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ONE HEALTH TECHNICAL MEETING IN ECOWAS REGION (WAHO) 28 – 30 OCTOBER 2019, LOME, REPUBLIC OF TOGO **FINAL COMMUNIQUE**

1. The One Health Technical Meeting of the ECOWAS Member States was held at Hotel 2 Février in Lomé, Republic of TOGO from 28-30 October 2019.
2. The delegations of 16 countries mentioned below were present, including for each country the REDISSE Coordinator, the focal points of sectors related to Human Health, Animal Health and the Environment. The countries represented were as follows:
 - a. BENIN
 - b. BURKINA FASO
 - c. CABO VERDE
 - d. COTE D'IVOIRE
 - e. The GAMBIA
 - f. GHANA
 - g. GUINEA
 - h. GUINEA BISSAU
 - i. LIBERIA
 - j. MALI
 - k. MAURITANIA
 - l. NIGER
 - m. NIGERIA
 - n. SENEGAL
 - o. SIERRA LEONE
 - p. TOGO
3. Among the participants were representatives from Collaborating partners which were the followings:
 - World Bank
 - WHO

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- OIE
 - FAO
 - US CDC
 - USAID
 - OHCEA
 - Africa CDC
 - Afrique One
 - KFW
 - DAI-TDDAP
 - GIZ/RPPP
 - AFENET,
 - Economic Community of West African States - ECOWAS
 - Economic Community of Central African States - ECCAS
 - ECOHEALTH Alliance
 - Public Health England - PHE
 - One Health workforce
 - Fondation Merieux
 - Abidjan – Lagos Corridor Organization - ALCO
 - International Federation of Red Cross - IFRC
 - Centre de Coopération International en Santé et Développement - CCISD
 - Médecin du Monde /Niger
4. The opening ceremony was Chaired by Dr Marcel SOSSINOU AWOUSSE, the Permanent Secretary of the Ministry of Health and Public Hygiene of the Republic of TOGO.
5. The following authorities delivered speeches during the opening ceremony:
- The Representative of Africa CDC, Stephanie Salyer – Technical Advisor Africa CDC;
 - The Representative of FAO, Representation in Congo, Dr Serge Nzietchueng – One Health Coordinator;
 - The Representative of OIE, Dr Brice LAFIA – Technical Coordinator One Health;
 - The Representative of WHO-TOGO, Dr DAVI Kokou Mawule – Disease Prevention and Control Officer;
 - The Representative of World Bank– Mrs Hawa WAGUE CISSE – Country Manager of Togo;
 - Excellency Eric Stromayer, the Ambassador of the United States of America in TOGO;
 - The Representative of the Director General of WAHO, Dr Carlos BRITO – Director of Public Health and Research;
 - The Representative of the Ministries of Health, Livestock and Environment, Dr Marcel SOSSINOU AWOUSSE - Secretary General of the Ministry of Health and Public Hygiene of TOGO;

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6. After the opening ceremony, Dr. Virgil LOKOSSOU, Team lead - Health Emergency and Disaster Management at ECOWAS Regional Center for Disease Surveillance and Control (RCDS), introduced the workshop sessions with a presentation on the goals, objectives, methodology and agenda of the sessions to be held. The main goal of this meeting was “**to foster the implementation of One Health approach in West Africa and strengthen the multi-sectoral coordination for the prevention, detection and response to public health threats**”.
7. From the session on the progress of implementation of the Regional One Health approach in the ECOWAS region, participants noted that there is a Regional One Health Framework which has allowed many achievements. However, there are still challenges to overcome to become fully functional such as institutional constraints, weak coordination between the One Health sectors, and weakness in applying evidence to policy. WAHO will need to improve the political environment for government to engage more and increase financial support (including at the national level); strengthen capacities and networks to facilitate capacity sharing among ECOWAS Member States; and implement cross-border activities.
8. From the session on the country experience sharing the establishment of multi-sector coordination mechanisms in Nigeria (Dr Adesola Yinka-Ogunleye – Nigeria CDC) and in Côte d'Ivoire (Dr. Sita Savane - National Institute Public Hygiene), it was noted that there are great examples of approaches to setting up platforms that fits countries' contexts. For example, Côte d'Ivoire received technical assistance from the USAID-funded Preparedness and Response (P&R) project whereas Nigeria developed its own approach to establish a functional One Health platform. Both countries have institutionalized their platforms and developed political and strategic documents for their functionality. Despite the challenges to maximizing functionality, enormous progress has been made that can be replicated in other ECOWAS countries.
9. At the level of the Global Health Security Agenda (GHSA), an international initiative supported by the U.S. Government and other partners in the region, it is recognized that the U.S. Government supports the adoption of the One Health approach by ECOWAS Member States to prevent, detect and respond to public health events.
10. From the panel session on how to effectively support ECOWAS Member States in the adoption of the One Health approach, it was understood that establishing and maintaining a permanent multisectoral One Health coordination mechanism for prevention, detection and response to Public Health Events is a priority for most global initiatives such as GHSA, IHR, PVS and REDISSE. Institutionalization of the One Health approach goes beyond fight against epidemics in the human and animal health sectors as it also encompasses antimicrobial resistance and is a strong tool to advocate for resource mobilization and

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collaboration between sectors. Institutionalization of a multisectoral One Health coordination mechanism aids governments in establish a strong of information sharing and communication system between all the One Health sectors. Weak information sharing between sectors is responsible for lack of pro-activity of all sectors in response to emergencies.

11. From the Panel session **on Successes and Challenges of the support provided by partners to countries in the implementation of One Health**, it is understood that the One Health approach needs to demonstrate added value to prove that this new approach is more efficient and effective than each sector working separately. There is a need to change the mindset of the future generations of epidemiologists, veterinarians, nurses, physicians, and environmentalist scientists by including One Health in pre-service training. Research is not being translated into action and additional research is needed to inform practice. Applied and operational research shall be promoted in order to make additional evidence available to implementers who can make use of it in real-time. In terms of resource mobilization, in addition to challenges getting domestic budget and international funding, there is the issue of efficiency in using these resources. Indeed, countries shall develop strategic and operational plans to show priorities that can be used to advocate for more resources. There is a lot of knowledge and best practices in countries which are already implementing One Health, that needs to be shared.
12. From the session on FAO's support on the adoption of the One Health approach in the ECOWAS Member States, it is understood that FAO is already supporting countries in establishing One Health platforms. FAO, in partnership with the rest of the Tripartite, has tools to support countries. One major point of the One Health platform establishment process is that collaboration must be frank, transparent and opened between the sectors involved in the process. In addition, the institutional anchoring of the platforms depends on country contexts and for countries, it is necessary to choose the most adequate level to effectively Institutionalize the multisector coordination mechanism.
13. From the IHR-PVS National Bridging Workshop presentation, it is noted that the goal is to **analyze** and **improve** the collaboration between the two sectors in the prevention, detection and response to zoonotic diseases and other health events at the animal-human interface (food safety, food security, antimicrobial resistance). Indeed, the IHR-PVS Bridging Workshop provides an opportunity for human and animal health services to review their current collaboration gaps in key technical areas and to develop a joint roadmap of corrective measures and strategic investments. This process will help improve the work at the human-animal-environment interface in the prevention, detection and control of zoonotic diseases. Only 6/15 countries have already carried out this assessment

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with Mali and Nigeria in the pipeline. To request an IHR-PVS National Bridging Workshop a country should contact their OIE country delegates and WHO Country offices for requests to be relayed to the OIE regional office.

The outcome of the group work sessions are the followings:

14. Concerning the Selection of focus areas for One Health priorities over the next 3+ years:

Member states recognize that although all areas/capacities are important, a One Health approach is needed in some key priority areas including Surveillance, Zoonotic Disease (the priority zoonotic diseases identified in the “ECOWAS One Health Zoonotic Disease Prioritization workshop” conducted in December 2018), Antimicrobial Resistance, Laboratory, Immunization, Biosafety/Biosecurity and Research. Resource Mobilization, whether domestic or International, and Operationalization of multisectoral, One Health coordination mechanisms. In consequence, it is recommended that WAHO establish a regional communication and coordination mechanism between ECOWAS countries for prevention and control of public health events.

15. Support to Operationalize Multisectoral, One Health Coordination Mechanisms or Platforms in Member States: Countries recognize that they are at different levels in the establishment of multisectoral One Health coordination mechanisms. Countries with established platforms used different approaches. There is need to develop standard documents and tools to guide countries which intend to establish and operationalize their platforms. Although some policy documents have been developed, existing platforms are still weak in terms of reaching their goals and objectives of effective collaboration and coordination.

a. Majors recommendations to WAHO and his partners support to Operationalize One Health Platforms or multisectoral One Health coordination mechanisms in Member States are listed as:

- support Member States to establish their One Health platforms where they don't exist;
- support established platforms to become functional and active;
- advocate for domestic resources from the highest level to support the One Health approach;
- develop and disseminate standardized tools/guidelines for One Health platform establishment and operationalization;
- engage all stakeholders in the countries for the benefits of One Health at all levels;

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- Integrate One Health into existing pre-service curricula.

- b. Opportunities exist to fill gaps and overcome challenges related to the functioning of multisectoral One Health coordination mechanisms. Indeed, the availability of international partners with One Health competencies exist to support the One Health adoption process as well as the use of countries with established One Health platforms that can be benchmarked by others. The use of innovation technology is also an opportunity for information sharing between countries.

16. Monitoring and Evaluation (M&E) of the multisector coordination mechanism, countries recognized that many different frameworks exist to Monitor and Evaluate the multisector coordination mechanism at country and regional level. Some of the tools are the JEE, PVS, IHR / SPAR, OH-APP where most of them have basic indicators to measure availability of the OH platform. However, challenges remain in measuring progress in the establishment of functional One Health platforms and the impact of using this approach. With the availability of diverse tools measuring different capacities and aspects of the One Health approach, WAHO will need to harmonize/select/develop standard tools which can be used to carry out monitoring and evaluation of the multisector coordination mechanism process and actions across ECOWAS countries. From that level, countries will need to also conduct operational research to document the impact of the use of the One Health approach to prevention, detection and response to public health events. M&E should include indicators to assess capacities of the environment and social safeguarding sectors.

The closing remarks were given by representatives from World Bank, USAID, WAHO and the Ministry of Health and Public Hygiene of the Republic of Togo.

Developed in Lomé, TOGO on October 30, 2019

For ECOWAS Member States

The Rapporteurs

- Dr Serge AGBO, DAI-TDDAP
- Dr Dona Alain SAYI, WAHO
- Dr Malik COULIBALY, GIZ

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Annex: Overview of the meeting objectives

This meeting had four specific objectives towards which all the sessions were focused on.

17. Concerning the review of One Health coordination mechanisms at national level (down to communities), it was recognized that very practical collaboration to address issues directly between sectors were occurring before the notion of One Health. The OH initiative needs to pass the test of added value which will show how more efficient and effective ways of doing things. ECOWAS countries and Mauritania have established multisector coordination mechanisms that fit their country contexts. However, these platforms are at different levels in their set-up and functionality. There is therefore a need for technical assistance to strengthen and effectively operationalize these multisector coordination mechanisms.
18. Concerning Identifying gaps, needs and challenges, possible solutions, synergies and opportunities in the context of sustainable development of National One Health coordination mechanisms, it was recognized that we shall change mindset of the future generations of epidemiologists, veterinarians, nurses, physicians, environmentalists by putting one health in pre-service training There is lots of research which is not getting translated into actions also a lot of research that needs to be conducted for actions to be taken. An applied research and operational research shall be promoted to make the information available to the Implementers. In terms of resource mobilization, despite challenges getting domestic budget and International funding, there is another issue of efficiency in using these resources which needs to be address. There is a lot of knowledge and best practices in countries which are already implementing One Health to be shared.
19. Concerning the experiences sharing, lessons learnt and best practices in the establishment and implementation of National One Health Coordination mechanisms in the ECOWAS region, it is recognized that countries are at different levels in terms of establishment and operationalization of their multisector coordination mechanisms. For such, WAHO will need to establish a community of Practice on the OH approach in the region where experiences and Best Practices can be shared. Countries need to document their platform establishment process and produce documents showing the benefits and the impact of such multisector collaboration mechanism. Networking of ECOWAS countries' OH Platforms will also be essential for experience sharing and communication. Some other approaches such as exchange visits and coaching will also be necessary for countries to strengthen and improve implementation of the OH approach.
20. Concerning the discussions on the regional agenda of One Health approach and a roadmap on priority areas, including partners/ECOWAS Member States commitments, the partners commits to strengthen coordination amongst themselves and between Member States, and

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Provide technical and financial support to roll-out of the One Health approach. This entitles working on priority areas of which:

- a. Development of a Regional Strategy for OH Implementation
- b. Development of guidelines on OH for Member States and partners;
- c. Establishing a regional coordination mechanism;
- d. Establishing the OH Platform basket model;
- e. Facilitate cross-border Information and data sharing;
- f. Review WAHO regional framework with the support of academic and research.