

Session reporting format for rapporteurs

AGRF 2021 SUMMIT
Pathways to recovery and resilient food systems
06-10 September 2021
Nairobi, Kenya

The Role of the Session Rapporteur

The rapporteurs appointed to each session to report the proceedings have a very important role in achieving overall objectives of IFAD engagement in AGRF and documentation. The official record of the session prepared by the session rapporteur will be forwarded to the IFAD-AGRF secretariat (coordinator) **immediately after the session**. The session rapporteur will be required to provide the official record of the session. At a minimum the session rapporteur should include/focus on:

- ✓ Main conclusions /key messages/important lessons/solutions relevant to the summit theme and session objectives
- ✓ Should be concise as much as possible
- ✓ Draw important inputs for IFAD 12/current programmes

Session reporting format for rapporteurs

1. Session Introduction

Title of session: One-Health Approach for Building Resilience

Number of persons attending:

- ✓ Virtually: 96
- ✓ In person: N/A

Moderator (name, organization, position): Antonio Rota (Lead Global Technical Specialist in livestock development, IFAD)

Name of the Rapporteur: Brian Kapotwe, Country Programme Officer, Zambia (IFAD)

Opening speech by (name, organization, position): Ambrosio Barros, Country Director, Zambia and Malawi

- ✓ The recent outbreak of the COVID-19 pandemic has alerted the world to the catastrophic potential of zoonotic diseases and health risks at the human-animal-environment interface. In fact, more than 60% of known human infectious diseases have their source in animals (whether domestic or wild), as do 75% of emerging human diseases.
- ✓ At the same time, National and Regional capacities to respond to current and emerging zoonotic/transboundary diseases are very weak. Disease management strategies continue to operate in silos due to a lack of strategic and policy alignment at inter-ministerial and transnational levels.
- ✓ Uncontrolled endemic livestock zoonosis can have huge negative impacts including increased costs of medical care, loss of revenue due to reduced livestock productivity; they can also reverse the gains of livestock development programmes in Africa.
- ✓ Although the One Health approach can help to address this, its roll out has been slow especially in resource poor countries.

List of Panelists (name, organization):

- ✓ Hon. Nkandu Luo (Former Minister of Fisheries and Livestock, Zambia)
- ✓ Dr. Swithine Kabilika (Director, Veterinary services – Ministry of Fisheries and Livestock of Zambia)
- ✓ Dr. Katinka de Balogh (FAO Investment Centre, Veterinarian)
- ✓ Dr. Hung Nguyen (co-leader of the Animal and Human Health program, ILRI)
- ✓ Mr. Aboobakar Hussein Jakhura (Director - Nyama World, Malawi)
- ✓ Mr Antonio Rota (Lead Global Technical Specialist in livestock development, IFAD)

Specific objectives of the session:

- ✓ To discuss the opportunities, strengths and main hampering factors for the implementation of the One Health approach (OHA) in the Africa.
- ✓ To outline the major human and animal disease threats and related costs; the importance of OHA and slow rollout in Africa; the means to catalyze the adoption and implementation of the OHA in Africa and the role of governments, UN and donor organizations in supporting and promoting OHA.
- ✓ The prospect for establishing a multi-stakeholder regional/sub-regional platform to discuss emerging issues around human and livestock diseases, raise awareness on the correct use of antibiotics will be proposed.

Session reporting format for rapporteurs

Key points from presentations:

- ✓ Africa has recorded good progress with regards the roll out of the OHA in the past years mainly in response to outbreaks of zoonotic diseases and pandemics such as the Ebola and H5N1 virus.
- ✓ Such interventions include; establishment of the Inter ministerial Zoonotic Committee in Ethiopia, the formation of the Zoonotic control Unit in Kenya in 2010, the establishment of the Africa CDC in 2016 and the launch of the OHA programme in 2018.
- ✓ Despite this, OHA interventions have not trickled down to the local level. National and regional disease control capacities are very weak and continue to operate in silos due to lack of strategic and policy alignment at inter-ministerial and transnational levels.
- ✓ Failure to strengthen OHA interventions in Africa can result in negative consequences such as;
 - **Direct losses** due to mortality and morbidity in both humans and animals.
 - **Social losses** emanating from uncontrolled outbreaks. For instance, disease outbreaks could take a person away from productive activities and can increase the cost of living, as more resources are needed to procure medicines and cater for other medical expenses. Based on literature, close to USD 200 billion is being spent on pandemics annually in the last decade.
 - **Future losses** may arise from current mortality or morbidity trends.
- ✓ The roll out and implementation of the OHA in Africa can be further accelerated by:
 - **Establishing good coordination mechanisms.** There is need to ensure that policies and mechanisms are in place to enhance collaboration among a wide range of stakeholders including human and animal health, environment and natural resources.
 - **Capacity development of professionals** already employed within ministries to become better acquainted with the One Health Approach.
 - **Mobilising more funding** for the roll of the One Health Approach.
- ✓ Additionally, there is need to set up a regional OH platform for the coordination of OH interventions at local, national and regional levels. Such a platform would enable key stakeholders to be actively involved including;
 - **Private Sector:** by working with the public sector and the producers to ensure adherence to standards and creation of green zones. These would improve the marketing prospects for agriculture and livestock produce and reduce the prevalence of food borne diseases.
 - **Research Institutions:** by providing support to countries in improving coordination mechanisms to optimize resource use for OHA and support the building of a network of practitioners to work together and learn from each other.
 - **Governments:** Ensure OHA is embedded in national policies, strategies and implementation frameworks.
- ✓ The regional platform can also promote dialogue between nations and could be hosted by any of the existing regional bodies such as the SADC or Africa CDC.

2. Panel Discussion

Note- please list all panel questions and speakers' names

1. *Despite the global recognition of the importance of the One Health Approach, its rollout has been slow especially in Africa. What factors do you think account for this and how can we catalyse the adoption and implementation of the One Health Approach in Africa? Dr. Katinka de Balogh (FAO Investment Centre, Veterinarian)*
2. *Please outline the major zoonotic diseases in Africa in the past 10 years. What is the cost of "not intervening" because of the current risks and infection rates? Dr. Njunga and Dr Nguyen*

Session reporting format for rapporteurs

3. *What is the role of National governments in promoting the One Health approach? Prof. Luo*
4. *What is the role of the private sector in promoting the One Health approach? Hussein Jakhura*
5. *How can regional research institutions, donors and the United Nations support the One Health approach in Africa? Dr Nguyen and Dr de Balogh*
6. *Given the recognition of the need to implement regional programs, how would a one health regional program look like? Dr Luo, Dr de Balogh and Dr Nguyen*

Panel question 1:

- ✓ **Main points from speaker 1: Dr. Katinka de Balogh (FAO Investment Centre, Veterinarian)**
 - *Africa has recorded good progress with regards the roll out of the OHA in the past years following the increasing outbreaks of zoonotic diseases and pandemics such as the Ebola and H5N1 virus.*
 - *Such interventions include; establishment of the Inter ministerial Zoonotic Committee in Ethiopia, the formation of the Zoonotic control Unit in Kenya in 2010, the establishment of the Africa CDC in 2016 and the launch of the OHA programme in 2018.*
 - *These examples demonstrate the integration of the one health thinking in Africa in past years.*
 - *Additionally, many countries in Africa have developed national action plans to address AMR under the One Health Umbrella.*
 - *In terms of capacity building, the One Health Central and Eastern Africa (OHCEA) network that were set up between the faculties of veterinary medicine and public health have been instrumental in training experts for the future.*
 - *The following recommendations would help to catalyse the adoption of the One Health Approach in Africa:*
 - **Set up good coordination mechanisms.** *This requires policies and mechanisms to be in place to enhance collaboration with a wide range stakeholders including human and animal health, environment and natural resources, etc.*
 - **Capacity development** *of professionals already employed within ministries to become better acquainted with the One Health Approach.*
 - **Mobilise more funding** *for the roll of the One Health Approach.*

Panel question 2:

- ✓ **Main points from speaker 1: Dr. Njunga**
 - *The major zoonotic disease in Africa are several. The most notable in the past ten years include;*
 - *COVID-19*
 - *Ebola Virus*
 - *Rift Valley Fever*
 - *Highly pathogenic Avian Influenza A(H5N1)*
 - *Rabies*
 - *ZICA Virus*
 - *The cost of “not intervening” can be described in three ways as follows:*
 - **Direct losses** *as result of mortality and morbidity in both humans and animals.*
 - **Social losses** *emanating from disease outbreaks. Disease could take a person away from productive activities and could also increase the cost of living, as the affected would have to procure medicines and pay for other medical expenses. Based on literature, close to USD 200 billion is spent on pandemics annually in the last decade.*
 - **Future losses** *that may arise from current mortality or morbidity.*
- ✓ **Main points from speaker 2: Dr Nguyen**
 - *Need to look at the impact of the other components of One Health, which are AMR and food safety.*
 - *One third of food born diseases are in Africa which means that Africa bares the most burden.*

Panel question 3:

- ✓ **Main points from speaker 1: Prof Luo**
 - *“Governments need to appreciate that [One Health Approach] is inter-disciplinary and trans-disciplinary. The approach has to ensure that the collaboration happens at the community level, where the livestock is, up to global level.”*
 - *When rolling out the programme, the approach has to assemble experts from different disciplines such as health, veterinary, tourism, environment, land and natural resources.*

Session reporting format for rapporteurs

- *“At national level, [Governments] need to domesticate this One Health approach in terms of policy and legislation”. OHA has to be embedded in national strategies and action plans.*
- *“The country must establish a sustainable financing mechanism [for OHA]”.*
- *“A platform of dialogue where Governments and all key players at all level (farmers, private sector, donors, etc.) can speak [is needed]”. “There has to be reforms in all countries in Africa. (...) Effort of collaboration has to happen at regional level”. A platform can promote dialogue between nations.*
- *“There is a need to develop a communication strategy to ensure collaboration and information sharing across nations and globally.”*

Panel question 4:

✓ **Main points from speaker 1: Hussein Jakhura**

- *“We [as private sector] have a moral and ethical duty when it comes to producers and processors”.*
- *1. “To achieve OH, donors and all stakeholders must have a platform.”*
- *2. “The implementers of the policies are private sector/processors and producers.”*
- *3. “Schools must have OH in their curriculum.”*
- *4. “OHA should be promoted nationally and regionally.”*
- *For Nyama World, the loss due to Foot and Mouth Disease is 15-20 million USD. If there was a platform between countries, “green zones” could be established in countries like Malawi and Zambia. OHA could also attract buyers in the region and beyond.*

Panel question 5:

✓ **Main points from speaker 1: Dr Nguyen**

- *ILRI as part of CGIAR is the only institution working on animal health and livestock in developing countries. The role of research institutions is to support countries in Africa to building capacity at different levels, institutional or individual, of the stakeholders.*
 - *Support to countries in improving coordination mechanisms to optimize resource use for OHA.*
 - *Building a network of practitioners to work together and learn from each other. ILRI for example has a batch of OH students who can become Champions of OHA in each country to promote, adopt and develop the OHA in different countries. In Africa, ILRI is also helping the One Health Africa Center, funded by GIZ.*

✓ **Main points from speaker 2: Dr de Balogh**

- *International organisations are there to assist countries.*
- *For instance “There are many tools developed by various organisations that countries can use for various aspects.” For example, the tripartite collaboration between WHO, FAO and OIE developed the zoonosis guide.*
- *At international level, there are also global guidance and assessment of laboratories for antimicrobial resistance. The tools are available and accessible through international organisations’ websites.*
- *“International organisations can facilitate the technical expertise and resource mobilization.” For coordination between countries and cross-border activities, international organisations can facilitate Memorandums of Understanding between countries or within regional economic communities like SADC.*
- *International organisations can also “provide examples and experience from other countries in Asia or Latin America, reaching across continents.” FAO has set up the Emergency Center for Transboundary Animal Diseases, and is working with institutions providing trainings on applied epidemiology.*
- *“To enhance the coordination, we need high level commitment as well as shared objectives and shared benefits.”*
- *“Having Ministries of Planning and Finance is crucial in getting the long-term rollout of these activities.”*
- *“We need to work on prevention. Prevent these pandemics to happen. Therefore, we need to work on this structure of coordination between sectors, looking at animal production systems.*

Panel question 6:

✓ **Main points from speaker 1: Prof Luo,**

- *“Set up a platform or an institution which can be housed in one of the countries”. For example, a similar regional initiative to promote the use of research data in Africa appointed a high-level representative who is used to go to countries to have the discussion and to ensure the rollout starts from the grass-root.*

Session reporting format for rapporteurs

- *The discussions must start from the farmer level, for them to understand the stakes. A regional office can start pushing the rollout of OHA and attract finances. We need to think of financing model for these activities.*
- *“Health professionals tend to think they are the only ones who know health”. Therefore, the committee to spearhead OHA must be on a rotational basis between the different sectors involved (agriculture, land, tourism), instead of giving Health sector the monopole of knowledge.*
- ✓ **Main points from speaker 2: Dr. Njunga**
 - *“To have an independent institution that should handle OHA can be a long-term measure.*
 - *This regional initiative can be hosted either at CDC Africa or SADC, using the existing structure.” However, the personnel to be part of the new unit should come from multi-sectoral agencies (health, agriculture, tourism, etc.).*
- ✓ **Main points from speaker 3: Dr de Balogh**
 - *At global level, the tripartite is ready to support and assist, and the World Bank also has an interest in providing financial assistance to countries to set up the OHA mechanism.*
 - *For Africa, “it is important to get the high level political commitment”. It can be at ministerial or presidential level, and using the regional economic communities as a mechanism.*
 - *Then the approach can be rolled out at lower level, and have an institution take the lead and facilitate the way forward for OHA.*

3. Panel Q&A

Note- please mention speakers’ names for responses

Conclusions (by moderator):

Closing remarks by (name, organization and position):

- ✓ **Key messages:**
 - *Crises such as COVID-19 demonstrated the need to involve wider multidisciplinary and intersectional areas, including plants, food security, land-use change or wildlife trade in dealing with challenges.*
 - *It is only when these drivers are addressed through research and policy-making that we would achieve transformative change to prevent future pandemics.*
 - *The One Health approach has been identified as crucial to achieve an integrated and preventive strategy on livestock-associated human health risks.*
 - *IFAD is ready to play its role as the institution with the UN mandate to eradicate poverty and hunger by investing in poor rural people through financial and technical assistance to agriculture and rural development projects in developing Member States.*

4. Summary

- ✓ **Challenges and constraints:**
- ✓ **Important lessons:**
- ✓ **Solutions/recommendations:**
 - *In view of the global recognition on the need to strengthen the OHA, set up a regional OH programme that could also establish a dialogue platform in Eastern and Southern Africa.*
 - *This initial intervention could start with Zambia and Malawi who have already expressed the political to support the OHA.*