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**Introduction**

Although the term ‘One Health’ is fairly new, the concept has long been recognized nationally, regionally, and globally by many pioneers in public health and veterinary medicine. Since the 1800s, scientists have noted the similarity in disease processes among animals and humans, although human and animal medicines have been practiced separately until the twentieth century. In recent years, through the support of key individuals and vital events, the One Health concept has gained more recognition in the public health and animal health communities than ever before (CDC, 2015; AMA, 2015; UNSIC Office, 2014; OIE, 2015; FAO, 2011; PMAC, 2013; OHCEA, 2015).

**Background to One Health**

One Health is a conceptual extension of traditional public health thinking, approaches, and methodologies because it expands public health to link human, animal, and wildlife health with the environment to address the risks of global pandemics of emerging and reemerging diseases, such as Ebola and SARS. The Congo River/Forest Basin has been shown to be one of the ‘hot spots’ for emerging and reemerging infectious diseases. For example, in the recent past in Uganda alone, there have been outbreaks of Ebola, yellow fever, and anthrax. The Health Alliance, an existing network of six schools of public health from six countries in this hot spot (Democratic Republic of Congo (DRC), Kenya, Rwanda, Tanzania, Uganda, and Ethiopia) worked to strengthen public health education and systems, including emergency preparedness and response. After collaborating across universities (with the United States Agency for International Development (USAID) support) for 5 years, the Health Alliance, recognizing that 60% of new, emerging, or reemerging diseases have animal origins, sought to widen its scope to evolve into a One Health network to more effectively combat the spread of these diseases (One Health Commission, 2016; OHCEA, 2015).

One Health has been defined by the One Health Commission as “the collaborative effort of multiple health science professions, together with their related disciplines and institutions – working locally, nationally, and globally – to attain optimal health for people, domestic animals, wildlife, plants, and the environment” (One Health Commission, 2016). One Health is not about converting physicians to veterinarians or vice versa since each discipline is distinct and such a change would require a revolution to accomplish. Historically, One Health has evolved over time (Gibbs and Gibbs, 2012; Gibbs, 2014) and continues to evolve (Table 1).

**Emergence of Pandemic Zoonotic Threats**

Over the last decade, nations worldwide have been grappling with an increase in emerging and reemerging diseases at the human, animal, and environmental interface. The pathogens responsible for the emergence or reemergence of these diseases can spread rapidly, not only nationally but also regionally and globally. Recently, the unprecedented Ebola outbreak in West Africa triggered a crisis that, for a period, seemed to evade effective national and international response, with catastrophic results for human health and well-being, food security, and economic prosperity (Peterson and Samy, 2016). In 2005–06, facing the threat of highly pathogenic avian influenza H5N1, most African countries established multisectoral committees to help address the threat. When that threat was under control worldwide – and the disease-specific funding that supported these structures diminished or disappeared – these committees disbanded.

Recent outbreak experiences, especially with avian influenza, have spurred increasing recognition of the importance of an ongoing multisectoral effort to proactively address pandemic threats. A One Health approach has been internationally endorsed by the Food and Agriculture Organization of the United Nations (FAO), the World Organisation for Animal Health (OIE), and the World Health Organization (WHO) (OIE, 2015) to improve prevention, detection, and response. Important questions, however, still remain about how to concretely institutionalize and operationalize this approach in different countries. In Africa, Rwanda, Kenya, Uganda, Tanzania, and Cameroon have made substantial progress toward creating permanent, multisectoral mechanisms to preempt and manage disease threats with epizootic and epidemic potential.

The institutionalization of One Health in these countries is reflected in the establishment of a functioning, ongoing national One Health structure, or ‘platform.’ A National One Health Platform provides government and stakeholders with a mechanism to improve multisectoral coordination and collaboration to strengthen the prediction, prevention, detection of, and the response to emerging pandemic threats (EPT). With One Health, an internationally endorsed ‘best practice,’ an increasing number of African countries consider One Health approach as a key priority and are working toward the creation of One Health platforms.

**Overview of One Health Central and Eastern Africa**

One Health Central and Eastern Africa (OHCEA) is a network of schools of public health and veterinary higher education institutions involving countries of the Eastern and Central Africa region, a region that includes the Congo Basin commonly considered to be one of the ‘hot spots’ for emerging and
| Significant contributors and/or events | Contribution |
|----------------------------------------|-------------|
| Rudolf Virchow (1821–1902)             | The term ‘zoonosis’ was coined to indicate an infectious disease that is passed between humans and animals. He emphasized, “between animal and human medicine there are no dividing lines—nor should there be.” William Osler (1849–1919) worked with Virchow and was interested in the linkages between human and veterinary medicine. |
| James H. Steele (1947)                 | Founded the Veterinary Public Health Division at Centers for Disease Control (CDC) recognizing that good animal health is important for good public health and played an important role in the public health response to diseases such as rabies, brucellosis, salmonellosis, Q fever, bovine tuberculosis, and leptospirosis. |
| Calvin Schwabe (1927–2006)            | Made many important contributions to veterinary epidemiology over his career. He established Department of Epidemiology and Preventive Medicine at the Veterinary School, the first department of its kind at a veterinary school. In 1964 he wrote a monograph (Veterinary Medicine and Human Health) in which he proposed that veterinary and human health professionals should collaborate to combat zoonotic diseases and coined the term ‘One Medicine’ which emphasizes the similarities between human and veterinary medicine. |
| The Wildlife Conservation Society, 29 September 2004 | Brought together a group of human and animal health experts for a symposium at Rockefeller University in New York City. Attendees of this symposium, titled “Building Interdisciplinary Bridges to Health in a ‘Globalized World’,” discussed the movement of diseases among humans, domestic animals, and wildlife. The symposium set 12 priorities, so called the Manhattan Principles, to combat health threats to human and animal health and called for an international, interdisciplinary approach to prevent disease and formed the basis of the ‘One Health, One World’ concept. |
| Ronald Davis, MD, President of the American Medical Association (AMA), June 2007 | Collaborated with Roger Mahr, DVM, President of the American Veterinary Medical Association (AVMA), to establish a bond between the two organizations and on 3 July 2007, the House of Delegates of the AMA unanimously approved a resolution calling for increased collaboration between the human and veterinary medical communities. |
| Representatives of 111 countries and 29 international organizations, 4–6 December 2007 | Met in New Delhi, India, for the International Ministerial Conference on Avian and Pandemic Influenza. During this meeting, governments were encouraged to further develop the One Health concept by building linkages between human and animal health systems for pandemic preparedness and human security. |
| International Ministerial Conference on Avian and Pandemic Influenza in New Delhi (2008) | In response to the recommendations of the previous International Ministerial Conference on Avian and Pandemic Influenza in New Delhi, the Food and Agriculture Organization of the United Nations (FAO), the World Health Organization (WHO), the World Organisation for Animal Health (OIE), the United Nations Children’s Emergency Fund (UNICEF), the World Bank, and the United Nations System Influenza Coordination (UNSIC) came together in 2008 to develop a document titled, ‘Contributing to One World, One Health. A Strategic Framework for Reducing Risks of Infectious Diseases at the Animal–Human–Ecosystem Interface.’ The framework built on the lessons learned from the highly pathogenic H5N1 avian influenza response during the early 2000s and presented a strategy for applying the One Health concept to emerging infectious diseases (EIDs) at the animal–human–ecosystem interface. |
| International Ministerial Conference on Avian and Pandemic Influenza in Sharm el-Sheikh, Egypt, 25–26 October 2008 | Representatives from more than 120 countries and 26 international and regional organizations attended the International Ministerial Conference on Avian and Pandemic Influenza in Sharm el-Sheikh, Egypt. During this meeting, the joint strategic framework was officially released recommended One Health as a feasible approach and a strategy for fighting avian influenza and other infectious diseases, one that focuses infectious disease control in areas where animals, humans, and ecosystems meet. |
| Lonnie King, then Director of CDCs National Center for Zoonotic, Vector-Borne, and Enteric Diseases, 2009 | Established a One Health office at CDC. The office was created as a point of contact for external animal health organizations and to maximize external funding opportunities. Since that time, the role of the One Health office has expanded to include supporting public health research that furthers the One Health concept, facilitating the exchange of data and information among researchers across disciplines and sectors. |
| The United States Agency for International Development (2009) | Launched the emerging pandemic threats (EPT) program. The program’s purpose is to ensure a coordinated, comprehensive international effort to prevent the emergence of diseases of animal origin that could threaten human health. The EPT program draws on expertise from across the animal and human health sectors to build regional, national, and local One Health capacities for early disease detection, laboratory-based disease diagnosis, rapid disease response and containment, and risk reduction. |
| The Public Health Agency of Canada’s Center for Food-Borne, Environmental, and Zoonotic Infectious Diseases, 16–19 March 2009 | Hosted the One World, One Health Expert Consultation in Winnipeg, Manitoba. This technical meeting was held to further discuss the ‘One World, One Health’ strategy and the objectives in the strategic framework, which was first released at the International Ministerial Conference on Avian and Pandemic Influenza in Sharm el-Sheikh. During the meeting, key recommendations emerged for actions that countries could take to advance the concepts of One Health. |
### Table 1  
**Chronological evolution of One Health**—cont’d

| **Significant contributors and/or events** | **Contribution** |
|------------------------------------------|------------------|
| **International Ministerial Conference on Avian and Pandemic Influenza in Hanoi, Vietnam, 19–21 April 2010** | A total of 71 countries and regional bodies, along with representatives from international organizations, development banks, and other stakeholders, attended the International Ministerial Conference on Avian and Pandemic Influenza in Hanoi, Vietnam. With the experience of the H1N1 pandemic and highly pathogenic H5N1 avian influenza, participants confirmed the need to bring greater attention to the links between human and animal health to address threats that happen when there is close interface between animals, humans, and the ecosystem. At the conclusion of the meeting, participants unanimously adopted the Hanoi Declaration, which called for focused action at the animal–human–ecosystem interface and recommended broad implementation of One Health. |
| **The FAO, the OIE, and the WHO, April 2010** | Recognizing that managing and responding to EIDs is complex and requires multisectoral cooperation, the FAO, the OIE, and the WHO joined together to publish the concept in April 2010. This paper proposes a long-term strategic direction for international collaboration aimed at sharing responsibilities and coordinating global activities to address health risks that arise when humans, animals, and the ecosystem interface. |
| **CDC, 4–6 May 2010** | CDC in collaboration with the OIE, the FAO, and the WHO hosted a meeting in Stone Mountain, GA, titled “Operationalizing ‘One Health’: A Policy Perspective – Taking Stock and Shaping an Implementation Roadmap.” The meeting, which came to be known as the ‘Stone Mountain meeting,’ was designed to define specific action steps to move the concept of One Health forward. Participants identified seven key activities to advance the One Health agenda. These activities formed the basis of six workgroups which focused on cataloging and developing One Health trainings and curricula, establishing a global network, developing a country-level needs assessment, building capacity at the country level, developing a business case to promote donor support, and gathering evidence for proof of concept through literature reviews and prospective studies. |
| **The World Bank and the United Nations, July 2010** | The World Bank and the United Nations released the ‘Fifth Global Progress Report on Animal and Pandemic Influenza.’ The report reiterated the findings of the delegates at the International Ministerial Conference on Avian and Pandemic Influenza in Hanoi. It also emphasized the importance of adopting a One Health approach to sustain a momentum in pandemic preparedness. It also recommended that rather than focusing on controlling avian influenza through emergency initiatives, countries and regional bodies should build One Health capacity to respond to a broad range of emerging and existing disease threats. |
| **European Union, August 2010** | The European Union published the ‘Outcome and Impact Assessment of the Global Response to the Avian Influenza Crisis’ report. This report states, “the European Union has already taken new initiatives under the One Health umbrella and will continue to do so in the coming years.” The report emphasized the need to translate the One Health concept into practical policies and strategies that promote interagency and cross-sectoral collaboration. |
| **1st International One Health Congress, 14–16 February 2011** | The 1st International One Health Congress was held in Melbourne, Australia. More than 650 people from 60 countries and a range of disciplines came together to discuss the benefits of working together to promote a One Health approach. In addition to understanding the interdependence of human, animal, and environmental health, attendees agreed that it is important to include other disciplines such as economics, social behavior, and food security and safety. |
| **1st One Health Conference in Africa, 14–15 July 2011** | The Southern African Center for infectious disease surveillance organized the 1st One Health Conference in Africa at the National Institute for Communicable Diseases in Johannesburg, South Africa. The conference brought together scientists from Africa, Asia, Europe, Russia, Australia, and the United States. |
| **Tripartite, 15–17 November 2011** | Building on the agreements in the Tripartite Concept Note, the Tripartite organized a high-level technical meeting in Mexico City on 15–17 November 2011. The focus of this meeting was to address health risks that occur in different geographic regions by highlighting three priority One Health topics – rabies, influenza, and antimicrobial resistance. These topics served as a basis to discuss what needs to be done to build political will and more actively engage ministers of health in the One Health movement. |
| **The Global Risk Forum One Health Summit, 19–22 February 2012** | The Global Risk Forum One Health Summit was held in Davos, Switzerland. The Summit presented the One Health concept as a way to manage health threats, focusing on food safety and security. The conference ended by approving the ‘Davos One Health Action Plan,’ which pinpointed ways to improve public health through multisectoral and multistakeholder cooperation. |
| **Prince Mahidol Award Conference (PMAC), 28 January to 5 February 2013** | The PMAC took place in Bangkok with the theme, ‘A World United Against Infectious Diseases: Cross-Sectoral Solutions.’ The PMAC hosted the 1st Global Conference on regional disease surveillance networks and the 2nd International One Health Congress Centennial Commemoration of the Rockefeller Foundation. One of the main objectives of the conference was to foster cooperation and communication across sectors and across borders to mitigate the threat of infectious diseases, existing or emerging, at the human–animal–ecosystem interface. |
| **1st OHCEA International Conference on One Health, 23–27 September 2013** | One Health Central and Eastern Africa (OHCEA) held the 1st International Conference on One Health in Addis Ababa, Ethiopia with the theme: ‘One Health and the Control of Infectious Diseases: Building Capacity, Systems, and Engaging Communities.’ |
| **2nd OHCEA International Conference on One Health, 23–27 September 2013** | OHCEA held the 2nd International Conference on One Health in Kampala, Uganda, with the theme: ‘Strategic Approach to Global Health Security through One Health Innovations: OHCEA vision 2035.’ The subthemes included ‘Emerging Diseases: Pathogens and Their Interface; Lessons Learnt from Ebola and MERS-Coronavirus Outbreaks.’ |

*aSource: The information in this table has been adopted from Gibbs, E.P.J., Gibbs, P.J., 2012. The historical, present, and future role of veterinarians in One Health. US Fish & Wildlife Publications Paper 441; and Gibbs, E.P.J., 2014. The evolution of One Health: a decade of progress and challenges for the future. Vet. Rec. 174, 85–91.*
Table 2  OHCEA member institutions and their corresponding countries

| S. NO. | Country                    | University                                      | Schools/College                                               |
|-------|---------------------------|-------------------------------------------------|---------------------------------------------------------------|
| 1     | Cameroon                  | University of Montagnes                         | 1. Faculty of Health Sciences (composed of both public health and veterinary) |
|       |                            | University of Buea                              | 2. Faculty of Health Sciences                                 |
| 2     | Democratic Republic of Congo (DRC) | University of Kinshasa                    | 3. Faculty of Agriculture & Veterinary Medicine               |
|       |                            | University of Lubumbashi                       | 4. School of Public Health                                    |
| 3     | Ethiopia                  | Jimma University                                | 5. Faculty of Veterinary Medicine                              |
|       |                            | Mekelle University                             | 6. School of Public Health                                    |
| 4     | Kenya                     | University of Nairobi                          | 7. School of Veterinary Medicine                               |
|       |                            | Moi University                                  | 8. School of Public Health                                    |
| 5     | Rwanda                    | National University of Rwanda                  | 9. School of Veterinary Medicine                               |
| 6     | Senegal                   | University of Cheikh Anta Diop                 | 10. School of Public Health                                    |
| 7     | Tanzania                  | Muhimbili University of Health & Allied Sciences | 11. Faculty of Veterinary Medicine                             |
|       |                            | Sokoine University of Agriculture              | 12. School of Public Health                                    |
| 8     | Uganda                    | Makerere University                            | 13. School of Animal Sciences and Veterinary Medicine          |
|       |                            |                                                 | 14. School of Public Health                                    |
|       |                            |                                                 | 15. Institute for Health and Development (ISED)                |
|       |                            |                                                 | 16. The Inter-State School of Veterinary Sciences and Medicine (ISVM) |
|       |                            |                                                 |                                                               |

reemerging infectious diseases. These countries are DRC, Ethiopia, Kenya, Rwanda, Tanzania, and Uganda with the regional secretariat located at the Makerere University School of Public Health in Kampala, Uganda. OHCEA has increased its reach to West Africa, with the addition of Cameroon and Senegal. The current institutional membership of OHCEA by country and university, as of 2016, is shown in Table 2. In each member country, the OHCEA team is spearheaded by schools of public health and schools of veterinary medicine and includes high engagement of government ministries, such as those responsible for health, agriculture, food, livestock, fisheries, education, wildlife, and disaster management and response.

OHCEA received a 5-year-subaward funding for implementation of activities funded through the University of Minnesota on an award from USAID for the implementation of the One Health Workforce (OHW) Project. This project will facilitate government-led, university-driven, network-supported coordination and collaboration across all levels of the human and animal health sectors essential to meet the Global Health Security Agenda vision for “a world safe and secure from global health threats posed by infectious diseases” (OHCEA, 2015).

OHCEA was inaugurated on 17 October 2010 “at a historic meeting facilitated by USAID with participants drawn from the seven schools of public health, seven faculties of veterinary medicine,” two American partner universities (Tufts University and University of Minnesota) in addition to ‘RESPOND project staff.’ At the beginning, OHCEA had only two staff, ‘a Program Manager and an Administrator,’ and its office was ‘a room at the Makerere School of Public Health’ (OHCEA, 2015). Understandably, “the challenge then was establishing structures at the Secretariat and at the six country offices manned by dedicated Focal Persons and Administrators, with support from a Fixed Obligation Grant from the RESPOND project. One of the immediate achievements was bringing together Deans of Public Health Schools and Faculties of Veterinary Medicine in each country (OHCEA, 2015).

OHCEA is currently funded by the USAID Emerging Pandemic Threats II Program – OHW Project through its partners, the University of Minnesota and Tufts University. OHCEA continues to build its regional secretariat and country-level financial and organizational capability and has been able to attract additional funding. OHCEA will continue to equip the current and future health leaders, who will have the capacity to address current and future global health challenges through the One Health approach (OHCEA, 2015).

Formation of OHCEA

OHCEA has its roots from the Leadership Initiative of Public Health in East Africa (LIPHEA) and the Health Alliance, which were being spearheaded by the School of Public Health at Makerere University in Uganda in collaboration with the School of Public Health at the Muhimbili University of Health and Allied Sciences in Tanzania since 2005. In 2011 the two schools expanded its membership to schools of veterinary medicine in the region to form what became known as OHCEA. The mission of LIPHEA was leadership in management of disasters and personnel training. The activities of LIPHEA were funded by USAID through the Higher Education until 2009. The main US partner in the LIPHEA team was the Johns Hopkins Bloomberg School of Public Health (OHCEA, 2015; USAID, 2014a; One Health Commission, 2016). Inspired by the evolution of One Health, LIPHEA invited schools of veterinary medicine in the region to join hands in the formation of OHCEA which gradually moved from disaster preparedness
and response to OHW strengthening in participating countries. Based on opportunities available within the EPT program, OHCEA quickly became engaged with OHW strengthening in the participating countries.

With the formation of OHCEA the total number of schools was expanded to 14 (7 being from the public health area and 7 from the veterinary area) spread into six countries from Uganda, Tanzania, Kenya, Ethiopia, DRC, and Rwanda. The US partners in the OHCEA network are the University of Minnesota and Tufts University as strategic partners. OHCEA became a registered legal entity in Uganda with a secretariat based in Kampala, Uganda, and worked with it to found Country Coordinating Committees, as well as complete OHCEA’s initial scopes of work, including conducting a gap analysis in each participating country, finalizing reporting policies and procedures for a 10-year strategic plan, and mapping programmatic resources in OHCEA institutions. Due to this critical partnership, OHCEA is a growing network across the region and is actively working to build capacity for EPT response. In its first months, OHCEA was able to garner critical support and commitment from national governments (USAID, 2014a,b; One Health Commission, 2016).

In order to strengthen its capability to engage government and build capacity for in-service personnel, OHCEA has supported the creation of One Health demonstration sites at district levels in the member countries. These sites take cognizance of the fact that the lowest levels of communities constitute the first responders to epidemics and disasters. The sites consist of areas where there is high interaction between humans, animals (both domestic and wildlife), and the environment, thereby providing learning environments for One Health for both preservice and in-service personnel. These are ‘hot spots’ for EPT where disease agents of epidemic potential can be more easily detected than in other places. At these sites, university students from both human health and animal health disciplines are attached to work together in bridging the existing silos which have been stereotyped by their professions. In addition, the government district-level personnel, who consist of both human health and veterinary medicine, participate in One Health attachment activities and work across sectors in combating human diseases of animal origin and other epidemics involving highly infectious disease agents.

The sites also provide One Health research environment for faculty and students where research questions around disease surveillance, early detection, prevention, and control are addressed. This opportunity enables faculty of these universities to conduct research and also develop appropriate training curricula for both preservice and in-service personnel.

OHCEA Vision and Mission

The OHCEA network plans to be a global leader in One Health, promoting sustainable health for prosperous communities, productive animals, and balanced ecosystems. To achieve this vision, OHCEA will conduct multidisciplinary research, training, and community service to drive continuous improvement of health and well-being of humans, animals, and ecosystems. Accordingly, the mission of the OHCEA is to drive transformational change for continuous improvement of health and well-being of humans, animals, and ecosystems through multidisciplinary research, training, and community service (OHCEA, 2015).

To become a global leader in One Health, OHCEA seeks to “expand the human resource base needed to detect and respond to potential pandemic disease outbreaks, and increase integration of animal, wildlife and human disease surveillance and outbreak response systems” (USAID, 2014b: p. 5). This approach to capacity building and integration will contribute to the long-term development of a sustainable One Health approach to public health throughout the region. The approach also builds on the foundations that the Health Alliance and OHCEA have laid to implement the initial activities that will enable OHCEA to achieve its 10-year vision and strategic plan.

Each year the world is witnessing five to eight new emerging infectious diseases (EIDs). It is estimated that this number will increase to 30 new EIDs by 2030 calling for serious efforts to predict and identify disease agents of epidemic potential in animals, prevent their spread to humans, and respond by increasing capacity for surveillance, mitigation, outbreak investigations, and control. This is the reason for initiating the EPT program by USAID, which is supporting OHCEA to achieve its mission (USAID, 2014a,b; One Health Commission, 2016).

Expected Impact

Tomorrow’s health professionals must collaborate across disciplines and employ One Health approaches to produce simultaneous gains in human, domestic animal, wildlife, and environmental health. Using effective cross-disciplinary collaboration will also create the potential for a multiplier effect of the efficiency and effectiveness of health interventions. However, few academic or training institutions offer capacity building programs that truly cross disciplinary boundaries, and at present, no institution in the Congo Basin ‘hot spot’ region is addressing this critical lack of capacity in the public health workforce. Therefore, the Health Alliance served as an ideal platform for institutionalizing the One Health approach by forming the new OHCEA network with a mandate to be a global leader in the development and implementation of One Health approaches. OHCEA provides a critical platform for building capacity and programs aimed at improving response to infectious disease outbreaks in Central and Eastern Africa.

Most importantly, the new capacity and coordination facilitated through OHCEA will result in a more rapid detection and response to emerging and episodic zoonotic incidents, thereby limiting the loss of human and animal life and reducing the risks of pandemics while simultaneously operating more effectively to address common debilitating and deadly diseases. Animal host-to-human and animal host-to-domestic animal interactions provide ideal circumstances for pathogens to evolve first into agents that can cause primary infections in humans.

By the end of 2014, OHCEA had established itself as a fully functional regional One Health network with in-house capacity for sustaining continuous improvement of health and well-being of humans, animals, and ecosystems through
multidisciplinary research, training, and community service. From its regional base, OHCEA strives to be internationally recognized for its intellectual leadership and contributions to One Health as indicated by its collaboration with international partners. OHCEA member institutions and the human, veterinary and wildlife health systems they represent will be demonstrably better trained in the One Health approach and linked through integrated institutional education, communications, operational protocols, and policies. Curricula that are jointly designed and tested by these partners will be in place and utilized by undergraduate students in universities (preservice personnel) as well as those already employed and working (in-service personnel) ensuring the longevity of OHCEA’s efforts into the future. National government offices responsible for disease surveillance and response will form key partners in OHCEA’s transformation strategy and be targeted as a beneficiary of its training efforts.

Finally, it is noteworthy that OHCEA is not the only One Health network that operates in the OHCEA member countries. In some of these countries, there are several networks which operate within and outside universities with support from a variety of donors. Some OHCEA countries are already having fora or platforms which bring together these networks to work together in an attempt to avoid duplication of efforts and resources. A case in point is Tanzania where existing One Health networks have met several times to discuss coordinating issues. The following are some of the networks: African Research Consortium for Ecosystem and Population Health (Afrique One), African Natural Products Research and Training Network (AFNNET), Southern African Centre for Infectious Disease Surveillance (SACIDS), Cysticercosis Working Group in East and Southern Africa (CGWESA), in addition to OHCEA and other smaller ones. Some of these networks have evolved and expanded from existing regional disease surveillance networks with the role of mitigating the threat of infectious disease outbreaks (Bond et al., 2013).

See also: Global Burden of Disease.

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