



## ***“High-level Roundtable Summary: “What more is needed to operationalize One Health in Bangladesh?”***

4<sup>th</sup> March, 2023

### **Background**

Bangladesh has been an early adopter of the One Health (OH) approach. However, to date, it has largely focused on zoonotic disease. Most OH activities occur at the national level with limited continuous, functional linkages with district and community levels. Many OH activities are project-based and largely dependent on external funding. This Roundtable sought to explore how a OH approach could help to coordinate sectoral activities which deliver multiple benefits with a high return on investment. The program started with an introductory presentation on the UKRI One Health Poultry Hub from Prof Dr Robyn Alders and a key presentation from Prof Dr Md. Ahasanul Hoque on the findings of a qualitative research project which explored the evolution of OH in Bangladesh and internationally over the past 15 years. The Roundtable was moderated by Prof Dr Nitish Chandra Debnath at The Six Seasons Hotel, Dhaka. The Roundtable also benefitted from the participation of OH experts from Thailand and Viet Nam. Participants agreed to conduct the Roundtable under the Chatham House Rule.

### **Contributions by participants**

Several significant concepts were emphasized throughout the discussion. This report summarises the key themes that arose and the discussions associated with them.

#### ***Institutionalization and building ownership of One Health at different levels***

Decentralizing the concept of One Health in order to effectively institutionalize the One Health approach was one of the many insightful suggestions made by our participants. The majority agreed with the importance of disseminating this concept at various levels, beginning with the ministries, directorate, district, and sub-district (Upazilla) levels, and to establish a system in which everyone is responsible for implementing the One Health initiatives at these various levels. Regarding this matter another point made was that continuous advocacy at the policy level is required. As the members of various committees change frequently, policymakers must be routinely briefed on the OH concept. And an institution or organization should assume this responsibility in order to keep individuals informed about OH and their associated roles. The activation of rotational OH leadership for the One Health coordination committee was highlighted with the regular meeting venue switched between various ministries recommended in order to foster sector-wide ownership.

#### ***Strengthening the existing OH secretariat operational system***

This crucial issue was brought up by the majority of participants. Most agreed that the One Health movement began in our country in 2008, so it is now time to consider how we will implement this system. During the discussion, it was revealed that the OH Secretariat has a shortage of human

resources. To address this issue, participants suggested involving a professional from the international development sector and assigning interns from relevant sectors to provide continuous support to the Secretariat. To standardize OH activities within the Secretariat, a One Health desk in each of the relevant ministries with a designated focal person was proposed.

Many of the participants and representatives of the development partners mentioned the previous success of the Secretariat's work, such as the OH newsletter, and committed to supporting the authority if it undertakes similar innovative actions in the future. Dedicated secretarial support would also be required for the "One Health Secretariat" to continue these types of work. And another important suggestion from the participants side was the needful evaluation of the One Health Secretariat's activities as per their terms of reference and accordingly reorganization of its work plan.

### ***Building next generation OH workforce through regular advocacy and networking***

The next issue on which all participants agreed was the need for consistent advocacy at the policy level and in sectors where this concept is not yet widely recognized, such as the environment and wildlife sector. A representative from the environment sector indicated that in the past little was known about OH even though the first OH Strategy document was endorsed by the Ministry of Forest and Environment in 2012; the representative also highlighted that OH has been discussed more over the past two years. However, dissemination of the concept to environment officers has been difficult. In addition, the environment sector lacks community-level workers compared to the human health and livestock sectors. The need for further development of a OH workforce was emphasised. The current Field level Epidemiology program for human health, animal health, and wildlife was given a lot of praise, but at the same time, it was recommended that a new generation of the workforce be trained with the help of OH mentors to ensure that they have the appropriate level of sensitivity on OH. In addition, it was strongly suggested that an emergency fund be established to deal with disease outbreak emergencies and that a joint rapid response team should be an integral part of an emergency disease response that would also deal with the priority endemic diseases like Anthrax, Avian Influenza, Rabies and any potential emerging diseases which have an adverse impact on public health.

### ***Inclusivity***

One Health is all about inclusivity, and it was mentioned in the discussion that we must consider the equal representation of various sectors in all OH projects. In addition to the human health sector, representatives from various organizations suggested including the Planning and Finance Ministry and the Education Ministry in the future as this could help to secure a sustainable source of financing and intellectual support. Also, it was anticipated that the active participation of the Bangladesh Communicable Disease Control Centre (CDC), Directorate General of Health Services (DGHS), and Directorate General of Drug Administration (DGDA) would enhance the efficiency of OH implementation.

### ***Sustainable work plan and budgeting strategy to regularize One Health activities***

Regarding sustainable funding, the concept of shared funding from different Ministries associated with One Health and MOUs between Ministries and sectors, such as in Thailand and Vietnam, was well-received. In terms of utilizing the existing resources, the need to take a more active role as opposed to a passive one was stressed as was the need for action plans to accompany strategic documents. This

approach will help to demonstrate our strengths as well as the areas where we need to improve. The establishment of short- and long-term plans, as is done in Thailand and Vietnam, was recommended as well as regular evaluations, so that multi-sectoral and ministry-level personnel are kept informed of OH events throughout the year.

#### ***Initiating OH research on universal topics***

Regarding OH research, everyone mentioned the One Health Poultry Hub as a good example of One Health research, followed by the Stop Spillover Initiative for developing innovative work practices. Some of the representatives suggested establishing a liaison between this type of research activity and the OH Secretariat and suggested future research on innovative topics such as waste disposal systems, biosecurity practice, proper vaccination strategies, pollution, etc., where all sectors feel interconnected.

#### ***Multi-sectoral data sharing***

Regarding One Health data sharing, the OH dashboard was mentioned in a very positive light, but it was also noted that to make inter-sectoral data sharing easier in the OH dashboard, we need to think outside the box and implement a dynamic automated system where all the data from multiple sectors will be automatically linked with the dashboard, rather than uploading the data from each sector separately using advanced technology such as block chain.

#### **Updated OH strategic document for the future One Health work**

To ensure that One Health remains relevant and responsive to evolving health challenges, everyone acknowledged that updating the One Health strategic document in line with the new 2021 One Health High Level Panel of Experts One Health definition<sup>1</sup> is essential. This requires conducting periodic reviews and assessments, involving diverse stakeholders, incorporating emerging issues and trends, fostering innovation and learning, and promoting accountability and transparency.

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<sup>1</sup><https://www.who.int/news/item/01-12-2021-tripartite-and-unep-support-ohhlep-s-definition-of-one-health>