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International Workshop

Strengthening capacities to adopt One Health to enhance Health Security

Istituto Superiore di Sanità
Rome, 13-15 April, 2026

ABSTRACT BOOK

Edited by
M. Habib, A. Ranghiasci, G. Nacca
and M.G. Dente

ISTITUTO SUPERIORE DI SANITÀ

International Workshop

Strengthening capacities to adopt One Health to enhance Health Security

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Edited by
Maham Habib, Alessia Ranghiasci, Gloria Nacca, Maria Grazia Dente
National Centre for Global Health, Istituto Superiore di Sanità, Rome, Italy

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The workshop aims to strengthen capacities to adopt the One Health approach in order to enhance health security, with particular focus on threats emerging at the human-animal-environment interface, including zoonotic and arboviral diseases. The initiative promotes the sharing of experiences on national One Health strategies, examining priorities, achievements, and constraints in their implementation. Particular attention is given to the role of regional networks in facilitating coordination and collaboration between countries and in supporting the operationalization of the One Health approach. The Workshop is implemented in the framework of the Project "Arboviral and zoonotic diseases in Libya: a joint WHO-ISS intervention to mitigate threats using the One Health approach" funded by the Ministry of Foreign Affairs and International Cooperation (MAECI) through the Italian Agency for Development Cooperation (AICS).

Keywords: One Health; health security; zoonotic diseases; arboviruses; cross-country collaboration; integrated surveillance

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Il workshop internazionale ha l'obiettivo di rafforzare le capacità nell'adozione dell'approccio One Health per migliorare la sicurezza sanitaria, con particolare attenzione alle minacce emergenti all'interfaccia uomo-animale-ambiente, incluse le malattie zoonotiche e arbovirali. L'iniziativa promuove la condivisione di esperienze sulle strategie nazionali One Health, analizzando priorità, risultati raggiunti e criticità nella loro implementazione. Particolare attenzione è rivolta al ruolo delle reti regionali nel facilitare il coordinamento e la collaborazione tra Paesi, nonché nel sostenere l'operazionalizzazione dell'approccio One Health. L'evento si inserisce nel quadro del Progetto "Arboviral and zoonotic diseases in Libya: a joint WHO-ISS intervention to mitigate threats using the One Health approach" finanziato dal Ministero degli Affari Esteri e della Cooperazione Internazionale (MAECI) tramite l'Agenzia Italiana per la Cooperazione allo Sviluppo (AICS).

Parole chiave: One Health; sicurezza sanitaria; malattie zoonotiche; arbovirus; collaborazione tra Paesi; sorveglianza integrata

Responsabile scientifico: Maria Grazia Dente

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PROGRAMME

Monday, April 13 - Pocchiari Hall

12.00 Welcome Lunch

13.00 Institutional opening
Rocco Bellantone
President of Istituto Superiore di Sanità

Marco Riccardo Rusconi
Director Italian Agency for Development Cooperation (AICS)

Ahmed Zouiten
World Health Organisation (WHO) Libya

Raffaella Bucciardini
Director National Center for Global Health, Istituto Superiore di Sanità

14.00 *Keynote lecture: Sustainability in the context of One Health; a conceptual framework for analysis*
Osman Dar
Africa Centres for Disease Control and Prevention (CDC)

First session
ONE HEALTH OPERATIONALIZATION: THE ADDED VALUE OF NETWORKING

Moderators: **Maria Grazia Dente, Osman Dar**

14:30 *MediLabSecure/OH Secure*
Vanessa Lagal

14:45 *European One Health Association*
Maarten Hoek

15:00 *OH Balkan Network*
Rusmir Goletić

15:15 *MedEDNET 4OH - Mediterranean Network for OH*
Alessio Lorusso

15:30 *Community support to OH*
Elisabetta D'Agostino

15:45 *Prezode Network*
Thierry Caquet

16:00 *Women for One Health Network*
Heidi Auerswald

16.15 Conclusions and closing of the day

Tuesday, April 14 - Marotta Hall

Second session

NATIONAL ONE HEALTH STRATEGIES: SHARING PRIORITIES, ACHIEVEMENTS, CONSTRAINTS, RETURN OF INVESTMENT IN OH

Moderators: **Umberto Agrimi, Attilio Puzzolante**

09:00 *National One Health Strategies: Libya*
Ahmed Saleh Elgrari

09:15 *National One Health Strategies: Tunisia*
Nissaf Ben Alaya

09:30 *National One Health Strategies: Georgia*
Giorgi Chakhunashvili

09:45 *National One Health Strategies: Serbia*
Mihaela Kavran

10:00 *National One Health Strategies: Armenia*
Lusine Paronyan

10:15 *National One Health Strategies: Lebanon*
Zeina Farah

10:30 *National One Health Strategies: The Netherlands*
Lapo Mughini Gras

10:45 *National One Health Strategies: Turkiye*
Priyakanta Nayak

11:00 *National One Health Strategies: Egypt*
Sara Ghanem

11:15 *National One Health Strategies: Spain*
Lucía García San Miguel

11:30 Discussion

12.30 Lunch

Third session

DO NATIONAL OH STRATEGIES CONSIDER OH PRIORITIES FOR CROSS-COUNTRY COLLABORATIONS?

Moderators: **Asma Saidouni, Maham Habib**

Working groups. Discussion on:

1. *Availability of already established cross-country collaborations: countries involved; formal MoU; target pathogens; sectors involved; experts exchanging*

2. *Needed multisectoral priorities/countries collaborations*

3. *Available resources to build on: national integrated digitalised systems, early warning system, event surveillance, essential data set for early warning/risk assessment, national workforce*

15.30 Working groups restitutions in plenary

17.00 Closure of the 2nd day

19.00 Working Dinner

Wednesday, April 15 - Pocchiari Hall

Fourth session

Round table: One Health International Governance: where are we?

Moderators: **Stefania Marcheggiani, Alberto Mantovani**

09:30 *World Health Organization (WHO)*
Rosa Peran Sala, Simona Seravesi

World Organisation for Animal Health (WOAH)
Valeria Carolina Colombo, Chadia Wannous

Food and Agriculture Organization of the United Nations (FAO)
Ahmed Saad

European Centre for Disease Prevention and Control (ECDC)
Carmen Varela Santos

European Food Safety Authority (EFSA)
Stephan Bronzwaer

11.30 Closing Remarks and way forward

12.00 Light Lunch

SPEAKERS AND MODERATORS

Chairpersons:

Dente Maria Grazia	*National Center Global Health, Istituto Superiore di Sanità, Rome, Italy*
Dar Osman	*Africa CDC, Addis Ababa, Ethiopia*
Agrimi Umberto	*Food safety, nutrition and veterinary public health, Istituto Superiore di Sanità, Rome, Italy*
Marcheggiani Stefania	*Environment and Health Department, Istituto Superiore di Sanità, Rome, Italy*
Mantovani Alberto	*Risk Assessment Committee, European Chemicals Agency, Rome, Italy*
Puzzolante Attilio	*Ministry of Health, Rome, Italy*
Saidouni Asma	*World Health Organisation (WHO), Tripoli, Libya*
Habib Maham	*National Center Global Health, Istituto Superiore di Sanità, Rome, Italy*

Speakers:

Lagal Vanessa	*Pasteur Institute, Paris, France*
Hoek Maarten	*National Institute for Public Health and the Environment (RIVM), Bilthoven, The Netherlands*
Goletić Rusmir	*Institute for Health and Food Safety Zenica, Zenica, Bosnia and Herzegovina*
Lorusso Alessio	*Istituto Zooprofilattico Sperimentale dell'Abruzzo e del Molise Giuseppe Caporale, Teramo, Italy*
D'Agostino Elisabetta	*Associazione Italiana Amici di Raoul Follereau (AIFO), Bologna, Italy*
Thierry Caquet	*National Research Institute for Agriculture, Food and Environment (INRAE), Paris, France*
Auerswald Heidi	*Istituto Zooprofilattico Sperimentale dell'Abruzzo e del Molise Giuseppe Caporale, Teramo, Italy*
Elgrari Ahmed Saleh	*National Centre for Disease Control, Tripoli, Libya*
Ben Alaya Nissaf	*Observatory of New and Emerging Diseases, Tunis, Tunisia*
Chakhunashvili Giorgi	*National Center for Disease Control and Public Health, Tbilisi, Georgia*
Kavran Mihaela	*University of Novi Sad, Novi Sad, Serbia*
Paronyan Lusine	*World Health Organisation (WHO), Yerevan, Armenia*

Farah Zeina	*Ministry of Public Health, Beirut, Lebanon*
Mughini-Gras Lapo	*National Institute for Public Health and the Environment (RIVM), Bilthoven, The Netherlands*
Nayak Priyakanta	*World Health Organisation (WHO), Istanbul, Turkiye*
Ghanem Sara	*World Health Organisation (WHO), Cairo, Egypt*
García San Miguel Lucía	*Ministry of Health, Madrid, Spain*
Rusconi Marco Riccardo	*AICS, Rome, Italy*
Zouiten Ahmed	*World Health Organisation (WHO), Tripoli, Libya*
Seravesi Simona	*World Health Organisation (WHO), Copenhagen, Denmark*
Peran Sala Rosa	*World Health Organisation (WHO), Geneva Switzerland*
Saad Ahmed	*Food and Agriculture Organization of the United Nations, Cairo, Egypt*
Wannous Chadia	*World Organisation for Animal Health, Paris, France*
Colombo Valeria	*World Organisation for Animal Health, Brussels, Belgium*
Santos Carmen Varela	*European Centre for Disease Prevention and Control (ECDC), Stockholm Sweden*
Bronzwaer Stephan	*European Food Safety Authority (EFSA), Parma, Italy*
Zouiten Ahmed	*World Health Organisation (WHO), Tripoli, Libya*

NOTES FOR CONSULTATION

This volume collects all the contributions presented at the International Workshop Strengthening capacities to adopt One Health to enhance Health Security, held in Rome on 13-15 April 2026.

For ease of reference, the abstracts are presented in accordance with the Workshop sessions in which they were presented. An index of all authors for each individual contribution is also included at the end of the work.

PREFACE

In recent years, threats emerging at the human–animal–environment interface have highlighted the need to strengthen the adoption of the OH approach to enhance health security. In this context, the international workshop focuses on key aspects of OH implementation, including the operationalisation of OH through the added value of networking and the strengthening of national OH strategies in terms of priorities, achievements and constraints. Particular attention is given to coordination and collaboration between countries, as well as to identifying priorities for cross-country collaboration. The workshop also contributes to ongoing discussions on OH international governance, while supporting joint actions for the prevention, surveillance and response to emerging health threats, including zoonotic and arboviral diseases.

The Workshop is implemented in the framework of the Project "Arboviral and zoonotic diseases in Libya: a joint WHO-ISS intervention to mitigate threats using the One Health approach" funded by the Ministry of Foreign Affairs and International Cooperation (MAECI) through the Italian Agency for Development Cooperation (AICS).

Dr.ssa Maria Grazia Dente

Keynote Lecture

Sustainability in the context of One Health; a conceptual framework for analysis

Presenter

Osman Dar

SUSTAINABILITY IN THE CONTEXT OF ONE HEALTH; A CONCEPTUAL FRAMEWORK FOR ANALYSIS

Dar Osman
CDC, Africa Centres for Disease Control and Prevention, Addis Ababa, Ethiopia

This research presentation addresses the conceptual and operational ambiguity surrounding sustainability in OH and global health security. The central aim of this research was to develop and empirically validate a cross-sectoral conceptual framework and definition of sustainability for application in OH initiatives. The specific objectives were to synthesise existing definitions across disciplines develop an integrated framework; explore expert understandings of sustainability; and assess how existing global health security tools, namely the WHO Joint External Evaluation (JEE) and the WOAH Performance of Veterinary Services (PVS) tool, reflect sustainability concepts and are perceived by policymakers. A multi-method design was employed, grounded in interpretivist and social constructionist epistemologies. First, an umbrella systematic review was conducted to identify sustainability definitions and frameworks across disciplines. The resulting synthesis informed the development of an integrated definition and meta conceptual framework. This was followed by a document analysis of the JEE and PVS tools and two rounds of semi-structured qualitative interviews with global OH and health security experts. Based on the research findings, the proposed definition conceptualises sustainability as: "A quality-assured system, strategy, service, programme, project, intervention or initiative, which is equitably and justly delivered while being socially, economically and environmentally viable, that continues to be implemented while effective and adapts as needed over a defined period of time, to produce a state of optimised health benefits across humans, animals and ecosystems without compromising the ability of future generations to meet their health and well-being needs." The corresponding framework incorporates both process dimensions (e.g., governance, financing, institutional capacity, adaptability, systemic integration) and outcome dimensions (e.g., ecological resilience, sustained health improvements, equity). Interview and document analysis findings independently affirmed the framework dimensions' relevance across sectors and scales and highlighted the limited and fragmented integration of sustainability in global health security tools. They also illuminated that the meaning and determinants of sustainability not only vary across sectors, but are also deeply shaped by epistemic tradition, disciplinary background, power relations, and socioeconomic and political context. The research offers a theoretically grounded and practically applicable framework for embedding sustainability into OH programme design, evaluation, and governance. It also highlights the inadequacy of current health security assessments in addressing long-term resilience and multisectoral integration. This research contributes to bridging conceptual gaps and advancing a shared understanding of sustainability in global health at a time of funding contractions and mounting ecological and institutional fragility.

First sessione

One Health Operationalization: the added value of Networking

Moderator

Maria Grazia Dente, Osman Dar

MEDILABSECURE: A UNIQUE OH NETWORK TO PREVENT EMERGING VECTOR-BORNE DISEASES IN THE MEDITERRANEAN BASIN

Lagal Vanessa, Jiménez Miguel Angel, Fournet Florence, Dente Maria Grazia, Calistri Paolo, Hendrickx Guy, Manuguerra Jean-Claude
Pasteur Institute, Paris -MediLabSecure/ OH Secure, Paris, France

The rising incidence of vector-borne diseases (VBD) driven by environmenta degradation and climate change represents emerging threats to global health security. VBD circulate at the human-animal-environment interface posing significant risk of diseases emergence in both humans and livestock with major health and economic consequences. The implementation of an integrated surveillance is therefore of paramount importance to efficiently prevent VBD. MediLabSecure is a pioneer One Health initiative launched by the European Union in 2014 to strengthen preparedness and response capacities to VBD across the Mediterranean, Black Sea and Sahel regions recognized as hotspots for endemic and emerging VBD. The initiative's strategy was centered on establishing a network of multidisciplinary experts from human and animal heath sectors to foster cross-sectoral collaboration through capacity building, networking, and regional cooperation. This presentation will highlight the 10-year action of the initiative, showcasing key achievements in enhancing regional capacities for virus detection, vector control, risk assessment and integrated surveillance. We will share the lessons learned to discuss the role of regional networks in advancing OH adoption and illustrate how concrete actions can lead to successful OH implementation approach. This abstract was produced with the financial support of the European Union. Its contents are the sole responsibility of the MediLabSecure network and do not necessarily reflect the views of the European Union.

OPERATIONALIZING ONE HEALTH THROUGH THE BALKAN ONE HEALTH NETWORK

Goletić Rusmir
Institute for Health and Food Safety Zenica, Zenica, Bosnia and Herzegovina

The Balkan One Health Network (BOHN) offers a practical platform for translating One Health (OH) principles into coordinated national and regional action. Drawing on recent experiences across Balkan countries, this presentation highlights concrete benefits of networking for prevention, detection and response to zoonoses and arbovirus threats. Key lessons learned include: (1) integrated surveillance-linking human, animal and entomological data-improves early detection of spillover and arbovirus circulation; (2) interoperable laboratory networks and shared diagnostic protocols shorten time-to-diagnosis and harmonize case definitions; (3) joint risk assessments and simulation exercises strengthen multi-sectoral coordination and clarify roles during outbreaks; and (4) community-engaged vector control and risk communication enhance uptake of prevention measures. We will discuss the specific role regional networks play in accelerating OH adoption: facilitating cross-border information exchange, pooling scarce technical resources, standardizing best practices, and advocating for sustained political and financial support. BOHN's facilitation of peer-to-peer capacity building and rapid technical assistance has proven especially valuable for smaller countries with limited in-country expertise. Based on identified gaps and regional needs, we propose priority areas for collaborative country action: (a) establishment of routine, multi-sectoral surveillance dashboards for prioritized zoonoses and arboviruses; (b) strengthening laboratory referral networks and quality assurance for vector-borne pathogen testing; (c) harmonized protocols for One Health emergency preparedness, including joint outbreak investigation teams; (d) integrated antimicrobial resistance (AMR) monitoring at the human–animal–environment interface; and (e) sustainable financing mechanisms and governance structures to embed OH into national health security plans. The presentation will conclude with practical recommendations for BOHN members to operationalize these priorities-short-term steps (harmonize case definitions, run regional simulation exercises) and medium-term targets (shared lab capacities, formalized cross-border rapid response agreements)-to improve regional resilience against zoonoses and arbovirus threats.

TUNISIA ONE HEALTH STRATEGY

D'Agostino Elisabetta
Associazione Italiana Amici di Raoul Follereau (AIFO), Community support to OH Bologna, Italy

Tunisia has a One Health strategy, but as in many countries in the Mediterranean region, its implementation focuses primarily on institutional and technical-scientific aspects. The model developed by AIFO and ICU in the country, however, aims to extend the One health stakeholders' network to include local communities as well, in order to promote more inclusive, sustainable and effective health policies.

PREZODE NETWORK

Caquet Thierry
National Research Institute for Agriculture, Food and Environment, Paris, France

PREZODE (Preventing ZOonotic Disease Emergence) is an international collaborative initiative bringing together a community of members to provide a scientific framework for pandemic prevention. It aims at enhancing prevention, early detection, and resilience to avoid or rapidly respond to emerging infectious diseases of animal origin that can turn into pandemics. It was launched in January 2021 on the initiative of INRAE, IRD and CIRAD, during the One Planet Summit and has achieved significant international reach, with over 280 member organizations in 90 countries-including 30 signatory countries. The European Commission and the Quadripartite - Food and Agriculture Organization (FAO), World Health Organization (WHO), World Organization for Animal Health (WOAH) and United Nations Environment Programme (UNEP) - supported the initiative. PREZODE is aimed at public decision-makers, donors, international organizations, scientific communities, and on-the-ground actors. It represents a true paradigm shift in how health risk prevention policies are designed and implemented. The initiative promotes a local-to-global approach, based on co-construction, to bring about sustainable changes in practices and mindsets at all levels. Its scientific agenda has been designed based on co-construction workshops held in nine areas in the world, with proposals for conducting research and operational projects, and for developing and coordinating surveillance systems to prevent zoonotic risks. PREZODE forms a network to facilitate and strengthen interactions across member organizations. Membership is based on mutual understanding and collaboration principles. Through its community of practice, the initiative enhances coordination, promotes synergies, facilitates the sharing of lessons learned, and encourages the exchange of best practices and the co-design of relevant solutions for reducing emergence risks. PREZODE fosters multilateral collaboration with and between countries and other initiatives to promote prevention, early detection, and resilience in response to emerging infectious diseases of animal origin. The initiative aims to improve ecosystem management and strengthen surveillance through multi-actor dynamics to maximize its impacts. By adopting a bottom-up and co-design approach based on scientific methods, PREZODE promotes the drafting of relevant public policies and actions for pandemic risk reduction and prevention, while still ensuring the food security and livelihoods of the poorest communities. It facilitates knowledge-sharing and provides a resource centre for decision-makers. It aims at supporting countries to develop scientifically based prevention activities under the One Health framework.

OPERATIONALISING ONE HEALTH THROUGH INCLUSIVE NETWORKS: THE ROLE OF ADVOCACY AND EXCHANGE IN DRIVING CHANGE

Auerswald Heidi
Istituto Zooprofilattico Sperimentale dell'Abruzzo e del Molise Giuseppe Caporale, Teramo, Italy

Many One Health (OH) strategies are in place, yet operationalisation at national level remains uneven. A key barrier is not only coordination across sectors, but who is included in that coordination. Across settings, women and other underrepresented groups play central roles in OH-relevant activities-such as caregiving, livestock management, food safety, and environmental stewardship-but are still underrepresented in leadership, formal surveillance systems, and decision-making processes. This mismatch contributes to missed surveillance signals, reduced effectiveness of interventions, and persistent policy blind spots. This presentation focuses on the role of networks as enablers of change, using the Women for One Health (WfOH) network as a case example. WfOH does not directly implement OH programmes; instead, it creates the conditions that make better implementation possible. As a global network spanning over 100 countries, it connects professionals across disciplines and regions to raise awareness, exchange experiences, and highlight practical approaches to integrating diversity into OH. Core contributions of WfOH include: (1) advocating for the recognition of diversity as a functional requirement for OH, not a side topic; (2) creating platforms for exchange of best practices and lessons learned across countries and sectors; (3) increasing visibility of underrepresented expertise through initiatives such as expert databases; and (4) supporting community building and mentorship to strengthen future leadership pipelines. These activities address a critical but often overlooked gap between strategy and implementation: the lack of inclusive networks that translate principles into shared understanding and practical approaches. While the direct impact on OH operationalisation is indirect, the network plays a catalytic role by shaping narratives, connecting actors, and amplifying solutions that can be adopted at national level. The key message is that effective OH operationalisation requires not only technical frameworks, but also deliberate investment in inclusive networks that drive awareness, exchange, and ultimately, systemic change.

Second session

National One Health Strategies: Sharing priorities,achievements, constraints, return of investment in OH

Moderator

Umberto Agrimi and Attilio Puzzolante

STRENGTHENING ONE HEALTH CAPACITY IN LIBYA TO ADDRESS ZOONOTIC AND EMERGING INFECTIOUS DISEASES

Elgrari Ahmed Saleh
National Center for Disease Control, Tripoli, Libya

Libya's geographical location in North Africa, its extensive land borders with six countries, and its long Mediterranean coastline create conditions that can facilitate the emergence and spread of zoonotic and Vector-borne diseases. Globally, approximately 61% of human infectious diseases are zoonotic, and nearly 75% of emerging pathogens originate from animals, highlighting the importance of adopting an integrated One Health approach that connects human, animal, and environmental health sectors. This presentation describes Libya's ongoing efforts to strengthen national capacities to implement the One Health framework as a key strategy to improve health security and preparedness for emerging public health threats. The National Center for Disease Control (NCDC), through the Zoonotic Disease Control Administration and in collaboration with national and international partners, plays a central role in disease surveillance, outbreak investigation, laboratory diagnostics, risk assessment, and response coordination. A major milestone was achieved in November 2024, when Libya formally endorsed and signed the national One Health framework, demonstrating high-level commitment to institutionalizing multisectoral collaboration across government sectors. The national platform promotes coordinated action among the Ministry of Health, Ministry of Agriculture and Livestock, Ministry of Local Government, and the Libyan Environment General Authority, focusing on strengthening workforce capacity, integrated surveillance systems, and policy coordination. Priority areas include zoonotic, Vector-borne, and food-borne diseases, as well as antimicrobial resistance. Diseases of concern in Libya include West Nile virus, Rift Valley fever, malaria, leishmaniasis, and rabies. Strengthening One Health collaboration in Libya contributes not only to national health security but also to regional preparedness in the Mediterranean and North African regions, where cross-border health threats require coordinated multisectoral responses.

IMPLEMENTING THE ONE HEALTH APPROACH IN TUNISIA: PRIORITIES, ACHIEVEMENTS, CHALLENGES, AND RETURN ON INVESTMENT

Alaya Nissaf Ben
Observatory of New and Emerging Diseases, Tunis, Tunisia

Background: Over the past decade, Tunisia has faced multiple public health threats, including emerging and re-emerging zoonotic diseases and antimicrobial resistance. In response, the country has progressively adopted the *One Health* approach, recognizing the interconnection between human, animal, and environmental health as a cornerstone of health security.

Strategic Priorities: Tunisia's One Health agenda focuses on: Strengthening integrated surveillance and early warning systems (EWARS); Enhancing multisectoral coordination across human, animal, and environmental sectors; Addressing priority risks such as zoonoses and antimicrobial resistance; Developing interoperable digital health information systems; Building workforce capacity through targeted training and academic programs; Integrating One Health into national health security and climate strategies.

Key Achievements: Establishment of a national One Health coordination framework and roadmap; Strengthening of integrated surveillance systems, including event-based surveillance (EBS); Development of Health Information Exchange (HIE) systems to improve data sharing; Expansion of training initiatives, including One Health academic programs and field epidemiology training; Increased international recognition and partnerships supporting health security initiatives.

Challenges: Despite significant progress, key challenges remain: Limited institutionalization of multisectoral governance mechanisms; Fragmented data systems and incomplete interoperability; Uneven capacity at subnational levels; Dependence on external funding for sustainability; Limited integration of community and environmental surveillance components.

Return On Investment (ROI): Investing in One Health in Tunisia has demonstrated high value by: Enabling earlier detection and response to public health threats; Reducing the economic burden of outbreaks through prevention; Improving resource efficiency via cross-sectoral collaboration; Strengthening overall health system resilience and preparedness; Enhancing Tunisia's position as a regional leader in health security.

Conclusion: Tunisia has established strong foundations for operationalizing the One Health approach. Scaling up implementation will require sustained political commitment, strengthened governance, and long-term investment. One Health represents a cost-effective and strategic pathway to enhance national and regional health security.

ONE HEALTH APPROACH IN GEORGIA

Chakhunashvili Giorgi
National Center for Disease Control and Public Health, Tbilisi, Georgia

One Health approach has become increasingly important for strengthening national capacities to prevent, detect, and respond to zoonotic diseases. Georgia has progressively institutionalized this approach through multisectoral collaboration, integrated surveillance systems, and coordinated policy development. A key milestone has been the implementation of the Electronic Integrated Disease Surveillance System (EIDSS), which enables real-time information exchange between the human, animal, and vector surveillance sectors. The system facilitates joint outbreak investigations, improved communication between epidemiologists and veterinary specialists, and coordinated risk assessment and response activities. Several applications of this collaboration, including responses to zoonotic diseases such as anthrax, brucellosis, Q fever, and Crimean-Congo Hemorrhagic Fever (CCHF), have been highlighted in international guidance documents, including the Tripartite Zoonoses Guide. Field-based interventions implemented through this collaborative framework have demonstrated public health benefits. Strengthened animal vaccination programs have contributed to reductions in both animal and human cases of priority zoonotic diseases, while targeted treatment of animals and farm environments with acaricides has supported control of CCHF transmission in affected communities. Building on these experiences, Georgia developed the Action Plan on Development of One Health Systems 2023-2025, aligned with the Quadripartite One Health Joint Plan of Action (2022-2026). The national plan establishes strategic objectives aimed at strengthening multisectoral governance, improving prevention and management of zoonotic diseases, enhancing food safety risk management, advancing antimicrobial resistance control, and integrating environmental health considerations into One Health implementation. A key priority focuses on establishing early detection and response systems for zoonotic and vector-borne diseases in farm settings. This objective served as the foundation for a national proposal submitted to the Pandemic Fund, which successfully secured international funding to strengthen early warning capacities. The project aims to develop a multisectoral sentinel surveillance system integrating human, animal, and environmental data while incorporating genomic surveillance and wastewater monitoring to improve early detection of emerging threats. Expected outcomes include strengthened surveillance and laboratory systems, enhanced workforce capacity, improved interoperability of surveillance platforms, and increased awareness among farmers, veterinarians, and public health professionals. While the financial return on investment has not yet been systematically quantified, the implementation of One Health interventions in Georgia has demonstrated tangible public health benefits, particularly through reductions in disease incidence in both human and animal populations.

STRENGTHENING ONE HEALTH RESEARCH: THE ROLE OF THE CENTER OF EXCELLENCE-ONE HEALTH IN SERBIA

Petrić Dušan, Ignjatović Ćupina Aleksandra, Kavran Mihaela
University of Novi Sad, Novi Sad, Serbia

The Center of Excellence - One Health was established in 2021 at the University of Novi Sad, Faculty of Agriculture, Novi Sad, Serbia. It represents a leading interdisciplinary research group dedicated to advancing the One Health approach, which integrates human, animal, and environmental health. It was built upon decades of expertise in medical and veterinary entomology, environmental sciences, and public health research. The Center focuses on understanding the complex interactions among climate change, ecosystems, disease vectors, pathogens, and hosts, with the aim of predicting, preventing, and controlling vector-borne and zoonotic diseases. Its research activities are organized into multidisciplinary groups, including medical and veterinary entomology, epidemiology, meteorology and physics, ecotoxicology, and socio-economic studies. A key objective of the Center is to develop innovative surveillance systems, predictive models, and environmentally sustainable control strategies for vectors such as mosquitoes and ticks, which are of major importance for both human and animal health in the region. The Center also emphasizes the impact of climate variability and environmental changes on disease transmission dynamics, contributing to risk assessment and policy development. Through strong collaboration with national and international institutions and alignment with global initiatives promoted by organizations such as the World Health Organization, the Center of Excellence for One Health plays a significant role in strengthening regional capacity for integrated health management. Its work supports evidence-based decision-making and promotes sustainable solutions to emerging public health challenges in Serbia and beyond.

STRENGTHENING ONE HEALTH IMPLEMENTATION FOR HEALTH SECURITY: NATIONAL EXPERIENCES AND PRIORITIES FROM ARMENIA

Paronyan Lusine
World Health Organziation, Yerevan, Armenia

Health threats emerging at the human–animal–environment interface continue to increase due to globalization, climate change, environmental pressures, and expanding vector habitats. Zoonotic and vector-borne diseases therefore represent a growing challenge for national and regional health security. The One Health (OH) approach provides a framework for addressing these complex risks through coordinated action across human, animal, and environmental sectors. Armenia, located at the crossroads of Europe and Asia, faces several zoonotic and vector-borne disease threats and is increasingly exposed to emerging pathogens influenced by ecological and climatic changes. Strengthening multisectoral collaboration is therefore essential to enhance national preparedness, surveillance, and response capacities. This presentation will share Armenia's experience in advancing One Health implementation, highlighting achievements, challenges, and lessons learned. Key national stakeholders include public health authorities, veterinary services, environmental institutions, academic partners, and international organizations. Recent efforts have focused on strengthening vector-borne and zoonotic disease surveillance, initiating vector monitoring and arbovirus preparedness activities, improving laboratory diagnostic capacity, and promoting multisectoral risk assessment and preparedness planning. Despite these achievements, several constraints remain, including fragmented surveillance data systems, limited formalized coordination mechanisms across sectors, and the need for sustained investment in workforce development and laboratory capacity. Addressing these challenges requires stronger governance structures, integrated/collaborative surveillance approaches, and continuous capacity building. Regional and international networks play an important role in supporting One Health implementation. Initiatives such as OneHealthSecure (and before - MediLabSecure) provide platforms for knowledge exchange, technical collaboration, and joint capacity building across countries facing similar epidemiological threats. These networks facilitate the sharing of surveillance methodologies, training resources, and operational experience, thereby strengthening preparedness and response capabilities. The presentation will also highlight priority areas for cross-country collaboration, including integrated arbovirus surveillance, vector monitoring, early warning systems, and operational research. Strengthening cooperation among countries in the Mediterranean, Balkan, and Middle East regions can significantly enhance regional health security. Lessons learned from the Armenian experience may contribute to broader efforts to operationalize the One Health approach and strengthen collaboration across sectors and countries.

LEBANON'S EXPERIENCE WITH THE ONE HEALTH APPROACH

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In recent years, efforts have been intensified to strengthen the One Health Approach in Lebanon. These efforts have been implemented at various levels, involving several stakeholders. The most prominent collaboration in this regard is between the Ministry of Public Health (MoPH) and the Ministry Of Agriculture (MOA). This collaboration is achieved through 1) involving MoA central teams in various MoPH committees including the communicable disease, surveillance and Antimicrobial Resistance (AMR) committees, 2) engaging MoA peripheral and central teams in activities and workshops related to surveillance and response, including event-based surveillance, and 3) the timely sharing of One Health related signals detected through the indicator based and event-based surveillance with MoA teams. This collaboration has also been documented between MoPH and MoA teams at the central and peripheral levels during outbreaks. For instance, the successful containment of the H5N1 poultry outbreak reported in Lebanon in 2016 was largely attributed to the collaboration between different stakeholders, coupled with the availability of a preparedness plan. MoPH and MoA teams also coordinate on rabies exposure, control and prevention. In addition, MoPH coordinates closely with the human and animal reference laboratories. Regarding capacity building programs, staff from the MoA and the human reference laboratory have participated in the Lebanese Field Epidemiology Training Program (FETP) as fellows or mentors, and some FETP cohorts have focused on the One Health Approach. This has aimed to build a national multisectoral group skilled in surveillance and outbreak investigation within the context of the One Health approach. However, there is a need to enhance systematic coordination and collaboration between various sectors, including data exchange. This will require strengthening national capacity in animal health and environmental surveillance. Other challenges include the ongoing crisis in Lebanon and budget constraints, which negatively affect stakeholders' capacity to further strengthen the One Health approach. More efforts are needed to institutionalize the One Health activities in the country, raise policy makers' awareness of the benefits of the One Health approach, and enhance the capacity of the reference laboratories. It is also crucial to develop multisectoral preparedness plans and standard operating procedures (SOPs) with clearly defined roles and responsibilities.

A ONE HEALTH APPROACH TO CONTROLLING ZOONOSES AND ANTIMICROBIAL RESISTANCE: EXPERIENCES FROM THE NETHERLANDS

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The Netherlands provides a unique setting for the study and control of zoonotic diseases and antimicrobial resistance (AMR). The country is characterized by the highest human and livestock population densities in Europe, resulting in close interactions between humans, animals, and their shared environment. These conditions increase the potential for zoonotic disease emergence and the spread of antimicrobial-resistant pathogens. Major public health crises, such as the large Q fever outbreak associated with dairy goat farming in 2007-2010, highlighted the need for a more coordinated approach to zoonotic risk management. In response, the Netherlands established an integrated One Health risk analysis system for zoonoses, commonly referred to as the Dutch Zoonoses Structure. This system brings together experts and institutions from the human and veterinary sectors, and increasingly from the environmental health sector to systematically signal, assess, and respond to emerging zoonotic threats. The structure facilitates early detection of signals from multiple surveillance systems, followed by multidisciplinary risk assessment and coordinated recommendations for control measures. As such, it represents a practical implementation of the One Health approach. This presentation describes the organization and functioning of the Dutch Zoonoses Structure and the broader institutional landscape supporting One Health collaboration in the Netherlands. Particular attention is given to the roles of public health and veterinary institutes and their interactions within the food safety domain. Food safety provides a key example of how cross-sectoral collaboration supports the monitoring and control of zoonotic pathogens across the farm-to-fork continuum. Recent examples of interinstitutional collaboration for surveillance and research are presented to illustrate how scientific evidence informs policy development. These include source attribution studies of major foodborne pathogens, such as Salmonella, Campylobacter, Listeria monocytogenes, and Shiga toxin-producing Escherichia coli, which help identify the most important transmission pathways and guide targeted interventions. In addition, national efforts to reduce antimicrobial use in livestock and to monitor antimicrobial resistance, including extended-spectrum beta-lactamase (ESBL)-producing bacteria, are discussed as examples of coordinated One Health action. The presentation concludes by showing how surveillance data and research outcomes are translated into policy decisions, and how the country is planning to strengthen its capacity for pandemic preparedness and response to zoonotic threats through a One Health approach.

STRENGTHENING HEALTH SECURITY THROUGH ONE HEALTH IN TÜRKIYE: PRIORITIES, ACHIEVEMENTS, CONSTRAINTS, AND RETURN ON INVESTMENT

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Türkiye has progressively advanced the One Health approach as a strategic framework to address the interconnected challenges of human, animal, and environmental health. Anchored in national development plans, health sector strategies, and multisectoral policy instruments, the country has prioritized integrated action on zoonotic diseases, antimicrobial resistance (AMR), food safety, and climate-related health risks. Key institutional mechanisms, including the Türkiye Zoonotic Diseases National Committee, and joint action plans on AMR and zoonoses, reflect growing inter-ministerial collaboration led by the Ministries of Health, Agriculture and Forestry, and Environment. Significant achievements include the incorporation of One Health principles into strategic plans (2024-2028), strengthened surveillance and laboratory systems, expansion of research and innovation through national and international platforms, and the development of a multisectoral workforce. Initiatives such as the "Türkiye One Health Shield" project further demonstrate commitment to pandemic preparedness through integrated surveillance, early warning systems, and community engagement. Despite this progress, key constraints persist. The absence of a unified governance framework or dedicated legislation, fragmented institutional mandates, limited cross-sectoral data integration, and insufficient interdisciplinary training continue to hinder full operationalization. Current coordination mechanisms remain largely functional rather than structurally embedded, reflecting a system in transition toward greater integration. Investment in One Health in Türkiye has demonstrated clear returns, particularly in improved outbreak detection and response, strengthened food safety systems, enhanced AMR surveillance, and increased resilience to emerging public health threats. Broader socio-economic benefits include reduced healthcare costs through prevention, improved agricultural productivity, and strengthened health security aligned with global standards. In conclusion, Türkiye's experience highlights a strong foundation and clear political commitment to One Health. Advancing toward a fully integrated system will require sustained investment, strengthened governance, and enhanced cross-sectoral coordination to maximize the return on investment and ensure long-term health security.

EGYPT'S NATIONAL ONE HEALTH STRATEGY (2023-2027): STRENGTHENING ZOONOTIC DISEASE SURVEILLANCE AND MULTISECTORAL COORDINATION FOR HEALTH SECURITY

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Egypt has emerged as a regional leader in adopting the One Health (OH) approach to address complex health threats at the human-animal-environment interface. By operationalizing the National One Health Strategic Framework (2023-2027) and the National One Health Operational Plan (2024–2027), Egypt has aligned its national priorities with the global OH Joint Plan of Action. The cornerstone of this progress is the institutionalization of multisectoral governance mechanisms. The establishment of the One Health Supreme Coordination Committee (OH-SCC) provides high-level oversight for national health security, while four specialized One Health Technical Working Groups (OH-TWGs) for zoonotic diseases, Antimicrobial Resistance (AMR), food safety, and environmental health facilitate technical coordination between the Ministries of Health, Agriculture, and Environment. These mechanisms have strengthened collaboration and improved data sharing across sectors, enabling coordinated planning and response to emerging threats. In the realm of zoonotic and vector-borne diseases, Egypt has advanced the digitalization of surveillance systems for priority threats like rabies and institutionalized Joint Risk Assessments (JRA) for Avian Influenza and Rift Valley Fever (RVF). The country is currently updating its One Health Zoonotic Disease Prioritization (OHZDP) to reflect evolving epidemiological trend and conducts annual joint human-animal surveys for RVF to strengthen early warning systems. These efforts are complemented by the formulation of joint strategic frameworks, operational plans and harmonized case management protocols priority diseases including rabies, RVF, and brucellosis. Furthermore, Egypt has prioritized Integrated Surveillance and Risk Communication and Community Engagement (RCCE) strategies to ensure early detection and robust public awareness. Addressing AMR, Egypt has launched a One Health Communication Strategy and established joint reporting mechanisms for antimicrobial consumption across the human and veterinary sectors. Simultaneously, environmental health has been integrated through risk assessments using the Strategic Toolkit for Assessing Risks (STAR), to assess environmental hazards and helping bridge the gap between ecosystem health and public health preparedness. While challenges including institutional silos and the need for sustainable financing persist, the integration of health security into Egypt Vision 2030 underscores a high-level political commitment to digital transformation and multisectoral resilience. Egypt's experience demonstrates the value of coordinated governance, integrated surveillance, and sustained political commitment in strengthening One Health implementation. Sharing these lessons provides valuable insights for countries across the Mediterranean Basin, Middle East, Balkans, and Europe seeking to enhance national One Health strategies and advance regional collaboration for global health security.

Fourth session

One Health International Governance: where are we?

Moderator

Stefania Marcheggiani, Alberto Mantovani

THE REGIONAL ONE HEALTH COORDINATION MECHANISM

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The Regional One Health Coordination Mechanism (ROHCM) was established in 2021 by FAO, WHO, and WOAH, with UNEP joining in 2022, to enhance collaboration at the human-animal-environment interface across Europe and Central Asia. ROHCM identifies regional priorities, supports operationalization of activities, and fosters interagency coordination to maximize impact at the country level.

***Vision*:** Support Member States in accelerating the implementation of One Health approaches to prevent, prepare for, and respond to health threats at the human-animal-environment interface.

Role of the Quadripartite

Leadership: Advocate for One Health principles and maintain political momentum.

Capacity Building: Provide technical guidance and strategic advice to integrate One Health into national programs.

Partnerships: Facilitate collaboration with stakeholders to enhance effectiveness, innovation, and resource mobilization.

Strategic Objectives for 2025–2026

Expanding Surveillance and Data Sharing: *Strengthen* integrated surveillance of AMR, zoonotic diseases, and environmental health, including climate, biodiversity, and land-use data.

Strengthening Coordination and Accountability: Enhance institutional collaboration, multisectoral coordination mechanisms, joint risk assessments, and use tools such as the AMR Accountability Index to monitor progress.

Building Workforce Capacity: Develop skills to address emerging zoonotic and environmental threats through online training, environmental health integration, and competency mapping.

Awareness, Advocacy, Economics, Innovation, and Funding: *Promote* One Health awareness, demonstrate economic benefits, encourage innovation in diagnostics and sustainable practices, and mobilize sustainable funding.

***Addressing Priority Zoonotic Diseases*:** Support Member States in tackling brucellosis, HPAI, vector-borne diseases, and other high-impact zoonoses through technical guidance, risk assessments, and workshops.

***Promoting Environmental Sustainability*:** Integrate environmental health into One Health, support nature-based solutions, and help countries link biodiversity strategies and climate adaptation to health outcomes.

Through these coordinated actions, the Quadripartite ROHCM aims to strengthen One Health implementation, improve health outcomes for humans, animals, and the environment, and build resilient and sustainable systems across Europe and Central Asia through 2026 and beyond.

Country Support and Achievements: Countries are making notable progress:

Albania: Developed its first roadmap for cross-sector coordination and piloted Tripartite tools to enhance zoonotic disease preparedness and workforce development.

North Macedonia: Facilitated dialogue to identify key One Health priorities in the Western Balkans and requested WHO training on effective Joint Risk Assessment.

Azerbaijan: Collaborating on foodborne and zoonotic disease control, situation analyses, and priority setting for One Health.

Central Asia: Through a USD 27 million Pandemic Fund grant in collaboration with FAO and the World Bank, Kazakhstan, Kyrgyz Republic, Tajikistan, Turkmenistan, and Uzbekistan are strengthening surveillance, laboratory capacities, and workforce development to ensure health security.

Through these coordinated actions, the Quadripartite ROHCM aims to strengthen One Health implementation, improve health outcomes for humans, animals, and the environment, and build resilient and sustainable systems across Europe and Central Asia through 2026 and beyond.

QUADRIPARTITE EFFORTS FOR THE IMPLEMENTATION OF THE ONE HEALTH APPROACH AT NATIONAL LEVEL

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The Quadripartite organizations (FAO, UNEP, WHO, and WOAH) jointly developed the One Health Joint Plan of Action (OH JPA) to create sustainable, holistic solutions to prevent, predict, detect, and respond to health threats. Through six action tracks and transversally three pathways of the theory of change, the OH JPA address the governance, policy, legislation and advocacy to achieving sustainable health and food systems, reducing global health threats, and improving ecosystem management. To provide countries with practical guidance on how to implement the One Health approach through the adaptation and adoption of the OH JPA, the Quadripartite developed the Guide to Implementing the One Health Joint Plan of Action at National Level. In addition, the Quadripartite Community of Practice (CoP) on One Health Governance, established in April 2025 under the One Health Knowledge Nexus, is a platform to support and facilitate governance capacities across regions through learning, collaborative problem solving and dissemination of good practices and tools. Recently, the CoP launched a regional webinar to showcase good examples of collaboration: One Health governance in practice: coordination mechanisms and regional networks in Europe and Central Asia. Finally, in June 2025, the Quadripartite established a collective vision for advancing the OH JPA by 2030 with emphasis on translating theoretical frameworks into actionable pathways, with a focus on country-driven implementation, science integration, and stakeholder alignment. Through these examples, the coordinated and synergistic efforts of the Quadripartite organizations to foster One Health governance will be showcased**.**

ADVANCING ONE HEALTH GOVERNANCE: FAO RNE REGIONAL PERSPECTIVES AND PRACTICAL PATHWAYS

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Effective One Health governance has become increasingly critical for addressing complex health threats emerging at the human-animal-environment interface. Global frameworks and high-level political commitments have shaped the current OH landscape; however, translating these commitments into operational, sustainable, and coordinated action remains a challenge in many regions. This contribution reflects the FAO perspective, with particular focus on lessons learned from NENA region. FAO's work in the region highlights practical approaches to advancing OH governance through regional mechanism, technical working groups, and a stepwise implementation model. Significant progress includes the initiation of the Regional One Health Mechanism, the endorsement of a regional quadripartite joint statement, the development of the 2025–2027 Regional OH Action Plan, and the establishment of multisectoral regional networks on zoonoses, AMR, and food safety. These structures have strengthened coordination, improved information exchange, and enhanced multisector preparedness. Despite these advances, several challenges persist. These include variability in institutional maturity, insufficient sustainable financing, fragmented cross-sector collaboration, workforce limitations, and uneven adoption of national OH strategies. The region also faces recurring health threats such as FMD, RVF, HPAI, and expanding mosquito-borne risks, further aggravated by climate change, protracted crises, and population movements. These realities underscore the need for stronger governance models that support cross-country coordination, harmonized surveillance, and joint risk assessment capacities. Countries-particularly those affected by fragility and limited resources-continue to struggle in moving from plans and assessments to sustained implementation. The most persistent constraint is inadequate resource mobilization. Although many countries have national OH strategies and integrated assessment tools, progress depends on predictable investments in surveillance systems, laboratory capacity, early digital warning tools, interoperable data platforms, and a well-trained multisector workforce. Developing countries consistently seek support to build resilient, interoperable systems, underlining the importance of demonstrating the added value of sector integration through practical examples and cross-country learningThe presentation will highlight five key insights: (1)Institutionalizing One Health through legally grounded and operational regional and national coordination mechanisms; (2) Leveraging the Quadripartite ROHCG and regional TWGs to enhance alignment, technical solidarity, and knowledge exchange; (3) Investing in interoperable early warning systems, laboratory strengthening, and multisector workforce development; (4) Positioning resource mobilization as a core component of One Health governance and sustainability.

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