



**ABOUT COHESA**

Capacitating One Health in Eastern and Southern Africa (COHESA) project is co-funded by the OACPS Research and Innovation Program, which is implemented by the Organization of African, Caribbean and Pacific States (OACPS) with financial support from the European Union. This project aims to build and enhance the capacity of countries in Eastern and Southern Africa to effectively implement the One Health approach, including through improved knowledge sharing, governance, education, research and delivery of solutions. COHESA aims to improve cross-sectoral collaboration, enhance policymaking, and empower both governmental and non-governmental actors to address emerging one health threats effectively.

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**KEY MESSAGES**

- In Botswana, Namibia, Tanzania and Zambia there has been a significant shift from fragmented, sector-specific responses when addressing the health of humans, animals and the environment to more integrated and collaborative approaches.
- Each country has moved to break down silos between human, animal, and environmental health sectors, leading to stronger partnerships, improved political engagement, and the establishment of institutional frameworks supporting the One Health approach.
- The Capacitating One Health in Eastern and Southern Africa (COHESA) project contributions have been important in this process, ultimately enhancing the countries' capacities to address health challenges in a comprehensive and integrated manner.

**INSTITUTIONALIZING ONE HEALTH ACROSS EASTERN AND SOUTHERN AFRICA: EVIDENCE FROM ZAMBIA, NAMIBIA, BOTSWANA AND TANZANIA**

**THE CHALLENGE**

Global health challenges – human, animal, environmental – impact the lives of us all and call for coordinated, interconnected and cohesive responses from governments, businesses and citizens. While such systemwide and holistic analysis, and action is at the core of the One Health approach, these systemic responses are often not obvious nor straightforward as they require diverse people and institutions to come together, to recognize the need to join forces and then to work effectively across sectors and institutions. To address these challenges, the COHESA project, which is coordinated by the International Livestock Research Institute (ILRI) with the French Agricultural Research Centre for International Development (CIRAD) and the International Service for the Acquisition of Agri-biotech Applications (ISAAA) AfriCenter, focuses on supporting the national institutionalization and operationalization of One Health.

This brief shares highlights on how Botswana, Namibia, Tanzania and Zambia have devised and adopted more unified, multidisciplinary One Health approaches, and the lessons learned to guide future One Health implementation in these countries.

● Banner photo: COHESA core national delivery partners from 12 countries.



## EVIDENCE OF CHANGE AND THE ROLE OF COHESA

In each country, the integration of human, animal, and environmental health sectors, through collaborative efforts has been emphasized as essential for improving health outcomes, preventing disease outbreaks, such as the Marburg outbreak in the Kagera region in Tanzania, as well as Anthrax outbreaks in Arusha and Songwe regions, mobilising political engagement around antimicrobial resistance and enhancing the overall resilience of health systems. In Zambia anthrax outbreaks occurred in the Sinazongwe region of Southern Zambia where there was a delayed response in applying One Health teams, whilst in Kazungula region as soon as outbreaks occurred measures were applied using the One Health approach leading to a rapid control of the situation.

Before recent One Health initiatives were introduced Botswana, Namibia, Tanzania and Zambia had well-established systems and processes to address health challenges within specific sectors. These four countries have functioning ministries and institutions dedicated to human, animal and environmental health, which work within their mandates to manage public health crises, implement policies and conduct research.

For inter-sectoral control Botswana relied on inter-ministerial coordination, particularly through the Ministry of Health, to manage health crises effectively. Namibia had a National Action Plan on Health Security (NAPHS), focusing on human, animal and environmental health through its existing government structures. Tanzania had frameworks like the National Action Plan on Antimicrobial Resistance, which involved collaboration across sectors, although these efforts often operated in silos. In Zambia, the Ministry of Health and the Ministry of Fisheries and Livestock played key roles in disease surveillance and response, tackling issues within their respective domains.

These systems provided a solid foundation for health governance, ensuring that critical health issues were managed within existing frameworks. This infrastructure allowed for coordination and response, setting the stage for further enhancements and integrated efforts to strengthen health outcomes.

Building on this strong foundation, COHESA introduced a new level of integration and collaboration across these sectors in the four countries. By supporting coordination between ministries and stakeholders, COHESA, operating in-country through academia-led teams, has strengthened the operationalization of the One Health approach in each country, delivered by national partners. This has included facilitating strategic partnerships, supporting the development of national strategies, and providing technical and financial resources that augmented the countries' capacities to manage health challenges in a more unified and comprehensive manner.

## BOTSWANA

In Botswana, a COHESA team from the Botswana University of Agriculture and Natural Resources (BUAN) developed a strategic partnership with key national institutions embedding One Health principles into national health strategies. The validation of the baseline study by COHESA and the joint workshop with the Libreville Declaration (LD) situational analysis marked a significant step forward. The partnership between COHESA and the Botswana Public Health Institute (BPHI) has increased engagement among stakeholders, resulting in the development of the joint plan of action. The initiation of new research programs at BUAN Centre of Bioeconomy and the development of a One Health course for professionals further demonstrate the change with increasing adoption of One Health approaches.

## NAMIBIA

A multidisciplinary team from the University of Namibia (UNAM) has benefited from COHESA's technical and financial backing, which was crucial in supporting the launch of the National Tripartite One Health Strategy, a milestone in the country's commitment to an integrated health approach. The change seen is a shift from a fragmented approach to a more unified front for One Health. This strategy, launched on the 19th of June 2024, has established a legal framework for coordinating One Health activities in Namibia. The coordinated collaboration among government ministries and stakeholders also led to the endorsement of the planned establishment of the Namibia Public Health Institute. The three ministries are now working towards signing a tripartite MOU. In addition, the successful implementation of this strategy will translate to reduced disease burden, improved health coverage, ensured food safety and security, enhanced conservation of ecosystems and wildlife biodiversity, and better livelihoods, particularly for rural communities. The strategy was developed in collaboration with key stakeholders and partners and is aligned with key national plans, including Namibia's Vision 2030, National Development Plan 5, and the National Action Plan for Health Security.

The aim is to create a nation that fosters healthy ecosystems to mitigate health risks at the human, animal, plant, and environmental interface, achieved through a sustainable One Health approach across all sectors, starting at the community level. Key partnerships with Namibia's Tripartite Ministries, include the Quadripartite, the Friedrich Loeffler Institute, COHESA, Africa CDC, the Robert Kock Institute, UNAM and other international organizations. The stakeholders help to oversee One Health activities, placing emphasis on zoonotic diseases, food-borne diseases, antimicrobial resistance, and food safety.

The strategy therefore strives to strengthen health systems, control zoonotic and vector-borne diseases, manage food safety risks, combat antimicrobial resistance, and integrate environmental considerations. It encompasses governance, capacity building, research, advocacy, surveillance, and cross-cutting areas, with a monitoring framework to ensure effectiveness.



*The need for the One Health approach is evidenced by the frequently reported outbreaks of zoonotic disease, coupled with the effects of climate change. Seventy five percent (75%) of emerging pathogens that are known to cause epidemics affecting humans are of zoonotic origin."*

*– Hon Kalumbi Shangula, Minister of Health and Social Services (MOHSS), Namibia.*

## ZAMBIA

In Zambia, University of Zambia (UNZA) and the Zambia Public Health Institute (ZPHI) joined forces through COHESA and other key initiatives to become a key force behind the One Health Strategic Plan's development, enabling the country to take an effective role in global initiatives that require a coordinated One Health approach, like the International Health Regulations – Performance of Veterinary Services (IHR-PVS) and National Bridging Workshop (NBW) activities as well as the implementation of the One Health Zoonotic Disease Prioritization (OHZDP) workshops alongside Africa CDC.

The successful launch and implementation of the Zambian One Health Strategic Plan (OHSP) on 14 February 2023 demonstrated significant improvements in multisectoral coordination. This was particularly evident in the effective response to the anthrax and cholera outbreaks later that year, and the aflatoxin health threats in animals and humans, where a multisectoral coordination mechanism was used to enable a timely response to these health emergencies across human, animal, and environmental health sectors.



*The launch of the One Health Strategic Plan (OHSP) and the roll-out of a One Health approach in Zambia to safeguard the country's public health marks an important milestone for the country's collaborative approach to One Health implementation."*

*– Mazyanga Mazaba, Acting director, Zambia Public Health National Institute.*

## TANZANIA

Tanzania saw a significant political shift and an increase in the advocacy for One Health and antimicrobial resistance (AMR). The Nelson Mandela African Institution of Science and technology through COHESA's effort supported stakeholder network mapping exercises showed the need for greater engagement of Parliament to promote and mobilise One Health approaches and through lobbying and advocacy by COHESA and the Tanzanian One Health group, parliamentary committees have played a key role in the creation of a parliamentary Alliance on One Health and AMR. This alliance will raise the profile of these issues in government with increased engagement of politicians in such initiatives and indicates that parliament recognizes the importance of addressing health challenges through a One Health approach.



*Through this alliance we are committed to actively reducing and preventing infections to minimize harm and combat the emergence of AMR. We are dedicated to securing financial resources and contributing ideas to help institutions and stakeholders such as the One Health Society and COHESA advance discovery and innovation, including the development of vaccines. We also pledge to promote the One Health approach and ensure full community engagement in the responsible use of medicines to mitigate the long-term consequences of AMR."*

*– Hon. Hamisi Kigwangalla (MP), Chairman of Parliamentarian Alliance for One Health and AMR, Tanzania.*

## CONCLUSIONS

Generating systemic change in institutional behaviour within health related sectors can be challenging, but initiatives such as COHESA are helping to bring about wider policy and institutional changes across eastern and southern Africa. As highlighted in this brief, Botswana, Tanzania, Namibia and Zambia are experiencing the benefits of the joint work of COHESA, partners and respective governments in institutionalizing the multidisciplinary One Health approach to better address complex and interconnected health challenges. Further institutionalizing the One Health approach within countries is a priority, with an emphasis on strengthening the often-underdeveloped environmental health component. The operationalization of One Health is being tested through field projects under COHESA as well as initiatives led by partners. Finally, discussions will guide the design of a regional One Health network which fosters collaboration and shared goals across the regions.