

## **ATELIER PREZODE AFRIQUE AUSTRALE/EST** 1 JUIN 2021

**PREZODE WORKSHOP AUSTRAL/EASTERN AFRICA 1st of JUNE 2021** 

**Workshop 1: Synthesis** 













# PREZODE - Context

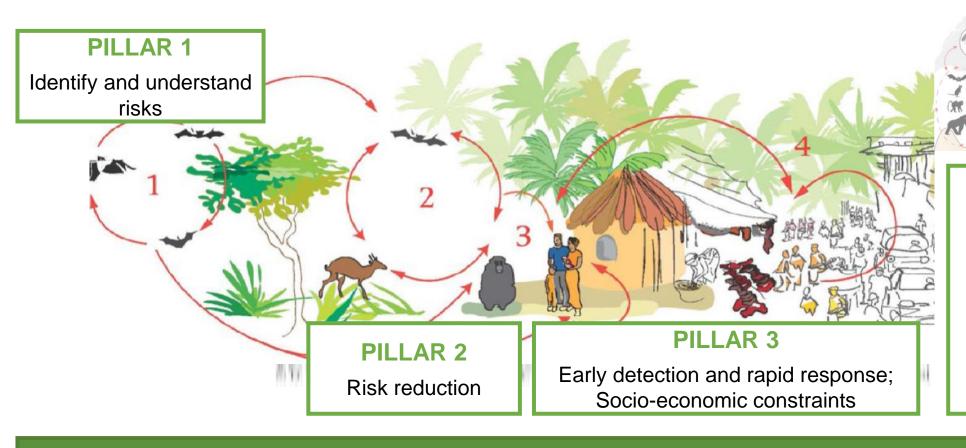








### **VISION AND OBJECTIVES**



@Chirara, Cirad

#### **PILLAR 4**

Scaling up emerging risks surveillance systems

PILAR 5

Engaging and empowering local and national stakeholders; strengthening One Health networks

IDENTIFY AND UNDERSTAND RISKS to CO-DEVELOP SOLUTIONS TO REDUCE THEM



STENGHTENING EARLY WARNING
SYSTEMS, OPERATIONAL
FROM LOCAL TO GLOBAL 30/06/2021

# WHERE ARE WE? WHAT ARE THE NEXT STEPS

PREZODE

- Framing the initiative
- Launching the first national research program in France
- Co-developing the initiative with all the relevant stakeholders
  - Regional and national co-design workshops
  - Strategic scientific agenda and operational roadmap

- 2022-
- 2023

Second operational plan

2024-

2025

Targeting operational outcomes

#### FIRST FUNDINGS ACQUIRED

- MESRI PEPR 30M€
- AFD 30M€

#### INTERNATIONAL SUPPORT REQUIRED

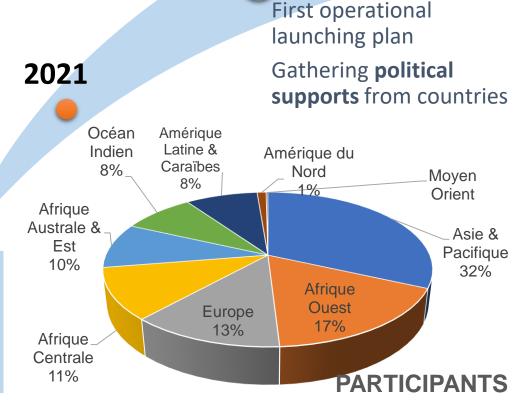
- International organisations
- Donors
- Countries
- Sci & Dev partners

### 11 co-design regional workshops-

**STEP 1-** Common vision, obstacles, other initiatives

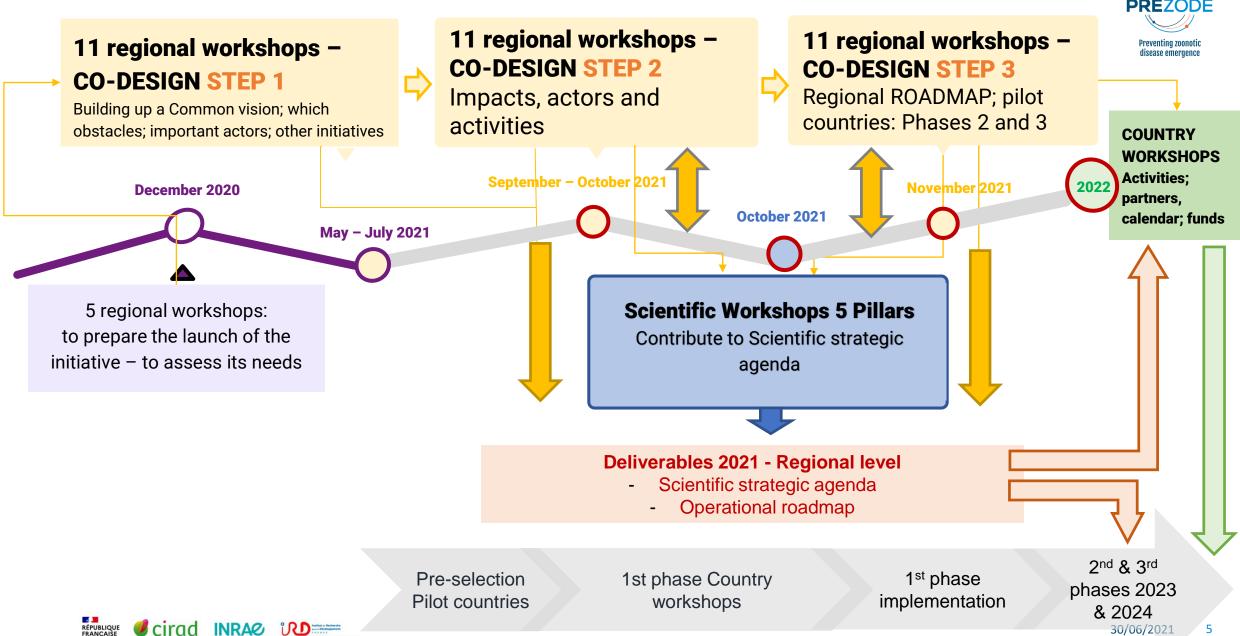
STEP 2 - Impacts, actors and activities

**STEP 3-** Strategic scientific and operational plans



>500 participants >130 countries

### Co-design process 2020-2021

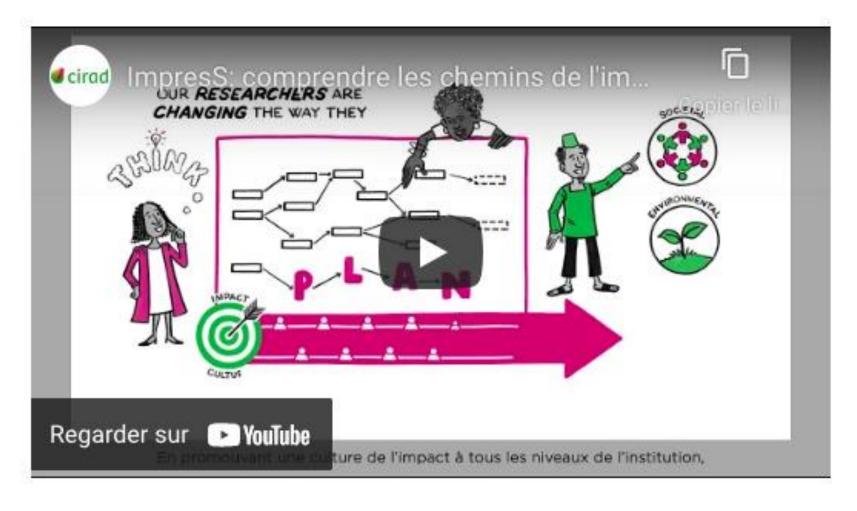


AFD Project Phase 1 Instruction calendar

### **CO-DESIGN METHODOLOGY –**







## A VIDEO to Understand it all!

Web Link: https://youtu.be/xS9qHY0I4gc









### **CO-DESIGN METHODOLOGY – The different STEPS**



1st workshop 2nd workshop 3rd

workshop

What is the vision of the future to which we aim to contribute to?

What are the key problems that prevent this from being achieved?

Who are the main actors of these problems and how are they impacted by our actions?

What are the desirable changes to solve these problems and achieve the vision?

What are the obstacles to these changes?

What strategies/actions can we implement to overcome these obstacles?

Central Issue

Vision

**Problem Tree** 

**Actors** 

Outcomes (change in practices, behaviour, interactions)

Major changes in knowledge, skills, motivation

**Obstacles** 

Can the actors change?
Do they want to?
Do they know how?
Is there an enabling
environment to change?

Strategies/ activities











## **WORKSHOP 1 - Objectives**



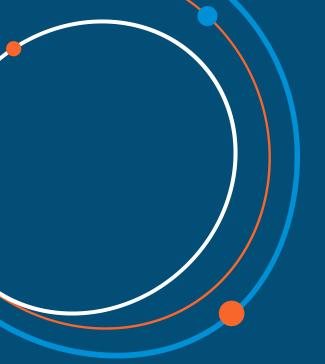
- To build up a common vision of the initiative together based on the PREZODE values - its objectives and expected impacts but also its challenges and potential barriers;
- To map and invite around the table all the relevant stakeholders that would need to take part in this co-construction work;













# Participant Representation





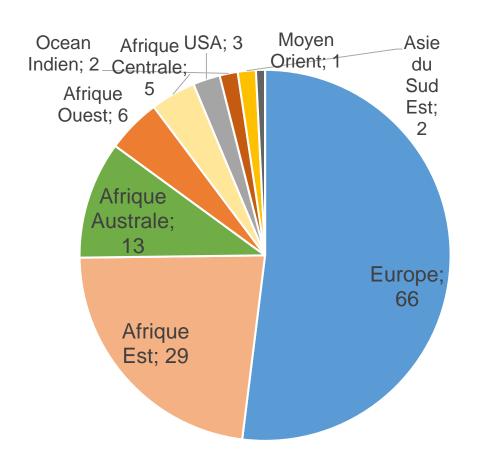


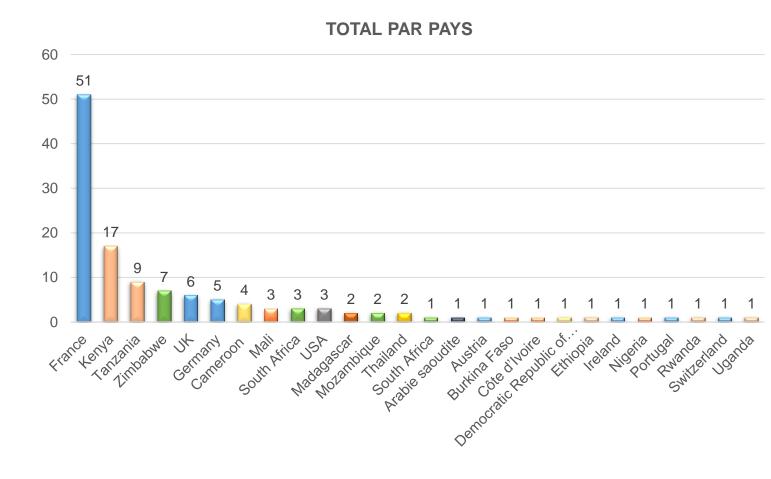


# Afrique Australe & de l'Est / Austral and East Africa Co-design Workshop – 1<sup>st</sup> June 2021



127 Registered Participants from 27 countries





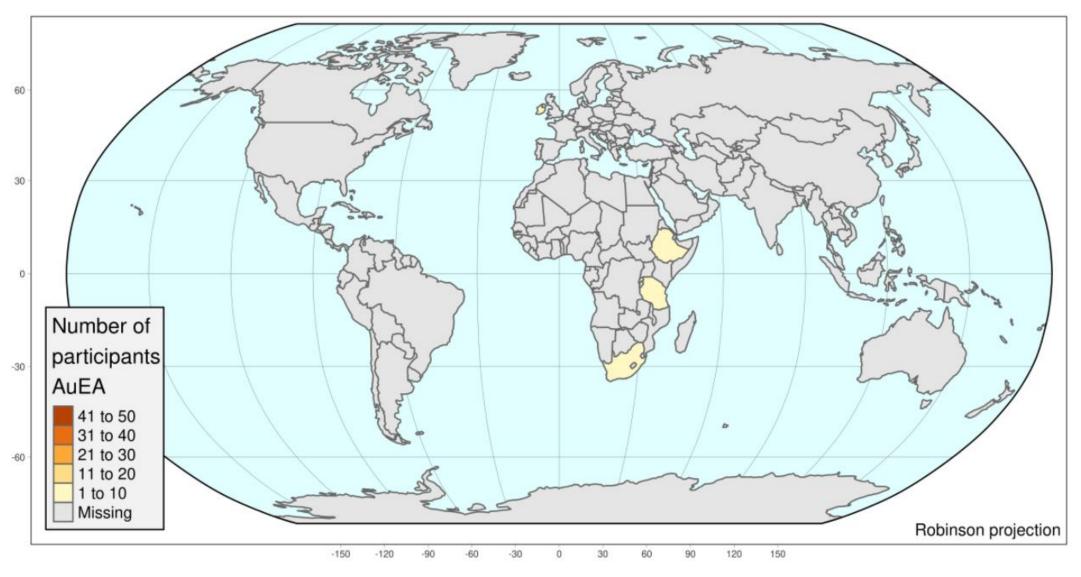










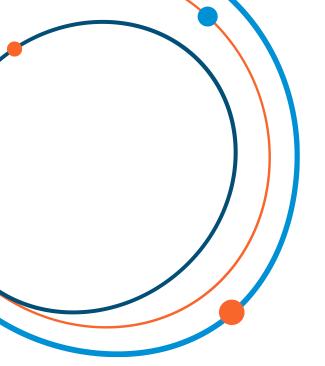














# **Workshop Outcomes**













# A common Vision...













#### **Key elements:**

- Food security
- Dialog/networks among stakeholders including science-society politics
- Improved control & surveillance systems
- Improved socio-ecosystem
- Livelihood
- Biodiversity
- Help decision making
- Territories protection, reducing animal-human interface conflicts.

To ensure a healthy world with reduced or fewer zoonotic diseases and pandemic threats, with growing economies, food security and poorest communities livelihood anchored on sustainable ecosystems, protecting biodiversity and reducing conflicts at the animal-human interface; by strengthening dialog and networks between stakeholders including science-society-politics dialog, improving control and surveillance systems and ensuring a greater integration of biodiversity conservation into One Health approaches.

This sentence proposal came up from the brainstorming discussions (see Annex 1) and was validated by all the participants













# Barriers / Solutions









### MAIN BARRIERS / OBSTACLES



Governemental and other stakeholders' Corruption

Difficulty to understand the situation and predict the future Political will and long-term vision

Practioners (conservation .Health. development) lack of mind shift for integrated approaches to health

Lack of collaboration among stakeholders / silos

Root cause of problem (growing consumerism) not addressed

Lack of funding for Zoonotic diseases / infrastructures / One health

Lack of information / Communication Trust and circularity

Practioners (conservation .Health. development) lack of mind shift for integrated approaches to health

Integrated approaches to poverty (including health, nutrition etc.) are missing (locally, nationally)

We then defined by a vote which problem we wanted to work on that day

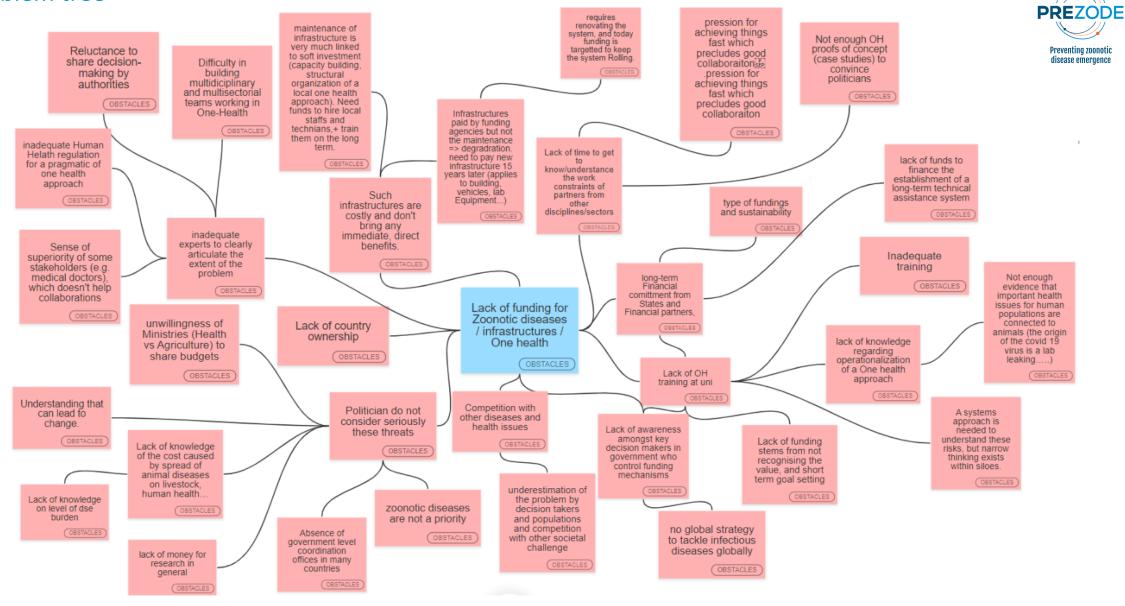








#### Problem tree











#### **HELP US to build th OTHER PROBLEM TREES in Klaxoon ...**



Link to the Klaxoon network: <a href="https://app.klaxoon.com/join/HFBRNTF35">https://app.klaxoon.com/join/HFBRNTF35</a>

**CLIQUEZ ICI** 

#### Other trees to complete:

- 1. Corruption: Governmental and other stakeholders
- 2. Difficulty to understand the situation and predict the future
- 3. Political will and long-term vision
- 4. Practioners (conservation, Health, development) lack of mind shift for integrated approaches to health
- 5. Lack of collaboration among stakeholders / silos
- 6. Integrated approaches to poverty (including health, nutrition etc.) are missing (locally, nationally)
- 7. Lack of information / Communication / Trust and circularity
- 8. Root cause of problem (growing consumerism) not addressed









## **SOLUTIONS** - How to solve it: what changes/impacts are expected?



Improve local capacity in surveillance and diagnostics of emerging zoonoses

business models for safer practices come in-politicians always pay attention to the economics

better understanding on the ecosystems complexities since most of the East Afric

sustainable business models for fringe conservation areas bordering parks and reserves. Otherwise the interface between wild and domesticated habitats will be too sharp and too dangerous with respect to emergence of novel zoonoses.

Improvement of

One Health inter-

sectoral

collaborations in

prevention and

control of

diseases.

need financially

We need surveillance systems that exploit existina platforms for testing for common human and veterinary pathogens to also screen for zoonoses

focus on local health solutions

facilities in active skateholder and transmission areas scientists Mutualise health Gender equality in management, food

services in rural areas: same building, fridge. vehicle etc for human health. animal health and plant health

Restore/ develop

communication

between local

population/

we will need integrated management of agriculture to lower footprint on biodiversity

large-scale

investment needed

to build capacity to

conduct wildlife.

livestock and

human

surveillance and

integrate it into

standardized

surveillance

networks from

rural to urban

areas. Needs

coordinated

investment in cold

chain and

diagnostic infra

environment (including climate change. biodiveristy) and one health training complusory in all curriculum (from primary school to uni) & More economists working on health and demonstrating the value of prevention and One Health

Improved diagnosis of infectious diseases at health care facilities in active transmission area

Innovative solutions brought by African entrepreneurs/scie ntists as access o education and funding increases

financially sustainable business models for fringe conservation areas bordering parks and reserves

Improved

diagnosis of

infectious diseases

at health care

livestock

systems, health

and

education/extensio

n service access

Collaborative use of natural resources. recognising the role of wildlife and livestock in managing vulnerable landscapes.















# Actors & Initiatives









### **Actors** – Important stakeholders for PREZODE



Vet services  ACTORS  BNITM: Bernhard Nocht Institute for Tropical Medicine	veterinarians and para-vets  ACTORS  The youth (e.g. at secondary and tertiary level)	Research institutions  ACTORS  Local business communities	rp-pcp  (ACTORS)  Civil society. consumer group  (ACTORS)	FOFIFA: National Center for Applied Research in Rural Development (Madagascar)	local leaders, traditional healers, politicians,  ACTORS  Ministries involved in land-use	Universidade Eduardo Mondlane ACTORS EU	Agricultural Research Institute of Mozambique (IIAM)  ACTORS
NGOs  Actors  At regional level :	They are the future. Let's involve them from the start  ACTORS	Global Health Security Agenda  ACTORS	ICIPE  ACTORS  ICIPE = International	Africa CDC  ACTORS	planning and development; must better incorporate health impacts of these activities	Community based governance and management organizations conservation areas other than parks and reserves	local rural communities in transboundary areas  ACTORS
Nagoya Reps  ACTORS  NIAID (US NIH)  ACTORS	Ministry of education	Ifakara Health Institute  ACTORS  Ministry of Agriculture	Centre of Insect Physiology and Ecolog  ACTORS  Ministry of Health  ACTORS	Ministry of Natural Resources	AU-IBAR, UNEP, OIE  ACTORS  National Parks  ACTORS	Ministries of Trade  (ACTORS)	FAO, UNEP and WHO  ACTORS  Ministry of education/higher education /schools
Conservancies	TFCA?	Media (ACTORS)	Producers organizations	AFROHUN (ACTORS)	Private labs  ACTORS	AfriqueOne - ASPIRE (ACTORS)	Conservation Trust Fund (like BIOFUND)
Ministries of Health, Agriculture, Livestock, Wildlife Parks	n Mozambique: ANAC, Conservation areas, NGOs involved in comanagement (PPF, CI, WCS, etc)	KEMRI, DVS, ZDU, University of Nairobi - Kenya	Funding agencies, health + agriculture + environment ministries, NGOs, local association in intervention areas	Wildlife research institues, Livestock research institutes,	Research consortia focussing on one health, e.g. SACIDS	One Health Platforms, University Networks and Coordinating Centers	TAWIRI, TAWA, TANAPA, DVS, SUA, SACIDS, NCAA for Tanzania











# Initiatives – Which other initiatives (past, present, future) deal with similar issues? International & Multi regional levels



Preventing zoonotic	
disease emergence	

Name of the INITIATIVE	THEME	LEAD BY	REGION/COUNTRY	DATE	disease emergence WEB SITE
		FAO, AFD, CIRAD, EU	Central, Southern Africa and Madagascar	2018-2024	https://www.swm-programme.info/
PACMAN Project	Develop sustainable management tools for zoonotic diseases	AFD	Zimbabwe	2020-2023	nacps, // mmsmm programmee,
	improve the health of humans, animals and ecosystems through capacity building,				
OHRECA: One Health center for	strengthening of local, regional and global networks and provision of evidence-based policy				
Africa	advice on One Health in sub-Saharan Africa	ILRI	sub-Saharan Africa	2020-2025	
Horizon Europe (HORIZON) - CL6-	What else is out there? Exploring the connection between biodiversity, ecosystems services,				
2021-BIODIV-01-11	pandemics and epidemic risk	EU	Europe / Global	2021-2024	
	A pan-African research consortium for capacity building in "One Health". Collaborating with 21				
	institutions from 14 African and European countries, its research focuses on ecosystem and				
	population health by broadening disciplinary, sectoral, linguistic, cultural and geographic	CSRS, NIMR, IHI, NMIMR, SUA, IRED,			
Afrique One - Aspire	boundaries	NM-AIST, Beca/ILRI, EISMV	Africa	2016-2021	http://afriqueoneaspire.org/
	An International Scientific Coordination Network – South (GDRI-Sud) is a scientific coordination				
	network gathering French and foreign research teams in several countries, including at least				https://en.ird.fr/international-scientific-coordination-
GDRI-SUD	one country from the global South.	IRD	Global South	2020-2025	network-south-gdri-sud
	Strengthening SACIDS Expert Support to Regional COVID-19 Emergency Preparedness in		Democratic Republic of Congo (DRC),		
SACIDS project	Southern, Central and East Africa	Skoll Foundation	Mozambique, Tanzania and Zambia	2020-2021	http://www.sacids.org/projects/
	The goal of ZooLinK is to enable Kenya to develop an effective surveillance programme for				
Zoonotic and Emerging Diseases	zoonoses (meaning infectious diseases acquired through contact with animals or their	Institute of Infection and Global Health,			http://www.zoonotic-diseases.org/who-we-are/about-
/ ZooLinK	products), which is, by design, integrated across both human and animal health sectors	University of Liverpool, and ILRI	Kenya		zed/
	One Health One Limpopo project in Mozambique Under preparation (rehabilitation of the				
Limpopo project	Limpopo National park)	AFD	Mozambique	2022-2026	
BUILD Uganda	Boosting Uganda's investment in livestock development	ILRI	Uganda	2020-2024	
		Directorate-General for International			
	Livestock Production System : Surveillance and control of Priority animal diseases in Zimbabwe	Cooperation and Development (DG			
LIPS-Zim project	(including Anthrax)	DEVCO)	Zimbabwe	2020-2023	
ASACHA	Agroecology for Sustainable Aquaculture in a context of global CHAnges - GDRI SUD	IRD / CIRAD	South-East Asia as in Africa	2020-2025	https://asacha-gdri.com/
	The NIAID CEIRS program was a 14-year collaborative influenza research effort. The program	National Institute of Allergy and			
	concluded March 31st, 2021. The CEIRS website is maintained to provide access to information			ended in	
CEIRS Program	and resources generated by the CEIRS Network.	of Health	Uganda	2021	https://www.ceirr-network.org/
HEAL	One Health for Humans, Environment, Animals and Livelihoods	ILRI, CGIAR, USAID	Ethiopia, Kenya, Somalia	until 2022	
	Increase the protection of Niassa National Reserve, a vast landscape in the north of the				
WCS Mozambique - Niassa	country, and improve the conservation status of its elephants through co-manage of the				https://mozambique.wcs.org/Wild-Places/Niassa-
Reserve	Reserve	WCS	Mozambique	since 2012	National-Reserve/Conservation-Challenges.aspx
	Southern African Bat research network, focused on bio surveillance including animals, human				
SABRENet	and environment - One Health	DTRA and South African research chair	RSA, Mozambique, Zimbawe	2020-2025	
HUM ANI	Contacts among animals and humans and infections risk	IRD	Zimbabwe	2020-2025	https://en.ird.fr/project-hum-ani-contacts-among-
	Monitoring system (cell-phone based open access) on wildlife health and interactions between				
SMART for HEALTH	wildlife and humans				













# Next steps









## What's next? – WORKSHOP 2 in September



Vision What is the vision of the future to 1st which we aim to contribute to? worksho **Central Issue** What are the key problems that prevent this from being achieved? **Problem Tree** Who are the main actors of these problems **Actors** and how are they impacted by our actions? **Outcomes 9**nd What are the desirable changes to (change in practices, behaviour, worksho solve these problems and achieve interactions) the vision? Major changes in knowledge, skills, motivation What are the obstacles to these changes? Can the actors change? **Obstacles** Do they want to? 3rd Do they know how? worksho Is there an enabling environment to change? What strategies/actions can we implement to overcome these obstacles? Strategies/

activities











## **BUT MEANWHILE....**

**SYNTHESIS** Send us your feedbacks!!

**PROBLEM TREES** Please complete them on klaxoon – link in the email

### JOIN the PREZODE ADVENTURE\*....

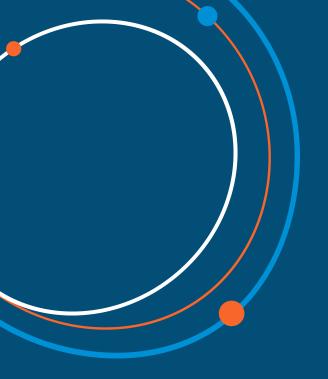
By signing the letter of intent which highlights emerging risks issues and PREZODE values to address them Prevention & Bottom up solutions https://prezode.org/Get-involved













Preventing zoonotic disease emergence

### Annexes:

1.Vision : details Brain storming session2. Obstacles









#### ANNEX 1 - Vision/issue linked with the current situation





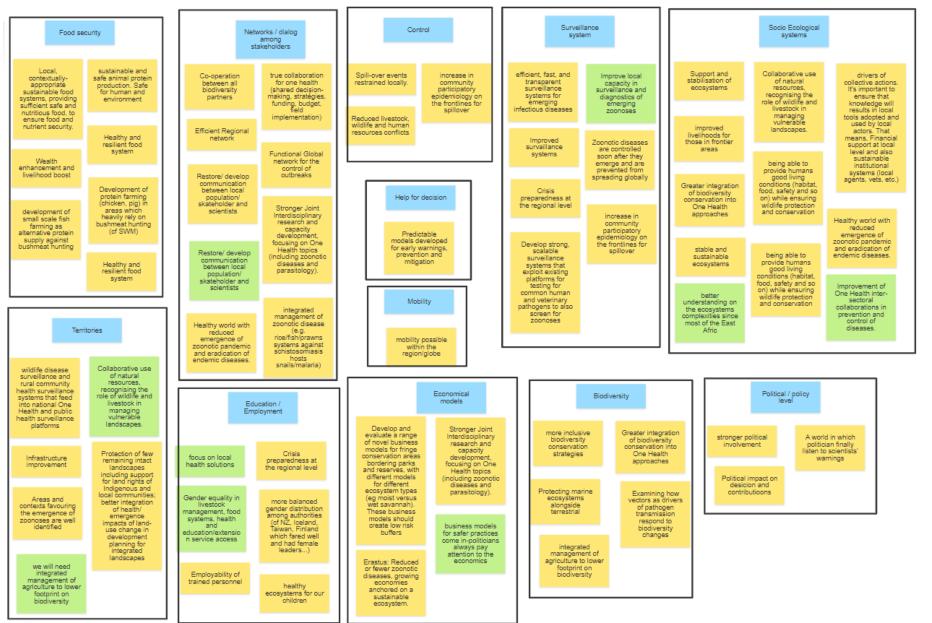








#### ANNEX 1.1- Expected vision/impacts following the implementation of changes













**PREZODE** 

Preventing zoonotic disease emergence

#### ANNEX 2 – Obstacles/Challenges

#### What are the main obstacles/challenges to achieve this vision? Brain storming session



**Preventing zoonotic** disease emergence

Lack of long-term vision for politicians

Lack of willingness to change

Capacity building => Lack of training for technicians and producers

Dogmas & failure by dominant stakeholders for the North to take into account different value systems (in conservation, health, societies)

Lack of funding for conservation/ maintaining intact landscapes is a key problem also but we are too late to add!

Bias towards viral lack of political will diseases as a challeng neglecting "not that visible" pandemics such as AMR, bacterial diseases and the

current biodiversity conservation vision/strategies in Southern Africa based mainly on land sparing

lack of surveillance programs to detect unknown pathogens at the human-animal interfaces in high risk regions of the world

consumerism will result in intensifed exploitation of natural resources and further deteroriation of ecosystems (actors are most humans)

growing

targeted population sensitization and buy-in (such as farmers et any stakeholders)

Institutional silos

Lack of developing laboratory network

intersectorial visions necessary for a One Health approach is a challenge at national, regional and local level

lack of decentralization of natural resource management policies in most southern african countries

The whole change system requires buy-in by politicians, professionals farmers

Unwillingness of sectoral actors to shift ground and transdisciplinarity

need more not enough investment in communication preventive and between all strategies the different stakeholders conservation wildlife and (scientists ecosystem health included) support for healthcare access and sustainable

Lack of reliable information. everything because of ICT turning into conspiracies

nclusion of social

sciences

Lack of funding for conservation/ maintaining intact landscapes is a key problem also. but we are too late to addl

Lack of awareness of externalities and the true cost of agricultural practices/food systems/ extractive development

Need better understanding of wildlife diseases (dynamic, diversity evolution)

Lack of

participatory

bottom up

approaches to

developing

surveillance and

interventions

lack of awareness/ will to change in countries also that drive economic and market pathways

Lack of political will to address poverty (undernutrition could be dealth with with a few hundred billions \$ far less than the Covid economy support plan)

Unwillingness of sectoral actors to shift ground and transdisciplinarity

Lack of developing laboratory network

lack of sustained investment for long-term goals: challenge to highlight the economic benefit of prevention and

protective values of ecosystems

bstacle is the conrruption

lack of qualified staff

not enough long-term follow-up in current and already developed ground applications/studie s/policies

delegation of responsibilities at territorial level to build local capacities, prevent outbreack and implement early response

livelihood development for communities in trans-boundary

conservation areas

versus the scale of

funding in healt

Lack of funding and if availed, its directed to non issues of the countries' context

lack of decentralization of natural resource management policies in most southern african countries

Limited funding.

growing consumerism will result in intensifed exploitation of natural resources and further deteroriation of ecosystems (actors are most humans)

> zoonotic diseases not considered as a priority in resource allocation

lack of political vision to enable sustainability in the long term

buy-in by politicians. professionals farmers.

The whole change

system requires

zoonotic diseases not considered as a priority in facilities resource allocation

lack of appropriate Resource infrastructure and allocation for One Health

Employability of trained personnel

Lack of funding for Changing existing true integrative One Health projects; lack of political will for effective transdisciplinary

practices and cultural norms may require persistent and considerable participatory engagement for new business models to be adopted.

to change by professionals and field practitioners as well as the policy makers in conceding grounds to support OH more.

Lack of willingness

conservation programs support by politics and

lack of biodiversity

surveillance and integrate it into standardized surveillance networks from

lack of biodiversity conservation programs support by politics and funders

We have to be very humble and be aware that a lof our beliefs about disease prevention and spread are only beliefs: In 2006, we believed that H5N1 would produce a catastrophy in Africa and it did not (or at least a lot lot less than anticipated). Sam

current biodiversity conservation vision/strategies in Southern Africa based mainly on land sparing

Lack of reliable information. everything because of ICT turning into conspiracies

intersectorial visions necessary for a One Health approach is a challenge at national, regional and local level

long term for training and

Lack of investisment in the employment and infrastructure

Lack of participatory, bottom up approaches to developing surveillance and interventions

lack of richness sharing

> unfortunately close of informal markets

approaches with

difficulty to break

down silos

ack of surveillance programs to detect unknown pathogens at the human-animal interfaces in high risk regions of the world

People (including politicians and funding agencies) still do not see the value of One

Health

Failure to recognise and value ecosystem systems

rural to urban areas. Needs coordinated investment in cold chain and diagnostic infra

large-scale

investment needed

to build capacity to

conduct wildlife.

livestock and

human







Lack of awareness

of externalities and

the true cost of

agricultural

practices/food systems/ extractive development



