



Food and Agriculture  
Organization of the  
United Nations



World Health  
Organization



World Organisation  
for Animal Health

## 3<sup>rd</sup> Meeting of the One Health High-Level Expert Panel (OHHLEP) of Term II 19 & 20 February 2025

### Note for the record

#### Day One-19 February 2025

##### 12:30 – 12:50: Welcoming Remarks

**Junxia Song, Senior Animal Health Officer at FAO**, welcomed participants to the third full panel working meeting of OHHLEP, and thanked OHHLEP members for the progress made so far. She highlighted the need to engage more broadly with technical and regional colleagues from each of the Quadripartite organizations moving forward. Additionally, she highlighted the need to explore opportunities to align OHHLEP with other relevant initiatives, such as the upcoming Community of Practice on governance under the One Health Knowledge Nexus, and other efforts, such as e-learning and intelligence generation.

**Amina Benyahia, Head a.i. of the One Health Initiative Unit at WHO**, highlighted the vital and unique role of OHHLEP in building a strong evidence base for efficient intersectoral collaboration whilst ensuring high-impact delivery. The Quadripartite partners are committed to advancing their intersectoral initiatives, creating a stronger and more resilient framework for the future. She highlighted the need to rely on the strength and stability of the partners, given the current challenges being faced, requiring greater emphasis on efficiency and added value of the One Health approach. She outlined the three deliverables of OHHLEP, the first being the enablers and barriers to implementation which is vital for facilitating the discussion amongst the Quadripartite on where to prioritize and effectively channel collective efforts; the second is to provide an overview of the political and legal instruments relevant to One Health which will aim to foster a clear understanding of the legal and policy landscape in which the One Health approach operates; the third will build on the work of Term 1 with the mapping of the OHHLEP inventory of tools to the stages of One Health implementation and the One Health Joint Plan of Action (OH JPA) action tracks, ensuring countries have practical guidance for their unique context. The hope is to evolve these deliverables into comprehensive recommendations for the Quadripartite.

Amina Benyahia briefly updated that the 13<sup>th</sup> meeting of the Intergovernmental Negotiating Body (INB) is taking place this week between 17 to 21 February in Geneva, to negotiate and agree on the proposed Pandemic Agreement. Until now, relevant stakeholders are invited to join briefing sessions at the beginning of each day to be updated on the progress and provide views on relevant articles. However, the negotiation sessions are only open to Member States. The draft text is still under discussion and still needs to be agreed on, including articles 4 and 5 related to One Health. The aim is to have a text that is presented and adopted at the 78<sup>th</sup> Session of World Health Assembly scheduled from 19 to 28 May 2025.

**Doreen Robinson, Director of Biodiversity and Land at UNEP**, thanked OHHLEP members for their time, and reiterated the need for multilateralism and the use of science to contribute to rational decision-making especially during politically charged times. She further reiterated that now more than ever, groups like OHHLEP that focus on collaboration and creative solutions are needed.

**Chadia Wannous, One Health Global Coordinator of WOA**H, emphasized that in these politicized times, staying together and unified is critical and our work to address the complex and interconnected challenges at the human-animal-environment interface is even more vital than before in advancing the One Health agenda. She reiterated that the organization of OHHLEP deliverables moving forward will involve engagement in focused discussions and breakout sessions providing a deep dive into the specifics of each deliverable, with panel members playing a key role to shape the direction of the work. The success of these discussions will rely on the active contribution and expertise of each member, and she encouraged everyone to bring their insights, experiences and ideas to the table. She concluded by thanking panel members for their commitment and dedication.

**Carlos Das Neves**, co-chair of OHHLEP and this meeting, welcomed the participants and highlighted the current challenging situation and highlighted the importance of the work of OHHLEP. He explained that this meeting will focus on moving forward on the first deliverables of the Enablers and Barriers (E&B) for One Health implementation. He reflected that the scope and nature of outputs have changed from the first term of OHHLEP, which focused on setting the stage and providing strategic and overarching documents. The second term of OHHLEP is moving to a stage where the requests from the Quadripartite are more in support of ongoing activities and implementation.

**Wanda Markotter**, co-chair of OHHLEP and this meeting, welcomed participants and added that it is a critical time to highlight the science and knowledge-based advice to keep the momentum going for One Health. She thanked panel members and the Quadripartite for participating and showing their commitment.

## 12:50 – 13:05: Panel Session One: Updates from the Quadripartite

**Chadia Wannous**, on behalf of the Quadripartite, presented a brief update on the progress of the Quadripartite collaborative work, related to the four joint strategic priorities:

### 1. Implementation of the One Health Joint Plan of Action (OH JPA)

- The Quadripartite recognize the vital role of regional coordination mechanisms, and are working to strengthen these mechanisms, which have been established in Eastern Mediterranean, Africa, Asia-Pacific, and Europe regions. Discussions are currently on-going to establish similar mechanism in the Americas by 2025.
- The Quadripartite have convened One Health workshops in several regions and countries, with more planned in the coming year to raise awareness of the OH Joint Plan of Action and generates interest by countries and regions for the adoption of the One Health approach.
- With support from regional teams, the Quadripartite are working to better understand the methods and tools that can be used to assist countries implement the five steps outlined in the OH JPA implementation guide. The Quadripartite request OHHLEP's guidance to map the OHHLEP inventory of One Health tools against the five steps of the implementation guide.
- In addition, the Quadripartite is working to update the existing Tripartite One Health tools including the Tripartite Zoonosis Guide, to ensure the incorporation of environmental dimensions into the tools and align them to the OH JPA.
- The Association of Southeast Asian Nations (ASEAN) project was highlighted as a successful example of joint work, where 12 countries will be technically supported by the Quadripartite to implement the OH JPA, with funding provided by the UK.
- The Quadripartite acknowledge that countries use different governance structures to establish Multisectoral Coordination Mechanisms (MCMs) for One Health at national level, based on their context. They also recognize that more work is needed to support countries to strengthen these mechanisms and ensuring they include key stakeholders such as science, academia, research institutions, NGOs,

communities and the private sector. Funding for the sustainability of these MCMs is also identified as a gap.

- Finally, the Quadripartite have translated the implementation guide into the five UN languages and have developed a two-page factsheet that summarizes the OH JPA and its implementation guide, which will be made available to policymakers and countries.

## **2. Science and Evidence**

- The Quadripartite is working to expand the Community of Practices (CoP) under the One Health Knowledge Nexus, to include a new CoP on governance, which can be linked to the second deliverable of OHLEP.
- The Quadripartite is also continuing to work on the CoP for the Return on Investment on One Health, with upcoming webinars and dialogues planned.
- The Quadripartite acknowledge the vital role of OHLEP to advance this strategic priority and rely on OHLEP support to strengthen it further.
- FAO, WHO and WOA have developed a [Workforce Development Operational Tool](#) under the [Tripartite Zoonosis Guide](#) published in December 2024. Additionally, the three organizations are discussing a One Health Joint Learning to Initiative to bring together resources to create collaborative, multi-platform learning opportunities for One Health professionals.

## **3. Political Engagement and Advocacy**

- The Quadripartite has been actively engaged in the Intergovernmental Negotiating Body (INB) process and supporting members to ensure prevention and One Health articles are strengthened and incorporated into the text of the Pandemic Agreement.
- The Quadripartite are following up on the outcomes of the two high-level events of the UN General Assembly that the Quadripartite were engaged in, including one on Pandemic Prevention Preparedness and Response (PPPR) in 2023 and another on Antimicrobial Resistance (AMR) in 2024.
- The Quadripartite continues to strengthen engagement with the G20 and G7 through high-level events mainly with the Health Working Group, whilst supporting members with political declarations and policy briefs. The last Quadripartite engagement was at the G20 Brazil High-level meeting on One Health in November 2024, resulting in two declarations on health and One Health, climate and equity.
- The Quadripartite organizations also engaged in the UN Climate Change Conference (COP29 2024) and the UN Biodiversity Conference (COP16 2024). The adoption of the Global Action Plan on Biodiversity and Health presents further opportunities for engagement and ensuring that environmental aspects are integrated into One Health. Importantly, the plan embraces the One Health approach but is not limited to communicable disease and AMR, including aspects of food systems, pollution, climate change as well as biodiversity loss.

## **4. Leveraging investment for One Health including Quadripartite Secretariat Functions**

- The Quadripartite Resource Mobilization (RM) Team is working to update the RM strategy and finalize a Joint Offer, an advocacy document that calls for a targeted One Health investment to support national uptake of the OH JPA. The Quadripartite is also developing FAQs on investments for One Health and key messages. The Quadripartite also plans to organize roundtables with bilateral partners and multilateral development banks to mobilize resources for One Health implementation.
- Given the current political and funding situation, it is important to consider how to leverage existing funding and ensure One Health is included in these funding streams.

Chadia Wannous concluded by calling on OHHLEP to provide the Quadripartite with advice on all the above strategic priorities and help the Quadripartite to drive impactful and meaningful One Health actions on the ground.

### **Discussion**

- While reviewing the E&B's, it would be useful to identify how the Quadripartite can engage with financing mechanisms, considering what to finance and through which route.
- The OHHLEP definition puts forward the optimization and balancing of health, which goes beyond cost-benefit analysis. It is important to consider how to methodically optimize the health of humans, animals and the environment.
- One of the major challenges for biosecurity and pandemic prevention is the inhumane treatment of animals. For example, the inhuman condition under which minks were held during COVID-19 contributed to spillover events to humans. Considering this, it was proposed by an OHHLEP member to advocate for a UN convention for animal welfare and protection.
- The absence of gender, inclusion and social equity considerations in existing tools is a significant issue which should be considered as the Quadripartite move forward with updating the operational tools.
- The opportunity for Quadripartite engagement in political forums differs with the presidencies of these forums, and the priorities set by these forums. Although Quadripartite organizations engage in these political forums jointly, it is important to recognize that each partner also has its separate strategy and engagements in these platforms. It is also important to consider how to move this political support from global to regional level, focusing on implementation. OHHLEP requested the Quadripartite to inform members what is needed from them in terms of science-policy support and advocacy, such as policy briefs or specific interventions. It would be useful for OHHLEP to advocate for One Health within their own forums and ensure continuity across presidencies.
- The need to consider developing a mechanism to track action following the adoption of high-level declarations was emphasized. However, it is important to highlight that while declarations, resolutions and statements are good for making a political point, they are not always the most effective for implementation and action on the ground as this is contingent on the availability of resources and also require strong commitment from Member States to support action.

### **13:05 – 13:20: Panel Session Two: One Health Enablers and Barriers (E&B) Deliverable Progress**

**Carlos Das Neves**, co-leader of the E&B deliverable presented the structured approach undertaken in the identification of the 262 initial E&B to One Health implementation. This process led to a streamlined set of 82 E&B, categorized under 10 domains/topic areas.

- A prioritization exercise was conducted engaging the panel members of OHHLEP and the Quadripartite partners, who identified each of the two key priorities within each of the 10 E&B topics presented.
- The results of the exercise were then analyzed and refined, consolidating topic areas that are interlinked, and identifying cross-cutting themes to address across all subgroups. These results were presented to the Quadripartite partners and OHHLEP members.
- The co-chairs emphasized that this deliverable is grounded in an expert knowledge elicitation exercise and represents expert opinion rather than a systematic review of the literature on the E&B. The E&B addressed in this deliverable are prioritized based on their importance in allowing Quadripartite to make a perceptible change and will be supported by concrete case example ensuring that insights are practical, informed and applicable.

### 13:20 – 13:45: Panel Session Three: One Health E&B way Forward and Organization of Work

**Wanda Markotter**, co-leader of the E&B deliverable presented the framework for the deliverable and guidance for the coordination of the six topic specific breakout sessions.

- This deliverable, which focuses on the E&B of One Health JPA implementation, is structured under six topic areas that will be developed under the coordination of two panel members each.
  - **Policy and governance:** Yewande Alimi and Nitish Debnath
  - **Intersectoral collaboration:** Salama AlMuhairi and Dominique Charron
  - **Community engagement and social/societal dimensions:** Maxime Whittaker and Natalia Cediell
  - **Financial Resources and Economics:** Jakob Zinsstag and Ryan Williams
  - **Capacity Building and Workforce Development:** Catherine Machalaba and Abel Walekhwa
  - **Data management and Information Systems:** David Hayman and Annamaria Conte
- To facilitate the work of the subgroups, guiding questions were proposed to help structure discussions and refine the focus areas. Additionally, subgroup coordinators were encouraged to establish ways of working for the development of the sections of the final deliverable corresponding to topic areas of the E&B, including the timelines, meeting frequency and allocation of writing responsibilities for their respective topics.
- Professor Wanda Markotter presented a detailed outline for the deliverable with the sections and proposed a word count distribution, ensuring cohesive and a well-structured final document.

### 13:45 – 15:25: Panel Session Four: One Health E&B First and second Breakout Working Sessions

To advance the six key topic areas of the E&B deliverable, OHHLEP members and Quadripartite partners divided into six subgroups. Each subgroup focused on a specific topic to address the priorities. Outcomes and key insights from these working sessions were shared on the second day of the meeting.

### 15:25 – 15:30: Closing of Day One

The Co-Chairs of OHHLEP Wanda Markotter and Carlos Das Neves, welcomed participants to the second day of OHHLEP's third meeting of Term II, and informed participants of amendments made to the agenda in terms of the order of session for the second day.

### 12:30 – 13:15: Panel Session One: European Science Advice Mechanism (SAPEA) Evidence Review Report

Jakob Zinsstag presented the SAPEA evidence review report (ERR) on [One Health Governance in the European Union](#).

- The European Union (EU) has a Science Advice Mechanism (SAM), which commissioned the ERR on the operationalization of One Health in the EU. The overarching questions that shaped the ERR included:
  1. How should One Health be defined in the EU context?
  2. What are the tools and leverage points for building capacities, planning and implementing One Health?
  3. What are the criteria and the indicators to assess the effectiveness of One Health?
- An expert group of 17 scientists were proposed by European academies of science. Six meetings of the group took place. An internal and external peer-review process occurred, with the full report submitted in August which formed the basis for the group of Chief Scientists to extract and write the scientific opinion. The ERR has the following five chapters:

#### Chapter 1: One Health definition in the EU context

- The EU built on the OHHLEP One Health definition but clarified some terms within it, including, environment and ecosystems, integrated and unifying, closely linked and interdependent.

#### Chapter 2: EU policies benefiting from a One Health approach

- Existing EU policies were analyzed for the benefit of a One Health approach. In the EU, policies such as: Farm to Fork, the Crisis Preparedness legislation, and the EU Biodiversity Strategy, among others, could benefit the most from a greater emphasis on a One Health approach.

#### Chapter 3: Criteria and indicators to assess effectiveness

- The notion of incremental benefit or Return on Investment (ROI) are fundamental. For example, in rabies control, although dog vaccination and post-exposure prophylaxis (PEP) has an initial higher cost than PEP alone, in the long-term it is more cost effective. This shows an integrated approach is beneficial over a mono-sectoral approach.

#### Chapter 4: Leverage points for One Health – evidence from a literature review and case studies

- Existing case studies in the EU have been summarized that illustrate the importance of political ownership, clear governance structures and dedicated funding, including, Integrated AMR surveillance in Denmark; Integrated West Nile Virus surveillance in Italy; Trichinosis control in Europe; One Health in cities; Integrated laboratory infrastructures; Companion animals and mental health. These examples can be used as starting points for a more comprehensive operational development of One Health.

#### Chapter 5: Evidence-based options for policy and research gaps

- Policy options are clearly recommending to adopt the OHHLEP One Health definition. This will have broad ramifications in agricultural, health, and environmental policies of the EU and its member states.
- There are existing policies that can be revised to rapidly convert them into One Health policies.
- Options to improve future One Health governance could include:
  - Developing an online repository of One Health networks.
  - Ensuring financial and political support.
  - Approaching emerging issues from a One Health perspective from the outset.
  - Agreeing an overarching conceptual framework.

- Establishing an integrated laboratory and surveillance-response infrastructure is one of the lowest hanging fruits where incremental benefits can quickly be demonstrated.
- There are clear research gaps, including a lack of evidence in many areas such as governance, economics, AMR surveillance, integrated surveillance-response systems, biodiversity, climate change, water management, animal welfare, ethics.
- There must be a willingness to cooperate. The EU can serve as brokers to promote this cooperation.
- Continue to expand the scope of EU4Health to fully integrate One Health strategies, ensuring a balanced approach to the health of humans, animals, and environments.
- The group of chief scientific advisors have largely adopted the six recommendations of the ERR:
  1. Use the OHHLEP definition as a basis for all future actions related to One Health.
  2. Develop effective One Health Governance by working across silos and creating links at EU, national, and local levels.
  3. Strengthen EU policies related to One Health and overall policy coherence.
  4. Support education, training and data, and knowledge sharing.
  5. Support inter- and trans-disciplinarity in Research and Innovation on One Health.
  6. Improve prevention, surveillance and risk assessment related to One Health.
- Proposal for a One Health operational checklist includes, identify problems; establish theory of change; map and engage stakeholders using a participatory process, clearly engaging academic and non-academic experts; ex-ante process analysis of the framed One Health issue; implement; ex-post analysis to show gains.
- This case example of the EU can be used by the Quadripartite to inform on developing this operationalization process in other regions of the world.

### **Discussion**

- The ERR was officially released in November, and the European Commission are now considering how to bring the recommendations into practice.
- Operationalization is a significant issue for countries that wish to adopt One Health.
- In order to optimize the health of humans, animals and the environment, it is essential to place value on all these sectors, requiring us to adopt a contextual approach. In every context, it is important to conduct an analysis of the value system of the different sectors, which requires a participatory approach that incorporates the traditional and local knowledge value systems.
- Improvements can be measured based on:
  1. How many countries already have a One Health platform?
  2. After two years, how many new countries have established a One Health platform? - showing the rate of change.
  3. How many programmes have been implemented under this coordination platform?
  4. How many regulatory changes have been made?

## **13:15 – 13:30: Panel Session Two: Deliverable Concept for Guidance of One Health assessment Tools**

**Abigail Wright, OHHLEP Secretariat at WHO**, presented the project on the guidance for the use of the One Health assessment tools, as a next step to the initial inventory of One Health assessment tools, led by Casey Barton Behravesh and Dominique Charron during the first term of OHHLEP. This deliverable is aimed at supporting the implementation of the OH JPA.

The initial inventory published in 2023, consisted of 50 tools and 71 One Health resources. The analysis conducted has identified several critical gaps in the available tools that include:

- Limited representation of the environment sector.



- Lack of gender equity and social inclusion considerations.
- Overrepresentation of assessment tools with fewer representation of prioritization, action planning and monitoring tools.
- Disproportionate focus on zoonotic diseases with fewer tools supporting other Action Tracks of the OH JPA.

The Quadripartite partners have developed a funding proposal to update and maintain the inventory of tools which will be introduced with donors.

#### **Objective and proposed approach:**

The Quadripartite partners' objective from the proposed deliverable is to develop concrete guidance for the effective use of tools inventory in support of decision makers and implementing entities. To achieve this, it was proposed to:

- Map the major One Health tools by JPA action tracks and implementation stage.
- Develop a comprehensive yet simplified illustration of the interlinkages of the tools, their applications and how they can be combined for a comprehensive One Health implementation.

#### **Discussion:**

- The tools selection criteria should be revised to include the areas of gaps identified, ensuring greater representation of environment, social and governance considerations and prioritization, action planning and monitoring.
- It was emphasized that assessing how these tools perform when used/implemented in a real setting is essential to know their effectiveness and limitations when implemented by countries.
- It was suggested that a companion guide to the inventory of tools could be developed to fill some of the key gaps identified, such as the environment and inclusion, by integrating relevant complementary tools.
- A clear and structured strategy is needed to guide the future updates of the tools inventory.
- Some of the tools are undergoing a revision with efforts to address their gaps is underway.

#### **Action points and next steps:**

- The Quadripartite partners will continue mapping the major One Health tools. The delay in the timeline initially set for the 31<sup>st</sup> of January will delay the timelines of next steps.
- The development of a guidance document recommending complementary tools for areas of gaps will be explored by partners.
- Efforts to secure funding for the update of the inventory are ongoing.

### **13:30 – 14:30: Panel Session Three: Overview of day one and Conclusions from the Breakout Sessions Work on E&B**

During this session the E&B topic coordinators presented updates on the progress made during their respective breakout sessions from Day 1.

#### **Community Engagement and Societal Dimensions, co-led by Maxine Whittaker and Natalia Cedié.**

- The wording of the subgroup title will be refined for greater clarity and alignment with the priorities addressed.
- The importance of strong resourcing for community engagement and participatory governance were emphasized to ensure the inclusion of marginalized and vulnerable populations.
- The role of government processes and policies in supporting community engagement was discussed including in relation to trust-building.



- Communities may have existing knowledge relative to the human-animal-environment interface but do not use the term “One Health”. Therefore, incorporating community knowledge and languages is important.
- The integration of power dynamics and social determinants of health must be considered when designing One Health interventions.
- Key themes identified:
  - Commitment to resourcing for and promotion of meaningful community engagement and participatory governance.
  - Acknowledgment and inclusion of local knowledge and contexts.
  - Gender and inclusion.

#### **Policy and Governance** co-led **Yewande Alimi** and **Nitish Debnath**.

- Policy and governance will be addressed as a single topic, given the strong interlinkages.
- While the E&B addressed under this topic are distinct, they align under broader priorities and can be addressed collectively.
- Key themes identified:
  - Knowledge generation and implementation as a policy and governance tool.
  - One Health leadership and governance.
  - One Health Policy. Exploring the existing gaps in One Health policies and lack of governance frameworks, as well as bridging the gap between the scientific evidence and decision making.
  - Coordination between national and subnational levels as well as intersectorality are essential for an effective implementation of a One Health approach.
- The importance of the intersectoral collaboration in this context along with strong leadership was emphasized and is one area of interlinkage with the intersectoral collaboration group.

#### **Intersectoral Collaboration** co-led by **Dominique Charron** and **Salama AlMuhairi**

- Many of the E&B related to intersectoral collaboration are high-level, requiring clearer guidance on implementation strategies.
- The subgroup reorganized its E&B into key priority areas. Which include:
  - The ability to collaborate and cooperate across sectors (ability for the 4Cs: Coordination, Collaboration, Communication and Capacity building) in terms of mandate.
  - Structural ability of agencies to engage (coordination mechanism and shared priorities).
  - Stakeholder involvement and intersectoral collaboration and neglected stakeholders.
- Scaling intersectoral collaboration to different levels of governance is considered essential.

#### **Capacity Building and Workforce Development** co-led by **Catherine Machalaba** and **Abel Walekhwa**

- The title of the topic could be refined to “Integrated Capacity Building and Workforce Development to Implement One Health”, acknowledging that the workforce development is a subset of capacity building.
- This deliverable will frame capacity building as both human resource and institutional development for One Health.
- The subgroup reviewed and refined the language of the E&B, consolidating overlapping areas and prioritizing key E&B to address.
- Key priorities identified:
  - Workforce shortage and gaps.
  - Capacity for change and adaptation.
  - Career pathways and financial incentives.
  - Evaluation mechanisms for measuring progress.
- The subgroup additionally identified case examples to support these priority areas.

### **Data management and Information Systems** co-led by **David Hayman** and **Annamaria Conte**

- The title of the topic will remain unchanged, but the priorities will be reframed to distinguish between technical issues and human-centered cross cutting issues (such as policies around data). Key priorities:
  - Data transparency and sharing between governments and sectors.
  - Limited comprehensive data across the different One Health domains, that hinders risk assessment and evidence-based policy.
  - Challenges in or lack of data integration across sectors.
- Governance, trade and liability issues represent a greater barrier than technical challenges.
- The variability of data availability and access, across sectors, systems and time scale was highlighted.
- Data gaps and access issues, relative to the varying types of data and accessibility.
- The sociopolitical barriers and the need to link data to decision making. Data standardization and system interoperability are hindered by political and economic contexts.

### **Financial Resources and Economics** co-led by **Ryan Williams** and **Jakob Zinsstag**

- The group identified three priority areas:
  - Economic impacts.
  - Funding priorities and development.
  - Return on investment.
- Responsibilities for these priority areas were assigned to different subgroup members.
- The interconnectivity of economics and finance E&B topic to other topics of the deliverable were established.

### **Cross-cutting insights and linkages**

- The need for knowledge exchange and coordination between the groups was emphasized.
- The subgroups highlighted the existence of interlinkages in the E&B addressed between the different topics, such as:
  - Knowledge generation and implementation addressed by the policy and governance group links and spills over the Data management group.
  - Intersectoral collaboration links with governance.
- The Quadripartite partners should remain in the discussions to ensure alignment and support.

### **Action items for the subgroups:**

- To establish ways of working for the development of the six topics.
- To identify and compile relevant case examples to illustrate the key E&B addressed.
- Ensure inter-subgroup coordination to address overlapping themes and maintain coherence in the final deliverable.
- Engage with Quadripartite partners and their focal points to integrate their perspective and ensure alignment.

### **14:30 – 14:40: Break**

### **14:40 – 15:25: Panel Session Four: Presentation of the Concept for the Governance Deliverable**

**Gian Luca Burci**, briefed on the mapping of the international legal instruments relevant to One Health as part of the Governance deliverable.

- The mapping includes high-level normative instruments that informs One Health governance and have a bearing as an enabler or barrier to One Health.
- These high-level instruments can include treaties, strategic implementing decisions at lower levels of hierarchy, i.e., decisions taken by the Conferences of Parties (COP), such as the recent Global Action Plan for health through biodiversity which is imbedded in the [Convention on Biological Diversity \(CBD\)](#)

decision of COP 16/19, or instruments not related to a treaty, such as the Codex Alimentarius, standards, guidelines and recommendations.

- A challenge that may be faced is defining, particularly in non-binding text, what is normative and what is more political.
- To make the mapping relevant, a linkage with One Health was introduced, i.e. linking the instruments to the principles of the OHHLEP One Health definition, the action tracks of the OH JPA, and decide whether the instrument provides enablers or barriers to One Health.

**Siona Sharma**, presented the approach used for the current mapping of the instruments in the excel sheet:

- The instruments can be sorted by the number of parties (showing the level of adoption), legal force, i.e., if the instrument is legally binding, and thematic area.
- A traffic light indicator approach has been used to show the relevance of each instrument to One Health.
- Linkages to the action tracks of the OH JPA and the principles of the One Health definition are based on references made in the text of the instrument.
- Main provisions of the text are also included.

### **Discussion**

- It would be useful to identify which other international agreements are contradictory or conflict with each instrument, as these may be considered as inhibiting factors.
- Previously an analysis was conducted of all the documents that were generated by three COPs of the CBD that fed into the Kunming Montreal Global Biodiversity Framework. These documents were linked to other documents and resolutions related to One Health. It also included linkages to the main pandemic events through time.
- The UN General Assembly, the UN Environment Assembly, and the World Health Assembly have important decisions related to One Health that should be included in this mapping. The chemical treaties are also important to include due to their implications for One Health.
- The current focus is on international instruments.
- It would be useful to have the legal and technical departments of the Quadripartite organizations to review this list. A review process and timeline will be shared following the meeting.

### **Action points**

- Request inputs on:
  - The proposed format for the list of instruments that is user-friendly – currently this is formatted in an excel sheet.
  - Qualitative part of the excel sheet, including the linkage with the principles of the One Health definition, action tracks of the OH JPA, enabling and inhibiting aspects.
  - The extent/scope to which this work should be taken, i.e. should instruments related to health in general be included, or should the list be streamlined narrow down based on strict inclusion criteria.
  - Identify any gaps in the instruments listed, particularly with regards to key thematic areas that may be missing.
- Discussion included whether each Quadripartite organization should provide a list of relevant instruments that they think should be included in the mapping. The feasibility of this will be discussed at the next Bureau meeting.

## **15:25 – 15:30: Conclusions and Next Steps**

**Carlos Das Neves**, presented the proposed timeline for the next steps of the E&B deliverable:

- **5 March:** Co-chairs to reconvene with the coordinators and discuss the names for each chapter, chosen enablers and barriers, and agree to a common structure.

- **18 March:** Information session between co-chairs, chapter leads and the broader Quadripartite colleagues, to provide an update on the work and request feedback.
- **17 March – 17 April TBD:** An open review for technical units and One Health focal points to provide feedback on outline and suggested content as well as suggest examples.
- **19 March:** Bureau meeting
- **16 April:** Bureau meeting
- **17 April – mid-May:** prepare working draft
- **6-7 May:** OHHLEP working meeting to discuss the working draft
- **End May:** Tight draft developed
- **June (TBD):** OHHLEP full panel meeting to close a final draft

#### ***Discussion***

- Consideration of time-zones was highlight for the working group co-chairs when scheduling meetings.
- Folders for each of the working groups have been created in the OHHLEP SharePoint, and an email distribution list will be created for each group.
- Each group can meet as often as required. Working group coordinators can contact the OHHLEP Secretariat for support with scheduling these meetings.

#### **Closing of Remarks**

**Carlos Das Neves**, thanked members for their contributions and collaborations so far. He extended his thanks to the coordinators and the Quadripartite colleagues for their discussions.

#### **End of Meeting**

## List of participants

### **OHHLEP members**

Salama Al Muhairi; Yewande Alimi; Salome Buckachi; Gian Luca Burci; Natalia Cediél; Dominique Charron; Rungtip Chuanchuen; Anna Maria Conte; Osman Dar; Nitish Debnath; Chris Degeling; Jing Fang; Elmoubasher Farag; Carlos Gonçalo Afonso Rolhas Fernandes das Neves; David Hayman; Ekhlās Heilat; Catherine Machalaba; Hugo Mantila Meluk; Wanda Markotter; Thomas Mettenleiter; Serge Morand; Nateila Oliviera; Abel Wilson Walekewa; Ryan Williams; Xiao-Nong Zhou; Jakob Zinsstag, Whittaker Maxine

### **FAO**

Junxia Song; Barbara Haesler; Fairouz Larfaoui; Marion Selosse, Laura Freeland

### **UNEP**

Doreen Robinson; Julian Blanc; Nadja Münstermann

### **WOAH**

Chadia Wannous, Mauro De Rosa

### **WHO**

Amina Benyahia; Abigail Wright; Rosa Peran Sala; Cheng Liang; Liz Manful; Mehreen Azhar; Amira Preure

### **Guests:**

Siona Sharma

### **Apologies:**

Hung Nguyen-Viet, Casey Barton Behravesh