

ONE HEALTH ASSESSMENT FOR PLANNING AND PERFORMANCE

OH-APP

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The Preparedness & Response project developed the One Health Assessment for Planning and Performance (OH-APP) tool for countries to self-assess, using a participatory and evidence-based process, their capacity and performance to prevent, detect, and respond to public health threats.

The OH-APP is a tool countries use to annually self-assess multisectoral coordination to inform planning, including requests for development assistance. The OH-APP complements the WHO Joint External Evaluation (JEE) by providing more specific indicators to measure the maturity of a coordination mechanism and track its progress in sustaining multisectoral and multistakeholder collaboration for preparedness and response to public health threats.

The OH-APP is most appropriate for countries that have completed the JEE and have an existing government entity mandated to coordinate multisectoral preparedness and response to public health threats, including zoonoses and antimicrobial resistance. Trained government facilitators administer the tool during a two-day workshop using a participatory and evidence-based decision-making process. Results inform countries' decisions on joint planning, implementation, and response.

PROCESS

The OH-APP process includes a preparation phase and three modules (organizational capacity assessment, organizational performance assessment, and prioritization and planning) implemented during a two-day workshop. P&R facilitators have trained national One Health champions as facilitators.

PHASE 1: PRE-WORKSHOP

Before the workshop, a facilitator and participants from the One Health platform are identified. Relevant documents, strategies, and plans are collected to inform the OH-APP assessment.

PHASE 2: OH-APP WORKSHOP

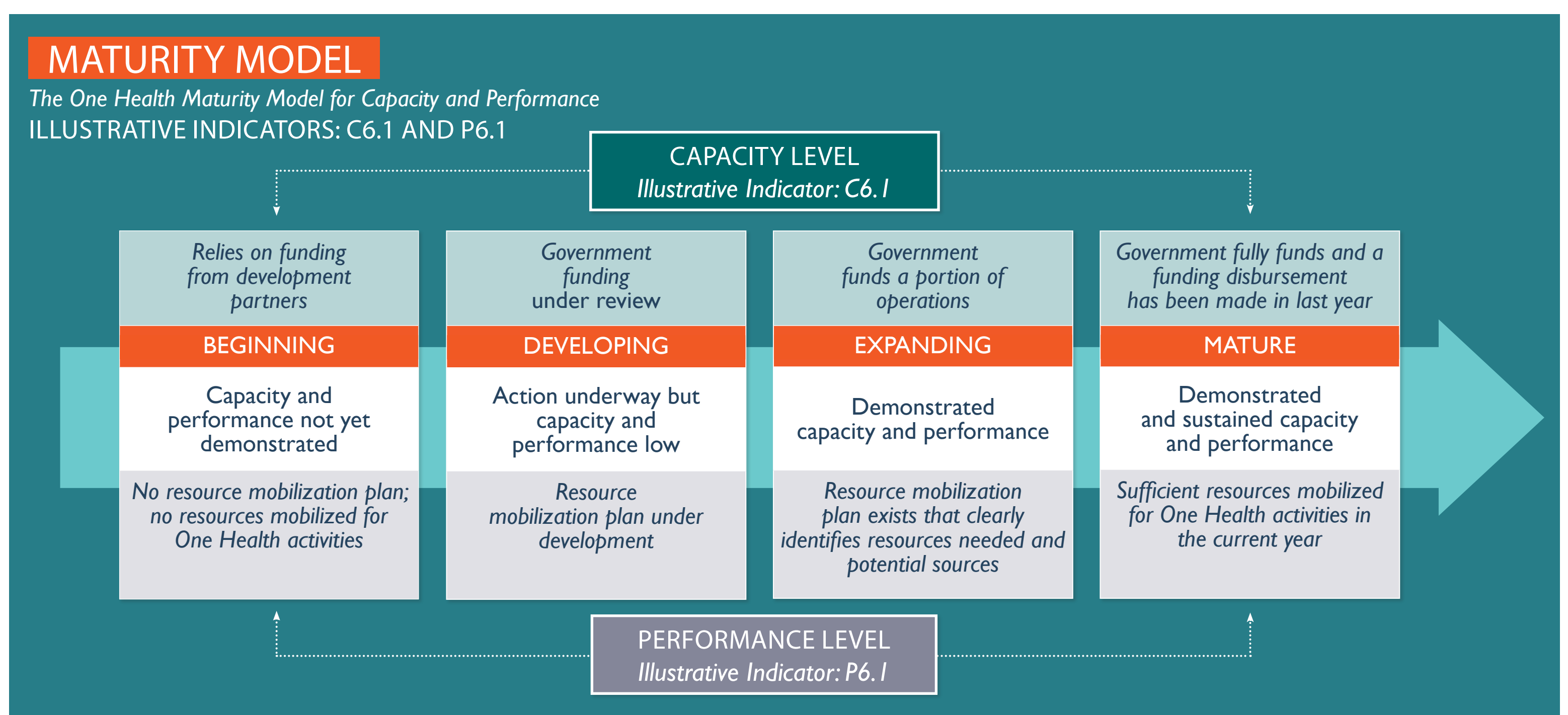
Participants engage in a participatory self-assessment of their platform organizational capacity and performance. Scores and their rationale are entered into the online OH-APP. Participants interpret data visualizations produced by the OH-APP to inform prioritization and planning of platform actions over the coming year.

PHASE 3: POST-WORKSHOP

The report produced by the OH-APP, including assessment scores, visualizations and agreed actions, is used to support platform annual planning and mobilize development assistance. Resources accessible through the OH-APP website support further development of platform capacity and performance.

EVOLUTION OF THE OH-APP

In late 2017, P&R held an open consultation to solicit expert feedback on the self-assessment process and tool, from 25 partner organizations and academic institutions, following its pilot-testing in 14 countries. The consultation resulted in revisions to indicators and scales and the request for a more user-friendly data collection interface. Following adjustments, the revised OH-APP was piloted in Tanzania and Vietnam before wider dissemination.



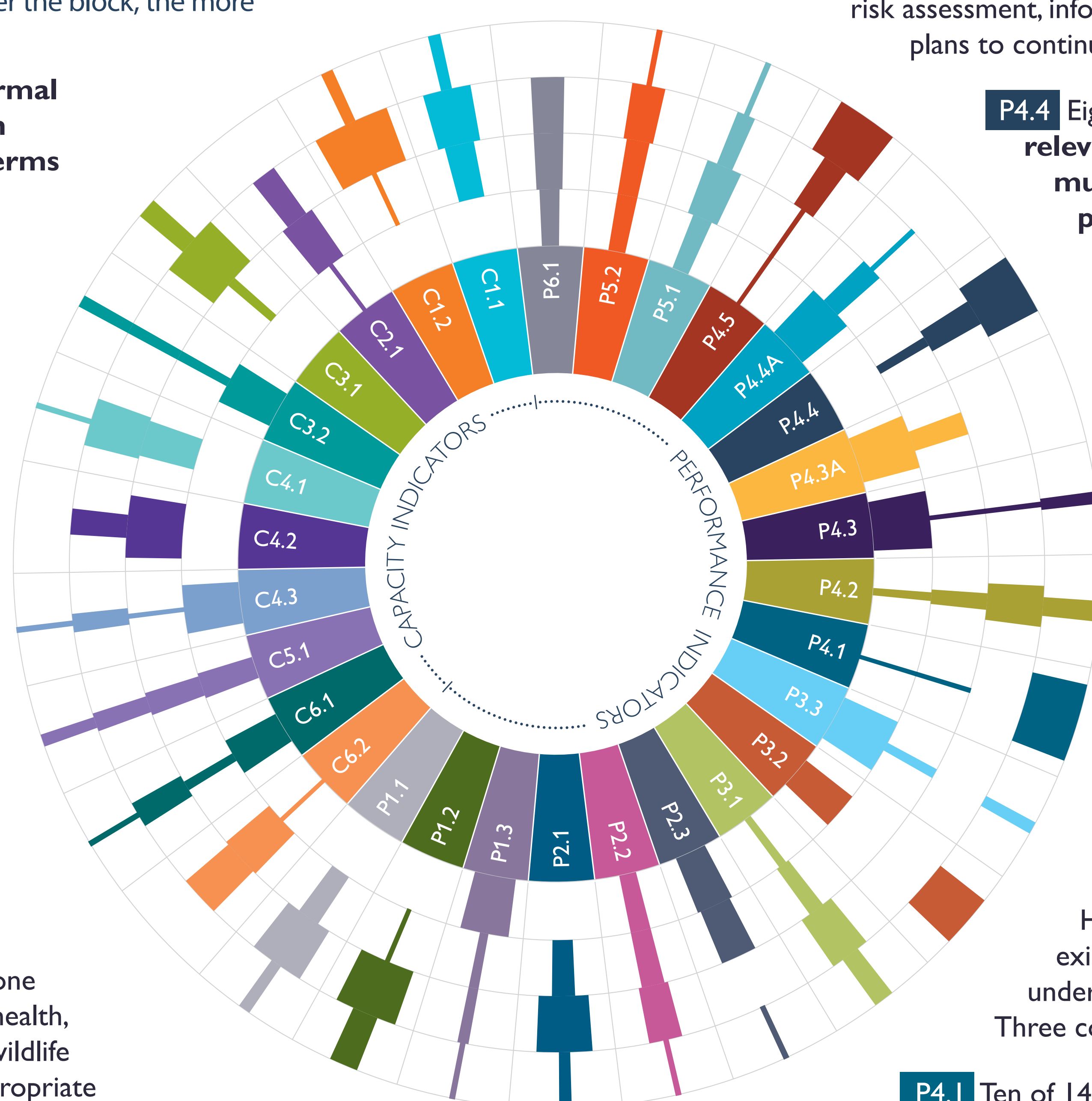
OH-APP RESULTS BY INDICATOR

A view of global performance on 30 indicators of capacity and performance, assessed against the four levels of the One Health Maturity Model. The inner ring (level 1) is beginning, and the outer ring (level 4) is mature. Blocks within each of the four rings show the number of countries assessed at that level—the wider the block, the more countries assessed at that level.

C3.1 Nine countries have a **formal structure for the One Health coordinating platform and terms of reference (ToR)** that have been endorsed by appropriate government offices. Three countries in West Africa have supporting legislation, policies, guidelines, and standard operating procedures. Two countries in Asia have a proposed structure and ToR and are seeking appropriate endorsement.

C3.2 Twelve of 14 platforms do not have **gender ministries or other gender-focused institutions or experts** as members. Two (Thailand and Vietnam) have gender ministry officials or gender focal points who are permanent members.

P1.2 **Participation** in all but one of the platforms includes public health, animal health, and environment/wildlife ministry representatives, and appropriate representatives from other ministries, universities, the private sector, and nongovernmental organizations. Most, however, report that private sector is not engaged.



P4.5 More than half of responding countries report that they have **conducted at least one joint preparedness activity** (simulation, risk assessment, informational campaign) in the last year with plans to continue joint activities into the current year.

P4.4 Eight countries reported that they **engaged relevant line ministries to adopt a multisectoral preparedness and response plan** for at least one prioritized disease. Four countries have plans in draft form and two are starting the planning process.

P4.3 Seventy percent of countries self-report that their platforms have not begun **engaging stakeholders on the development of joint preparedness and response planning for outbreaks of initially unknown origin**. Three countries, all from Southeast Asia, reported that they have engaged relevant line ministries and agreed on actions for preparedness and response to outbreaks of unknown origin.

P4.2 Over half of the One Health coordinating mechanisms that P&R supported have annual **workplans**. However, among those reporting the existence of workplans, only three say they are under implementation and regularly monitored. Three countries are planning to develop workplans.

P4.1 Ten of 14 P&R countries self-report that they have adopted **One Health Strategic Plans** that were developed using a participatory multisectoral approach.

LEGEND

CAPACITY INDICATORS

- C1 Organizational structure
 - C1.1 Endorsed structure and terms of reference
 - C1.2 Official documentation
- C2 Leadership
 - C2.1 Designated chair
- C3 Multisectoral integration
 - C3.1 Inclusive participation of sectors
 - C3.2 Inclusion of gender ministries or focal persons
- C4 Communications and information exchange
 - C4.1 Internal communication
 - C4.2 Mechanism for data sharing and analysis
 - C4.3 External communication policy/plan
- C5 M&E
 - C5.1 M&E plan
- C6 Government funding and human resources
 - C6.1 Annual government funding
 - C6.2 Adequate human resources

PERFORMANCE INDICATORS

- P1 Engaging stakeholders
 - P1.1 Strategic multisectoral stakeholder engagement
 - P1.2 Convening power
 - P1.3 Inclusive participation
- P2 Coordinating and collaborating
 - P2.1 Collaboration mechanisms
 - P2.2 One Health integration
 - P2.3 Subnational coordination mechanisms
- P3 Overcoming policy constraints
 - P3.1 Policy integration
 - P3.2 Identification of policy constraints
 - P3.3 Policy advocacy
- P4 Joint planning among One Health stakeholders
 - P4.1 Engagement of stakeholders on One Health strategy
 - P4.2 Agreed work plan
 - P4.3 Preparedness and response plan for PHEIUE
 - P4.3A Gender integration in preparedness and response plans for PHEIUE
 - P4.4 Multisectoral preparedness and response plans for prioritized zoonotic diseases
 - P4.4A Gender integration in multisectoral preparedness and response plans for prioritized zoonotic diseases
 - P4.5 Joint preparedness activities
- P5 Facilitating data analysis and use in decision making
 - P5.1 Data review and analysis
 - P5.2 Outbreak after-action reviews
- P6 Mobilizing and optimizing resources
 - P6.1 Resource planning