top-down and bottom-up governance to empower local communities and create governance structures that reflect the diverse needs of countries.
- High-level political events and negotiations on instruments provide critical opportunities to advocate for and promote the One Health approach. Engaging political leaders and aligning governance frameworks to support One Health across sectors and levels of government is crucial for securing long-term political commitment.
- Developing case studies that demonstrate the success of One Health governance is necessary to provide valuable examples of how to implement One Health strategies at the national level, with a focus on the stability of governance mechanisms.
- Strong communication and coordination mechanisms are deemed essential across sectors to synchronize efforts at all governance levels and ensure effective implementation of One Health.
- Committed government leadership and clear action plans are vital to guide One Health implementation and empower collaborative systems.
- Existing governance models in various regions could serve as documented case studies demonstrating stable, coordinated mechanisms that can adapt to different contexts.
- The principle of subsidiarity, where decisions are made at the most effective level, was discussed as a way to improve governance efficiency.
- Gaps in coordination across sectors underscore the need to reform governance mechanisms to integrate One Health principles effectively.
- Governance must be context-specific and adaptable to the cultural and political dynamics of each country, with particular attention to addressing power dynamics.
- A set of governance recommendations was proposed to clarify what should be implemented at various levels, including ensuring effective coordination between sectors, fostering local-level participation, and supporting policy development through case studies and best practices.

Close of Day One

12:30 – 13:00: Welcoming of participants and reflection on day one

OHHLEP Co-Chairs, Wanda Markotter and **Carlos Das Neves** opened day two of the meeting and handed the floor to the co-chairs of the thematic groups from day one to recap the discussion held.

Overview from Thematic group: Implementation of the One Health Joint Plan of Action

- **Catherine Machalaba** suggested it would be useful to review the implementation guide and address any gaps particularly concerning how to implement each step. She added that it would also be useful to review the case studies from Term 1.
- **Nitish Debnath** highlighted the importance of capacity building, including workforce development, for the implementation of One Health. He emphasized the importance of information management systems, aligning with pathway three of the theory of change. Interoperability at the country level should also be emphasized and how OHHLEP can contribute to achieving this.

Overview from Thematic Group: One Health Governance, Policy and Advocacy

- **Gian Luca Burci** emphasized that sustainability, resilience, and the identification of levels of authority and accountability are critical components of effective governance. Approaches should actively involve local communities and Indigenous Peoples as key stakeholders, particularly in contexts where informal governance methods may already exist. Effective governance requires a clear mandate, sustainable financing, and a legal framework that defines roles and competencies. While OHHLEP's role should not be overly prescriptive, the panel can provide guidance on criteria and governance models informed by lessons learned. Given the varying levels of power across sectors, it is essential to account for these differences. Additionally, mapping international governance, including relevant treaties, can help identify gaps and determine targets for advocacy.
- **Osman Dar** outlined several potential deliverables for consideration, including the mapping of international governance structures to include legislative instruments that support One Health; conducting an evidence review of One Health governance at the national level; agreeing on exemplary case studies that illustrate effective governance in diverse settings; standardizing the format of policy briefs; and creating a facilitated process to achieve One Health governance instead of developing a prescriptive manual.

Reflections from the Quadripartite

- **Doreen Robinson from** UNEP stressed the importance of focusing on practical implementation and the need to develop principles grounded in practice, as indicated by case studies and publications. She highlighted the necessity of clarifying the nature of the Quadripartite, the functioning of its partners, and their priorities to enhance accessibility.
- **Barbara Haesler** from FAO noted that OHHLEP should leverage existing opportunities and initiatives that can bolster their efforts. She reaffirmed the Quadripartite's willingness to address any questions from members on how the Quadripartite or individual organisations operate.
- **Chadia Wannous** from WOAH highlighted the importance of specifying the level of implementation and governance (i.e., global, national, or local), as this distinction will influence the outputs produced. She also urged new OHHLEP members to familiarize themselves with the Quadripartite, including its mechanisms, roles, and governance structure, to identify existing resources and gaps.

Linking OHHLEP with other advisory groups within the Quadripartite organizations, such as collaborating centers and reference labs working on OH, is also crucial.

- **Amina Benyahia** from WHO reiterated several suggestions made during the first day of the meeting, including the need for governance mapping and the establishment of a facilitated process to support Member States. She expressed that it would be beneficial for the Quadripartite to clarify their identity, activities, and the distinct roles of each organization. She underscored the significance of connecting to regional coordination mechanisms in the context of implementation.

9:00 – 10:30: Thematic group on better Integrating the Environment into One Health

Questions raised by the Quadripartite regarding the integration of the environment to One Health included: The OH JPA advocates for the integration of the environment into One Health but what does this mean exactly? Are there specific areas that should be targeted for guidance, advocacy, prioritization? Approaches that are proven? Is it useful to look at integration measure across the OHJPA action tracks? How should the Quadripartite be advocating for and supporting this integration?

The session on the integration of the environment into One Health chaired by **Serge Morand** and **Hugo Mantilla Meluk** highlighted several key areas that require attention, ranging from defining environmental concepts to identifying critical gaps in current One Health frameworks. The session chairs invited panel members to provide their insights on how the environment can be more effectively integrated into One Health, with a focus on actionable deliverables for the Quadripartite.

Discussion:
- A clear definition and scope for terms such as "the environment," "the ecosystem," "health of the environment," and "ecosystem health" are essential, as these terms are used differently across sectors. Establishing clear definitions will prevent confusion and ensure alignment among all stakeholders. These definitions are included in the Glossary of the OH JPA.
- The discussion emphasized that indigenous and local communities do not separate human or animal health from the health of the environment. Promoting the concept of a connected ecosystem rather than viewing the environment as an "external" entity is important.
- Significant knowledge gaps were identified at the interface between human, animal, and ecosystem health, highlighting the need for further exploration in these areas.
- A systematic analysis could be conducted on how the environment fits into existing One Health frameworks, particularly in relation to food systems, agriculture, and human health. It is important to identify entry points for integrating environmental considerations into these frameworks.
- Food systems are a critical component of One Health that requires increased attention. Identifying how agrifood systems intersect with ecosystem health and ensuring their integration into One Health initiatives was underscored as a crucial next step.
- The importance of developing and utilizing integrated environmental impact assessment tools to measure changes in ecosystem health was emphasized. This approach should also link environmental resource management to economics and governance, ensuring a more holistic perspective.
- Drawing parallels to the "4C's" of One Health, the session proposed a "4P's" framework for environmental lifecycle analysis: Pathogens, Pollutants, Products, and Poor Human Behavior. This framework could provide a structured method for evaluating the environmental impacts of various health interventions.

- Recognizing that human, animal, and ecosystem health are equally complex, all three should be considered integral health outcomes. Acknowledging this complexity is vital for building a robust One Health framework that effectively integrates environmental considerations.
- It is essential to engage with indigenous and local communities, who often possess a more integrated view of the environment as part of a whole system. Incorporating their perspectives and knowledge into One Health frameworks can provide valuable insights and enhance the effectiveness of One Health strategies.
- The chairs proposed that the Quadripartite outline specific deliverables needed to enhance environmental integration within One Health. A brainstorming session was suggested to develop concrete advice that OHHLEP could provide to the Quadripartite, strengthening the environmental pillar of One Health.
- A primary focus for this group would be identifying gaps within the current One Health framework, particularly regarding environmental integration. Linkages between One Health initiatives and existing environmental and governance frameworks were discussed as a relevant topic of interest.
- Participants acknowledged that environmental considerations have historically been overlooked in health initiatives, leading to observable consequences in health outcomes.
- The importance of including often overlooked environmental ecosystems, such as parasites, was highlighted due to their crucial roles in maintaining ecosystem balance within One Health discussions.
- It was suggested that the approach to ecosystem health align with existing frameworks in human and animal health, particularly in addressing challenges such as antimicrobial resistance (AMR). Developing guidelines to ensure consistency across these sectors could be a vital next step.
- A more cohesive narrative was proposed to underscore the central role of the environment within One Health. This narrative should present the environment as an integral part of a systems approach to health, emphasizing the interconnectedness and interdependence of all sectors. Elinor Ostrom's framework for managing common-pool resources was suggested as a potential model for governing shared environmental resources within One Health.
- In addition to the "4P's" framework, participants discussed the implications of food production on the environment and the necessity of addressing these challenges at the policy level. This topic could serve as a relevant focus for OHHLEP and future high-level discussions.
- It was proposed that the Quadripartite establish a clear message and governance structure that reinforces the environment as both the foundation and outcome of One Health. This requires a well-framed narrative and specific guidance for effective implementation.
- Certain critical areas of expertise related to ecosystem health are currently absent within the One Health space. There is a pressing need to incorporate these areas of expertise to ensure a comprehensive framework that fully integrates the environmental dimension.
- The sixth action track of the OH JPA, which focuses on ecosystem health, should be effectively integrated into One Health value systems to ensure that environmental considerations are central to the implementation of One Health.

11:00 – 12:30: Thematic group of the Economics of One Health

There is a gap in evidence on the economics of the One Health approach (return on investment, cost benefit, trade-offs). And this evidence will influence policymakers. FAO is leading Quadripartite work on Return on Investment, and OHHLEP may be asked to review pieces of work that emerge from the ROI work. What are the other areas that require prioritized consideration? In what format?

The session, co-chaired by **Jakob Zinsstag** and **Ryan Williams**, focused on the integration of economics into the One Health framework. **Jacob Zinsstag** presented his recent work on social-ecological systems and emphasized the importance of societal contributions to health. He discussed the theoretical foundations,

including Nash equilibrium strategies, to showcase the optimal economic approaches for One Health interventions. A practical example was provided on the cost-effectiveness of rabies mass vaccination in Africa, illustrating the significant financial and health gains achieved through coordinated One Health efforts. The session outlined key proposed deliverables, such as:

- Developing and strengthening economic expertise within OHHLEP.
- Addressing priority topics for the Quadripartite, including return on investment (ROI).
- Creating business cases and economic methods in relation to governance, equity, and environmental groups.

Expanding the economic evidence base for One Health. **Barbara Haesler from FAO** presented the Community of Practice (CoP) on return on investment (ROI) for One Health, aimed at reviewing and synthesizing existing evidence, supporting investment evaluations, and building the evidence base for stakeholders. The CoP has 230 members across diverse sectors and conducts various activities, including literature reviews, surveys, case studies, training, and webinars, all contributing to enhancing the economic understanding of One Health investments.

Discussion
- The importance of using clear, accessible language when discussing One Health economics was emphasized. This ensures that all stakeholders, from local to national levels, can comprehend and engage with the concepts effectively. Adjusting communication strategies, particularly in interactions with finance ministries, is essential for advancing funding discussions.
- Governance is pivotal in driving One Health economic initiatives. The discussion underscored the need for OHHLEP to address scaling issues by engaging with various governance levels (national, provincial, and local). By incorporating economic considerations into governance processes, One Health initiatives can achieve greater impact.
- Case studies were identified as vital tools for illustrating the economic benefits of One Health interventions. However, very few case studies presently include financial analyses, economics, or cost-benefit evaluations. One proposal was to develop an economic case study for each of the OH JPA's action tracks, moving beyond disease-specific projects to showcase broader sectoral and regional impacts.
- Domestic funding must play a more significant role in One Health economic frameworks. The session highlighted the importance of engaging the public sector and exploring public-private sector collaborations to ensure sustainable financing for One Health initiatives.
- A mechanism for reviewing and managing multi-sectoral trade-offs was proposed to help organizations balance competing interests while achieving One Health objectives. This will enhance resource allocation and decision-making effectiveness across sectors.
- The necessity of incorporating gender and social equity perspectives into One Health economics was emphasized. A gender-sensitive approach to economic evaluations ensures that One Health investments equitably benefit all members of society.
- Demonstrating the economic value of One Health at both domestic and global levels is crucial. Shifting the focus from disease-specific projects to broader One Health initiatives can attract both domestic and international funding.
- The case of Brazil and its pandemic fund was discussed, highlighting how the complexity of language and the involvement of multiple ministries created challenges in funding proposals. This example underscores the need to streamline communication and collaboration across sectors when pursuing funding for One Health projects.
- There was a call to shift economic decision-making in One Health to encompass a broader systems approach, rather than focusing solely on fundraising or financial expertise. The economic strategy should align with the holistic principles of One Health.

14:00 – 15:30: Thematic group on Equity and Stakeholder Engagement

Stakeholder engagement and equitable inclusion of sectors, disciplines and communities are a principle of One Health. How can the Quadripartite fully integrate this thinking into the One Health approach? Before discussing examples and best practice is there a need to develop the case for equity and inclusion, or aspects of, as a principle for **successful** One Health approach implementation? What evidence is required? In what format? What strategic approach should the Quadripartite take to move forward the principle of inclusion and equity in one health? How is this best accomplished? Were among the questions posed to OHHLEP.

Maxine Whittaker and **Natalia Cediel** provided a brief presentation defining equity and the different types of equity including health, intergenerational and interspecies equity. The core concepts that inform all types of equity include social, environmental, ecological justice and citizenship. They further highlighted that social determinants of health are the major drivers of health inequities. Evidence of gender equity in One Health is growing, with a gender and inclusive guide for One Health being developed which is aligned with the 5 steps of the OH JPA implementation guide. Upcoming work on gender equity in One Health tools, which evolved following the OHHLEP tools inventory was presented, and then the floor was opened for discussion.

Discussion:
- Engaging all stakeholders in the implementation of the One Health Joint Plan of Action (OH JPA) is crucial, with special attention to the ethics of implementation and their relationship to equity.
- Achieving equity can incur significant costs; therefore, it is essential to assess the economic value of equity, determine how to measure it, and prioritize which aspects of equity to address.
- The integration of indigenous, traditional, and local knowledge is vital for effectively implementing a One Health approach; however, it is often overlooked. Special consideration should be given to identifying and leveraging existing opportunities and channels within the Quadripartite organizations and beyond.
- It is important to recognize the power dynamics that exist between donors and recipients and to address these dynamics thoughtfully.
- Equity is a normative concept that must tackle its underlying philosophical implications. It encompasses transparency and access to education and information, which should be ensured at all levels. Additionally, equity is a core principle of good governance that must be applied across various contexts, including gender equity.
- Each stakeholder group presents unique characteristics; therefore, understanding the societal landscape and effectively communicating with target audiences—from civil society to indigenous and traditional communities—is essential, ensuring that individuals have the choice to engage.
- Establishing a coordination mechanism can be beneficial in ensuring that community needs are adequately addressed.
- It is important to articulate what equity means in practical terms. Does equity exist between sectors and within the Quadripartite organizations? How do these organizations apply equity principles to guide their work? Should equity entail equitable funding, resources, and decision-making across all sectors, or does it refer to ensuring that all voices are heard equally?
- It is vital to remember that collaboration, a key principle of the One Health approach, cannot exist without equity.

16:00 – 16:45: Ad-hoc discussion on 'Pandemic Agreement'

To respond to questions from some of the panel members less involved/informed of the INB negotiations for a 'Pandemic Instrument/Agreement' some definitions and general information including about this Member

State led process were provided during the meeting to inform panel members. A few updates regarding the possible inclusion of One Health and the prevention dimension in the current text were discussed as well.

16:45 – 17:15: Closing remarks

Chadia Wannous, WOAH, thanked the OHHLEP co-chairs and members and acknowledged their diverse knowledge and experience. It is important to acknowledge the added value of the Quadripartite, consisting of intergovernmental organizations that have the power to convene and support Member States. She reiterated the importance of collaborating with partners beyond the Quadripartite to achieve One Health impact.

Abigail Wright, WHO, thanked the co-chairs and all participants for joining. The OHHLEP Secretariat will share the meeting presentations and record. Further slides will also be shared on the role of the four Quadripartite organizations and the role of OHHLEP in relation to the Quadripartite.
- The Quadripartite will reconvene to discuss the deliverables and ways of working of the panel.
- The new deliverables documents will be developed by the Secretariat based on the QPT agreements and shared for review with the co-chairs and members of OHHLEP.

Doreen Robinson, UNEP, thanked the OHHLEP Secretariat for organizing the meeting, and thanked the OHHLEP co-chairs.

Fairouz Larfaoui, FAO, echoed the remarks of the Quadripartite colleagues and thanked the OHHLEP Secretariat and co-chairs.

Carlos Das Neves highlighted there is a lot of overlap between the different thematic groups and suggested to instead focus on deliverables rather than separating into thematic groups. Highlighting the interconnection of each of the thematic discussions to each other. He concluded by thanking colleagues present in-person and online.

Wanda Markotter highlighted the differences of Term 1 compared to Term 2. Highlighting that this Term involve more discussions that may not necessarily lead to the same number of products as Term 1 because the second Term will focus on some of the more challenging issues such as equity, economics and governances. She echoed that OHHLEP's work should should be organized around deliverables rather than thematic groups, which could create further silos rather than integration of these concepts across deliverables. While the Quadripartite agree on the OHHLEP deliverables in the next 3 weeks, members should still think and share ideas, whilst being practical. She concluded by thanking OHHLEP members and the Quadripartite.

Ailan Li, WHO, closed the OHHLEP meeting by congratulating members of the panel. Regarding next steps, she urged participants to think how OHHLEP can be positioned in a unique role, particularly for high-level, forward-looking and evidence-based political engagement, in which key messages are used to inform and convene political dialogues at high-level forums and decision-making. She also reiterated the importance of establishing the right balance between ambitions and realistic implementation, utilizing a focused approach of doing less but doing with high-quality to achieve common One Health goals. She concluded by thanking OHHLEP members for their wisdom and expertise, co-chairs for their leadership, facilitators, Quadripartite colleagues, country office colleagues and the OHHLEP Secretariat.

Closing of Day Two and End of Meeting

List of participants

OHHLEP members
In person
Salama Al Muhairi; Yewande Alimi; Casey Barton Behravesh; Salome Buckachi; Gian Luca Burci; Dominique Charron; Rungtip Chuanchuen; Anna Maria Conte; Osman Dar; Nitish Debnath; Chris Degeling; Jing Fang; Carlos das Neves; David Hayman; Ekhlas Hailat; Catherine Machalaba; Hugo Mantila Meluk; Wanda Markotter; Serge Morand; Hung Nguyen-Viet; Nateila Oliviera; Abel Wilson Walekewa; Ryan Williams; Maxine Whittaker; Jakob Zinsstag

Virtually
Thomas Mettenleiter; Xiao-Nong Zhou; Natalia Cediel

FAO
Barbara Haesler; Fairouz Larfaoui

Virtually
Thanawat Tiensin; Junxia Song; Marion Selosse; Vinsy Szeto; Julio Pinto; Moustapha Mohamed;
UNEP
In person
Doreen Robinson; Julian Blanc

Virtually
Anjana Varma, Nadja Muenstermann; Pablo Sagredo Martin; ; Geetha Nayak; Yara AlChammas

WOAH
Chadia Wannous

Virtually
Lillian Wambua; Francesco Valentini; Kinzang Dukpa; Valeria Colombo; Nadia Brik; Maria Mesplet;

WHO
Ailan Li; Amina Benyahia; Abigail Wright; Cheng Liang; Amira Preure; Peter Hoejskov

Virtually
Shihan Liu; Mehreen Azhar; Liz Manful; Ottorino Cosivi, Jessica Kayamori Lopes; Tieble Traore; Gyanendra Gongal; Sithar/WHO SEARO; Moraes Raszl Simone;