DAY 1 - 24 February 2022, 12:30-15:30

Introductory remarks

- **Dr Mike Ryan**, Executive Director of WHO, shared apologies from the WHO Deputy Director General Zsuzsanna Jakab and thanked the Panel for continuing support and advice to the partner organisations. The Partners appreciate the level of commitment and effort made by the Panelists and the rapid start of their work. He offered thanks for the inputs provided to the Tripartite+ Global Plan of Action for One Health and definition of One Health. Forthcoming work of the Panel on understanding spillover and optimizing surveillance is particularly timely to help address a gap between the complexity of the problem and policy and implementation.

- **Dr Peter Ben Embarek**, Head of the WHO ONE HEALTH Initiative, welcomed participants and gave an overview of the agenda. He welcomed the development of the OHHLEP Theory of Change which will help move One Health from a theoretical concept to the daily practice of collaborative work between the different sectors. Ideally, the Theory of Change could evolve into recommendations to the Partners around improved, flexible, sustainable implementation strategies for One Health prevention of emerging zoonoses. This will be important to inform policy to improve these systems globally, and the Secretariat is ready to support the continued development and delivery of these products. The Partners recognize their role in guiding the next phase of OHHLEP’s work and enhancing OHHLEP’s advisory capacity to the four organisations in this One Health ecosystem.

- **Dr Wanda Markotter and Dr Thomas Mettenleiter, OHHLEP Co-chairs**, thanked WHO’s Mike Ryan and Peter Ben Embarek for their remarks and welcomed all participants. He noted the achievements so far including the OHHLEP Definition which is currently under review in PLOS pathogens as an opinion piece. At the core of the definition is a need to advocate for increased collaboration, communication, and cooperation, the current lack of which hinder efforts to implement One Health at all scales. This is reflected in the large number of One Health initiatives and the challenges of coordination and collaboration. OHHLEP will focus on finalizing its Theory of Change and the Surveillance white paper in the first half 2022. The level of support from the secretariat will be a key limiting factor for OHHEPs output. **Dr Danny Sheath** (WHO) has been nominated as the interim partner focal point for OHHLEP.
Ad-Hoc discussion on the Pandemic Treaty

- During the discussion, it was highlighted by OHHLEP members that an important mechanism to contribute their expertise and recommendations could include advising partners on the pandemic treaty.
- **Dr Peter Ben Embarek** explained aspects of the process. The first meeting on the treaty was today but the timeline for delivery for the treaty is long (May 2024). More information can be found at [here](#).
- The pandemic treaty is striving for a joint approach backed by science, and an important part of that will be opening the silos between the four Partners. It would be important to identify how and where OHHLEP can provide inputs.
  - One path for input is through the delegations of the countries
  - Definition and working method will be decided first
  - Next meeting will be mid-March
  - Engagement of partners and “other stakeholders” is currently under consideration
  - Open sessions to engage external parties- which could potentially include OHHLEP are discussed

**Decision:** OHHLEP agreed that the panel was prepared to provide input and support for the development of the pandemic treaty. Co-chairs would interact with Peter Ben Embarek to understand better how to proceed with this work. Further information would be provided on Day 2 by WHO.

OHHLEP Annual report overview

- **Dr Wanda Markotter** introduced the item and chaired a discussion among OHHLEP members to seek inputs to finalise the report. The report is an activity report and not a substantive paper on the findings of OHHLEP, given that key aspects of the workplan are still in progress while others have been publicized (OH Definition). Panelists were asked to review the report and highlight any major issues. The report was presented in its current form and the following key areas for input were highlighted:
  - Foreword by the Partners
  - For partners to confirm list of where the OHHLEP definition has been published
  - Thematic group leaders to review – particularly groups 3 and 4 surveillance and spillover.
  - FAO to review section 5 for GPA content
  - Solicited input from the Panel on section 7-OHHLEP activities the panelists have been engaged with during 2021. A tool was shared for completing this task.

Thematic group 1 - OHHLEP Theory of Change

- Co-leads **Dr Catharine Machalaba** and **Dr Osman Dar** reported on the most recent meeting last week, focusing on the alignment with the OHHLEP and Tripartite+ GPA-OH Theory of Change.
- FAO presented the progress on the Tripartite+Global Plan of Action on One Health (GPA-OH) Theory of Change.
  - Pathways of change feed into six action tracks which have medium and long-term outcomes to achieve impact.
  - Barriers and assumptions identified, key to design of implementation plan
• Short term outcomes have been identified for each action track but aren’t included in the visuals.

Discussion:
• It was noted that most of the contents in the GPA and OHHLEP theories of change (ToC) are already well aligned.
• The OHHLEP ToC may have to consider other assumptions and barriers not included in the GPA ToC.
• Given the defined scope of the GPA, the GPA ToC does not cover every relevant issue (for example agriculture beyond food safety, AMR, and environmental drivers, animal health outcomes).
• Aspects that are not extensively addressed in the GPA ToC (e.g. food security) as well as underlying principles (the drivers influencing threats to human, animal and ecosystem) will be included in OHLEPP’s ToC.
• GPA-OH implementation will be by the four partners. OHHLEP ToC implementation could be much wider - partners as well as national and sub-national agencies, and sectors (academic research for example).
• Further work on the OHHLEP ToC will require participation of all OHHLEP members. For example, Spillover Drivers in the OHHLEP ToC should be checked by Spillover theme co-leads.
• The process of the development of this ToC in parallel with the GPA ToC has mutually reinforced each product. Secretariat and FAO graphics team will be contacted soon for the development of the OHHLEP ToC graphic.

Closing of the Day
Dr Naoko Yamamoto, ADG of HEP WHO, offered closing remarks for the day highlighting how the panel is a perfect example for cross-cutting work across agencies and sectors.

Day 2 - 25 February 2022, 12:30-15:30

Opening remarks
• Dr Naoko Yamamoto welcomed the group. She confirmed that WHO counts on OHLEPP’s support for the ongoing discussions to strengthen pandemic prevention, preparedness, and response.
• Dr Jaouad Mahjour, WHO ADG, presented the current status of the Pandemic Treaty. He gave an overview of the work plan and focus areas that will lead to proposing a draft at the World Health Assembly 77 in May 2024. He confirmed that Member States are dedicated to including One Health as a key component in the discussions. He will share the contact details of the Intergovernmental Negotiating Body (INB) so that OHHLEP chairs can contact them to offer support and keep OHLEP informed.

Thematic group 3 update on One Health Surveillance System
• Dr David Hayman, as the co-lead of the thematic group 3 with a focus on surveillance, early detection and rapid data sharing in the prevention of emerging zoonoses, gave an update on the
development of the surveillance white paper, building on the contributions made by OHHLLEP members via the questionnaire/survey conducted in 2021.

- The paper structure follows the structure of the questionnaire and presents in narrative form all the inputs of OHHLLEP members. It outlines a framework or model of the key elements of an optimal One Health surveillance system.
- The different sections of the document were presented.
- There is still a need to define the target audience as well as whether case-studies, figures or schematics would be useful. It could potentially be published in a peer-reviewed journal as an Opinion/ (non-systematic) Review of One Health surveillance systems.
- Panel members were all invited to comment on the document and provide feedback if something is missing, or needs more clarification or emphasis, preferably by mid-March.

**Discussion:**

- Strengthen emphasis on capacity building or capacity development as one of the 4 C’s
- The differences in surveillance systems worldwide especially when it comes to less advanced sectors is an important issue including highlighting barriers that occur frequently. It was proposed to think about graphical representation of these issues.
- Whether to use the term “ecosystem” or “environment” in relation to health.
- The fact that commonly surveillance is only associated with case-detection but not with the detection of risk factors and drivers of disease emergence. The importance of this should be explained and highlighted more.
- Ethical considerations and responsibilities are included for data but should also be highlighted in general including legal, social and economic cross-cutting teams at different points in the system.
- It was clarified that the document will provide an overall framework for systems but not on the specific interoperability of different systems including systems on an international level. This is part of the responsibility of the national or intergovernmental agencies.

**Next steps**

- Next meeting of Thematic group 3 will be in two weeks.
- Deadline for providing inputs to the draft will be circulated.

**Thematic group 4 update**

- Dr Salome Bukachi as the co-lead of the thematic group 4 on spillover reminded the panel of the focus areas of this group (drivers of spillover, risk assessment and management framework) and gave an update on the current work of the group.
- The 12 identified drivers were compared with drivers described by the TG1 in the ToC and further alignment may be needed.
- To reach a consensus how the drivers should be positioned on the HACCP spread sheet one more meeting within the group is needed before this discussion can be widened to the panel.
- Social science aspects (social, economic, cultural, gender drivers) will be included.
- It is important to prioritize spill-over prevention rather than spill-over detection where most of the effort and investment currently is being directed to.
Discussion

- Consideration should be given to risks and drivers associated with companion animals/pets as e.g. the global pet trade also creates a risk for spillover events.
- The work presented highlighted the need for increased collaboration between the TGs which hopefully the shift to open thematic group discussions will improve.

Next steps

- A meeting will be organized soon with the support of other panel members if needed.
- Dr John Mackenzie has offered to support Andrew as co-chair during the next few weeks

Thematic group 1 update on the ToC

- Dr Catherine Machalaba, co-lead of TG1, confirmed that OHHLEP's ToC is already well aligned with the drivers identified by TG4 and proposed the next steps.
- A document considering the short-term, medium-term and long-term outcomes, as well as the barriers and assumptions, will be shared.
- Panel members are invited to comment and include missing points. Input will be compiled and included in the next discussion.

Next steps

- With the help of the secretariat, FAO's design team will be contacted to start creating a visual design for the ToC.
- Meeting of thematic group 1 in late March

Annual report updates from Day 1

- Dr Dominique Charron, OHHLEP Rapporteur, thanked everyone for their input to the annual report. It will be shared with the panel for finalization. Decision was still required on what to include as OHHLEP deliverables for 2022. The following were considered and recommended to the Co-chairs for decision:
  - OHHLEP’s theory of change
  - Advice to the partners on GPA-OH implementation
  - Advice to the partners on the Pandemic Treaty
  - Pursue creation of global database of OH initiatives and resources in collaboration with other OH initiatives and the partners
  - Model Surveillance framework publication
  - Drivers of spillover and HACCP framework publication

Additional considerations:

- Achievement of the deliverables will require considerable additional support from the Secretariat.
- New OH initiatives are created constantly; any inventory or mapping would naturally be a living document and very labor intensive to set up and maintain. Therefore, a global database is considered a more suitable alternative, but will need to be hosted somewhere.
- Collecting case studies on best practice examples for OH implementation could be considered as a future activity.
Interaction and collaboration with other relevant OH initiatives

The OHHLEP Co-Chairs, and several panel members have been in contact with different OH initiatives. Some of them were presented to the OHHLEP via OHHLEP meetings or meetings with the Secretariat. A discussion ensued where either OHHELP or partner experts presented the information that had been shared so far:

- **Global Alliance for Pandemic Prevention (GAPP)**
  - A public health initiative designed to detect, contain and respond to infectious diseases that threaten human health, wildlife and food security.
  - This initiative has built a community of committed experts over a period of 10 years.
  - Their areas of work and some of their many achievements have been highlighted.

- **The One Health Intelligence scoping study (OHISS) which has been asked for by G7 Health Leaders**
  - The OHISS project will contribute to the development of a global OH intelligence framework and system design that supports the effective application of the international human and animal health regulations and helps to safeguard global health security.
  - An update on their final report at a next panel meeting was requested by OHHLEP
  - Follow up meetings with OHHLEP members, TG3 and 4 co-leads

- **WHO’s Scientific Advisory Group for the Origins of Novel Pathogens (SAGO)**
  - Discussions about potential overlaps and clarifications about the ToR were presented in a meeting of the Secretariate, OHHLEP co-chairs, rapporteur and WG co-leads
  - SAGO has a focused scope but opportunities for collaboration were noted in surveillance and drivers; joint meetings are under consideration.

- **PREZODE (Preventing Zoonotic Disease Emergence)** is continuing work establishing global workshops. When their structure and workplan is more established it would be beneficial to look at potential areas of collaboration.
  - Many of the Panel members are involved in some capacity with PREZODE

During the discussion a few other initiatives were identified.

- The Global Preparedness Monitoring Board has commissioned an analysis of drivers and seem to be interested in broadening their scope to include more One Health considerations
  - Not much information is available, but Dr Naoko Yamamoto will share some more details.
- Zoonotic Disease Integrated Action (ZODIAC) had a meeting with WHO. More information on this will be provided by the Secretariat in the future.

**Other Business Arising:**

- The 7th World One Health Congress will take place in Singapore from 7\textsuperscript{th}-11\textsuperscript{th} of November
- The 11\textsuperscript{th} Bangladesh One Health conference will take place on April 22\textsuperscript{nd}. More details will be shared with the panel when available.
Closing Remarks

The OHHLEP Co-chairs have submitted a list of needs for support to the Secretariat and continue to strengthen the supports for OHHLEP. A contact point for all needs has been established (Danny Sheath). The chairs emphasized that the panel is still evolving and suggestions on topics for future work of the panel are very welcome. The next meetings of the panel will focus on the ToC as well as on the surveillance white paper. OHHLEP members were reminded that all OHHLEP members are invited to participate in the Thematic WG meetings on these two topics.

The importance of harmonization in the field of One Health was emphasized including OHHLEP’s crucial role to transform the scattered approaches into a joint mission.

Dr Naoko Yamamoto closed the panel meeting highlighting the role of OHHLEP’s expertise and independence for public health and thanking everyone for the work so far looking forward to the year ahead.

Next panel meeting

Next full panel meeting proposed for 5-6 May 2022.
List of Participants

**OHHLEP Panelists**
Wanda Markotter; Thomas Mettenleiter; Dominique Charron; Wiku Adisasmito; Salama Almuhairi; Casey Barton Behravesh; Pépé Bilivogui; Salome Bukachi; Natalia Cediel; Andrew Cunningham; Osman Dar; Nitish Debnath; El Mouобавe Farag; David Hayman; Margaret Khaitza; John Mackenzie; Catherine Machalaba; Serge Morand; Zhou Lei; Vyacheslav Smolenskiy; Day 2: also Natalia Casas; Abhishek Chaudhary; Baptiste Dungu;

**FAO**
Barbara Haesler; Keith Sumption (Day 2)

**OIE**
Jean-Philippe Dop; Chadia Wannous

**UNEP**
Lisa Crump; Nadisha Sidhu (Day 2)

**WHO**
Mike Ryan (day 1), Naoko Yamamoto; Peter Ben Embarek; Francesco Branca; Danny Sheath; Katrin Bote; Jaouad Mahjour (day 2).

**WHO Observers**
Amina Benyahia; Gyanendra Gongal; HebaMahrous; Simone Moraes Raszi; Tim Corrigan; Jessica Kayamori; Katrin Bote; Ottorino Cosivi; Anne Menthon; Dubravka Selenic; Liang Cheng; Shihan LIU; Jamie Guth; Nadisha Sidhu; Sydel Parikh; Marie Ange Wambo; Bernadette Abela-Riddler

**Apologies**
OHHLEP members: George Gao; Marion Koopmans.
WHO Deputy Director General Zsuzsanna Jakab, Janice Zanella.