

How to integrate One Health approach into our cooperation

Summary of VSF-International Internal Workshop organized by AVSF
English translation

2018, November, 7th-8th – Bamako - Mali



VSF INTERNATIONAL
VÉTÉRINAIRES
SANS FRONTIÈRES



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List of acronyms

AFD	Agence Française de Développement (French Agency for Development)
AVSF	Agronomes et Vétérinaires Sans Frontières
CAHWs	Community-based Animal Health Workers
Cuma	Coopérative d'utilisation de matériel agricole (Cooperative for the use of agricultural equipment)
FAO	Food and Agriculture Organisation (Organisation des Nations Unies pour l'alimentation et l'agriculture)
LDC	Less Developed Countries
NGO	Non-Governmental Organisation
OH	One Health
OIE	World Organisation for Animal Health
PO	Producers Organisation
PPR	Peste des Petits Ruminants
VSF-Int	Vétérinaires Sans Frontières International
WHO	World Health Organisation

Workshop context

Following various exchanges within the VSF-International network (VSF-Int) on the One Health approach (including a [position paper](#) in 2014) and just before the creation within VSF-Int of a dedicated working group on One Health (OH) concept, an international workshop was organized on November 7th and 8th, 2018 on the theme "For an increased consideration of the One Health approach" in Mali. AVSF proposed to bring together several representatives of the VSF-Int network (VSF Belgium, VSF Canada, VSF Switzerland, VSF-Int coordination), as well as coordinators from several of their countries of action, to discuss this concept.

The day before, a field visit to Kita was organised to see some achievements and especially to exchange with the Union of CUMA of Kita on their perception of the OH concept as agropasteurs, but also of health risks related to a bad use of chemical products in plant production and animal production.

The main objective of this workshop was to identify the priorities to highlight for the implementation of OH principles, based on various experiences in each country of action. The more specific objectives are detailed in the terms of reference of the workshop in [Annex 1](#).

The list of participants is annexed in [Annex 2](#). This document provides a summary of the presentations and exchanges that took place during this day and a half workshop.

Session 1: "All about One Health for VSF-International and its partners"

After participants' reception, the workshop began with several presentations and feedback. A summary is given below. The aim was to discuss both the vision of the One Health / EcoHealth concepts of the various partners involved, and to present the different ways for implementing concrete activities included under these concepts.

Summary of speakers' presentations

Brief presentation of One Health concept by Hervé PETIT (AVSF) - Slides available [here](#) (in French)

After presentation of some figures on emerging and zoonotic pathologies that led to the formalization of the One Health concept in the 2000s, the principle of a health approach at the triple interface Man-animal-environment that bases the global strategies "One Health" was recalled. It is stated that the health aspects (supported particularly by the tripartite alliance FAO-OIE-WHO) are not the only dimensions of One Health, which also includes food and nutrition security, connections with biodiversity, ecosystems and impacts on national economy and incomes (livelihoods) of rural populations.

Some examples of "One Health" problems in different contexts by Stefano MASON (AVSF) - Slides available [here](#) (in French)

3 examples illustrating the relevance of the OH concept are described.

- Emergence of the Ebola epidemic in 2014: feedback on the reasons for the spread and the zoonotic origin of the disease

- Use of Diclofenac (anti-inflammatory) in India: increased use, causing significant mortality by renal toxicity in vulture populations, then resulting in an increased predation of cattle carcasses by stray dogs, finally leading to increased number of human rabies cases
- Impact of zoonoses in LDCs: "diseases of poverty" largely under-diagnosed, and often due to problems of lack of hygiene and socio-environmental factors.

Examples of implementation of One Health concept by AVSF in Mali by Marc Chapon (AVSF-Mali) - Slides available [here](#) (in French)

Examples of actions implemented: mobile teams of mixed animal / human health, support for food hygiene in food processing projects, training of community relays for epidemiosurveillance (human and animal health) and alert, support for reduced use of veterinary inputs and insecticides on crop production (crop residues used for livestock feed ...).

Presentation of actions under development: hygiene on water points in pastoral zones, risk prevention related to pesticides (eg fodder along cotton fields), training of breeders relay on OH (existing zoonoses, good use of medicines, etc.).

Examples of implementation of One Health concept by AVSF in Cambodia by Sophoan MIN (AVSF-Cambodia) - available [here](#) (in French)

Examples of actions implemented: complementary training of CAHWs in the use of medicines and the storage of medical waste, actions in poultry sector (biosecurity, vaccination), rabies vaccination campaign for dogs, organization of a "Community health day" involving several stakeholders, encouragement and training in composting, construction of incinerators to burn waste that cannot be composted.

Examples of actions implemented by AVSF in Senegal by Cheikh DJIGO (AVSF-Senegal) - Slides available [here](#) (in French)

Presentation of actions mainly focused on animal health (training of CAHWs, epidemiological surveillance, vaccination) and nutrition issues (infant nutrition). Explanation of the establishment of a One Health legal framework in Senegal, which still lacks inclusion of civil society stakeholders.

Examples of actions implemented by AVSF in Togo by Essonana ASSIH (AVSF-Togo) - Slides available [here](#) (in French)

The history of AVSF actions in Togo since 1988 is presented (mainly in support of breeding techniques and setting up of CAHWs). Pathways for the introduction of OH-oriented action are mentioned (support for vaccination campaigns, participation in intersectoral coordination at the country level, mixed teams for human and animal health, social and livestock infrastructures, etc.).

Examples of actions implemented by VSF-Belgium in Mali by Gilles VIAS (VSF-Belgium) - Slides available [here](#) (in French)

VSF-Belgium's actions in the dairy sector are presented: hygiene of collection and processing, bacteriological controls of products, health of workers, identification of prevention needs and introduction of risk prevention measures. The aim is, ultimately, to improve the nutritional impact pathway of livestock.

A reflection is ongoing at headquarters on an OH strategy. A module to raise awareness of producers on zoonoses and the OH approach is being developed in Burkina Faso, and will be used in other countries.

Examples of actions implemented by VSF-Switzerland by Abdoulaye DIAOURE (VSF-Suisse) - Slides available [here](#) (in French)

One Health concept is integrated into the development reflections of VSF-Switzerland, at agroecological zones level. Examples of actions implemented: improvement of milk sanitary quality, awareness of biosecurity in the prevention of zoonoses, animal disease surveillance systems, etc.

Ecohealth Approach in Southeast Asia by VSF-Canada by Sonia FEVRE (VSF-Canada) - Slides available [here](#) (in French)

Presentation of the EcoHealth concept, slightly different from One Health: less institutional emergence context, more bottom-up approach than OH, principle of working with communities (and local institutions), and very strong partnership with research. Based on six principles defined in 2012: systemic thinking, transdisciplinarity, participation, social equity, sustainability, putting knowledge into practice; learning, experimental and participatory approaches.

A capacity building regional project in EcoHealth (South-East Asia) is presented (training of trainers, dogs vaccination against rabies, community health days, ...).

Key elements from the exchanges and discussions around above presentations:

- Taking into account the very wide scope of One Health

It is noticed that the "environmental" dimension of the concept is often missing in the reflections and actions in the OH field. It is therefore stressed (in accordance with VSF-Int's [position paper](#) on One Health and Agroecology) that agroecology approach and its link with health issues are a mean of including the environmental dimension in OH approach.

- Essential methodology: involvement of close stakeholders (see diagram [Spheres of stakeholders](#))

Need to raise awareness or get closer to NGOs working in the field of human health and the environment to initiate a transdisciplinary rapprochement in our actions: beyond the simple provision of joint services, we need a real joint work on several levels (diagnosis, training in prevention, mobilize the health services, etc.)

Willingness, within the actions / projects, to be the link in the communication chain between stakeholders of the human health, animal health and environment sectors at the local level.

Admitted success of "Community Health Days" to raise awareness on OH concept at the community level.

Session 2: “How are we currently addressing One Health issues in our actions? - some entry points”

Session methodology

1st part of the group work, based on 2 questions addressed in brainstorming:

1. In which contexts have we been able to respond to the needs of communities, beneficiaries, government, the environment, beyond the simple veterinary practice?
2. What are the existing entry points for One Health, particularly in relation to disease prevention, population food security, environmental health and natural resource conservation?



The general context of work of VSF-Int members was recalled: rural contexts where agriculture and livestock are the main livelihoods for people. A set of activities / actions more or less close to OH concept, implemented by the members, was quoted:

Field of diseases prevention

- Awareness raising and popularization campaigns, dissemination of information material on the main animal diseases
- Establishment of local veterinary services in order to participate in epidemicsurveillance and the preparation / response to sanitary crises
- Integration of One Health concept in CAHWs training in Cambodia) and concept of integration man / animal / environment in CAHWs training in Senegal
- National vaccination campaigns against farm animal diseases
- Organization of caravans (mobile teams) of mixed human and animal health
- Biosecurity promotion
- Promotion of good hygiene practices (food hygiene, prevention of food-borne zoonoses) in a farm-to-fork approach (dairy sector) by supporting dairy cooperatives in sanitary management at all stages

Field of food security

- Training courses on improving production, harvesting, conservation and food processing techniques
- Agriculture-livestock integration, improvement of fodder crops farming
- Support for self-consumption (vegetable gardens), food diversification and marketing (development of livestock markets)

Field of Environmental Health and natural resources conservation

- Implementation of agroecology principles and practices: reduction and rational use of inputs (pesticides, veterinary drugs, ...) to reduce exposure risks, agroforestry, pasture protection, recovery and organic fertilization of soils, crop associations...
- Support to good management of pastoral resources (early warning, water management)
- Popularization and access facilitation to renewable energies
- Support to biogas production to reduce the impact on wood harvest
- Waste management: incineration of medical waste, distribution of bins

Main conclusions of the groups on this question:

The group reminded few important prerequisites in our cooperation actions:

- **proximity with populations**, communities, and also decision makers,
- recognition that our NGOs have only **some of the skills needed** to cover OH concept, and that they therefore need to be complemented in a collaborative approach with many other stakeholders.

Our concrete actions in the field are characterized by several important specific points in terms of approach and methodology:

- 1) A **participatory diagnostic** approach: our work starts from a diagnostic phase to identify the needs of the populations / communities by involving them as much as possible, then link to the context and national policies
- 2) From this diagnosis, actions are elaborated and implemented as **“pilot-actions”** in order to express a certain innovation capacity.

All mentioned actions are part of a global project and are all strongly interconnected and interdependent (see flipchart picture produced by one of the groups in [Annex 3](#)). The challenge can therefore be to better value these synergies and give greater coherence by adopting a One Health approach.

2nd part of the group work: "Which are the specific risk factors in our working contexts?"

Risk factors for global infectious diseases development by Stefano MASON (AVSF) - Slides available [here](#) (in French)

The emergence (or re-emergence) of infectious diseases is related to the evolution of human-animal-environment-pathogen risk factors. These factors are classified in three categories: those related to the pathogens (mutations of pathogens, with or without crossing the species barrier: they are natural or human-induced, for example in the case of microbes resistant to antibiotics), in connection with human activity (globalization of trade and faster spread of pathogens, collapse of hygiene conditions in conflict zones, densification of human and animal populations...) or in connection with climate change (modification of the distribution of reservoirs and vectors of infectious diseases ...). The emergence or re-emergence of infectious diseases is a global public health issue, that links Southern and developed countries closely, and makes a global surveillance and response system necessary.

A collective brainstorming on the identification of risk factors specific to our working contexts followed the presentation. The results are reported in the next paragraph session. A detailed note is included in [Annex 4](#).

Session 3: "How to improve inclusion of One Health concept in our actions: some strategic and methodological tracks"

Session methodology

This work group session was organized on the basis of the following proposed questions:

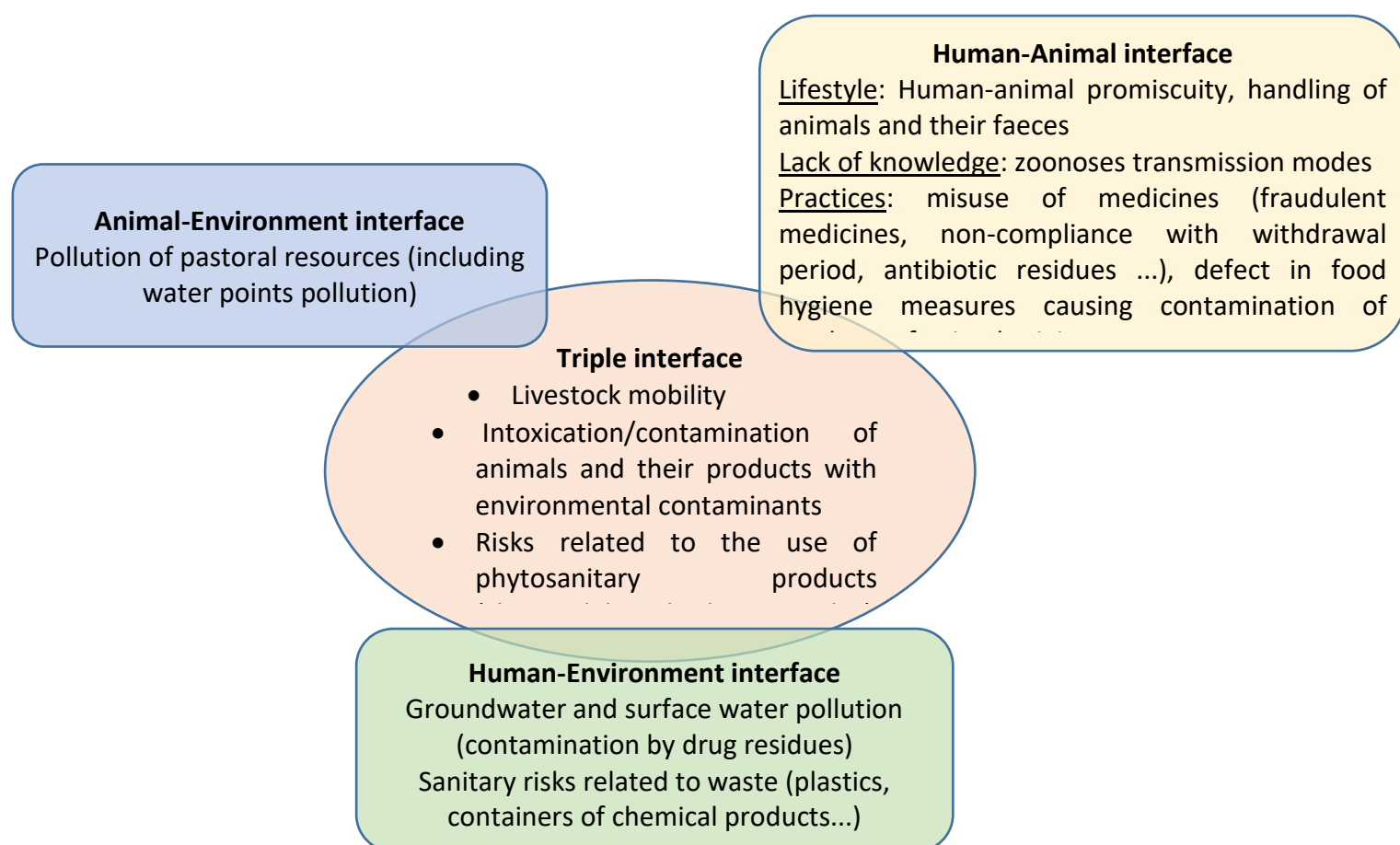
- identify the main risks linked to One Health concept, and the relative mitigation approaches;
- define the necessary expertise to complete a One Health approach, and potential alliances / collaborations to address them (multidisciplinary and intersectoral);
- study the necessary approaches to implement One Health;
- identify some immediate actions that can be implemented without additional resources.

The approach was deliberately non-exhaustive, focusing on the following 3 areas of activity identified by the group:

- local health in pastoral zones;
- local dairy chain ;
- agroecology.

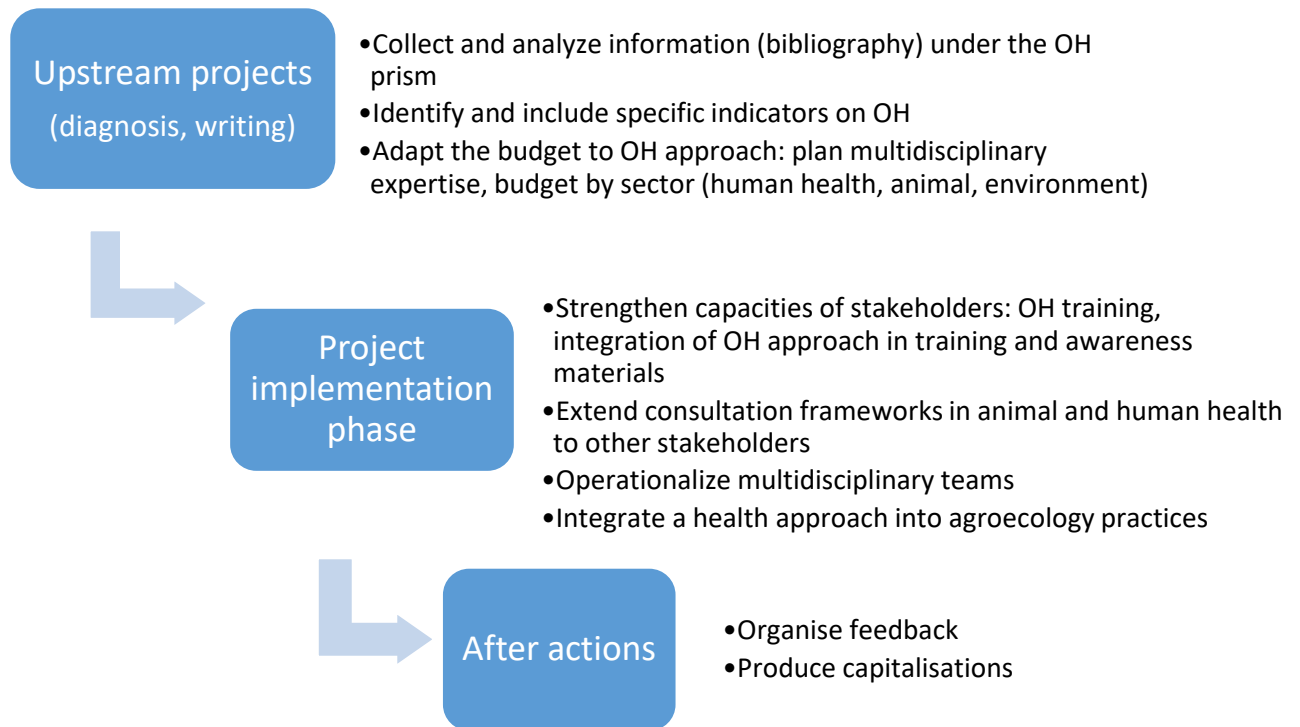
Summarised restitution of the 3 groups production

a) Identified risks linked to One Health concept



b) Risk mitigation approaches/measures

Within project management practices, several vigilant points were mentioned for a better inclusion of One Health issues.



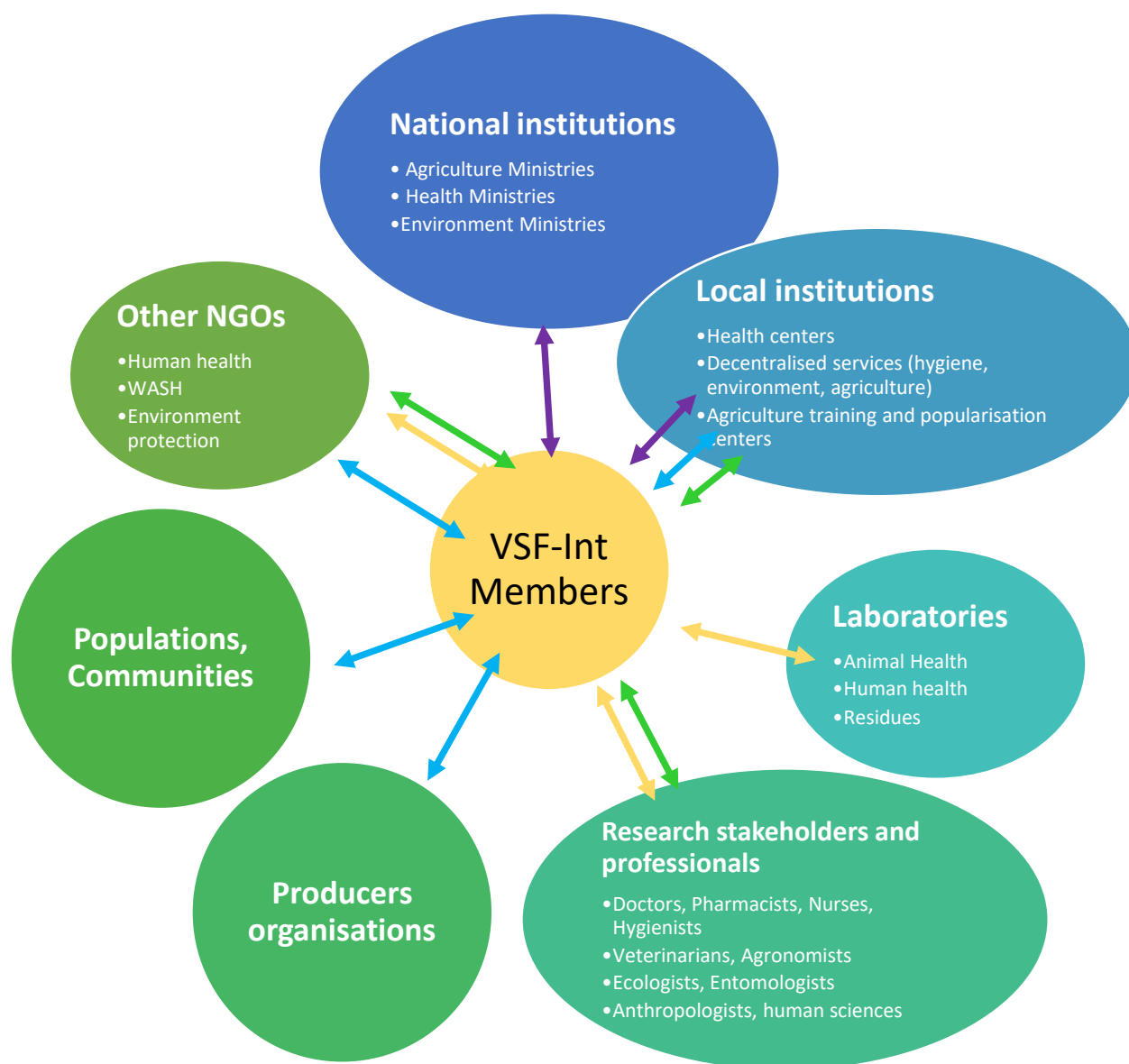
On more **technical aspects**, risk prevention or mitigation measures were mentioned by all groups.

- Zoonotic risks: improve health monitoring and hygiene practices along the entire production and process chain (livestock sanitary status, cleaning of equipment and materials, good hygiene practices for workers, heat treatment, etc.).
- Misuse of veterinary drugs: strengthen the fight against counterfeiting, raise awareness on proper use of veterinary drugs (withdrawal period, ...) and in particular antibiotics, deepen the issue of ethno-veterinary practices.
- Water quality: evaluate impact of livestock and crop activities (phytosanitary treatments) on the microbiological and chemical contamination of water, and adopt preventive measures (water point edges on market gardeners perimeters, covering water points...).

c) Needed expertise, alliances and potential collaborations to adress risk factors

Without pretending being, in practice, at the center of actions or process, here is an attempt to present the relational environment to be reinforced for better development of One Health approach in our activities.

Identification of stakeholders spheres with whom initiate or strengthen collaborations



Legend: **types of collaborations** to be developped:

- Common diagnosis/needs assessment
- Temporary support/expertise / information sharing (bibliography) / laboratory tests
- Pluridisciplinary team building for projects / sharing complementary capacities / research-action plan
- Institutional partnership

d) Focus on how to involve Producers Organisations (POs)

- Involve POs in diagnosis (participatory diagnosis) and prioritization of actions to be carried out.
- Make them direct actors of activities: implementation of actions with or even by the POs.
- Include and involve them in the dissemination of information:
 - o dissemination of information and results by POs to their members and technical services;
 - o advocate with the Ministries and One Health Permanent Secretaria, in the countries where it exists, for the participation of POs in national events (seminars / workshops, research results);
 - o encourage and support collaboration between POs and research institutes.

e) Proposals for immediate actions to be implemented

1) Within VSFs teams:

Review awareness tools by integrating OH concept.

Design OH-based training modules and decline it for various target audiences.

Share and spread OH approach to field teams.

2) Toward other stakeholders :

Establish or extend to One Health scopes (human, animal and environmental health) the local consultation frameworks of projects and define a periodicity of exchanges.

Initiate development of partnerships with different stakeholders (cf. Expertise/Alliances section).

3) Within current projects :

Identify the actors to be trained (auxiliaries, technicians) in OH, and deliver them the training.

Mali: Develop a OH fact sheet for mixed mobile health teams to provide information on interactions between human and animal diseases and the environment. Continue the agroecology project by involving local health centers, capitalize experiences and results with a OH vision (currently mainly production is monitored), develop a monitoring tool to measure the effects of agroecology activities on the health of populations.

Dairy sector: associate hygiene and medical inspection services in projects (design of dairies, monitoring sanitary status of employees, awareness on good hygiene practices).

Cambodia: go on and extend geographically the OH project's activities

Proposals for concrete actions for coordinating OH actions within VSF-Int network

- On the field:
 - Mali: establishment of a OH *ad hoc* group by AVSF, VSF-Belgium, VSF-Switzerland, IMC, to evolve towards a multi-stakeholder consultation framework (PO, actors of human and environmental health, etc.) to be linked to institutions and in particular with the Permanent Secretariat of the OH platform
 - Mali : drafting a reflection guide and an awareness / training module for CAHWs (first drafted by Willy Fekou and AVSF, then revised by VSF-B, VSF-S, combining MdM-B, IMC, Alima, NGO WASH, ...)
 - Mali : design joint projects to strengthen the link between AVSF, VSF-B, VSF-S: ex. project to fight PPR
- Field + headquarters (coordinating with VSF-Int OH Working group):
 - Identify already developed tools around OH concept and share them within the network;
 - Develop capitalisation and share them within the VSF-Int network;
 - Develop pure “One Health” actions, like VSF-Canada programs in Laos / Cambodia, AVSF in Cambodia, VSF-Switzerland in Ethiopia, with an experimental approach and sharing of capitalisation;
 - Get closer to stakeholders in the fields of human health and environmental protection to foresee collaborations in action (example of the ongoing process between AVSF and Solthis).
- At headquarters level (coordinating with VSF-Int OH Working group):
 - Advocacy work with donors interested in developing OH actions or who want to include OH approach in their fundings, on the basis of a “policy brief” or “concept note” to write

Highlights of the discussion on One Health Approach within our activities

Beyond general principles defined in One Health approach (holistic, multi-disciplinary approach) the VSF-Int actors insist on the following specificities:

- Involvement of communities in the identification and operationalization of actions, taking into account the risk of "saturation" of communities and partner institutions;
- Experimental approach, looking for lasting impacts and avoid negative effects, even involuntary, on one of the 3 OH interfaces;
- Capitalisation and learning experiences ;
- Promotion of good coordination / coherence of actions between VSF-Int actors;
- VSF-Int members act as “link creators” at local and/or national level depending on the context.

Some concerns pointed by participants:

- Weakness of the environmental dimension, need to get closer to stakeholders in this field of competence;

- Difficulty of the bottom-up approach on certain subjects considered as non-priority by the communities (some neglected zoonoses, drug residues, antimicrobial resistance, GHG emissions, environmental contaminations, etc.). In this case, try to adopt an inclusive approach, even if not really ascending;
- Difference of intervention logic between emergency and development stakeholders, with a risk of difficult articulation and cooperation with human health stakeholders.

General conclusion

Adopting One Health approach requires a holistic approach and, when our skills and capacities are not sufficient, to associate with stakeholders and partners whose skills are complementary. The aim is to ensure sustainability of our impacts and those of the promoted production systems, and also to guarantee the absence of negative impact of our actions.

Many actions implemented by our structures could better integrate the principles of One Health approach, if only we make an effort toward this systemic approach.

One Health therefore becomes a "practice", an approach that pushes us to question ourselves and look for more data when identifying and implementing our field actions. This approach should be articulated as much as possible with the promotion of agroecology.

- ⇒ **Proceedings and conclusions of this One Health workshop must be reported and disseminated to the VSF-International network in order to feed reflection on One Health approach as part of the constitution of the *ad hoc* working group on these issues.**



Some existing documentary resources

- Agroecology and One Health. Building a solid and lasting One Health on the basis of Agroecology, VSF-International, 2014. <http://vsf-international.org/project/agroecology-and-one-health/>
- Training module for CAHWs on One Health in Cambodia – Slides available [here](#)

Acknowledgements

The organising team of the workshop would like to thank all the participants for their active contribution. A special thanks goes to Sonia Fevre (VSF-Canada) for her contribution to the organisation and animation of the workshops and her ability to bring out the collective intelligence. We also thank the Regional Union of CUMA and the AVSF team of Kita for their welcome and the organisation of the field visits, and the AVSF team of Bamako for the perfect organisation!

Annex 1 – Terms of reference and program of internal workshop « Pour une prise en compte accrue de l’approche One Health au Mali » (French version)

Présentation et évolution du concept One Health

Le concept « **un monde, une seule santé** » est apparu pour la première fois à la moitié des années 2000¹ : il soulignait une prise de conscience collective « brutale » relative au lien entre les maladies animales, la santé publique et la transformation des écosystèmes. Il se basait sur le constat que 60 % des maladies infectieuses humaines connues sont d’origine animale (domestique ou sauvage), de même que 75 % des maladies humaines émergentes ainsi que 80 % des pathogènes utilisables par le bioterrorisme². « Un monde, une seule santé » s’est également intéressé au thème de la sécurité alimentaire des populations au travers de l’accès aux protéines nobles issues du lait, des œufs ou de la viande, dont la carence constitue aussi un problème de santé publique. Certaines évaluations permettent en effet d’affirmer que même les maladies animales non transmissibles à l’homme peuvent générer de sérieux problèmes de santé publique du fait des pénuries et carences qu’elles peuvent entraîner³.

Le concept évolue en l’approche « **One Health** » au début des années 2010, après avoir assisté à l’émergence et à la propagation mondiale d’agents infectieux avec des risques accrus de pandémies (Influenza aviaire hautement pathogène à virus H5N1, grippe H1N1, épidémie de SRAS, fièvres hémorragiques comme Ebola ou la fièvre de Lassa...). Cette approche prend en considération les risques de diffusion des pathogènes dus aux flux sans précédent de marchandises et de personnes et à l’impact des changements climatiques, et donc de l’environnement, notamment par le biais de vecteurs comme les insectes qui colonisent actuellement de nouveaux territoires qui étaient encore trop froids il y a quelques années.

L’application du concept « One Health » se fait par la prévention de tous ces nouveaux dangers et repose sur l’adaptation des dispositifs de gouvernance sanitaire au niveau global, régional et national sur un mode harmonisé et coordonné ; **l’objectif est de gérer les risques sanitaires aux interfaces animal-homme-écosystèmes**. Cette harmonisation est promue par une alliance tripartite et un accord datant de 2010 entre l’Organisation Mondiale de la Santé (OMS), l’Organisation de la Santé Animale (OIE) et l’Organisation des Nations unies pour l’alimentation et l’Agriculture (FAO). Au Mali, elle est également au cœur du Programme de Sécurité Sanitaire Mondiale (GHSA)⁴, instrument de mise en œuvre des recommandations pour la mise à niveau des pays en ce qui concerne le Règlement sanitaire international de l’OMS et le processus d’évaluation de Performances des Services Vétérinaires (PVS) de l’OIE.

¹ En 2004 dans les « Principes de Manhattan » promulgués par la Société pour la Conservation de la Faune Sauvage)

² Bulletin OIE 2009 – n° 2

³ Position française sur le concept « One Health/Une seule santé », Ministère des Affaires Etrangères et Européennes, 2011

⁴ <https://www.usaid.gov/fr/mali/press-releases/june-27-2018-one-health-platform-launch>

En parallèle de l'approche One Health, le concept « **Ecohealth** » se diffuse également dans le monde du développement et académique à partir de 2011 : il insiste sur la transdisciplinarité du concept, l'importance de la recherche scientifique et l'implication des populations pour l'opérationnalisation et l'appropriation à la base du One Health.

One Health (ou Ecohealth) est donc une approche intégrée de la santé et repose essentiellement sur **le renforcement des collaborations entre santé humaine, santé animale et gestion de l'environnement**.

Les principaux points concernent :

- Le développement des capacités de surveillance et de réponse aux niveaux international, régional et national ;
- Le renforcement des systèmes d'alerte rapide et de détection ;
- Le renforcement des capacités des autorités sanitaires en matière de prévention, de préparation et d'intervention face aux foyers de maladies, en particulier celle d'origine zoonotique ;
- La lutte en médecine humaine et animale contre l'émergence de l'antibiorésistance ;
- L'évaluation de l'impact social et économique des maladies ;
- La promotion de la collaboration intersectorielle et du partenariat entre le secteur privé et le secteur public pour la santé des animaux d'élevage, de la faune sauvage et des écosystèmes concernés ;
- La recherche interdisciplinaire sur les conditions d'émergence et la diffusion des maladies infectieuses, ainsi que plus largement sur les risques sanitaires liés à l'environnement (utilisation de pesticides, problématique des perturbateurs endocriniens, biodiversité et espèces sauvages réservoir, etc...).

La coordination entre les différents systèmes de santé, généralement déconnectés, doit permettre des économies d'échelle, en favorisant des synergies, et garantir ainsi une meilleure sécurité sanitaire globale⁵. Cette approche porte une attention particulière à la « communication » des risques à tous les niveaux d'action : sensibilisation des populations, orientation de l'opinion publique, aide à la prise de décision politique pour les institutions, etc.

TdR de l'atelier One Health

Le Mali est parmi les pays de coopération d'AVSF, des membres de VSF-International et de leurs partenaires nationaux où la thématique One Health (OH) a été le plus approfondie et opérationnalisée. La mise en place, à partir de 2005, d'un système mobile de santé mixte humaine et animale en zone pastorale, l'une des activités phares de la coopération malienne d'AVSF, montre la capacité d'élaborer et mettre en place des actions concrètes dans le cadre de la thématique One Health.

D'autres actions reliées à l'approche One Health sont conduites par AVSF et les membres du réseau VSF-International : l'intégration agriculture élevage dans une approche agroécologique, le développement d'alternatives phytosanitaires pour la réduction de l'usage des pesticides, une meilleure gestion des effluents des élevages et des abattoirs, la recherche et l'application de techniques ethnovétérinaires en alternative à l'usage de médicaments

⁵ Le concept de « *global health* » est souvent associé à celui de *One Health*

chimiques qui ont des effets sur l'environnement, la gestion des déchets en général et des déchets médicaux en particulier, etc.

Sur la base de ces expériences, VSF international a produit une note de positionnement, *Agroécologie et One Health*⁶, qui affirme que l'approche agroécologique peut améliorer la santé animale et humaine dans le sens le plus large, en promouvant le bien-être psychophysique des animaux et des hommes, qui est lié à la sécurité alimentaire, à des pratiques d'élevage appropriées, et à l'utilisation de races et espèces adaptées à l'environnement et la culture locale.

Suite à la **constitution au Mali de la « Plateforme nationale One Health »** en fin 2016, dans le cadre du réseau VSF-International, en janvier 2017 VSF Belgique a co-organisé le séminaire « Concertation nationale de la société civile pastorale autour du concept One Health » ; une série de recommandations a été élaborée dans le cadre de ce séminaire⁷, mais nous avons peu de visibilité sur leur mise en œuvre et le besoins de renforcer nos collaborations et celle de la société civile malienne avec la Plateforme nationale One Health.

Sur la base de ces éléments et avec la volonté de relancer la thématique One Health au Mali et au sein de nos équipes AVSF et VSF-International, nous organisons les 7 et 8 novembre, un atelier interne VSF-International d'échanges de pratiques sur la base de nos actions et de mise à niveau de notre compréhension de l'approche / concept One Health (OH).

Objectifs de l'atelier interne AVSF et réseau VSF-Int (1 jour et demi)⁸ :

- Faire connaître et partager les pratiques des projets d'AVSF de différents pays (Mali, Togo, Sénégal, Cambodge,...) et des membres du réseau VSF-International qui comportent une approche One Health. Analyser les réussites et les limites.
- Identifier les bonnes pratiques passées, en cours ou à prévoir dans le cadre des projets des membres de VSF-International ; faire un bilan de ces pratiques, notamment en Afrique de l'Ouest et depuis le séminaire « Concertation nationale de la société civile pastorale autour du concept One Health ».
- Renforcer les capacités des équipes sur les concepts One Health/Ecohealth et notamment enrichir nos approches One Health/Ecohealth dans la pratique des projets : comment mieux prendre en considération le contexte et les besoins des populations dans une approche plus bottom-up, comment améliorer notre diagnostic (quelles méthodes adaptés) pour identifier les facteurs qui facilitent l'émergence des risques sanitaires aux interfaces animal-homme-écosystèmes, comment orienter la prise de décision, comment mieux travailler avec les instances publiques, etc.
- Identifier les opportunités de financement possibles pour développer ces approches au sein des coopérations d'AVSF et des membres de VSF-International.

⁶ <http://vsf-international.org/fr/project/agroecologie-one-health/>

⁷ https://drive.google.com/file/d/1Z_jl0HiGYE1CUjH-LRxt7rDAV7KY0svN/view?usp=sharing

⁸ A savoir, cet atelier fera suite à une visite de terrain de deux jours (Cercle de Kita) pour apprécier la mise en œuvre d'actions d'AVSF et de ses partenaires ; une attention particulière sera portée à des projets qui impliquent des actions de santé et production animale.

Programme des deux jours d'atelier interne

Mercredi 07/11/2018, atelier interne VSF International : *Intégrer l'approche One Health dans notre coopération*

Objectifs de la séance : nous proposons ce titre à la séance : **tout savoir sur One Health pour VSF International et ses partenaires !** L'objectif de cette première partie des travaux sera de faire ressortir le très large éventail d'actions que nous menons respectivement, et la diverse conception que chacun de nous a du concept OH/Ecohealth. Ça sera aussi l'occasion pour revoir les conclusions du séminaire « Concertation nationale de la société civile pastorale autour du concept One Health » et pour connaître les activités de la plateforme nationale One Health au Mali

08h00 – 08h30	Arrivée et installation des participants	
08h30 – 09h00	Introduction au concept et notions de base, focus sur l'impact des zoonoses dans les PMA rappel des conclusions du séminaire de janvier 2017	Marc Chapon/ Hervé Petit/ Stefano Mason
09h00 – 09h30	Expériences One Health au Mali	Marc
09h30 – 10h00	Expériences One Health au Cambodge	Sophoan Min
10h00 – 10h15	<i>Pause café</i>	
10h15 – 10h30	Expériences au Sénégal	Cheikh Djigo
10h30 – 10h45	Expériences au Togo	Essonana Assih
10h45 – 11h20	Expériences de VSF Belgique	Gilles Vias
11h20 – 11h50	Expériences de VSF-Suisse	Abdoulaye Diaouré
11h50 – 12h30	Le concept d'Ecohealth par VSF Canada	Sonia Fèvre
12h30 – 14h00	<i>Pause repas</i>	

Objectif de cette deuxième séance est de mieux comprendre nos méthodes d'actions.

Comment, à partir de notre expérience, nos observations et nos connaissances, traitons-nous déjà des enjeux de One Health ?

Et comment, avec certains outils et questions, pourrions-nous décliner le concept One Health de façon plus approfondie et globale, tout en assurant que nous répondons aux besoins des populations ?

14h00 – 16h00	<p>1^{ère} étape (30-40 min) - Dans quels contextes avons-nous pu répondre aux besoins des communautés, des bénéficiaires, du gouvernement, de l'environnement, au-delà de la simple pratique vétérinaires ? Quels sont les points d'entrée existants pour le One Health, en particulier par rapport à la prévention des maladies, à la sécurité alimentaire des populations et à la santé environnementale et à la préservation des ressources naturelles ?</p> <p><i>Courte explication sur les facteurs de risque</i></p> <p>2^{ème} étape (30 min) – Quels sont les facteurs de risque spécifiques aux contextes dans lesquels nous travaillons (p.e. l'insécurité alimentaire, maladies émergentes, changements climatiques, etc.) ?</p> <p>3^{ème} étape (30 min) - Comment pourrions-nous mieux intégrer une approche qui minimise les facteurs de risque ?</p>	<p>Présentation du processus par Sonia Fèvre.</p> <p>Travail en 3 groupes et restitution par groupe</p> <p>Stefano Mason</p>
16h00 – 16h15	<i>Pause café</i>	

16h15 – 17h30	4 ^{ème} étape - Restitution par groupe et observation/discussion des forces et atouts existents, de ce qui a aidé à aborder ces différentes approches.	Restitution des groupes et discussion en plénière
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Jeudi 08/11/2018, atelier interne VSF International : *Intégrer l'approche One Health dans notre coopération*

Les objectifs de cette séance sont :

- développer des pistes stratégiques et méthodologiques autour du One Health au niveau des pays participants, et
- proposer des axes stratégiques qui seront revus et présentés au nouveau groupe de travail One Health de VSF International

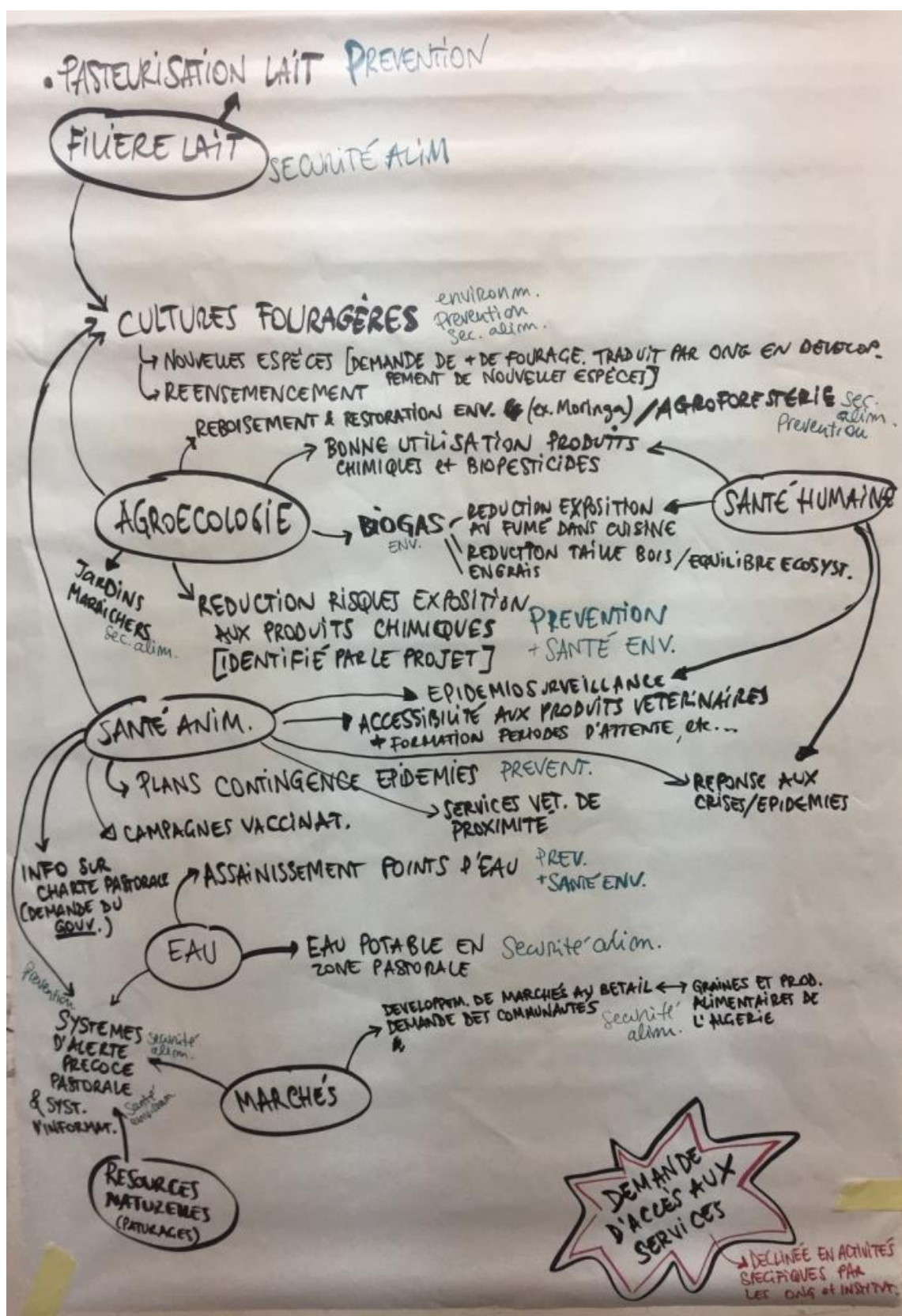
09h00 – 11h30	<p>Partant des trois activités/projet identifiés le mercredi (santé de proximité, lait et agroécologie) :</p> <ul style="list-style-type: none"> - Identifier les principaux risques autour du One Health, et les approches pour les mitiger - Parler des expertises qui seraient nécessaires pour compléter une approche One Health, et des alliances/collaborateurs potentiels pour y répondre (pluridisciplinaires et intersectorielles). - Parler de quelles approches seraient nécessaires pour mettre en place le One Health, dont (entre autres) : <ul style="list-style-type: none"> - Comment impliquer les OP et bénéficiaires dans l'identification des besoins mais aussi dans l'action; - Comment diagnostiquer, et ensuite répondre, aux besoins de renforcement des capacités des autorités sanitaires et environnementales en matière de prévention, de préparation et d'intervention face aux risques One Health ; - Sensibilisation aux perspectives One Health des équipes, partenaires, etc. - Identifier quelques actions immédiates que vous pourriez mettre en œuvre, sans ressources supplémentaires. 	<p>Présentation du processus par Sonia.</p> <p>Travail en 3 groupes (santé de proximité, lait et agroécologie).</p>
11h30 – 12h30	Restitution des groupes et proposition des principes/feuille de route pour décliner le concept One Health et contribuer à la stratégie globale de VSF-International et AVSF sur l'approche One Health	Sonia, tous
12h45 – 14h00	<i>Pause repas</i>	

Annex 2 – Workshop Participants List

- VSF-Int : Margherita Gommarasca
- VSF-Canada : Sonia Fèvre
- VSF-Switzerland : Abdoulaye Diaouré
- AVSF Mali Team : Marc Chapon (national coordinator), Siradjou Keita (doctor, emergency and resilience), Willy Feku (veterinarian, Timbuktu), Ousmane Bagayogo (veterinarian, Timbuktu).
- AVSF headquarters team: Hervé Petit and Stefano Mason
- AVSF Togo : Essonana Assih
- AVSF Senegal : Moussa Balde, Cheikh Djigo
- AVSF Cambodia : Sophoan Min

Annex 3 – Flipchart « Entry Points for One Health concept »

Picture of the Flipchart elaborated by a working group answering to the question « Existing entry points for One Health concept in our actions »



Annex 4 – Risk factors

Which are the specific risk factors in our working contexts?

Three main lines of action (contexts) are identified by the participants:

- **local animal health**, which also includes working methods developed in pastoral areas, such as mobile mixed human and animal health;
- **dairy sector**, in its “farm-to-fork” approach;
- **dissemination of agroecological practices**.

Cross-cutting activities related to One Health can be found in these three contexts: for example, access to water and sanitation for humans and animals, prevention and biosecurity, fight against antibiotic residues, pesticides / herbicides and in parallel the fight against antimicrobial resistance.

The risk factors identified in these three contexts concern risks in human health, those in animal health and environmental risks.

With regard to agroecology in general, the identified risks are:

- the use of pesticides and insecticides, a common practice in market gardening and even more in cash crops alongside vegetable gardens, such as cotton. The active ingredients of these agrottoxics are found directly or by cross-contamination (treatment of neighbouring fields) on fruits and vegetables consumed by humans and on the fodder consumed by animals and can cause acute human and animal intoxications; in the medium and long term, these same active principles can lead to chronic intoxications;
- water from contaminated aquifers or rivers (through pesticides or organic contaminants) can also be a source of contamination of the environment, humans and animals; it can cause parasitic or bacterial waterborne diseases;
- the use of bio-pesticides, as an alternative to conventional pesticides whose toxicity is known, is not without risk either: we have the obligation to study the toxicity of these products and to warn on their bad use ;
- Importing contaminated inputs (manure, coated seeds, etc.) into the farm can also be a source of contamination;
- handling of cowpat or manure can also be a source of contamination or infection; in this case, sensitisation to handwashing and equipment (gloves, forks, etc.) can reduce risks;
- the hives distributed on the vegetables gardens or in the cotton fields can allow a monitoring of the presence of fungicide / insecticides: the bees can be bioindicators of the contamination of the fields;
- finally, the risks associated with the consumption of products contaminated by humans or animals also depend on the absorption capacity of certain plant species (cabbages absorb less pesticides than carrots, on a parity basis) and types of cooking or consumption (consuming raw can increase the risk of contamination).

With regard to livestock in general and pastoralism in particular, the risks to the global health (human, animal and environmental) identified are:

- the circulation of pathogens, especially zoonoses, facilitated by proximity between humans and animals;
- in pastoral contexts, the absence of veterinarians (private or public) and health services in general: in this context, prevention, epidemiological surveillance, sanitary controls of slaughtered animals, etc. are non-existent and represent a risk factor for the spread of animal and human diseases;
- risks related to the movement of livestock in the spread of disease and the maintenance of a reservoir of pathogens in humans and domestic animals (Rift Valley fever, foot-and-mouth disease, etc.);
- the inefficiency of vaccination campaigns unsuitable for cross-border mobility (not taking into account pastoral mobility);
- the proliferation of disease vectors in pastoral environments by exceptional climatic events (heavy rains), the construction of irrigation schemes or water points;
- Overgrazing and the degradation of natural resources located in case of excessive mesh of water points and mismanagement of natural resources in pastoral areas;
- the loss of genetic diversity and the selection of more vulnerable animals exposed to endemic diseases promoted by artificial insemination campaigns;
- Climate change: the decline of isohyets and the advancement of the desert (and concomitant progress of the agricultural front on the breeding areas) cause an increase in the frequency of droughts and a late installation of wintering; this can produce physiological shocks on animals subjected to extreme heat conditions, with high mortality at the time of the first rains;
- This same climate change is probably the origin of the resurgence of malaria in some pastoral areas, observed in the regions of Timbuktu and Gao.



French Association of International Solidarity, [Agronomes et Vétérinaires sans frontières](#) has been working with peasant communities in developing countries for more than 40 years to resolve the food issue. The association puts at their service the skills of professionals of agriculture, livestock and animal health: technical

assistance, financial support, training, access to markets ... Agronomes et Vétérinaires Sans Frontières leads more than 60 programs of cooperation in 20 countries in Central and South America, Asia and Africa, alongside farmers' organisations for which agricultural and livestock farming remains a fundamental element of food security and economic and social development. AVSF is recognized as a public utility organisation in France and approved by the "Committee of Charter "gift in trust"" and the IDEAS label.



AVSF is a member of the International [VSF-International](#) Network, which brings together the VSF associations formed in Germany, Austria, Belgium, France, Holland, Ireland, Italy, Portugal, Czech Republic, Switzerland, Sweden and Canada. All share the same commitment: work to reduce poverty and improve the food security of populations living from livestock. Through its projects around the world and its action in advocacy and education to development in the North, VSF-international acts to support small-scale farming and livestock keeping, pastoralism, animal health, but also human and environmental health.



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