

ONE HEALTH

ASSESSMENT FOR PLANNING AND PERFORMANCE



The Preparedness & Response project developed the **One Health Assessment for Planning and Performance (OH-APP)** tool for countries to self-assess, using a participatory and evidence-based process, their capacity and performance to prevent, detect, and respond to public health threats.

The OH-APP is a tool countries use to annually self-assess multisectoral coordination to inform planning, including requests for development assistance. The OH-APP complements the WHO Joint External Evaluation (JEE) by providing more specific indicators to measure the maturity of a coordination mechanism and track its progress in sustaining multisectoral and multistakeholder collaboration for preparedness and response to public health threats.

The OH-APP is most appropriate for countries that have completed the JEE and have an existing government entity mandated to coordinate multisectoral preparedness and response to public health threats, including zoonoses and antimicrobial resistance. Trained government facilitators administer the tool during a two-day workshop using a participatory and evidence-based decision-making process. Results inform countries' decisions on joint planning, implementation, and response.

OH-APP RESULTS BY COUNTRY

An illustration of countries' average assessment scores across six categories of capacity indicators and six categories of performance indicators. The inner ring (level 1) is beginning, and the outer ring (level 4) is mature. The following examples reflect country successes and challenges.

ETHIOPIA C1: ORGANIZATIONAL STRUCTURE

Ethiopia has laid the foundation for a multisectoral One Health platform. P&R facilitated the consultative process to chart its establishment and define guiding principles. The National One Health Steering Committee (OHSC) was established, comprising key One Health sectors and institutional partners. The OHSC has drafted terms of reference to govern the mechanism and outline roles and responsibilities for members and the chairperson. A memorandum of understanding signed in October 2018 provides the legal framework for the platform and helps ensure that coordination occurs. This achievement—establishing the platform—is reflected in category C1.

LIBERIA P6: MOBILIZING AND OPTIMIZING RESOURCES

After the 2014–2016 Ebola outbreak, P&R sensitized stakeholders and ministries to the One Health approach and advocated for establishment of a national One Health platform. Liberia demonstrated its commitment by allocating annual funding from its World Bank Regional Disease Surveillance Systems Enhancement (REDISSE) loan to support the platform's operational costs, designating key personnel from One Health ministries to the platform, and appointing a One Health Coordinator from the National Public Health Institute of Liberia.

MALI P4: JOINT PLANNING

In collaboration with Mali's One Health platform, launched in June 2018, P&R has supported joint planning and coordination of One Health activities, including finalization of the One Health Strategic Plan and development of a governance manual. Validation of both documents was the culmination of multiple engagements between 53 One Health focal points from key ministries and global and regional partners. The success of these joint planning activities is shown in indicator P4. During the OH-APP exercise, the platform committed to undertaking inclusive joint preparedness exercises in 2019.

TANZANIA C6: GOVERNMENT FUNDING SOURCES

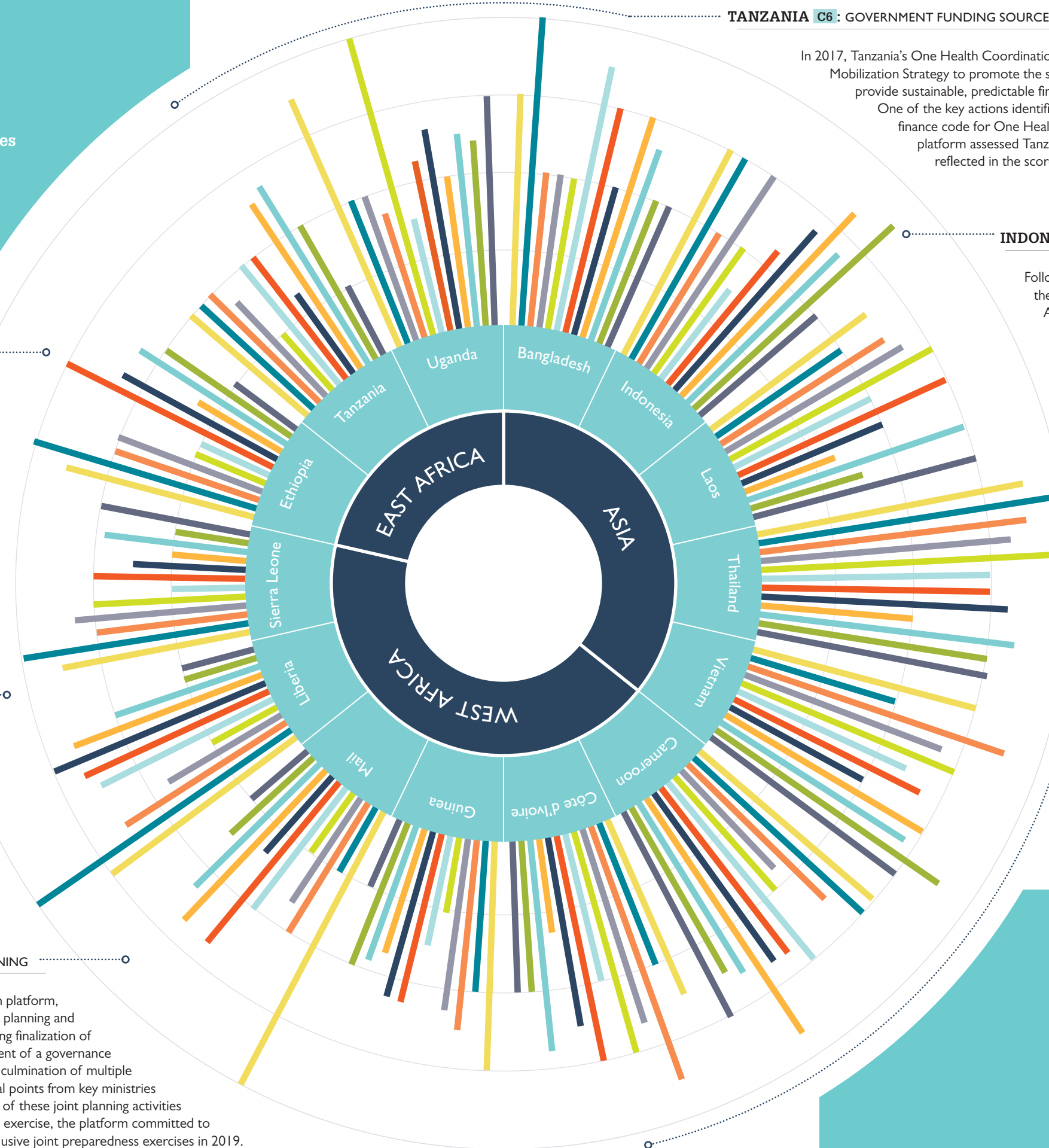
In 2017, Tanzania's One Health Coordination Desk (OHCD) developed a One Health Resource Mobilization Strategy to promote the sharing of expertise and physical resources and provide sustainable, predictable financial resources within the government budget cycle. One of the key actions identified was to designate a government program and finance code for One Health activities. During the 2018 OH-APP process, the platform assessed Tanzania's progress on its resource mobilization strategy, reflected in the scores for category C6, government funding sources.

INDONESIA P3: POLICY ADVOCACY

Following the dissolution of the National Zoonosis Commission, the Coordinating Ministry of Human Development and Cultural Affairs (PMK) developed a platform transition strategy, paving the way for multisectoral coordination through the expected Presidential Instruction to Prevent, Detect, and Respond to Emerging Infectious Disease (INPRES). The PMK also worked with ministries of Health, Agriculture, and Environment and Forestry to develop a shared information system to facilitate risk mapping, information sharing, and decision-making for zoonoses and epidemics, known as SIZE. The three ministries signed an MOU and began development of joint guidelines. Both the expected decree and the SIZE MOU policy achievements are reflected in category P3.

CÔTE D'IVOIRE C3: MULTISECTORAL ENGAGEMENT

In 2017, P&R organized a participatory assessment of the One Health platform's baseline capacity and performance. Over the next year, P&R facilitated One Health sensitization activities for the interim One Health Secretariat. The increased engagement contributed directly to progress in finalizing the platform decree and validation of the governance manual. The engagement is also reflected in platform composition (it now includes focal points from environment and wildlife ministries, as well as non-government partners), which is the basis for the improvement in C3. As permanent members of the platform, ministries and partners have increased participation in platform meetings.



LEGEND

Capacity Indicators

- C1 Organizational structure
- C2 Leadership
- C3 Multisectoral engagement
- C4 Communications and information exchange
- C5 Monitoring and Evaluation
- C6 Government funding sources

Performance Indicators

- P1 Engaging stakeholders
- P2 Coordinating and collaborating
- P3 Policy advocacy to overcome policy constraints
- P4 Joint planning among One Health stakeholders
- P5 Facilitating data analysis and use in decision-making
- P6 Mobilizing and optimizing resources

PROCESS

The OH-APP process includes a preparation phase and three modules (organizational capacity assessment, organizational performance assessment, and prioritization and planning) implemented during a two-day workshop. P&R facilitators have trained national One Health champions as facilitators.

PHASE 1: PRE-WORKSHOP

Before the workshop, a facilitator and participants from the One Health platform are identified. Relevant documents, strategies, and plans are collected to inform the OH-APP assessment.

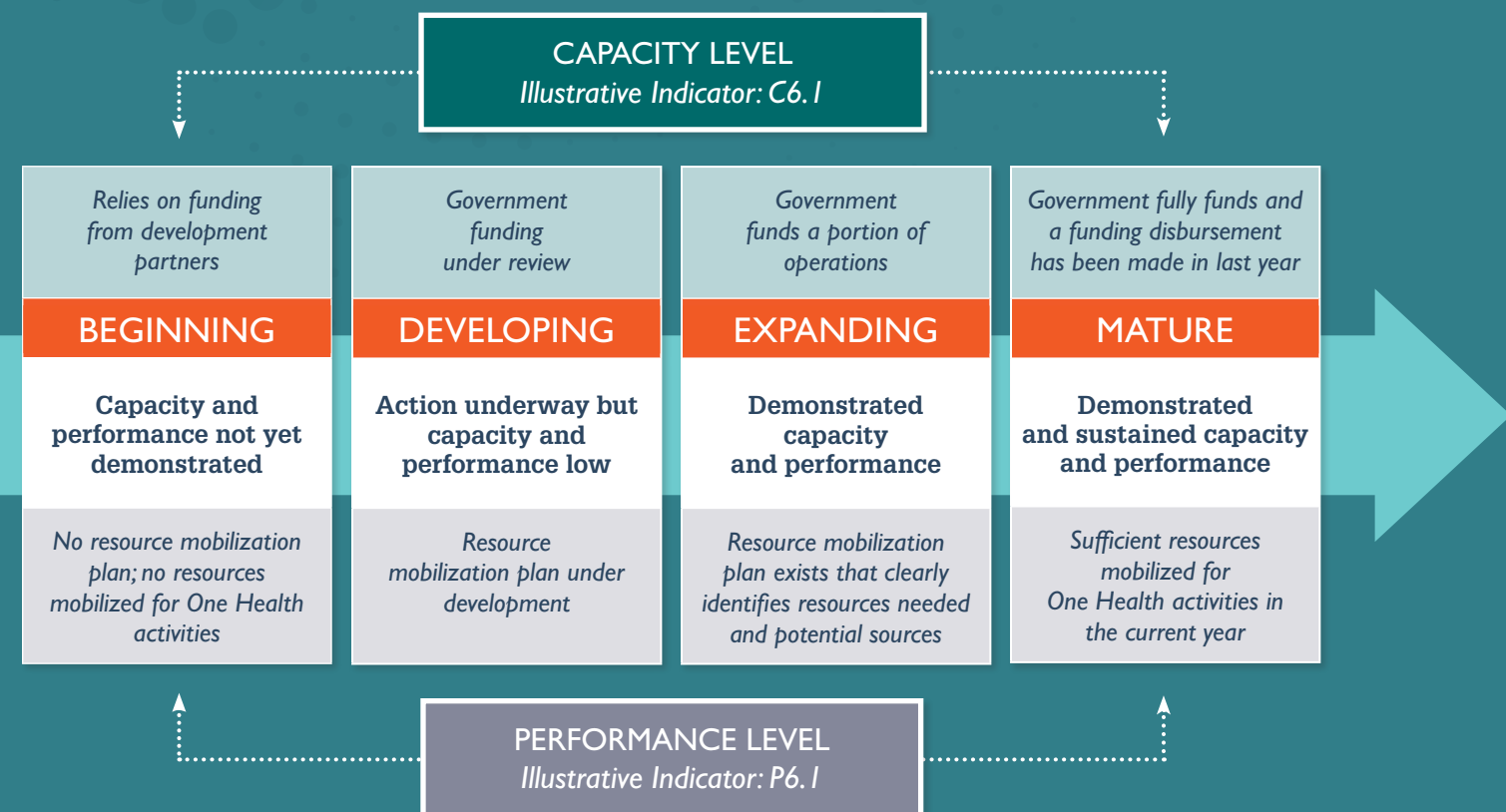
PHASE 2: OH-APP WORKSHOP

Participants engage in a participatory self-assessment of their platform organizational capacity and performance. Scores and their rationale are entered into the online OH-APP. Participants interpret data visualizations produced by the OH-APP to inform prioritization and planning of platform actions over the coming year.

MATURITY MODEL

The One Health Maturity Model for Capacity and Performance

ILLUSTRATIVE INDICATORS: C6.1 AND P6.1



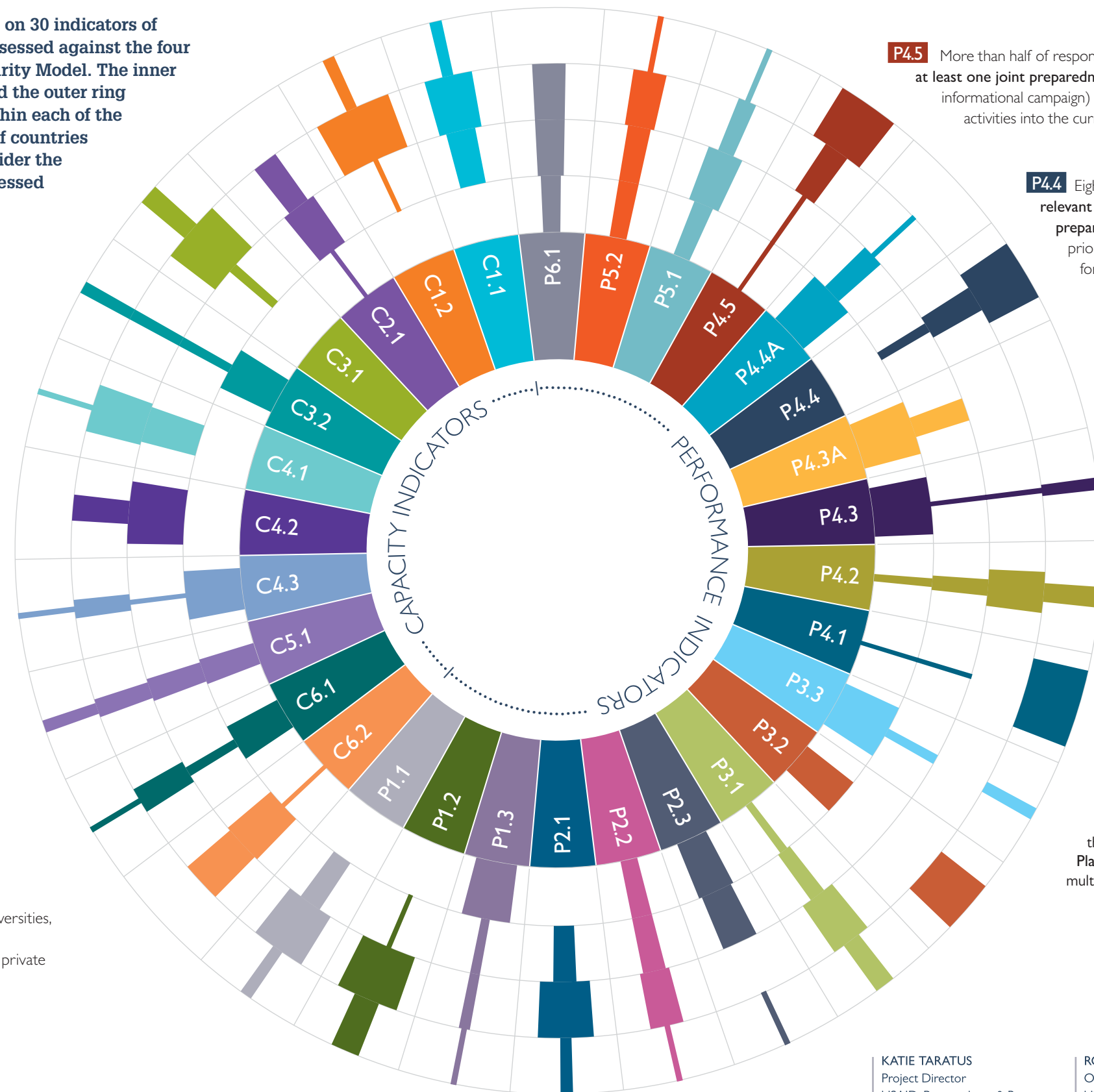
OH-APP RESULTS BY INDICATOR

A view of global performance on 30 indicators of capacity and performance, assessed against the four levels of the One Health Maturity Model. The inner ring (level 1) is beginning, and the outer ring (level 4) is mature. Blocks within each of the four rings show the number of countries assessed at that level—the wider the block, the more countries assessed at that level.

C3.1 Nine countries have a formal structure for the One Health coordinating platform and terms of reference (ToR) that have been endorsed by appropriate government offices. Three countries in West Africa have supporting legislation, policies, guidelines, and standard operating procedures. Two countries in Asia have a proposed structure and ToR and are seeking appropriate endorsement.

C3.2 Twelve of 14 platforms do not have gender ministries or other gender-focused institutions or experts as members. Two (Thailand and Vietnam) have gender ministry officials or gender focal points who are permanent members.

P1.2 Participation in all but one of the platforms includes public health, animal health, and environment/wildlife ministry representatives, and appropriate representatives from other ministries, universities, the private sector, and nongovernmental organizations. Most, however, report that private sector is not engaged.



P4.5 More than half of responding countries report that they have conducted at least one joint preparedness activity (simulation, risk assessment, informational campaign) in the last year with plans to continue joint activities into the current year.

P4.4 Eight countries reported that they engaged relevant line ministries to adopt a multisectoral preparedness and response plan for at least one prioritized disease. Four countries have plans in draft form and two are starting the planning process.

P4.3 70 percent of countries self-report that their platforms have not begun engaging stakeholders on the development of joint preparedness and response planning for outbreaks of initially unknown origin. Three countries, all from southeast Asia, reported that they have engaged relevant line ministries and agreed on actions for preparedness and response to outbreaks of unknown origin.

P4.2 Over half of the One Health coordinating mechanisms that P&R supported have annual workplans. However, among those reporting the existence of workplans, only three say they are under implementation and regularly monitored. Three countries are planning to develop workplans.

P4.1 Ten of 14 P&R countries self-report that they have adopted One Health Strategic Plans that were developed using a participatory multisectoral approach.

LEGEND

CAPACITY INDICATORS

- C1 Organizational structure
 - C1.1 Endorsed structure and terms of reference
 - C1.2 Official documentation
- C2 Leadership
 - C2.1 Designated chair
- C3 Multisectoral integration
 - C3.1 Inclusive participation of sectors
 - C3.2 Inclusion of gender ministries or focal persons
- C4 Communications and information exchange
 - C4.1 Internal communication
 - C4.2 Mechanism for data sharing and analysis
 - C4.3 External communication policy/plan
- C5 M&E
 - C5.1 M&E plan
- C6 Government funding and human resources
 - C6.1 Annual government funding
 - C6.2 Adequate human resources

PERFORMANCE INDICATORS

- P1 Engaging stakeholders
 - P1.1 Strategic multisectoral stakeholder engagement
 - P1.2 Convening power
 - P1.3 Inclusive participation
- P2 Coordinating and collaborating
 - P2.1 Collaboration mechanisms
 - P2.2 One Health integration
 - P2.3 Subnational coordination mechanisms
- P3 Overcoming policy constraints
 - P3.1 Policy integration
 - P3.2 Identification of policy constraints
 - P3.3 Policy advocacy
- P4 Joint planning among One Health stakeholders
 - P4.1 Engagement of stakeholders on One Health strategy
 - P4.2 Agreed work plan
 - P4.3 Preparedness and response plan for PHEIUE
 - P4.3A Gender integration in preparedness and response plans for PHEIUE
 - P4.4 Multisectoral preparedness and response plans for prioritized zoonotic diseases
 - P4.4A Gender integration multisectoral preparedness and response plans for prioritized zoonotic diseases
 - P4.5 Joint preparedness activities
- P5 Facilitating data analysis and use in decision making
 - P5.1 Data review and analysis
 - P5.2 Outbreak after-action reviews
- Mobilizing and optimizing resources
 - P6.1 Resource planning

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