



Food and Agriculture
Organization of the
United Nations



World Health
Organization

6th Meeting of the One Health High-Level Expert Panel (OHHLEP) 6 May 2022

Note for the record

Morning Session 6 May 2022

9:00 – 9:15 : Introductory remarks

- **Dr Zsuzsanna Jakab, Deputy Director-General of WHO**, opened the first in-person OHHLEP meeting by welcoming the participants and highlighting the advantages of finally gathering for a physical meeting. Acknowledging the huge amount of work that was already achieved in one year, especially considering the challenges of having to establish the panel completely virtually. She further congratulated on the 2021 OHHLEP report and emphasized the importance of One Health for WHO in general but also for many agenda items at the upcoming 74th World Health Assembly. OHHLEP's support is relevant for many current debates such as the pandemic treaty, the G20 meeting, and the implementation of the One Health Joint Plan of Action. WHO is looking forward to the panel's ongoing support in the future.
- **OHHLEP's chairs, Prof. Thomas Mettenleiter and Prof. Wanda Markotter** welcomed the in-person and virtual participants and gave a short recap of OHHLEP's first year and the way forward. They emphasized that the first year of OHHLEP was very productive, thanks to the great amount of motivation and work of all panel members. Starting in a Working Group (WG) format was considered a good choice to get to know each other and to get organized before transitioning to the new way of working in thematic groups ensuring a better inclusion of all the expertise in the panel. There are high expectations for the panel, and there is a need to discuss how OHHLEP will continue working in the next year and what will be expected both from the panel and from the partners.

9:15 – 10:30: Important initiatives for OHHLEP's inputs

One Health Intelligence Scoping Study (OHISS)

Dr Madhur Dhingra and Prof John Weaver presented the objective and current state of advance of the OHISS.

- For the first time all Quadripartite organizations jointly investigate available early warning systems to identify opportunities for greater technical harmonization of global health intelligence and data systems.
- The official end of the project is in July but there are many more areas of work beyond that date. The study will provide recommendations how systems can be improved and connected. These need to be implemented and guidance is needed beyond the end of the funding.
- They expressed the wish to collaborate with OHHLEP and suggested different areas of potential synergies:

- Review of the OHISS literature review to benefit from the panel's expertise and insights of work that is already being undertaken.
- Compare drivers identified during the characterization of the risk landscape with the drivers and hazard categories identified by OHHLEP.
- Use the opportunity to jointly create an inventory of national systems and advocate for their strengthening.
- Bring together the Quadripartite assessment with OHHLEP's surveillance white paper in a structured approach to consider opportunities for data integration.
- Further, a hybrid One Health intelligence conference bringing different initiatives together to share problems and challenges and to establish next steps in moving OH intelligence forward is planned for the 12th and 13th of July. The panel could be involved in this and even facilitate and lead some sessions.
- It is also envisioned to establish an expert advisory group on global One Health intelligence with OHHLEP as partner.
- In order to explore these possible collaborations further, it is important to discuss next steps.

Discussion:

- There seems to be some overlap in the work of OHISS and OHHLEP and the panel clearly expressed the importance to coordinate activities to not duplicate any work.
- It was clarified that OHISS used the concept of One Health according to OHHLEP's definition, however, due to the limited time the main focus was on human health.
- All Quadripartite organizations have intelligence systems that have a need to be inter-operable also including interactions with national systems.
- The mapping of initiatives needs to be first completed by the Quadripartite which is already a heavy workload. Working mechanisms need to be established and long-term planning should then also encompass national levels.
- Considering the approaching project end, the panel needs to discuss what kind of collaboration is feasible and which role OHHLEP can have.
- OHHLEP is pleased to review and provide comments on the planned OHISS outputs. Any draft available (both of the review and the inventory) should be shared with the co-chairs who will further coordinate with the panel and collect the feedback.
- Other presented opportunities will be discussed internally to see what the panel can provide in the short timeframe that is available.
- In the longer term, OHHLEP could support in advising recommendations and influencing their uptake and implementation.
- Joint workshops between OHHLEP and OHISS experts could be planned.

Action points:

- OHHLEP could set up a meeting rather quickly to get an overview of the inventory and to see if a more in-depth workshop would add any benefit.
- Concrete requests should be sent directly to the chairs who will further discuss it internally with the panel.

WHO-IUCN Expert Working Group on Biodiversity, Climate, One Health and Nature-Based Solutions

Dr Maria Neira and Dr Cristina Romanelli presented the WG objectives and potential opportunities and synergies to work together with OHHLEP.

- The expert WG between WHO and the International Union for Conservation of Nature (IUCN) was formally established last year, however, it is built on work that is already ongoing for a decade and which has brought together many agencies including the members of the Quadripartite, academic institutions, and important civil societies.

- The WG aims to develop evidence-based guidance and tools to promote healthy recovery, prevent future health risks, biodiversity loss, and climate change in agreement with the Sustainable Development Goals (SDGs). This also includes operationalization of OH approaches and identification of co-benefits for humans, animals and ecosystems as the health argument can act as a very strong driving force.
- The importance of biodiversity and environment for human health was emphasized.
- The pandemic has acted as a reminder of the strong relationship between people and planet, the anthropogenic drivers that impact ecosystems and the major burden of diseases caused by environmental factors.
- Considering the high human health impacts of environmental interventions, they could envision working together with OHHLEP.
- A broad set of outcomes are planned.

Discussion :

- The panel appreciated the opportunity to exchange ideas with the WG to understand the possible opportunities to collaborate and to establish links between nature-based solutions and prevention of infectious diseases.
- It was suggested to further connect animals to the presented biodiversity tree.
- There was a clear agreement that joint assessments could help to uncover potential conflicting interests between nature-based solutions and prevention of infectious diseases.
- It was agreed that there could be a possibility for OHHLEP to integrate the OH aspect into the strategies and plans of the WG.
- Further discussions are planned, on how to strengthen the links and how to embed OH into the work of the WG.

Action point:

- The WHO-IUCN Expert WG was encouraged to contact the Co-Chairs of the panel with more specific requests when opportunities arise.

Global Preparedness Monitoring Board (Dr Ian Smith) GPMB

- **Dr Ian Smith** from WHO gave an overview of the Global Preparedness Monitoring Board (GPMB). The aim of this presentation is to facilitate the discussion on a close collaboration with OHHLEP on this initiative. GPMB was co-established by WHO and the World Bank (WB), to assess the world's preparedness for health crisis and advocate for strengthened global health security. The board is looking at a global level instead of a regional or a national level. The current board has a large focus on human health.
- The 2021 report proposes six solutions for preparedness. One of the solutions is to recommend Quadripartite develop a real time, one health surveillance platform. The presentation also showed the monitoring framework and some draft indicators of One Health and health systems.

Discussion:

- There are clear linkages between GPMB and OHHLEP, such as the One Health surveillance system and the assessment of spillover drivers.
- GPMB doesn't have a system to collect data but relies on existing systems to gather information. The challenge is that many areas are untraceable.
- The board is also looking into drivers and response which will help them better understand how to strengthen preparedness.

- Aggregated data from global level does not necessarily reflect the problems and gaps at regional and country level, one example is deforestation. This is one of the limitations of the GPMB.
- Joint External Evaluation (JEE) and IHR State Party Self-Assessment Annual Report (SPAR) have limitations as indicators to reflect countries preparedness level and their capabilities to respond to health crisis.
- To operationalize trust in these global instruments is challenging, not only due to communication, but also other factors such as lack of respect for authority, lack of confidence in government, corruption, etc.
- To overcome the data gaps, the board focus more on qualitative assessment. The data are all aggregated, such as the gender, the socio-economic status, etc.

Action point:

- OHHLEP will have a follow-up meeting (the extended Bureau meeting) with GPMB and formalize the areas of collaboration.

Pandemic ‘Treaty’

- **Dr Steve Solomon** from WHO gave an overview of the discussion related to the pandemic treaty. The pandemic treaty is aimed to be delivered at WHA77, in May 2024. One of the key milestones is that this July, Member States will decide whether the pandemic treaty will be legally binding or not. A draft will also be available this July which may allow OHHLEP to provide input.
- OHHLEP would like to contribute to the discussion related to Pandemic Treaty as many Member States have expressed that One Health approach should be the foundation of the treaty.
- There are two ways to be involved in the discussion of the pandemic treaty for OHHLEP: One way, where OHHLEP would be able to participate in plenary sessions and some working group sessions, would be for OHHLEP to be on the list of the relevant stakeholders, compiled by Intergovernmental Negotiating Body (INB). Another way is to provide oral intervention or written comments through the global public hearing.
- Currently the discussion around One Health has a core focus on the spillover risks, the surveillance, and the sharing of data, etc.

Discussion:

- OHHLEP chair clarified the goal of the OHHLEP is to have its expertise be fed into the preparation and the finalization of the Pandemic Treaty since the mandate of the OHHLEP is to give strategic and technical One Health related advice to the Quadripartite.
- Currently there is a discussion to amend and strengthen the International Health Regulation (IHR). Since there is no One Health element in current IHR, OHHLEP would be interested in participating to the discussion and in bringing the One Health element into the revised IHR. The ratification of the pandemic treaty is done by each country one by one.
- Compared with IHR, the pandemic treaty will complement in several ways. First, the treaty is a lasting agreement for generations. Second, it involves the political commitments from every country at highest level. Third, it also creates its own community and self-sustaining political structure.
- The pandemic treaty may also need to look at drivers from an upstream prevention perspective.
- WHO will have the same access as other intergovernmental organizations to provide feedbacks to the pandemic treaty.
- Targeted consultation with stakeholders that will be hosted by WHO governing bodies would be an opportunity to have OHHLEP onboard for the pandemic treaty.

Action points:

- OHI will have follow-up meeting within WHO internally to discuss what would be the best way to have OHHLEP contribution to the development of the pandemic treaty.
- OHHLEP will also closely follow up the discussion around the revision of the IHR and contribute through the process.

Implementation, monitoring and evaluation frameworks of the OH-JPA (Chairs & Partners)

- **Dr Amina Benyahia** from WHO gave an update on the status of the OH-JPA. The draft OH-JPA was agreed by the Principles of the Quadripartite. Now each organization is going through its own process either through an information session or consultation.
- WHO held an information session on 31 March and launched the online consultation for 3 weeks. Comments received so far welcomed the JPA, especially on the One Health definition developed by OHHLEP. Other comments are more related to the implementation of the JPA. OIE, FAO and UNEP all have planned sessions to inform and consult their members.
- The Quadripartite will finalize the JPA through May and the official launch is scheduled in June. The development of the implementation plan, Monitoring and Evaluation frameworks would need inputs and advice from OHHLEP.

Discussion:

- Currently there is no clear timeline regarding when OHHLEP will be asked to contribute since the plan is not finalized. The Quadripartite senior management will have a retreat in the week of 21 June, in which the timeline will be decided. OHHLEP can expect to receive the timeline in July.
- Considering the comments received so far, there will be no major changes for the draft OH JPA.
- For both OIE and WHO, the OHHLEP activities, OH JPA and the One Health collaboration among the Quadripartite in general will be reported back to its respective governing bodies. OHHLEP members are encouraged to also advocate from their end for One Health agenda.
- Regarding the methodology for incorporating the comments of the OH JPA, all the comments received from countries are anonymous. The accepted comments should fit into the content and strengthen the current draft. Additionally, the drafting team that will revise the document has members from the four organizations. The management of the comments also based on the consensus among the Quadripartite. The comments provided, represent the government instead of individuals.
- The understanding of One Health at country level varies. Actions were taken to improve the situation. E.g. OIE and WHO is working on the education curriculum on One Health. Additionally, there are regional quadripartite one health platforms that mirror the global coordination, and will play a key role for the roll-out and the implementation of the OH JPA.

Action point:

- The Quadripartite will get back to OHHLEP with clear requests and timeline regarding the development of the implementation plan and M&E for the OH JPA

Ad-Hoc discussion on communications

- OH JPA: Capacity building is critical for the implementation phase. However, education, capacity building, and communication needs to be strengthened. And that needs to be discussed with the OHHLEP within the coming weeks and months. There is a regional OH network that we should leverage at both technical and advocacy perspectives.
- At country level, OHHLEP members could think about this within their own network (different ministries, institutes, etc.) and in their own countries to amplify OH and OH JPA.

- WHO OHI mentioned Inter-ministerial conferences can be considered (echoed by OHHLEP member), work with MS to see the possibilities? The quadripartite needs to discuss the country support.
- e.g., Serge mentioned in SEARO, high level training for French ambassadors. FAO mentioned joint government meeting/conference can also be considered.
- OHHLEP could write to the DGs about OH, emphasize its importance and what we think OH is.
- One Health platform should be considered at both regional and country level.

Action points:

- Consider issuing regular OHHLEP recommendation papers of 1 to 2 pages on key OH issues and publish in a OH journal and mainstream media. If we are timely, it can be useful and picked up by journalists. This could be tested during WHA and COP27 in Egypt.
- To discuss the newsletter option during the next bureau meeting. The audience should be determined.
- A communication strategy should be discussed and developed and OHHLEP visibility increased.
- For the next bureau meeting, we can discuss bringing in the quadripartite comms working group for these elements.

Afternoon Session

13:30 – 14:30: Update on the statuses of workplan from co-chairs and from the thematic group leads

TG1: OHHLEP theory of change

- **Dr. Osman Dar** presented the overview of theory of change as an adaptable living document. The working group has highlighted problem statements, approaches, pathways of change, high-level actions and outcomes and impacts.
- **Dr. Catherine Machalaba** and **Dr. Osman Dar** as the co-chairs of the TG1 also listed all action tracks. More detailed information will be shared with all members. The publishing plan is to have a text version and a visual released together, which will be finalized in the next weeks.

Discussion:

- Social challenge might be very generic and should be reviewed as it's not the technical area that OHHLEP is covering.
- In the challenges, missing suspected side effects and acute changes from outbreaks.
- Consideration and addition of sociopolitical events and other disruptive events.
- From actions to outcomes, indicators should be added.
- A Sub categorization of the pathways was also suggested.

Action points:

- All to check the challenges, action tracks/sets and outcome sets.
- The visual document will be reviewed, each of the diagrams is to be separated in a page (link to page), with its own text details.
- Adding a multidirectional/cycle sense to the document as per OH definition, and the addition of a 4th pathway for the continuous evaluation and monitoring.
- For suggestions and any challenges not already captured in the documents the co-chairs encourage panelists to share them.

- Feedback encouraged by co-chairs on the final list of challenges, pathways and outcomes.

TG3: Surveillance, early detection and rapid data sharing in the prevention of emerging zoonoses

Professor David Hayman and Professor Marion Koopmans, thematic group co-chairs presented the state of advancement of the surveillance paper, starting by a reminder of the process and then an update on the recent additions:

- A consistent final draft of the paper regrouping the key elements to a One Health (OH) ideal surveillance system.
- A table aligning: diseases, their agents, human and animal health components and environmental factors, the actions and linkages are in construction.
- Figure showing the chain of emergence.
- A frame to a comprehensive OH surveillance system.
- Cross cutting elements were defined.

Discussion:

The OHHLEP experts discussed the WG3 paper materials and gave remarks and suggestions:

- A better inclusion of the environmental elements and decreasing the focus on human health were recommended by the experts.
- To center this paper on the definition of a true OH surveillance system, underlining its characteristics and how it stands in comparison with existing initiatives.
- Adding key information and messages regarding OH surveillance (leading/big ideas).
- To include examples of:
 - a good OH surveillance initiative;
 - a non-efficient OH surveillance initiative and;
 - a covid-19 example, as a more relatable situation.
- Legal framework and ethics questions were raised, as well as data sharing issues and potential collaborations (sago, OHISS,...).
- In addition to the pathogen surveillance, a concern regarding the identification and monitoring of drivers to disease spillover, was addressed and will be the subject of a publication from the TG4.

On implementation:

- The separation, in a different paper, of all the implementation materials on OH surveillance system and the survey results.
- Highlight the major issues and gaps in an implementation paper, detailing where the investment priority and effort should be concentrated, the right workforce mobilization (implementation priorities).
- Financial plan on the implementation of a surveillance system (for the system to be up and running + including cost).
- Based on OHHLEP recommendations, international member states and partners can discuss the implementation and the associated budget.
- Consideration for the implementation strategy of the low- and middle-income countries (public sector mainly implicated).

Action points:

- The co-chairs of the TG3 acknowledge the recommendations of the fellow experts and decided to rewrite the current paper with a focus on a high level OH surveillance system definition.
- The survey results and other implementation oriented components will be the subject of a separate publication.

TG4: Factors causing spillover and subsequent spread of diseases

Prof. Andrew Cunningham, updated on the advancement of the group and an establishment of a list in progress of key drivers to spillover and re expressed the need for HR support.

Discussion:

TG4 was contacted by OHISS for the overlapping work on drivers of spillover and hazard analysis, for collaboration:

- The bowtie method used by OHISS doesn't identify with mitigation methods of OHHLEP's TG4, current hazard analysis method applies better (HACCP)
- An OHISS suggestion of a fusion between OHISS and OHHLEP for one panel, was exposed to the experts during the meeting, the initiative was not supported.
- OHHLEP will work independently and could potentially submit the work to OHISS for a second expert panel opinion. In case of an approved collaboration, further discussion needed on the subject.
- Prof. Serge Morand mentioned his contribution and other OHHLEP members in a European initiative on interdisciplinary research on biodiversity and pandemics.

Action point:

- TG4 will benefit from support, one assistant for the systematic literature review, and a specialist on hazard analysis, ToRs will be defined, timeline for delivery will be by end of 2022.

16:45 – 17:00 : OHHLEP's workplan review

Prof. Thomas Mettenleiter, delivered a positive feedback on the working situation, describing it as friendly and productive, he acknowledged the support from the quadripartite, the secretariat at WHO OHI and Dr. Danny Sheath as the focal point, he also highlighted:

- Finding OHHLEP's position between other panels and experts in One Health.
- The room for improvement in the visibility of OHHLEP, as discussed earlier in the day.
- Reenforced the position of OHHLEP as an important think tank to support the quadripartite in dealing with aspects relevant to OHHLEP expertise.
- Maintaining regular meetings and organizing in person meetings can bring a different dynamic to the work with better communication and better outcomes.
- The secretariat supports the idea of further communication between panelists and future in person meetings, with a frequency for the latter of > 1 per annum.

Reelection of the secretariat, chairs and rapporteur

Dr. Danny Sheath thanked the panel and the OHI team and reminded the participants that as stated in the OHHLEP ToRs there had to be a reelection of the chairs and rapporteur after 12 months of operation. He announced that following an online pole **Prof. Wanda Markotter** and **Prof. Thomas Mettenleiter**, co-chairs of the OHHLEP and **Prof. Dominique Charron** rapporteur, have been unanimously reelected by the panel members.

Words of the co-chairs, **Prof. Wanda Markotter** and **Prof. Thomas Mettenleiter** thanked the panel members and OHI team, they are looking forward to continuing to work together in this friendly and productive atmosphere.

Word of the rapporteur, **Prof. Dominique Charron** thanked the co-chairs for the support, and the note takers.

Closing remarks

ADG Yamamoto Naoko

- Thanked the panel for coming to Geneva for this first in person meeting and for the valuable work during the past year.

- Thanked the co-chairs for the leadership and the fostering of a friendly interactive atmosphere.
- Thanked and congratulated the partner agencies and the secretariat.
- Emphasized the unique position of OHHLEP and the expectations for OHHLEP to develop recommendations, that will support and reinforce the OH implementation by the member states and partners.
- Looks forward to meeting the panel again soon and to seeing more of the OHHLEP products.

List of participants

OHHLEP members

Wanda Markotter; Thomas Mettenleiter; Dominique Charron; Marion Koopmans; Wiku Adisasmito; Salama Almuhaire; Salome Bukachi; Natalia Cediell; Andrew Cunningham; Osman Dar; Nitish Debnath; Elmoubasher Farag; David Hayman; Margaret Khaita; John Mackenzie; Vyacheslav Smolenskiy; Catherine Machalaba; Serge Morand; Baptiste Dungu; Janice Zanella.

Virtual participation: Casey Barton Behraves; Natalia Casas; Zhou Lei; Abhishek Chaudhary; George Gao

FAO

Keith Sumption (*virtual*); Fairouz Larfaoui; Barbara Haesler;

OIE

Chadia Wannous ; Tianna Brand (*Virtual*) ; Andre Furco (*Virtual*) ;

UNEP

Julian Blanc ; Lisa Crump ; Charlotte Hicks;

WHO

DDG Zsuzsanna Jakab; ADG Naoko Yamamoto; Peter Ben Embarek; Francesco Branca; Danny Sheath; Amina Benyahia; Katrin Bote; Liang Cheng; Shihan LIU; Amira Preure ; Tim Corrigan; Bernadette Abela-Riddler, Marie-Ange Wambo; Lisa Scheuermann; Pat Drury; Gyanendra Gongal (*virtual*); Heba Mahrous (*virtual*) ; Hellen Kabiru (*virtual*) ; Luz De Regil (*virtual*) ; Marie-Christine Bartens (*virtual*) ; Rebecca Grant (*virtual*) ; Tanja Kuchenmuller (*virtual*); Tieble Traore (*virtual*)

OHISS

John Weaver (*virtual*) ; Madhur Dingra (*virtual*) ; Andrea Carvelli (*virtual*) ; Andrea CapobiancoDondona (*virtual*) ; Jas Mantero (*virtual*) ; Petra Muellner (*virtual*) ; Sharon Calvin (*virtual*)

WHO IUCN Expert WG

Maria Niera (*virtual*) ; Christina Romanelli (*virtual*)

GPMB

Ian Smith

Pandemic 'Treaty'

Steve Solomon

Other observers:

Fernanda Dorea (*virtual*) ; Meena Singelee (*virtual*) ; Jean-Pierre Cayol (*virtual*) ; Joergen Schlundt (*virtual*) ; Noura El-Haj (*virtual*)