Ending the neglect to attain the Sustainable Development Goals

One Health companion document to the neglected tropical diseases road map 2021–2030

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About this companion document

This document is a companion to the World Health Organization (WHO) road map entitled *Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021–2030* ("the road map"). It aims to support a range of stakeholders – including people from endemic countries, international organisations, and non-State actors – to achieve the road map targets through a cross-cutting, One Health approach.

The companion document has five parts:

1. An introduction to One Health, including what it is and why it is essential to sustainably achieving the road map targets;

2. One Health actions needed by major stakeholders to achieve the road map targets, including countries, international organizations and non-State actors;

3. Guidance on how to support a paradigm shift toward One Health in national NTD programmes, from programme design to prevention, treatment, surveillance and community engagement;

4. Common challenges and how they can be overcome, including bridging capability gaps between sectors, reconciling conflicting objectives and setting clear accountabilities for collaboration;

5. Key resources.

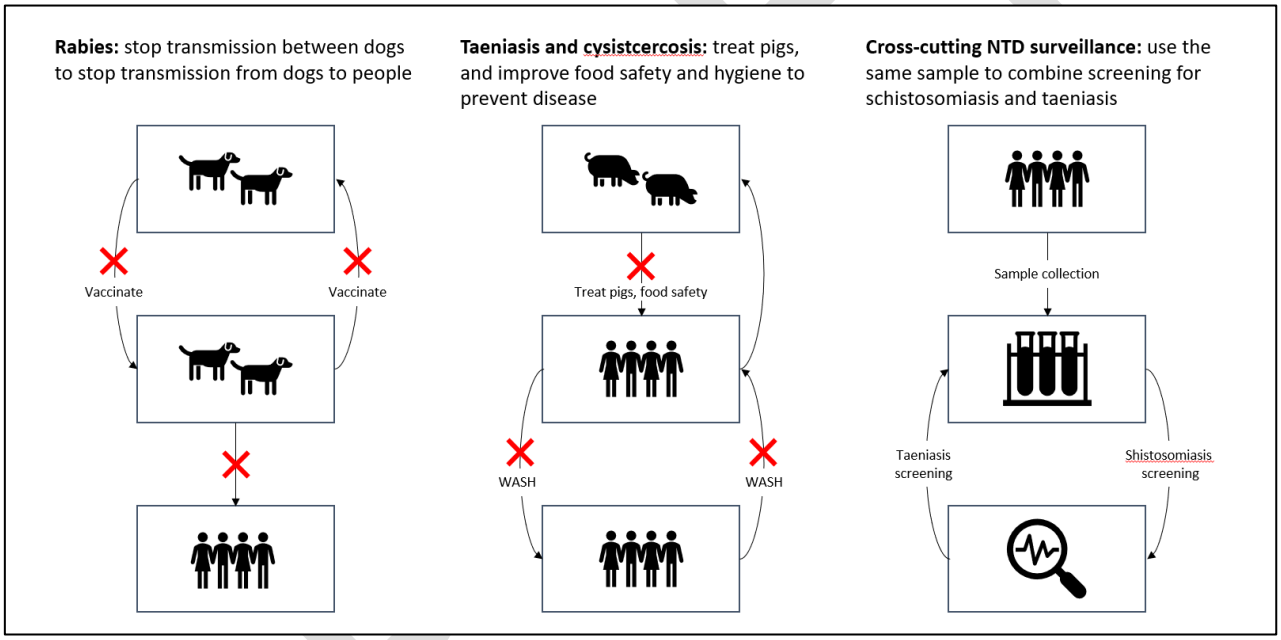
The companion document was developed through a global consultative approach, including through stakeholder interviews, interactive workshops and online public consultation.

1. Introduction to One Health

A One Health approach aims to improve health outcomes by recognizing the connections between the health of people, animals and their environment. It is defined by the Tripartite alliance as 'an approach to address a health threat at the human-animal-environment interface based on collaboration, communication, and coordination across all relevant sectors and disciplines, with the ultimate goal of achieving optimal health outcomes for both people and animals'. [1] This is especially important for NTDs, which often have a significant zoonotic or environmental component. This relationship can take various forms, for example (Fig. 1) for:

- rabies, where most cases are transmitted by dogs to people through direct contact (bites and scratches), hence preventing disease in dogs is key to preventing disease in people;
- taeniasis and cysticercosis, where people develop taeniasis through the ingestion of larval cysts in infected raw or undercooked pork, or develop cysticercosis through the ingestion of the parasite's eggs due to poor hygiene (faecal–oral transmission), or ingesting contaminated food or water, hence interventions in pigs, food safety and water, sanitation and hygiene (WASH) are critical;
- cross-cutting NTD surveillance, such as for schistosomiasis and taeniasis, where the same sample or population can be used for disease detection

Fig. 1. Examples of human–animal–environment interfaces for NTDs

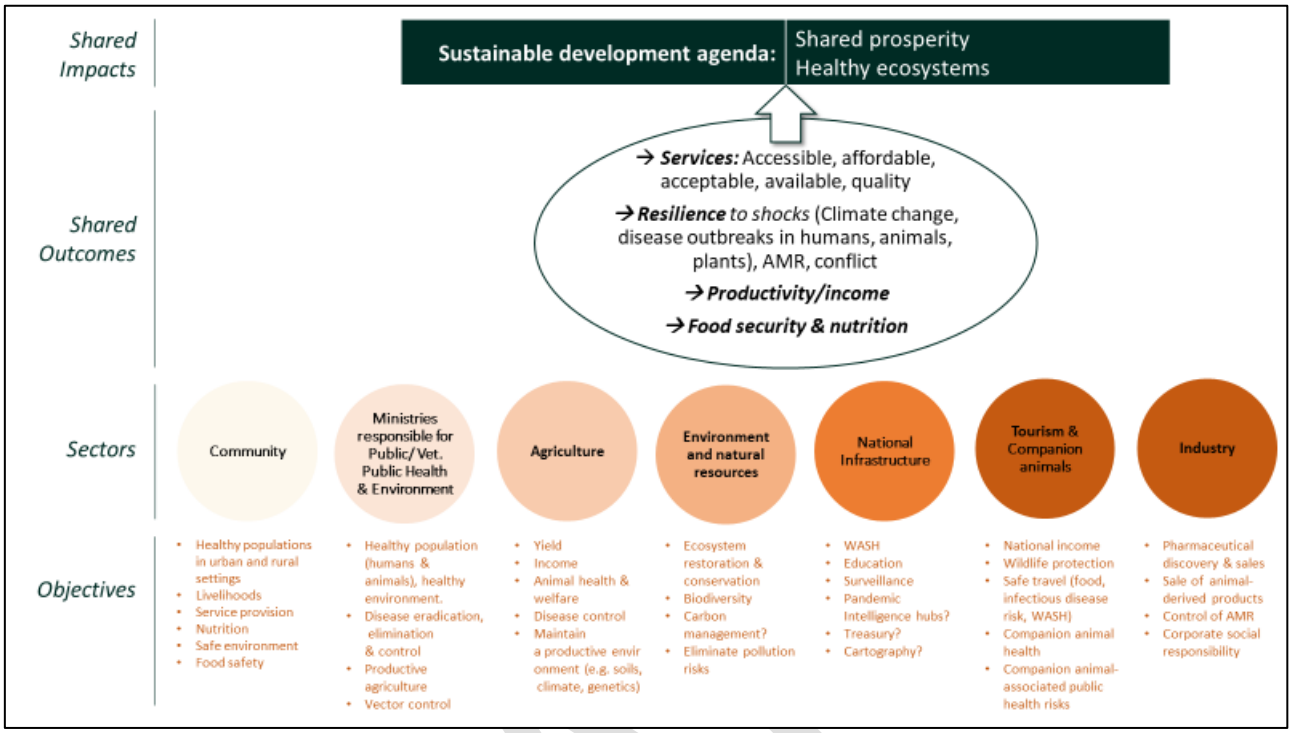


In each example, effective and sustainable disease prevention requires cross-cutting action among human, animal and environmental health sectors, WASH, and others. However, the motivation for different sectors to integrate NTD objectives into their programmes of work may not always be clear. For example, for some diseases where livestock pose a transmission threat to people but do not cause any challenges to the health or productivity of the animal itself; ~~and~~ it can be difficult to engage agricultural stakeholders (e.g., farmers) in animal health interventions solely to benefit human public health

[1] *A tripartite guide to addressing zoonotic diseases in countries*, accessible here

outcomes. Understanding objectives from the whole system is therefore important to help identify common ground for different sectors to collaborate in NTD control (Fig. 2).

Fig. 2. Example sectors and their objectives involved in a cross-cutting One Health approach



One Health approaches also typically consider and involve a range of stakeholders from the public and private sector, and across global, regional and national levels. For example, community members who demand or receive services; government ministries and municipalities that plan, fund and provide them; industry and academia to develop products, conduct research and share expertise; media and education agents that communicate, advocate and raise awareness; and international organisations that provide technical support, funding and guidance. By building system-wide capability and collaboration across stakeholders and sectors, One Health approaches can also strengthen health systems and surveillance, drive ownership and deliver results.

Cross-cutting approaches are advocated in the road map, which sets ambitious global targets to reduce the burden of NTDs in line with United Nations Sustainable Development Goal 3 “to end the epidemics … of neglected tropical diseases” by 2030. Specific targets for 2030 include:

- 90% reduction in people requiring interventions against NTDs;
- 75% reduction in disability-associated life years related to NTDs;
- 100 countries having eliminated at least one NTD; and
- two NTDs eradicated (dracunculiasis and yaws).

This companion document supplements the road map identifying One Health actions needed to achieve the road map targets, and by supporting countries to implement integrated One Health approaches to address NTDs. It focuses on examples of zoonotic NTDs as a starting point (Fig. 3). However, principles can be applied in a transdisciplinary way to engage other sectors and stakeholders beyond health and NTDs alone - such as environment, education and others.

Fig. 3. Zoonotic NTDs and factors influencing transmission, surveillance and control

	Disease Agent					Transmission/ Exposure Routes					Livestock Animal				Companion Animal		Wildlife						Environmental Factors that Influence Transmission						
	Helminth	Protozoa	Virus	Ectoparasite	Other	Foodborne	Waterborne	Arthropod	Faecal-Oral	Direct Contact	Pigs	Cattle	Goats	Sheep	Dogs	Cats	Foxes/Canids	Fish	Crustacean	Snails	Primates	Rodents	Vector	Deforestation	Urbanization	Climate Change	Ground/Soil	Man-made Ecological Change	Human/Animal Migration
Taeniasis/Cysticercosi	X					X			X		X																X		
Echinococcosis	X								X		X	X	X	X	X	X	X					X			X	X		X	
Foodborne Trematodiase	X					X					X	X	X	X	X	X		X	X	X		X						X	
Schistosomiasi	X						X				X	X	X	X	X	X				X	X	X	X			X			X
Dracunculiasi	X					X	X								X	X		X	X		X								
Zoonotic Leishmaniasi		X						X							X		X					X	X	X	X				
Human African Trypanosomiasis		X						X				X											X	X	X			X	X
Chagas Disease		X				X		X							X						X	X	X	X		X		X	X
Rabies			X							X					X														
Scabies & Other Ectoparasite				X						X	X				X		X										X		
Snakebite envenomatio					X					X													X	X				X	X

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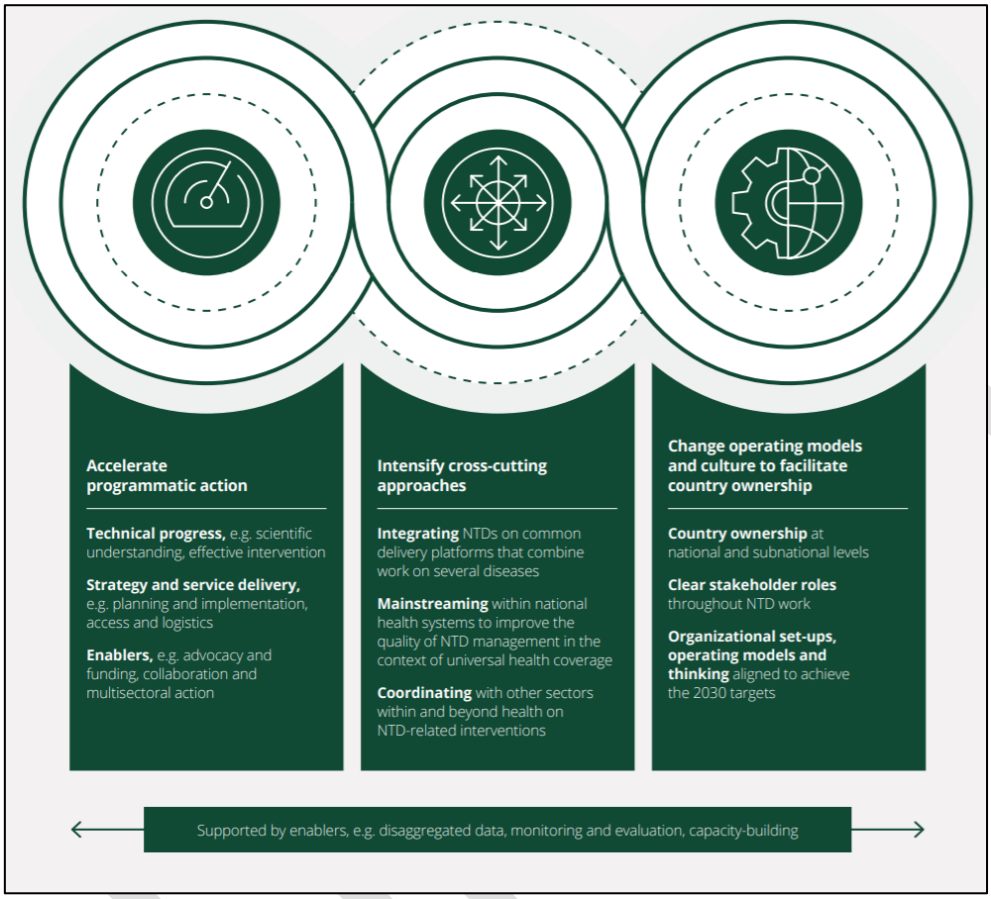
2. One Health actions needed to achieve the road map targets

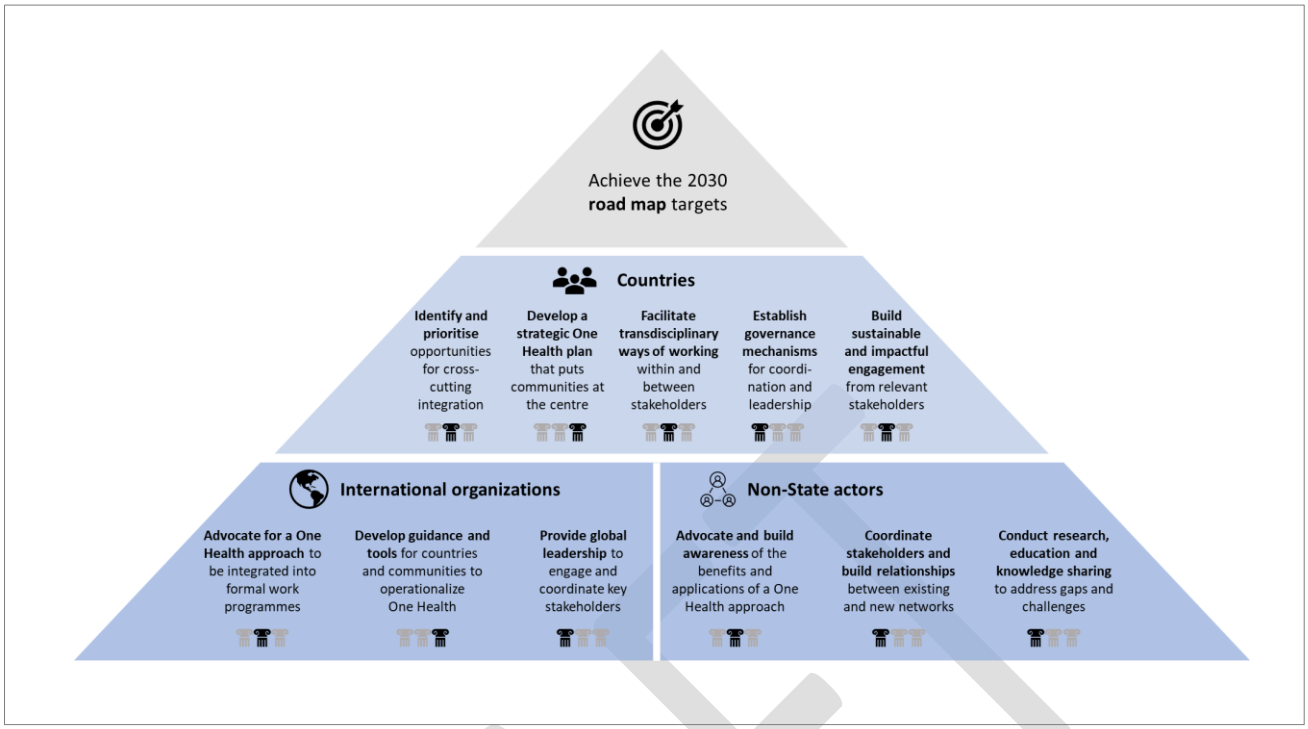
The three main stakeholder groups involved in achieving the road map targets are countries, including State and local governments, communities, and citizens; international organizations, such as the United Nations, WHO, FAO, OIE, UNEP and others; and non-State actors, such as academics, industry, and NGOs. Each group plays an important role across the three pillars of the road map (Fig 4).

Fig. 4. Three pillars of the road map: accelerate programmatic action; identify cross-cutting approaches; and change operating models to facilitate country ownership



Priority One Health actions needed by each group to achieve the road map targets are summarised in **Fig. 5** and detailed further below and in **Annex 1**.

Fig. 5. Priority One Health actions needed by countries, international organisations and non-State actors to achieve the road map targets through a cross-cutting approach



Countries, including State and municipal governments, communities, and citizens

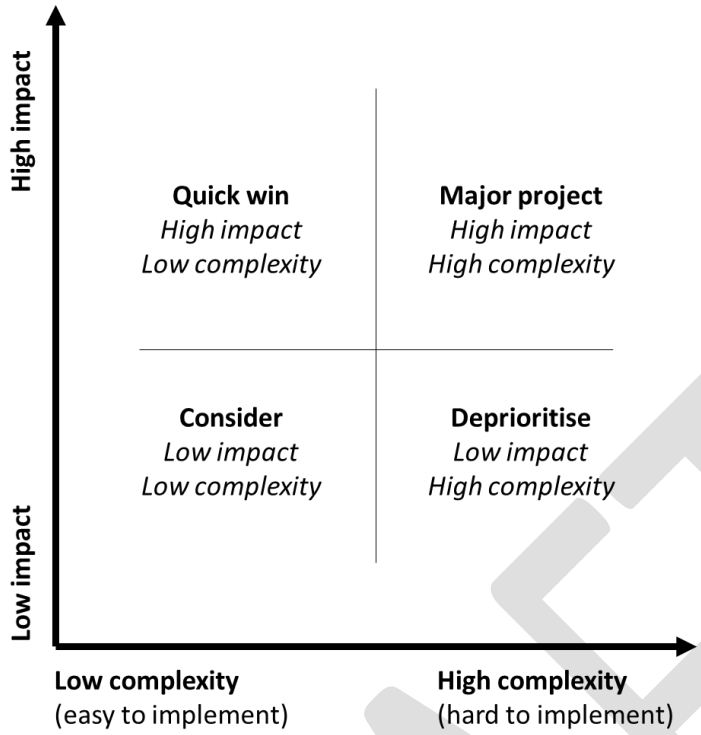
- Identify and prioritise opportunities for cross-cutting integration within NTD programmes, and between NTD programmes and other sectors. This could start with a programmatic review to identify areas of potential synergy between, for example, programme priorities, workforce capabilities, stakeholders, and communities.

  This can also be an opportunity to identify synergies that go beyond traditional collaborations to unlock new, exciting possibilities based on the local context. Examples of different levels of integration include:
  - *Integration within NTD programmes* – e.g., joint surveillance efforts for parasitic diseases that require the same sample and diagnostic approach
  - *Integration between broader health programmes* – e.g., building in strategies to address Taeniasis / Cysticercosis in people, with broader animal health focussed interventions in pigs (e.g., for Classical Swine Fever)
  - *Integration between sectors* – e.g., linking human and animal health surveillance systems; involving WASH or waste management in interventions; or drawing on private sector supply chains to provide products or services in remote areas.

  Ideally, this review should be followed by a prioritisation exercise to identify where to start – for example, by ranking opportunities based on likely impact, and ease of implementation (**Fig. 6**). Not all opportunities will be feasible to pursue, or make sense to pursue first – and integration, although it can have great benefits, will require a paradigm shift that takes time, cost, effort, and leadership to implement effectively. Section 3 provides guidance on how this paradigm shift can be approached in national or local programmes, e.g., by programme managers.

  Fig. 6. Example prioritisation matrix. *This matrix can be used to rank initiatives based on likely impact, and how complex they are to implement. Ideally, programmes should target 'quick wins' –*

i.e., initiatives that will be high impact, but with relatively low complexity; although 'high impact, high complexity' initiatives may also be worthwhile.



- Develop a strategic One Health plan that sets clear targets for integration, and a pathway to reach it – for example, based on the opportunity assessment and prioritisation described above. Typically, a strategic plan would include a clear purpose and targets; specific objectives; describe the activities needed to meet the objectives (including timeline, who is responsible, and resources needed); and identify metrics to monitor and evaluate performance.

  Ideally, the plan should put communities at the heart of programmatic efforts, through an inclusive, participatory design process that: (i) supports community engagement in policy development, decision making and local solutions; and (ii) ensures policies reflect local values, objectives, and contexts.

  The plan should also consider the key players involved in implementation – for example, local governments play a critical role in implementing interventions and building traction within the community. Where possible, local leaders should be engaged, supported and encouraged.

Case study: One Health Strategic Plan developed in Bhutan (available here)

In 2019, the Ministry of Health and Ministry of Agriculture and Forests in Bhutan launched a One Health Strategic Plan, which has four objectives:

1. To institutionalize One Health initiative involving relevant stakeholders
2. To strengthen surveillance system for prioritized zoonoses, foodborne diseases and antimicrobial resistance (AMR)
3. To strengthen joint outbreak investigation and response for prioritized zoonoses and foodborne diseases including AMR issues
4. To promote collaborative research activities for prioritized zoonotic, food-borne diseases and AMR

The plan also emphasizes the need for participatory approaches that involve and support communities. *[NB: Case study to be elaborated]*

- Facilitate transdisciplinary ways of working within and between sectors, and with other stakeholders (e.g., non-State actors). This is simpler where incentives are aligned (e.g., through shared goals or budgets), and roles and responsibilities of contributors are clear. For example, where different sectors agree to build joint capability in a particular area, and there is a clear owner to conduct associated training.

  However, where sectors or stakeholders have, or perceive, competing interests, there may be need to cultivate shared incentive structures that encourage collaboration over competition. For example, *Echinococcus* control programmes encourage offal to be discarded to promote human health – however this comes at a cost to the farmer, who would otherwise be able to sell it. In some settings, offal is then sold on the black market at a low price, bringing in income for the farmer, but placing the buyer – who is often also poor - at increased risk.

- Establish governance mechanisms to support coordination and leadership. This involves clearly defining the roles and responsibilities different stakeholders; allocating resources proportionately; setting up clear pathways for decision making and conflict resolution; and having structures to coordinate and share information and activities between different groups (e.g., governments, NGOs).

  For example, in 2011 Kenya set up a One Health 'Zoonotic Disease Unit (ZDU)'. The ZDU is jointly headed by a director of Medical and Veterinary Services, who support a cross-functional zoonotic technical working group and disease unit, which interface with One Health Units in Counties. This structure supports a collaborative approach between multiple sectors.

- Build sustainable and impactful engagement from relevant stakeholders – including non-traditional stakeholders – through identifying shared outcomes, dependencies, drivers, levers, and conflicts of interest; and engage stakeholders early and transparently in planning.

International organizations, such as the UN, WHO, FAO, OIE and others

- Apply a cross-cutting One Health approach to formal work programmes internally, among other international organizations, and in regions and countries. For example, by including specific One

Health targets, indicators, and actions in the next edition of WHO's General Programme of Work; and in relevant plans of other UN agencies.

- Develop guidance and tools for countries and communities to operationalise One Health practices, and support their implementation, for example:
  - Helping countries to identify shared outcomes and incentive structures between NTD and other sectors and stakeholders to encourage integration
  - Helping countries to develop sustainable financing and governance mechanisms to support One Health collaboration
  - Supporting and catalysing countries – either directly, or in collaboration with other stakeholders – to implement the priority actions described above

- Provide global leadership to engage and coordinate key stakeholders – including through:
  - Promoting country ownership, while galvanising international collaboration to support greater take-up of One Health approaches where relevant
  - Integrating NTDs into global One Health initiatives, such as the Tripartite Alliance, which was recently extended to include the United Nations Environment Programme (UNEP); pandemic preparedness strategies; and others
  - Engaging the NTD community in One Health, and the One Health community in NTDs
  - Integrating internal approaches to NTD programmes where relevant, and strengthening the institutions, governance, and leadership structured need to deliver.

Case study: Programme Against African Typansomiasis (PAAT) (access here)

PAAT is a long-standing interagency collaboration between WHO, FAO, the International Atomic Energy Agency (IAEA) and the African Union - Interafrican Bureau for Animal Resources (AU-IBAR) to coordinate control activities for animal and human African trypanosomiasis (AAT and HAT).

Examples of activities that have occurred under this collaboration include:

- Synergising vector control activities to benefit control of both HAT and AAT, given the Tsetse fly transmits disease to both people and animals
- Collaborating to share data and geographical information, including HAT and AAT atlases, sharing maps of Tsetse fly distribution, guidance manuals etc
- Conducting shared trainings on HAT and AAT management, vector control, and data, and coordinating participation of both sectors in scientific meetings and expert discussions

IAEA was a novel stakeholder to involve in an NTD programme, however brought expertise in developing and applying insect sterilisation techniques. *[NB: Case study to be elaborated]*

Non-State actors, such as academics, industry, and NGOs

- Advocate and build awareness of the benefits and applications of a One Health approach, including through identifying and demonstrating areas where NTDs can be integrated into other policy or programmatic priorities. This may extend to supporting implementation and funding of such integration, in alignment with national priorities and plans, and is typically within the remit of NGOs.

- Coordinate non-State actor stakeholders and build new relationships, for example through:
    - Developing existing and new networks for collaboration and partnership, e.g., through building a One Health community of practice
    - Identifying and engaging novel stakeholders – e.g., from industry, and other sectors such as education, tourism, nutrition, etc – to drive broader involvement in NTD programmes
    - Supporting NTD stakeholders to join wider One Health, and cross-sector conversations

  This coordination could be undertaken by NGOs, with input from academic and industry networks.

- Conduct research, education, and knowledge sharing to address gaps and challenges to cross-cutting NTD control. This includes:
    - Engaging in multisector research to identify gaps, and develop and promote tools for countries and communities to operationalise One Health
    - Sharing knowledge – including data, technological advances, programme feedback – and facilitating information flow across sectors and stakeholders
    - Conducting training in key competencies to facilitate greater integration between sectors

  These actions sit primarily with academia and industry; however NGOs may also play a role particularly in knowledge sharing and conducting training.

These priority actions provide a starting point for countries, international organizations, and non-State actors to take a One Health approach to address NTDs and achieve the road map targets. They can be complemented by the key resources described in section 5; and in the following sections which provide guidance on how a paradigm shift toward One Health can be supported national programmes, and how common One Health challenges can be overcome.

3. Guidance on how to support a paradigm shift toward One Health in national NTD programmes

This section is specifically geared toward programme managers and provides guidance on how to support a paradigm shift toward a One Health approach in national programmes. A One Health approach can take many forms, depending on the context of the programme, setting, stakeholders and resources available. Fundamentally, it is about identifying – and activating – opportunities to integrate efforts among sectors and diseases to achieve shared or synergistic goals.

This can be started anywhere, at any time, for any relevant programmatic activity. Ideally, these activities should be supported in parallel by other groups (e.g., international organisations and non-State actors) to create an enabling environment for change. The following examples outline how a One Health approach can be practically applied to different aspects of NTD programmes, and provide links to additional resources where relevant and available.

Programme design

General principles of programme design continue to apply when taking a One Health approach **(Annex 2)**. However, steps that become even more important include stakeholder mapping, to identify the sectors or stakeholders who should be involved in the programme and their motivations; and, where multiple stakeholders are involved, to agree clear roles and responsibilities for implementation.

For example, to design a rabies prevention programme involving both human and animal interventions, stakeholder mapping might identify four key sectors to involve: human and animal health, education, and municipalities (note this list is not exhaustive). Clear roles and responsibilities would then need to be agreed with relevant focal points from each sector to achieve programme targets. For example:

- human health ministry – responsible for rabies awareness campaigns; providing rabies post-exposure prophylaxis to bite victims; and collating data on rabies cases and bite burden;
- animal health ministry – responsible for conducting mass dog vaccination campaigns, and collecting and sharing surveillance data on animal rabies cases;
- education ministry – responsible for implementing rabies awareness in school curricula; and
- municipalities – responsible for implementing community-based interventions, with support from human and animal health ministries.

Action: apply a One Health approach to programme design by mapping stakeholders and agreeing clear roles and responsibilities to reach shared outcomes. This can be supported by stakeholder mapping[2], RACI (responsible, accountable, consulted, informed) and similar tools to support these respective actions **(Annex 3)**.

Workforce capability building

[2] See this WHO tool on stakeholder analysis [link].

Building workforce capability in different sectors improves overall capability and allows skilled personnel to be shared or redeployed in times of high need (e.g. during a pandemic). It can also serve to break down organisational siloes and improve transdisciplinary ways of working. For example, in Kenya, researchers who trained in disease modelling for animal disease were subsequently redeployed to lead national COVID-19 modelling efforts, thereby overcoming a critical skills shortage.

Examples of common skills required for effective NTD programmes across human and animal health sectors include those for:

- understanding disease burden,
- mapping country contexts,
- collecting and reporting data,
- monitoring and evaluating programme performance,
- laboratory diagnosis of disease,
- modelling impact of interventions,
- planning and programming
- communication and community awareness, and
- logistics (e.g. forecasting, distribution).

Examples where a more integrated workforce may make sense include understanding disease epidemiology; implementing shared interventions across sectors (e.g., surveillance, risk assessments, evaluations, etc); and where leadership, facilities or infrastructure are common across programmes.

Action: explore opportunities for cross-sector training to build workforce capability for critical gaps and/or secondments for skilled personnel to share expertise within and among programmes or departments. Where relevant, encourage transdisciplinary training locally, regionally and globally.

Awareness and education

Often, awareness messages and their target audience for a given disease or intervention are cross-cutting for different NTDs. For example, WASH and safe food preparation practices are essential to prevent infection from dracunculiasis, foodborne trematodiases, taeniasis and cysticercosis. Coordinated campaigns that distil and share common messages for awareness and prevention are efficient, reinforcing and reduce information overload for recipients.

Also, the target audience for awareness or education campaigns is often similar – e.g. livestock owners may all receive information on prevention strategies for echinococcosis, schistosomiasis and foodborne trematodes (if they own cattle, goats, or sheep), and for taeniasis and cysticercosis (if they also own pigs).

Action: explore opportunities to integrate awareness and education interventions within communities and across NTDs, for example through cross-cutting communications that coordinate key messages and target audiences.

Community interventions (engagement, prevention and treatment)

The overlap of transmission routes, animal hosts, and control and prevention strategies among zoonotic NTDs creates opportunities to both:

- combine cross-cutting interventions for disease(s). For example, in Madagascar a preventive chemotherapy programme to address taeniasis in people was combined with a complementary programme in pigs, thereby providing treatment while simultaneously raising awareness and addressing the disease at its source;

and

- draw on existing community relationships to introduce or accelerate new interventions. For example, in KwaZulu-Natal, South Africa, strong community relationships built through sustained rabies control efforts enabled the successful initiation and implementation of a brucellosis control programme using the same network.

Action: explore opportunities to combine interventions, or use existing infrastructure and relationships to introduce or accelerate new interventions.

Surveillance

Robust surveillance systems for both human and animal disease allow understanding of the usual – and detection of the unusual – with implications for the health of both people and animals. For example, animal burdens of parasitic diseases such as *Taenia solium* and *Echinococcus* can act as proxy indicators for human diseases, especially sequelae that appear late – such as neurocysticercosis, and echinococcosis.

Sharing information among sectors can also be critical to inform appropriate treatment and follow-up. For example, an animal that tests positive or negative for rabies will inform treatment options in a potentially exposed person and any requirement for follow-up of potential further contacts.

An integrated approach is also key where multiple diseases affect the same population, and detection can be performed using the same samples or logistics. For example, community screening for schistosomiasis can be combined with screening for taeniasis, as the sample and the target population are the same.

Action: explore opportunities for intersectoral collaboration to share information, integrate surveillance for diseases that use the same samples or affect similar populations, and strengthen animal and human disease surveillance systems overall.

4. Common challenges and how they can be overcome

A cross-cutting approach that involves multiple sectors and stakeholders, while effective, can bring challenges, especially in settings that are already over-burdened and under-resourced.

Common challenges include:

- *"Programmes only get implemented when the Ministry of Health is responsible for them*": low capacity, investment and capability of other sectors, e.g. animal health disincentivizes partnership, especially where health systems are already strained and inadequate, and local governments are responsible for implementation in the community.
    - [*NB: case study to be detailed]*

- *"Why should farmers treat cattle for a disease that doesn't impact production?"*: competing priorities for NTD objectives between sectors, e.g., where livestock transmission poses a threat to human health, but does not negatively impact animal productivity, can disincentivise animal treatment. However often, combined human and animal treatment is the most effective and sustainable way to address disease in people.
    - [NB: case study to be detailed]

- *"If everyone is responsible, nobody is responsible"*: unclear accountabilities between stakeholders and sectors can result in a lack of transparency, and missed actions and opportunities.
    - [*NB: case study to be detailed]*

5. Key resources

WHO

Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021–2030. Geneva: World Health Organization; 2020 (access here).

Ending the neglect to attain the sustainable development goals: a global strategy on water, sanitation and hygiene to combat neglected tropical diseases, 2021–2030. Geneva: World Health Organization; 2021 (access here).

Taking a multisectoral one health approach: a tripartite guide to addressing zoonotic diseases in countries. Geneva: World Health Organization; 2019 (access here).

Country NTD master plan, 2021–2025: framework for development. Brazzaville: World Health Organization Regional Office for Africa; 2020 (access here).

One Health

Framework for One Health practice in national public health institutes. Addis Ababa: African Union; 2020 (access here).

Bhutan One Health strategic plan, 2018–2023, second edition. Thimphu: Ministry of Health of Bhutan; 2019 (access here).

Tools

Stakeholder mapping: WHO training on stakeholder analysis. Geneva: World Health Organization (access here).

Annex 1. One Health framework for action on NTDs according to pillars of the road map

Pillar 1 Accelerate programmatic action: Integrate One Health into NTD programme design and delivery

Support NTD stakeholders to understand and utilise systems thinking; identify key entry points for One Health; evidence and advocate for One Health interventions in NTDs.

Achieving this will require action in the following areas:

1. Technical progress, e.g. evidence base and guidance on integrated interventions	**Countries:** – **Map stakeholders for relevant NTDs** to identify human-animal-environment interfaces and investigate potential areas for integrated one health approaches. – **Share data across sectors** and facilitate cross-sector use. – **Identify suitable metrics** (existing or new) to monitor and track relevant One Health targets.
	International organisations – **Develop guidance and tools** for countries to operationalise One Health practices and support their implementation.
	Non-State actors – **Conduct research, education and knowledge sharing** to address gaps and challenges to cross-cutting NTD control e.g. through multisector research to better understand the human-animal-environment interface; knowledge sharing and training.
2. Strategy and service delivery e.g. surveillance, joint risk assessment	**Countries:** – **Identify and prioritise opportunities for cross-cutting integration** based on local needs, and use co-design and adaptive programme design to inform delivery. – **Develop a strategic One Health plan** that sets clear targets for One Health integration and outlines activities, resourcing and monitoring required to reach it. – **Facilitate transdisciplinary ways of working** between sectors and stakeholders e.g., through aligning incentives, clear governance structures, and testing of novel mechanisms.
	International organisations – **Support and catalyse countries** to co-design cross-cutting processes and ways of working. – **Promote** One Health approaches to drive political buy-in at country level.
	Non-State actors: – **Identify and coordinate non-State actor roles** in systems maps and fill evidence gaps.
3.Enablers e.g. integrated funding pathways, advocacy collaboration and multisectoral action	**Countries**: – **Identify systematic barriers** to cross-cutting approaches – **Integrate funding** for integrated actions and support sharing of knowledge and capacity across sectors. – **Build One Health capacity** e.g., by developing or integrating One Health approaches into existing curricula to break down siloes and any encourage cross-sector collaboration – **Advocate** for a One Health approach to NTDs.
	International organisations – **Engage NTD community in One Health and One health community in NTDs** – **Enable One Health action** by supporting suitable financing and governance mechanisms – **Lead by example** by delivering high-level multisector action between UN agencies.
	Non-State actors: – **Target and fund** capacity building and delivery of One Health for NTDs. Address evidence gaps. Offer suitable financing mechanisms – **Build relationships** in existing and new networks to share knowledge – **Focus education and training on competencies** to facilitate greater integration in common areas between health sectors.

Pillar 2 Intensify cross-cutting approaches: Coordinate and integrate action on NTDs across key sectors

Demonstrate interconnections between sectors and highlight shared outcomes; facilitate conversations and nurture relationships; integrate NTDs into existing structures.

Achieving this will require action in the following areas:

1. Integrating NTDs in common delivery platforms that combine work on human and animal diseases	**Countries:** – **Identify opportunities for integration** – e.g., efficiencies, entry points and shared priorities for NTD programmes with non-NTD sectors. – **Facilitate** transdisciplinary ways of working and sectoral equity in their integration. – **Problem framing and objective setting**: Place the patient and community at the heart of objective setting. Shift programmatic focus to be cross-cutting.
	International organisations – **Integrate approaches** to NTD programmes within UN agency governance and policies and strengthen the institutions, governance and leadership structures needed to deliver. – **Support countries** to identify entry points for integrating NTDs in other sectors. Collate evidence and support country level decision making.
	Non-State actors: – **Identify novel stakeholders** to integrate following One Health analysis and support integration in prioritised areas.
2. Mainstreaming NTDs within national human, animal and environmental health systems to improve the quality of NTD interventions	**Countries:** – **Promote clear One Health targets** in relevant national and local NTD policies and include NTDs in national One Health strategies – **Develop One Health champions** to link NTDs to other health and non-health sectors at national and global level.
	International organisations – **Support inclusion of NTD targets** in other sectors and One Health policies. – **Support countries and sectors** to establish and sustain One Health ways of working and engage with national One Health Champions
	Non-State actors: – **Identify and advocate for opportunities** for NTDs to be included in other policy areas – **Support NTD stakeholders** to join wider health sector conversations such as those on pandemic preparedness, help in their co-design process to reap gains for NTDs
3. Coordinating with other sectors within and beyond health on NTD-related interventions e.g. establishment of cross-sectoral coordination mechanisms.	**Countries:** – **Identify non-health stakeholders** and their role in delivery and uptake of One Health for NTDs. Establish national and local/ subnational mechanisms to coordinate all stakeholders. – **Develop governance mechanisms** to support coordination and leadership
	International organisations – **Help identify shared outcomes** between NTDs and non-health sectors and support coordinated responses and reporting across sectors – **Integrate NTDs into global One Health activities** such as the Tripartite+ and pandemic preparedness strategies.
	Non-State actors: – **Advocate for collaboration** outside health e.g, education, tourism, nutrition and coordinate between sectors for joint advocacy, funding and implementation. – **Develop public-private partnerships** to fill gaps and facilitate a One Health approach to NTDs

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Pillar 3 Change operating models & culture to facilitate country ownership: Nurture and sustain country-led One Health action

Putting communities and countries at the core of decision making; One Health champions to lead transition to One Health working, sectoral equity and ownership in achieving shared outcomes; proportionate resourcing according to One Health system.

Achieving this will require action in the following areas:

1. Ownership at national and subnational levels e.g. responding to the specific needs of populations and the global health security agenda.	**Countries:** – **Put communities at the heart** by supporting community engagement in policy development, decision making and local solutions. Ensure policies reflect local values, objectives and contexts – **Build sustainable and equitable engagement** from all stakeholders (including non-traditional stakeholders) in One Health for NTDs with identification of shared outcomes, dependencies, drivers, levers and conflicts of interest. Manage conflicts. Engage stakeholders early in the planning and be transparent.
	International organisations – **Offer global leadership** while facilitating country ownership of NTD programmes and galvanise international collaboration – **Provide guidance** on participatory approaches to increase country ownership
	Non-State actors: – **Facilitate information flow** to support participatory approaches to One Health for NTDS – **Identify community / stakeholder priorities** and represent locally specific contexts.
2. Clear stakeholder roles throughout NTD work ; managing competing priorities both across sectors and between nations.	**Countries:** – **Lead by example** and give confidence to others to engage in one health for NTDs – **Clearly define** state and non-state roles and distribute responsibilities for NTDs and assign proportional resources and governance. – **Conduct capacity review** to identify weak links
	International organisations – **Offer guidance** on distributing responsibility for One Health across stakeholders, public and private. – **Ensure accountability** systems in place at country level to support country and sectoral ownership of roles and responsibilities.
	Non-State actors: – **Collaborate across sectors** to identify shared aims and build sectoral equity and support community -led development. – **Give policy-makers a single route** to advice from across OH stakeholders.
3. Organizational set-ups, operating models and thinking aligned to achieve the 2030 targets	**Countries:** – **National governance:** Deliver local solutions with a global vision. Facilitate and sustain truly transdisciplinary One Health action between government sectors, ensuring sectoral equity and adequate resource allocation. Consider suitability of existing organisational structures to enable sustainable collaboration and action towards shared or complementary targets, able to resolve potential conflicts in priority setting. – **Employ inclusive design processes** with the needs of the community at its core e.g. participatory and co-design processes with structured management of stakeholder input. – **Facilitate Public-Private partnership opportunities**
	International organisations – **Support countries to use organisational set ups** to plan long-term impact, value sustainability and achieve 'last mile' stages to eradication where appropriate.
	Non-State actors: – **Adapt to changing governance structures** adopted at national or international level, facilitate others to do the same – **Commit to cross-sector (broad) and continuous feedback and evaluation loops** in programme design and implementation, communicate findings with policy makers

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Annex 2. General principles of good programme design

- Define the problem or intervention: what are you trying to do?
- Understand the context of the system**:** in what conditions will you do it?
- Map the key stakeholders: who will be involved (directly or indirectly)?
  - Who is affected by the problem or intervention?
  - Who will influence the problem or intervention?
  - Who will be responsible for action?
- Identify target outcomes and metrics: what does success look like?
  - How will you measure it?
- Agree actions and interventions: what will you do?
  - Which actions will have the most impact on your target?
  - How, when and with what resources will you do them?
- Agree roles and responsibilities: who will do what?
- Implement (test and scale): do it
- Evaluate performance: is it working?
  - What is working well?
  - What is not working well?
  - What needs to change?
- Adapt as required: what will you do differently?

Annex 3: Example RACI template

RACI is a tool used to clarify and agree roles and responsibilities for a programme of work. It identifies the person, or persons, who are:

- Responsible – i.e., the person(s) who will complete the work
- Accountable – i.e., the person who delegates and reviews work, and is accountable for completion
- Consulted – i.e., the people who provide content input and expertise on the work
- Informed – i.e., the people who need to be kept informed on programme progress

For example, conducting a vaccination campaign might involve the following tasks and stakeholders:

Task	Manager	Nurse	Municipal lead	Country lead
1. Plan campaign	R / A	C	C	I
2. Secure supplies	R / A			I
3. Develop comm materials	R / A	I	C	I
4. Conduct campaign	A	R	I	I
5. Report results	A	R	I	I

The below chart provides a blank template to conduct your own RACI exercise:

Task	Person A	Person B	Person C	Person D
Task 1				
Task 2				
Task 3				