Fourth virtual meeting of the One Health High-Level Expert Panel  
9-10 December 2021

Note for the Record

DAY 1 – 9 December 2021 – 12:30-15:30

Introductory remarks

- **Dr Peter Ben Embarek, Head of the WHO ONE HEALTH Initiative** opened the session and welcomed participants on behalf of the Tripartite and UNEP partners.

- **Dr Michael Ryan, Executive Director, WHO Health Emergencies Programme** thanked OHHLEP members for their hard work and progress, as well as the OHHLEP Secretariat team and other colleagues for their work in support of OHHLEP. He highlighted the growing prominence of One Health on the global stage, including in the recently held World Health Assembly Special Session that discussed the need to develop a new global pandemic prevention and preparedness treaty. He added that the new ONE HEALTH definition by OHHLEP recently published is crucially important to the work of implementing the concepts. This and future work of OHHLEP will help inform deliberations on the new pandemic treaty.

- **Dr Wanda Markotter and Dr Thomas Mettenleiter, OHHLEP Co-chairs**, thanked Dr Ryan for his remarks, and commended panellists and other participants for their continued engagement. Within the first 6 months since OHHLEP’s inception, the full panel as well as the four OHHLEP working groups convened frequently and worked relentlessly. The first milestone, a comprehensive One Health definition, was successfully adopted by all partners and officially publicized in November. OHHLEP also contributed significantly to the development of the Tripartite and UNEP Global Plan of Action on One Health.

First Panel Session – Progress reports of OHHLEP Working Groups

**WORKING GROUP 1: ONE HEALTH Implementation – Definition and Theory of Change**

**ONE HEALTH Definition, visual and accompanying manuscript**

- **Official launch of the definition and visual** generated mostly positive feedback, the graphic text will be translated to the six official UN languages.

- As a next step, OHHLEP will submit a short manuscript explaining the definition for publication in a scientific journal and highlight underlying principles and importance of the definition for the implementation of One Health interventions.
ONE HEALTH Theory of Change

- Work on OHHLEP’s ONE HEALTH Theory of Change is continuing, while aligning and harmonizing it in parallel with the Theory of Change being developed for the Tripartite and UNEP Global Plan of Action on One Health (GPA).
- Assumptions and barriers to ONE HEALTH implementation and achievement of the outcomes in the Theory of Change were presented. Analysis of activities under each pathway is ongoing.
- Drivers of threats to ONE HEALTH were presented, categorized in human factors, animal health challenges and environmental challenges.
- Wider concepts of biological resistance were discussed to align with the holistic definition of ONE HEALTH. Linkages to other global groups including the Global Leaders Group on AMR doing similar work on drivers and plans of action to be established.

WORKING GROUP 2: Inventory of current knowledge in preventing emerging zoonoses

- Systematic reviews on published literature on ONE HEALTH are underway with support from Partners.
- Work on a global inventory of key ONE HEALTH initiatives will now undergo full OHHLEP review. It also includes capacity building initiatives.
- Inventory of other ONE HEALTH initiatives is also moving, panellists were invited to send additional information and documents on initiatives or networks in their regions. Connection to other initiatives doing similar inventories e.g. PREZODE (Preventing ZOonotic Disease Emergence) have been established.
- Creation of a central and open database of ONE HEALTH initiatives would be desirable. Building such a platform would require extensive support from the Partners.
- Mapping of initiatives as was done for Sub-Saharan Africa¹ for example could be a useful contribution of OHHLEP.

WORKING GROUP 3: Surveillance, early detection and rapid data sharing in the prevention of emerging zoonoses

- Preliminary results of OHHLEP’s questionnaire on a proposed outline of a model ONE HEALTH surveillance system showed that role of other sectors such as finance, public safety in supporting ONE HEALTH surveillance as well as of non-governmental stakeholders such as research and academic institutes, community and civil society organizations require more consideration.
- Discussion highlighted that the model could apply to ONE HEALTH implementation generically, beyond surveillance. Implementation challenges and barriers created by current ways of working, entrenched siloes and sectoral financing, workplans and networks are considerable and not to be underestimated.
- Importance of building nested systems that replicate a similar structure locally, nationally and internationally. Not necessarily create new structures, work with what is present.
- Financing and budget considerations for ONE HEALTH implementation; gaps in evidence – for example cost-benefit analysis of ONE HEALTH implementation (e.g. shared laboratories). Centralised funding for ONE HEALTH implementation will be important to incentivize change from status quo.
- Surveillance is a frequent entry point for ONE HEALTH implementation; rather than focusing only on surveillance systems, take opportunity to address drivers and a prevention, health-promoting approach. Beyond surveillance, also share infrastructures for integrated diagnostic, vaccine development and production.
- Build also on similar work done for AMR such as “evaluation levels of ONE HEALTH surveillance for AMR”²

¹ [https://datastudio.google.com/reporting/4ee89aa5-23ce-4cf7-accb-7b1048b6e557/page/LOAUB](https://datastudio.google.com/reporting/4ee89aa5-23ce-4cf7-accb-7b1048b6e557/page/LOAUB)
² [https://www.who.int/bulletin/volumes/97/4/18-218917.pdf](https://www.who.int/bulletin/volumes/97/4/18-218917.pdf)
WORKING GROUP 4: Factors causing spill over and subsequent spread of diseases

- 12 generic drivers for spill over were identified and relevant literature and documents shared with all OHHLEP – requires further refinement before integrating into a publication for peer review.
- Drivers are categorized including nature of risk, associate disease, scale of risk, recommendations for action. Keeping of wildlife or exotic animals as household pets was noted as an emerging driver globally.
- Hazard Analysis and Critical Control Point (HACCP) framework has been applied at a high level to model management of drivers of zoonotic disease spill over; key to this is identification of specific controls or mitigation methods that can be put in place to support pandemic prevention. Iterative and complex process of populating the HACCP tables has been started, but more OHHLEP input is requested.
- Discussion touched on similar frameworks that might help fill in the HACCP:
  - Synergies between WG1 and WG4 work were clear, need to collaborate;
  - Drivers could be complemented by vulnerabilities (or vulnerability as a driver) of spill over;
  - Important to further consider guidance on how to apply this HACCP to specific contexts, e.g. diseases or national contexts;
  - Draw on other UN (or other) risk analysis exercises in different fields.
- Point made that any actual control measures would need to be pathogen, pathway and locally context specific. Some work needed to develop guidance on this.

DAY 2 – 1 October 2021 – 12:30-15:30

Second Panel Session – SAGO, GPA and Plenary discussion on way forward

- **Dr Peter Ben Embarek, Head of the WHO One Health Initiative**, opened the second day of the meeting and introduced Dr Zsuzsanna Jakab.

- **Dr Zsuzsanna Jakab, Deputy Director-General of WHO**, congratulated the Panel on the important work done so far. She reiterated the support for ONE HEALTH expressed at the recent special session of WHO’s World Health Assembly. Notably, support to One Health as an approach for a healthier, safer, greener, and fairer world that includes sustainable health systems, better preparedness, increased health security and leaves no one behind. Dr Jakab also highlighted WHO’s newly established *Scientific Advisory Group for the Origins of Novel Pathogens (SAGO)* and the importance of its collaboration with OHHLEP. She also flagged the Tripartite and UNEP Global Plan of Action on ONE HEALTH as a great example of multi-partner collaboration, thanking OHHLEP for the input and comments provided.

- **OHHLEP co-chairs Dr Wanda Markotter and Dr Thomas Mettenleiter** thanked Dr Jakab for her remarks. Agenda for the day changed to move SAGO presentation first.

Presentation on SAGO by Dr Maria van Kerkhove, WHO Head of Emerging diseases and Zoonoses

Dr van Kerkhove presented the newly established *WHO Scientific Advisory Group for the Origins of Novel Pathogens (SAGO)* as well as an overview of the current work ongoing in WHO’s Emerging Diseases and Zoonoses Unit.

- SAGO was established in November 2021 following a call for experts. It has 27 members and two observers. Marijtje Venter from South Africa was elected as Chair and Jean-Claude Manuguerra from France as Vice-Chair.

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3 [https://www.compare-europe.eu/library/epidemiological-datasets; Erasmus University](https://www.compare-europe.eu/library/epidemiological-datasets; Erasmus University)
• SAGO recognizes the importance of a One Health approach; the need for a comprehensive risk assessment framework and global risk monitoring system; strengthened cross-sectoral solutions and country capacities, enhanced preparedness in hot spots.

• SAGO will advise WHO on technical and scientific considerations regarding origins of emerging and re-emerging pathogens; its chief aim is to produce a generic field investigation framework for any emerging disease, to improve data collection in future outbreaks. It does not have a role in field investigation of specific outbreaks, as there are other mechanisms for this;

• A second aim of SAGO is to pursue recommendations of the Joint WHO-China Global Study of Origins of SARS-CoV-2 (March 2021) and other literature in assessing the state of knowledge and identifying further research needed.

• SAGO seeks close collaboration with OHHLEP. Elmoubasher Farag is a member of both SAGO and OHHLEP. Potential overlaps and complementarity in mandates as well as different mechanisms for coordination and collaboration between SAGO and OHHLEP were discussed; plan is to share knowledge across both groups.

Dr van Kerkhove also informed about WHO’s work on mapping hot spots which generated much interest and opportunities for follow up via OHHLEP Secretariat.

Update on the Tripartite and UNEP Global Plan of Action on One Health (GPA), by Ahmed El Idrissi and Barbara Haesler, FAO

• The GPA aims to be a technical document providing a framework with a joint vision and commitment allowing the four Partner organizations to work together.

• It also aims to support countries, enable collaboration across sectors and regions, identify synergies and overlaps to support coordination and mobilize investment including better use of resources.

• Complete draft of the GPA will be shared with OHHLEP by mid-December. Inputs will be accepted until mid-January and then compiled by the drafting team. A public stakeholder engagement process is under consideration. The final GPA will be presented at the annual Tripartite Executive Meeting planned for March 2022.

Theory of Change
The GPA Theory of Change was created in collaboration with OHHLEP and partner teams, including two facilitated workshops. The structure of the document was presented.

• Impact statement aligned with the OHHLEP definition

• Long-term outcome consisting of 2 parts – Reduced risk and impact of health threats at the human-animal-environment interface using a One Health approach and improved health and sustainability outcomes. Medium-term outcomes aim at the time frame for the GPA: 2022-2026

• Three pathways to change, representing the areas where the four organizations have the greatest capacity to bring about significant and sustainable change towards the expected medium and long-term outcomes: 1) Policy, advocacy, and financing; 2) Organizational development, implementation, and sectoral integration; 3) Data, evidence, and knowledge.

• Six Action Tracks (one overarching: Strengthening One Health collaborative capacity and the other five are: Emerging zoonotic epidemics and pandemics, neglected zoonotic diseases, food safety hazards, antimicrobial resistance, environment and health).

• Each Action Track has identified one Objective which is further broken down into 2-4 high level actions consisting of a set of key activities with clear deliverables, implementors, collaborators and the timeline. Overall, there are more than 100 activities.
Discussion focused on the progress of the work so far; tools for implementation, including an implementation framework which will be developed with the regions/countries to ensure a good uptake. Further work on assumptions and barriers was discussed; recovery from health threats was mentioned as missing from both the GPA and OHHLEP Theory of Change. Discussion also touched on the excellent collaboration among partners and OHHLEP, the work of the GPA team; and other partners.

**Review of OHHLEP’s last six months and outlook for 2022 - General discussion**

OHHLEP Co-chairs initiated the discussion with a review of Panel activity over the past six months, looking at major achievements, challenges, and successes. Pleased with progress so far, the Panel has demonstrated the ability to work fast, e.g. having the ONE HEALTH definition and the visual ready after such a short time, but reflection is needed on work load, number of meetings and expectations.

**Planning future outputs**

- An annual activity report to be finalized in the first quarter of 2022, covering the work plan, focus areas and the progress on the different WGs.
- A more substantive white paper covering all the work of OHHLEP in the course of 2022.
- Under discussion: a publication on the Theory of Change, a One Health surveillance manuscript, and publication of the HACCP matrix and the identified drivers of disease spill over.

**Role of OHHLEP in relation to Partner organizations**

- Clarification was sought from Partners on expectations beyond expert and advisory function. Agreement to adhere to the Terms of Reference². Partners indicated that longer-term vision for OHHLEP work will emerge via Partner general assemblies and meetings of Member States.
- OHHLEP to prepare a list of asks for support from partners with type of expertise needed and partners will prepare in parallel a list of topics requiring OHHLEP advice on policy and advocacy, including on ongoing and upcoming ONE HEALTH initiatives such as the ONE HEALTH workforce development. Production of a publication plan and outreach strategy was also discussed.
- GPA Implementation will be central to the efforts of the partners, with a continuing role for OHHLEP in guiding and developing its implementation, monitoring and evaluation plans.

**Functioning of OHHLEP working groups and full panel meetings**

- Increasing overlap of work of different WGs was acknowledged. Way forward will include open participation to all OHHLEP members in thematic meetings, aligned with the Theory of Change pillars. Current WG co-chairs will be maintained as theme co-chairs to ensure things move forward coherently.
- Full OHHLEP Panel meetings every 2 months will be kept for time being, last Thursday and Friday of every second month was agreed. Fifth Virtual Panel Meeting will be on 24-25 February 2022.

**Closing remarks**

Co-chairs celebrated OHHLEP accomplishments in 2021, thanked the panel members and the partners, and expressed best wishes for the holiday season. Dr Peter Ben Embarek closed the fourth panel meeting by thanking all members and saluting the work of the partner teams.

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List of Participants

OHHLEP Panellists
Wanda Markotter (Co-chair); Thomas Mettenleiter (Co-chair); Dominique Charron (Rapporteur)
Wiku Adisasmito; Salama Almuhairi; Casey Barton Behravesh; Salome Bukachi; Natalia Casas;
Natalia Cediel; Abhishek Chaudhary; Janice Ciacci Zanella; Andrew Cunningham; Osman Dar;
Nitish Debnath; Baty Dungu; Elmoubasher Farag; David Hayman; Margaret Khaitsa; Marion
Koopmans; Catherine Machalaba; John Mackenzie; Serge Morand; Lei Zhou
**Apologies** Pépé Bilivogui; George Gao; Vyacheslav Smolenskiy

FAO
Ahmed El Idrissi (Focal Point GPA); Barbara Haesler; Jeff Gilbert; Fairouz Larfaoui; Sean
Shadomy; Sophie VonDobschuetz
**Apologies:** Keith Sumption, Chief Veterinary Officer/ Leader Animal Health Programme

OIE
Tianna Brand; Chadia Wannous
**Apologies:** Jean Philippe Dop, Deputy Director General, Institutional affairs and regional
activities

UNEP
Doreen Robinson (Chief for Wildlife); Julian Blanc

WHO
Zsuzsanna Jakab, Deputy Director-General (Day 2)
Michael Ryan, Executive Director, WHO Emergencies (Day 1)
Naoko Yamamoto, Assistant Director-General, UHC – Healthier Populations (Day 1)
Francesco Branca, Director, Nutrition and Food Safety (Day 2)
Maria van Kerkhove, Head of the Emerging Diseases and Zoonoses unit (Day 2)
Peter Ben Embarek, Head of the One Health Initiative
Amina Benyahia; Tim Corrigan; Danny Sheath; Lisa Scheuermann; Liane Gross; Katrin Bote;
Anne Menthon; Dubravka Selenic (Day 1)

**American Region:** Ottorino Cosivi  
**Eastern Mediterranean Region:** Heba Mahrous (Day 1)  
**European Region:** Peter Hoejskov  
**South-East Asian Region:** Gyanendra Gongal  
**Western Pacific Region:** Simone Moraes Raszl, Jessica Kayamori (Day 1)