One Health
Together for a Safer Future

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Preventing Future Pandemics through One Health Cooperation

How coordinated action between human, animal, and environmental health is building stronger resilience in West Africa.

Volume 1 | Issue 1

The Content

Abbreviations and Acronyms

AMR	Antimicrobial Resistance
AU	African Union
AU-IBAR	African Union – Interafrican Bureau for Animal Resources
BMZ	German Federal Ministry for Economic Cooperation and Development
CAHWs	Community Animal Health Workers
COVID-19	Coronavirus Disease 2019
DENR	Directorate of Environment and Natural Resources
ECOWAS	Economic Community of West African States
FAO	Food and Agriculture Organization of the United Nations
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
HPAI	Highly Pathogenic Avian Influenza
IHR	International Health Regulations
IICC	Inter-Institutional Communication and Coordination
IMS	Incident Management System
IDSR	Integrated Disease Surveillance and Response
NCIs	National Coordinating Institutions
NCDC	Nigeria Centre for Disease Control
NGOs	Non-Governmental Organizations
NPHIs	National Public Health Institutes
PHECS	Public Health Emergency of Continental Security
PHEOC / RPHEOC	(Regional) Public Health Emergency Operations Centre
RAHC	Regional Animal Health Centre
RAHN	Regional Animal Health Networks
RCCE	Risk Communication and Community Engagement
RCSDC	Regional Centre for Surveillance and Disease Control
RESEPI	Regional Epidemiological Surveillance Systems Network
RESOLAB	Veterinary Diagnostic Laboratories Network
ReTAC	Regional Technical Advisory Committee
ROHCM	Regional One Health Coordination Mechanism
RPPP	Regional Programme Support to Pandemic Prevention
SDGs	Sustainable Development Goals
SEEG	German Epidemic Preparedness Team
SimEx	Simulation Exercise
UKHSA	UK Health Security Agency
VPPs	Veterinary Paraprofessionals
WA-RCC / WA RCC	West Africa Regional Coordinating Centre
WAHO	West African Health Organization
WHO	World Health Organization
WOAH	World Organisation for Animal Health

Foreword from the Executive Director of the Regional Centre for Surveillance and Disease Control

Dear readers,

It is my pleasure to welcome you to this inaugural issue of the West Africa One Health Newsletter. At a time when health threats cross borders and closely link human, animal and environmental health, this newsletter is born from the shared conviction that only an integrated, coordinated and evidence-based approach can protect the people of West Africa and strengthen the resilience of our health systems.

> **Our region faces complex challenges: the emergence and re-emergence of zoonoses, the spread of antimicrobial resistance, environmental degradation, and health risks related to climate change and human activities. Effectively addressing these challenges requires genuine synergy among policy makers, national technical services, research institutions, civil society organizations, technical and financial partners, and engaged citizens.**

This newsletter has been designed as a platform for information and exchange to foster that synergy. It aims to provide timely, relevant information on One Health initiatives, regional and national policies, emerging threats, and lessons learned from field interventions. We will highlight good practices and successes from West Africa to promote mutual learning and the adoption of effective approaches.

The past year was marked by strengthened collaboration—particularly between **ECOWAS**, **Africa CDC** and all **stakeholders**—which advanced the One Health agenda at the regional level. Together with our partners, we have reinforced intersectoral coordination, improved preparedness for health emergencies, and strengthened regional communication and visibility platforms. This issue offers an overview of the recent achievements, highlighting progress in **governance, surveillance** and **workforce development** as we move toward a more **resilient One Health system.**

Inside this issue, you will find updates structured across the core thematic pillars of One Health in the ECOWAS region: regional coordination and governance under the ECOWAS One Health Strategy (2025–2029); advances in integrated surveillance and laboratory systems; progress in preparedness and response; developments in workforce capacity and skills; emerging research and knowledge-generation initiatives; and ongoing advocacy and sustainability efforts critical to strengthening long-term health security.

This newsletter belongs to all of us. It is a space to celebrate progress, reflect on challenges and learn together. We invite you to read, share and contribute—your feedback, experiences, case studies and ideas will enrich future issues and amplify the impact of One Health across the region.

Thank you for your attention, continued collaboration and commitment to making the One Health approach a reality for our communities.

Dr. Mamadou Diarrassouba
Executive Director
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One Region.
One Health.
One Voice.


ONE HEALTH
STARTS WITH US.

One Health Coordination and Governance

3 One Health Coordination and Governance

3.1 Strategic Roadmap for a Healthier West Africa: ECOWAS Regional One Health Strategy (2025–2029)

3.1.1 A unified approach for human, animal, and environmental health across the ECOWAS region

The ECOWAS Regional One Health Strategy (2025–2029) outlines a bold vision to protect public health by integrating the human, animal, and environmental sectors. It builds on lessons learned from health crises such as Ebola, COVID-19, and recurrent zoonotic outbreaks and provides a coherent regional framework for coordinated prevention, detection, and response to health threats that cross species and borders.

3.1.2 A Collective Response Born from Experience

The Ebola outbreak in West Africa, which claimed over 11,000 lives, highlighted the urgent need for closer collaboration between the human, animal, and environmental health sectors. In the years that followed, ECOWAS convened a series of technical and ministerial One Health meetings (2016–2022), bringing together experts and policymakers from across the region and key international partners.

These engagements laid the foundation for the Regional One Health Strategy — developed through a highly consultative and inclusive process to ensure ownership and alignment with both continental and global best practices.

Why One Health?

West Africa continues to face complex health challenges at the human–animal–environment interface, including:

- **Emerging and re-emerging infectious diseases**
- **Food safety concerns**
- **Antimicrobial resistance (AMR)**
- **Climate-driven health risks**

Fragmented preparedness and response capacities to these threats can lead to slower detection, accelerated disease spread higher mortality and escalating economic costs. The One Health approach ensures cross-sectoral collaboration, shared resources, and joint action to build resilience and safeguard the health of people, animals, and ecosystems across the region.

3.1.3 A Strategy Grounded in Regional Realities

The Regional One Health Strategy builds on lessons learned from past outbreaks, international and continental guidelines and takes into account the regional legal and policy framework.

While zoonotic diseases remain the initial focus and entry point, the strategy also integrates antimicrobial resistance (AMR) and environmental determinants of health, acknowledging the wider scope of One Health challenges — from climate change to food safety and security.

The ECOWAS Regional One HealthStrategy backed by strong leaders: Group photos of the dignitaries in attendance of the workshop to Review the ECOWAS Regional One Health Strategy: L-R Ms Stella Gaetani (BMZ), Mrs Haida Kaly Fadiga (Ministry of Animal and Fishery Resources, Côte D'Ivoire), Massandjé Touré-Litse (ECOWAS Commissioner of Economic Affairs & Agriculture), H.E Msr Pierre Dimba (Hon Minister of Health, Côte d'Ivoire), Dr Melchior Athanase J. C. Aïssi (Director General, WAHO), Representative from the Côte d'Ivoire Ministry of Agriculture, Dr Jean-Marie Vianny Yameogo (WHO Country Representative, Côte d'Ivoire)

3.1.4
A Clear Structure for Action

The strategy is organized into three practical chapters:

1. Understanding One Health:
Outlines the global, continental, regional, and national contexts of One Health, explaining its relevance and rationale for West Africa.

2. Situation in the ECOWAS Region:
Presents an in-depth situational analysis of the regional One Health landscape — key actors, institutional frameworks, strengths, weaknesses, opportunities, and threats.

3. Strategic Orientation and Action plan:
Defines the vision, mission, and five-year (2025–2029) action plan, structured around six thematic priorities:

I. One Health coordination
II. Surveillance and laboratory systems
III. Preparedness and response
IV. Workforce development
V. Research and knowledge generation
VI. Advocacy and sustainability

Together, these pillars aim to harmonize and institutionalize One Health implementation across the ECOWAS region, ensuring that Member States are better equipped to prevent, detect, and respond to health emergencies.

3.1.5
Towards a Healthier, Safer West Africa

The ECOWAS Regional One Health Strategy (2025-2029) marks a major milestone in the region's collective commitment to health security and sustainable development. By translating political will into coordinated action, it ensures that One Health is no longer just a concept — but a living practice embedded in policies, systems, and daily work across sectors. The strategy has been technically validated by Member States and is now awaiting political adoption.
As Dr Melchior Athanase J. C. Aïssi, Director General, WAHO, stated during the validation workshop:

"The strength of our health systems lies in our unity of purpose. One Health is not an option; it is a necessity for the future of our region."

With this strategy, ECOWAS and its Member States are charting a new path — one that places collaboration, prevention, and resilience at the heart of West Africa's health agenda.

3.2 ECOWAS' One Health Governance Framework: The Regional One Health Coordination Mechanism

The Ebola outbreak of 2014–2016 revealed a hard truth: diseases know no borders — and neither do the health systems they challenge. The crisis showed that no sector alone can effectively prevent or contain outbreaks that spread from animals to humans and are influenced by environmental factors.

It was in this spirit that ECOWAS Member States, meeting in Dakar in 2016, called for the creation of a Regional One Health Coordination Mechanism (ROHCM) — a platform designed to promote collective action against shared health threats at the human–animal–environment interface.
The One Health approach recognizes that the well-being of humans, animals, and ecosystems is deeply interconnected. The COVID-19 pandemic later reinforced this truth, highlighting once again that cooperation across sectors is not optional but essential for resilient health systems.

3.2.1 From Concept to Coordination

Building on this shared vision, the **Regional One Health Coordination Mechanism** was formally endorsed in Abuja in 2017, grounded in existing ECOWAS structures and aligned with Member States' expectations.

However, despite strong political commitment, the absence of a clearly defined governance model initially posed challenges for coordination and implementation. To address this, ECOWAS has now developed a comprehensive **Governance Manual** — a key document that outlines the **vision, mission, operating principles, and governance model** of the Regional One Health Coordination Mechanism.

3.2.2 A Vision for a Safer, Healthier Region

The **vision** of the ROHCM is clear:

To support the successful implementation of the ECOWAS Regional One Health Strategy through effective coordination between ECOWAS institutions and Member States — strengthening the region's resilience in preventing, detecting, and responding rapidly to health threats at the human–animal–environment interface.

This vision is anchored in a three level governance structure designed to translate policy into coordinated regional action:.

Governance Model

1. The Political Level — *Steering the Vision*

The political level provides **strategic direction and oversight**. It is composed of:

- The **President of the ECOWAS Commission**, who offers overall leadership and serves as the highest decision-making authority; and
- The **One Health Regional Policy Committee**, which includes the ECOWAS Commissioner for Economic Affairs & Agriculture and the Director General of the West African Health Organization (WAHO).

Together, they guide regional One Health policies and oversee the implementation of the ECOWAS One Health agenda.

2. The Executive Level — *Coordinating Action*

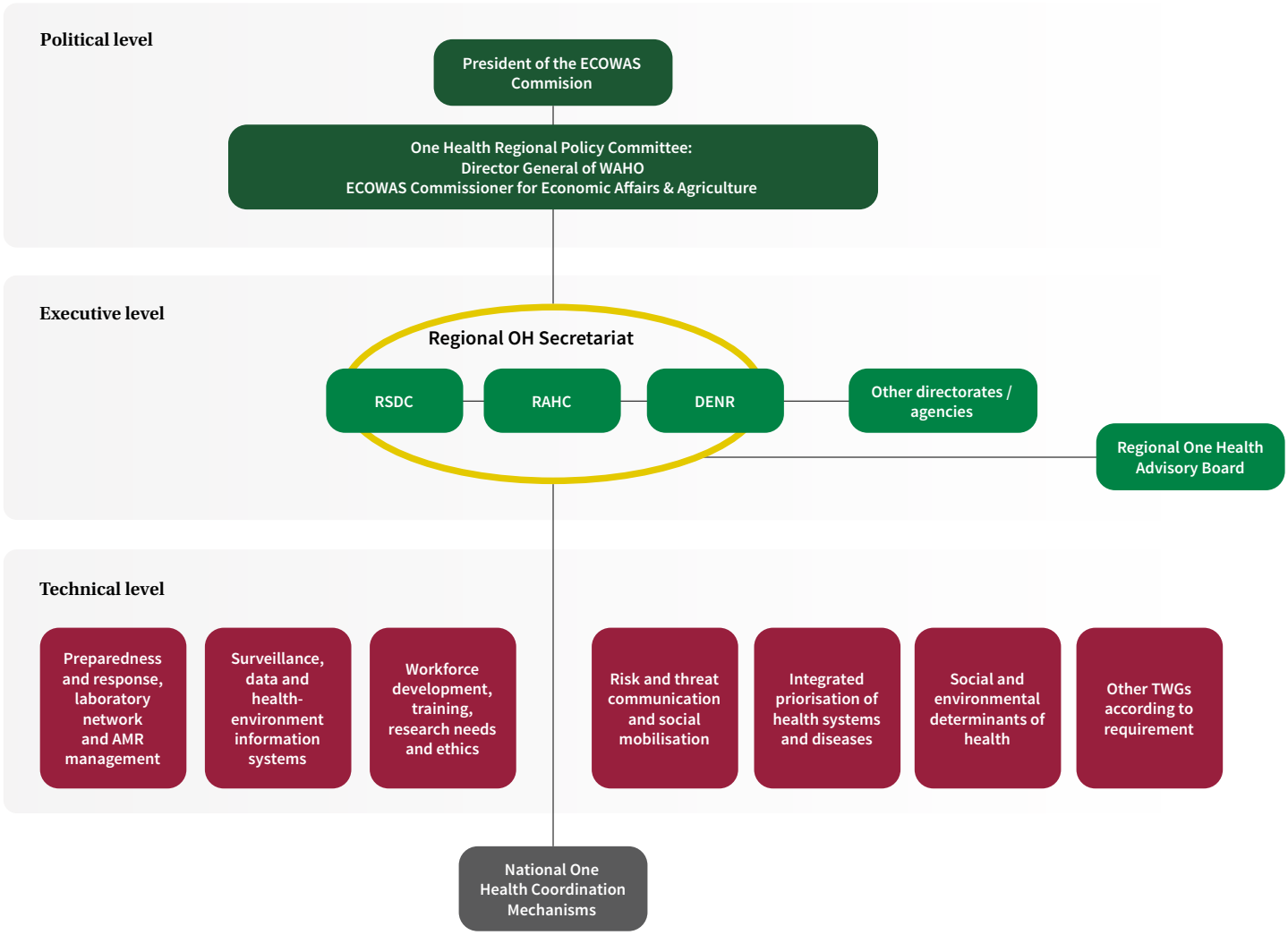
At this level, the **Heads of the Regional Animal Health Centre (RAHC)**, the **Regional Centre for Surveillance and Disease Control (RCSDC)**, and the **Directorate of Environment and Natural Resources (DENR)** jointly chair the **Regional One Health Secretariat on a rotating annual basis**.

The Secretariat ensures that the coordination mechanism functions smoothly and that technical support and collaboration reach all Member States. It also benefits from independent expertise through the **Regional One Health Advisory Board**, which provides strategic guidance and advice.

3. The Technical Level — *Driving Implementation*

Implementation happens through Regional **One Health Technical Working Groups**, which operationalize the activities set out in the **ECOWAS Regional One Health Strategy**. These groups bring together specialists from the human, animal, and environmental sectors to jointly design and deliver regional initiatives.

ROHCM Organogram



Linking Regional and National Efforts

The strength of the Regional One Health Coordination Mechanism lies in its **two-way relationship** with **National One Health Coordination Mechanisms**. These national bodies are both beneficiaries of regional technical support and **contributors** of expertise and operational resources. Together, they ensure that One Health actions are effectively implemented, sustained, and adapted to the realities on the ground.

Mission of the Regional One Health Coordination Mechanism (ROHCM)

The **ROHCM** drives coordination and collaboration across the **human, animal, and environmental health sectors** to tackle shared health threats in West Africa.

Its mission is to **address health risks at the human–animal–environment interface** through a **multisectoral, transdisciplinary, and economically sustainable approach**, aligned with global One Health standards.

Key Roles of the ROHCM:

- Ensure **sustained implementation** of the ECOWAS One Health Strategy.
- Provide a **harmonised regional vision and policy framework** for One Health.
- Develop **legal and institutional instruments** to guide One Health action.
- Strengthen **capacity and coordination** among Member States.
- Identify **regional priorities** and mobilize resources.
- Coordinate **cross-border response** to outbreaks and health emergencies.
- Conduct **after-action reviews** and promote learning for continuous improvement.

In essence: The ROHCM is the engine driving the sustainability, coordination, and resilience of the **One Health approach within ECOWAS**.

3.2.3
A Unified Path Forward

Through the Regional One Health Coordination Mechanism, ECOWAS and its Member States are building a **cohesive, structured, and sustainable system** to protect the health of people, animals, and ecosystems across West Africa.

This renewed governance framework transforms One Health from a policy vision into a **practical tool for collective resilience** — ensuring that West Africa is better prepared for tomorrow's health challenges, whatever form they may take.

Surveillance and Laboratory Systems

4 Surveillance and Laboratory Systems

4.1 Mpox on the Rise: Strengthening Regional Preparedness and Response under ECOWAS Leadership

4.1.1 A Resurgent Threat

Mpox (formerly monkeypox) continues to pose a serious threat to public health in West Africa. Although previously considered sporadic and limited to isolated cases, the recent resurgence across several ECOWAS Member States has highlighted the urgency of a coordinated regional response. In **2024**, five Member States — Côte d'Ivoire, Ghana, Guinea, Liberia, and Nigeria — reported **366 confirmed cases** and one death, while in just the first four weeks of 2025, **39 new confirmed cases** emerged in **Sierra Leone, Nigeria, Liberia, and Côte d'Ivoire**.

This upward trend reflects a broader continental picture. In August 2024, the **Africa Centres for Disease Control and Prevention (Africa CDC)** declared **Mpox a Public Health Emergency of Continental Security (PHECS)**, following an alarming spread across multiple African regions. By that time, over **17,000 suspected cases and nearly 600 deaths** had been reported across 12 African countries. The declaration mobilized an Africa-wide coordinated response, calling for enhanced surveillance, laboratory capacity, vaccine access, and cross-border collaboration.

4.1.2 RCSDC's Leadership in Coordinated Regional Action

The **ECOWAS Regional Centre for Surveillance and Disease Control (RCSDC)** has played a central role in monitoring, coordinating, and supporting Member States' efforts to prevent further spread. Acting as a regional technical hub, RCSDC has continued to:

1. Support Cross-Border Surveillance

Strengthening coordination between countries sharing porous borders has been a top priority. RCSDC has facilitated information exchange between national public health institutes and veterinary authorities to ensure **real-time data sharing and early outbreak alerts.**

2. Enhance Laboratory Diagnostic Capacity

Through regional collaboration with WAHO and Africa CDC, the Centre has supported the **provision of reagents, testing protocols, and training** for laboratory personnel in reference labs across the region to address critical diagnostic gaps.

3. Build Public Awareness and Risk Communication

Recognizing that misinformation and stigma can hinder control efforts, RCSDC has encouraged Member States to run **community education campaigns** explaining Mpox transmission, symptoms, and prevention — including testimonials from recovered patients to humanize the message.

4.Strengthen Case Management and Infection Control

The Centre has issued updated **regional technical guidelines** on case management, infection prevention, and healthcare worker protection, while promoting the inclusion of Mpox in existing Integrated Disease Surveillance and Response (IDSR) training curricula.

5. Promote Vaccination Preparedness

Although vaccine availability remains limited, RCSDC supports advocacy for **targeted vaccination campaigns for high-risk populations** once doses become available through global mechanisms. It also calls for national vaccine readiness assessments and equitable distribution frameworks.

6.Cross-sectoral collaboration

Recognizing the zoonotic nature of Mpox, the **Regional One Health Coordination Mechanism (ROHCM)** convened a **joint coordination meeting** to align intervention efforts across the human, animal, and environmental health sectors.

Figure 1: The ECOWAS RCSDC Team in Action

4.1.3 Collaboration with Africa CDC

Following the PHECS declaration, RCSDC aligned with the Africa CDC's continental preparedness and response plan centered around 10 pillars emphasizing improved (1) coordination and leadership, (2) risk communication and community, (3) surveillance, (4) laboratory, (5) case management, (6), infection prevention and control, (7) vaccination, (8) research and innovation, (9) operations support and logistics, (10) continuity of essential services.

4.1.4
A Call for Sustained Vigilance

The Mpox outbreaks have revealed both the progress and the gaps in the region's epidemic preparedness architecture. While improved surveillance and early detection have reduced fatality rates, the persistence of new cases underscores the **need for sustained investment in health security**. RCSDC continues to emphasize:

- The importance of **integrated One Health approaches**, recognizing the zoonotic nature of Mpox.
- Ongoing **capacity building for health workers** in case detection and infection control.
- **Cross-border simulation exercises** to test interoperability between Member States' response systems.
- Strengthened **community engagement** to address stigma and promote early reporting.

4.1.5
Looking Ahead

West Africa's proactive engagement, under ECOWAS leadership, exemplifies how **regional solidarity and technical collaboration** can effectively confront transboundary health threats. As Mpox continues to evolve, the region's collective vigilance — driven by data, science, and partnership — will remain key to protecting communities and strengthening Africa's public health resilience.

From the Wild to Us: Around **75% of new human infectious diseases** come from animals — and **most of them start in wildlife.** Strengthening One Health surveillance means catching these threats before they cross the species barrier.

4.2 Watching the Wild: Wildlife Disease Surveillance in West Africa

4.2.1 A Region at the Frontline of Zoonotic Threats

West Africa's remarkable biodiversity — from the Sahelian savannas to the Guinean rainforests — coexists with rapid population growth, urban expansion, and high levels of human–animal interaction. The region's 450 million inhabitants rely heavily on livestock and bushmeat for food and income, while deforestation and land-use changes bring humans, domestic animals, and wildlife into closer contact than ever before.

This complex interface increases the likelihood of **disease spillover** between wildlife, livestock, and humans. The devastating Ebola outbreak (2014–2016) and recurring epidemics of **Lassa fever, anthrax, and avian influenza** have demonstrated how fragile the line between ecosystems and epidemics can be.

4.2.2 Objectives of the Study

The assessment set out to take a closer look at how West Africa monitors diseases emerging from wildlife — a critical step in preventing future zoonotic outbreaks. It aimed to:

- Understand the current state of wildlife disease surveillance across ECOWAS Member States;
- Identify strengths, gaps, and opportunities in existing systems, capacities, and coordination;
- Highlight best practices through real-world examples from Ghana and Senegal; and
- Recommend practical steps toward a harmonized regional framework aligned with international standards such as those of the World Organisation for Animal Health (WOAH).

In essence, the study sought to help Member States and partners strengthen how they detect, report, and respond to wildlife-related health threats — before they become regional emergencies.

4.2.3 How the Study Was Conducted

The regional assessment drew on evidence, expertise, and experience from across West Africa.

- Surveys and interviews were carried out with Chief Veterinary Officers and wildlife authorities from 11 Member States.
- A literature review and analysis of national reports provided insights into existing structures and research.
- Case studies in Ghana and Senegal showcased effective One Health collaboration and field-level surveillance.

This mixed-method approach provided a clear, practical picture of where the region stands — and what needs to be done to make wildlife health surveillance a fully functional pillar of West Africa's One Health system.

4.2.4
Current State of Wildlife Disease Surveillance

The study revealed a fragmented but evolving landscape:

- The **majority of Member States** have some form of wildlife surveillance network.
- Both **general (passive)** and **targeted (active)** surveillance are practiced, though with varying consistency.
- Wildlife surveillance is largely managed by **veterinary services**, but cooperation with wildlife authorities remains weak.
- **Anthrax, rabies, haemorrhagic fevers, and avian influenza** are the most frequently prioritized zoonoses for surveillance.

"Despite promising initiatives, wildlife surveillance in West Africa remains mostly ad hoc, underfunded, and dependent on donor-supported projects," the report notes.

4.2.5
Laboratory and Workforce Capacity

The region's laboratory network has improved, with several reference laboratories in place. However, capacity for **molecular diagnostics, pathogen sequencing, and wildlife sample testing** remains limited.

- There is **no integrated laboratory system** linking human, animal, and environmental sectors.
- **Veterinary and wildlife workforce numbers are critically low.**
- Wildlife veterinarians are concentrated in a few countries, while others lack trained professionals altogether

4.2.6
Bushmeat and Disease Surveillance

Bushmeat remains a major livelihood and protein source — with Côte d'Ivoire and Ghana alone trading over **500,000 tons per year**. Yet, **formal inspection and surveillance of bushmeat markets are minimal.**
Only a few countries, monitor wildlife meat for zoonotic pathogens. Weak regulatory oversight and informal trade exacerbate disease risks across border.

4.2.7 Best Practices: Ghana and Senegal Lead the Way

- **Ghana** has integrated wildlife surveillance into its veterinary and field epidemiology training networks. Its **Anthrax Control Programme** demonstrates successful cross-sector collaboration between human, livestock, and wildlife services.
- **Senegal** provides a model through its **One Health Platform**, which facilitated a coordinated response to avian influenza outbreaks involving wildlife, poultry, and public health authorities.

4.2.8
Key Challenges

Wildlife disease surveillance across ECOWAS faces multiple barriers:

- Weak institutional coordination between veterinary and wildlife authorities;
- Lack of dedicated budgets and logistical support;
- Limited laboratory capacity and absence of harmonized protocols;
- Data fragmentation and poor integration into regional reporting systems;
- Underdeveloped One Health collaboration frameworks at national level.

These constraints often leave countries reliant on external partners for outbreak detection and response.

4.2.9
From Awareness to Action

The ECOWAS region sits at the nexus of biodiversity and emerging disease risk. Strengthening wildlife disease surveillance is not just a conservation issue — it is an investment in public health, economic security, and pandemic prevention.

As the study concludes, **"wildlife health surveillance is a critical but missing link in the One Health chain."**
By institutionalizing it now, West Africa can detect outbreaks earlier, protect both wildlife and livelihoods, and prevent the next zoonotic spillover before it starts.

To build a resilient regional wildlife disease surveillance system, ECOWAS should:

- Institutionalize wildlife surveillance within national veterinary and One Health structures.
- Standardize protocols and data systems across Member States for harmonized reporting.
- Invest in training and recruitment of wildlife veterinarians, epidemiologists, and rangers.
- Expand laboratory capacity to include molecular diagnostics and sequencing for wildlife pathogens.
- Integrate bushmeat surveillance and strengthen enforcement of wildlife trade regulations.
- Foster regional collaboration through a centralized wildlife health information platform under the ECOWAS RAHC.

Preparedness and Response

5 Preparedness and response

5.1 Simulating Realities to Strengthen Pandemic Preparedness and Response: The ECOWAS One Health Simulation Exercise Programme

When an outbreak strikes, the clock starts ticking. Decisions must be swift, coordination seamless, and communication crystal clear. Recognizing that true preparedness comes through practice, ECOWAS has taken an important step forward with a series of **One Health Simulation Exercises (SimEx)** designed to test — and strengthen — the region's collective capacity to respond to complex, cross-border health emergencies.

5.1.1 From Concept to Action

Between July and August 2024, ECOWAS, through its specialized agencies, the **Regional Centre for Surveillance and Disease Control (RCSDC)** and the **Regional Animal Health Centre (RAHC)**, and the **Directorate of Environment and Natural Resources (DENR)**, conducted three interconnected simulation exercises with technical support from **GIZ's Regional Programme Support to Pandemic Prevention (RPPP)** and the **UK Health Security Agency (UKHSA)**.

These exercises brought to life a fictional but realistic outbreak scenario: the rapid cross-border spread of the Ebola virus. From regional coordination at ECOWAS headquarters to national emergency responses in Mali, Togo, Guinea, Liberia, and Sierra Leone, the table-top simulation exercises tested every layer of the region's pandemic preparedness and response.

5.1.2 Three Exercises, One Shared Goal

1. Exercise Game (Abuja, Nigeria):
Focused on ECOWAS-level coordination and communication between RCSDC, RAHC, and DENR. It examined how regional bodies activate the Regional Public Health Emergency Operations Centre (RPHEOC), share data, and support Member States through the ECOWAS Regional One Health Coordination Mechanism when outbreaks cross borders.

2. Exercise Dry Seaport (Mali & Togo):
Explored how national authorities coordinate response to a fast-evolving Ebola outbreak. It highlighted the need for harmonized surveillance systems, real-time data sharing, and practical implementation of the International Health Regulations (IHR 2005).

3. Exercise Manor River (Guinea, Liberia & Sierra Leone):
Centered on early preparedness in countries at risk, emphasizing cross-border collaboration, logistics management, laboratory capacity, and communication with communities and partners.

5.1.3
Key Findings: Strengths and Gaps

The SimEx programme uncovered both encouraging progress and pressing gaps:

1. Strong Foundations:
The ECOWAS One Health Strategy (2025–2029) and Governance Manual provide solid frameworks for multisectoral coordination. Key tools — such as the Regional Public Health Emergency Operations Centre (PHEOC) Handbook and the Inter-Institutional Communication and Coordination (IICC) SOPs — define how to share data and trigger joint action when emergencies strike. Functional national platforms, rapid response teams, and early-warning systems already exist across many Member States.

2. Gaps to Bridge:
Despite these advances, the exercises revealed inadequate cross-sector data integration, and insufficient capacity in logistics, laboratory networking, and environmental surveillance. Human resource shortages and limited access to emergency funds were also cited as key bottlenecks. Participants also cited the need for greater political commitment and better dissemination of regional SOPs.

3. A Culture of Collaboration:
Across all exercises, participants embraced the value of "learning by doing." They emphasized that regular simulation exercises foster trust, build networks, and ensure that the One Health approach moves from theory to practice.

Recommended Actions

At Regional Level (ECOWAS):

- Establish and operationalize a fully functional Regional PHEOC.
- Develop an integrated One Health data management system that connects human, animal, and environmental sectors.
- Operationalise the One Health Secretariat and institutionalize annual regional SimEx to test preparedness.
- Update and disseminate the stakeholder mapping and IICC SOP across Member States.
- Conduct an integrated assessment of Member States' needs and strengthen regional logistics, sample transport, and emergency stock systems.

At National Level:

- Operationalize national One Health platforms with clear strategic plans.
- Strengthen the incident management system (IMS) through training and drills.
- Formalize collaboration frameworks with neighbouring countries and regional bodies.
- Adopt ECOWAS SOPs for communication, data sharing, and emergency response.

5.1.4
Building a Safer, Stronger West Africa

The One Health SimEx programme represents a milestone in regional pandemic preparedness. It turned policies into practice, guidelines into action, and partnerships into performance.

By bringing together more experts from human, animal, and environmental health sectors, the exercises reaffirmed a central truth: **preparedness is not a document — it's a discipline.** Through continued collaboration, ECOWAS and its Member States are ensuring that the next real outbreak finds West Africa not only ready, but resilient.

5.2 Bridging People and Public Health: ECOWAS Launches the New Regional Risk Communication and Community Engagement Strategy (2024–2028)

Figure 2; Risk Communication and Community Engagement Strategy Validation - Dr Babacar Fall, RCCE focal point at RCSDC

West Africa is one of the most vulnerable regions in the world to public health emergencies — from Ebola and Lassa fever to cholera and the COVID-19 pandemic. Each outbreak reminds us of a vital truth: even the best public health interventions can only succeed when communities understand, trust, and actively engage with them.

Communities are not just "recipients of information." They are central actors in emergency preparedness and response. When rumors spread faster than official information, panic takes hold. When communities are not engaged, compliance drops, leading to higher transmission rates and preventable deaths.

Recognizing this, the **ECOWAS** has launched the **Regional RCCE Strategy 2024–2028**, renewing its commitment to strengthen the bridge between public health institutions and the people they serve.

Figure 3: Participants of the RCCE Strategy Workshop

5.2.1
Risk Communication Matters: Building Trust, Fighting Misinformation, and Empowering Communities for Health Security

In today's digital world, rumours and fake news can spread faster than any virus. Misleading information during health crises can undermine prevention efforts, fuel panic, and cost lives. The West African Health Organization and its specialized agency, the Regional Centre for Surveillance and Disease Control (RCSDC), are tackling this head-on by helping Member States establish the systems, skills, and structures needed for transparent, timely, and trusted communication during emergencies.

RCCE is one of the **core capacities required under the International Health Regulations (IHR 2005)** — and for ECOWAS Member States, it has become a cornerstone of preparedness. Following the first regional RCCE strategy (2019–2023) and lessons from COVID-19, the new strategy takes stock of progress and sets a strong course for the future.

5.2.2
The Current Situation: Progress and Persistent Gaps

The 2023 situational analysis across ECOWAS countries highlighted both achievements and gaps across five key domains of RCCE:

- **Risk Communication Systems:** Many Member States have started developing RCCE plans, but dedicated budgets, training agendas, and simulation exercises remain limited.
- **Internal and Partner Coordination:** Coordination mechanisms exist but need strengthening to ensure smoother information flow and unified messaging.

- **Public and Mass Communication:** Media engagement is strong, but social science and behavioural insights are underused to tailor communication for diverse audiences.
- **Community Engagement:** Networks of community health workers and local leaders are strong assets, yet most countries still need structured CE plans and dedicated RCCE training.
- **Managing Misinformation:** Rapid social media growth has made the region vulnerable to fake news. Few Member States have systems or SOPs for real-time rumour tracking and response.

5.2.3
The 2024–2028 Strategy: A Renewed Commitment

The new RCCE Strategy embraces a One Health and gender-inclusive perspective, making communication more holistic and equitable. It envisions a region where every Member State has institutionalized, resourced, and skilled RCCE systems that can effectively engage communities before, during, and after public health emergencies.

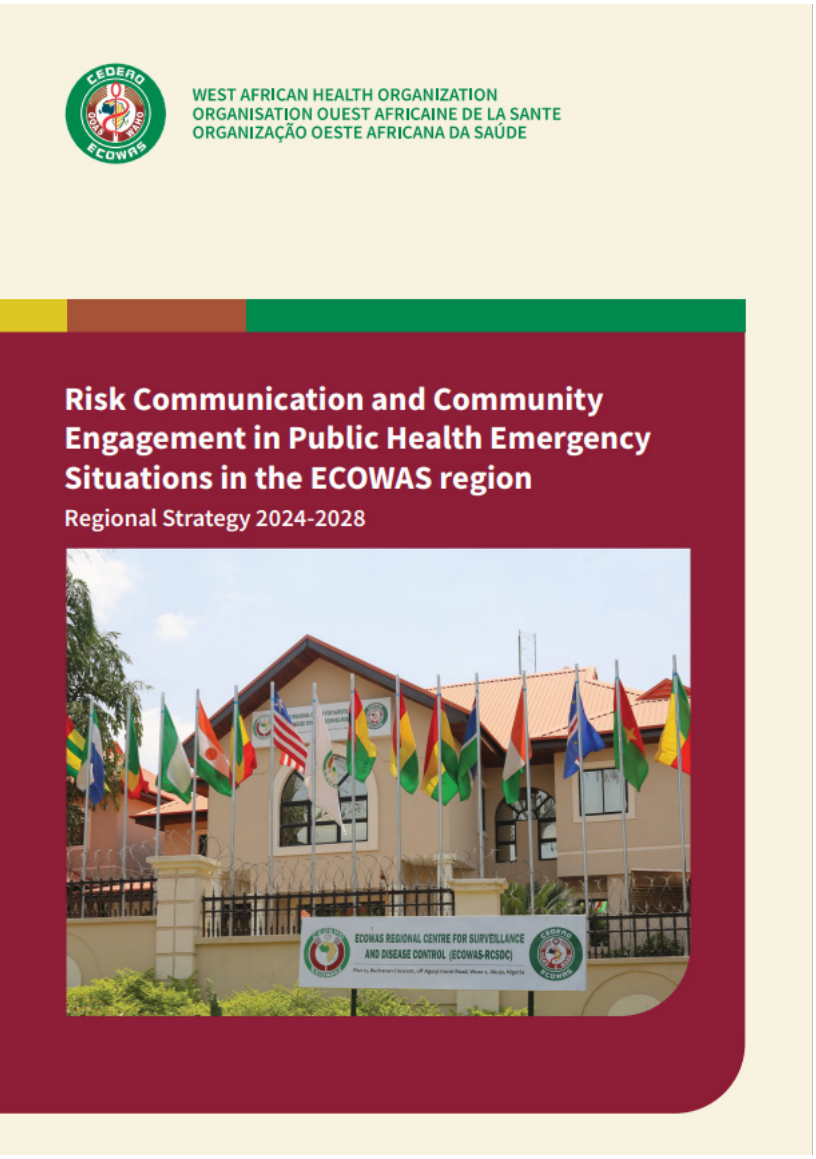
Vision: WAHO's vision is to reach the best health and well-being of the ECOWAS population through harmonisation, multisectoral collaboration & coordination and evidence-based policymaking led by a strong health institution"

Mission: WAHO'S mission is to achieve the highest possible standard of health protection of ECOWAS community through: Harmonizing the health policies of Member States, Pooling resources, Cooperation between Member States with a view to find collective and strategic solutions to health problems in the sub-region.

Aim: To consolidate an enabling environment for Risk Communication and long-term Community Engagement that strengthens interdisciplinary country capacities in decision-making and the design, implementation, evaluation, accountability, and learning in prevention and control of public health emergency situations

5.2.3.1
Strategic Objectives

- To support institutionalization of RCCE in Member States;
- To develop human resources in RCCE at regional level and in Member States;
- To strengthen interdisciplinary country capacities for research, monitoring, evaluation, accountability, and learning (MEAL);
- To document lessons of RCCE practices to inform interventions in countries and the ECOWAS region.



The Regional RCCE Strategy 2024–2028 is more than a policy document — it's a call to action for every Member State to invest in communication that saves lives. By combining evidence, empathy, and community participation, ECOWAS aims to build a future where people are not just informed about health risks but actively engaged in protecting themselves and their neighbours.

"Let us embark on this journey together, with the conviction that through effective communication and community engagement, we can overcome any challenge that lies ahead!."

5.3 Strengthening Trust, Fighting Stigma: ECOWAS Launches Mpox Risk Communication Guide

5.3.1 A people-centered approach to managing outbreaks across West Africa

When **Mpox** resurfaced across multiple African countries in 2024, West Africa once again found itself on the frontline of a public health emergency. Recognizing that information spreads faster than any virus, the **West African Health Organization (WAHO)** and its **Regional Centre for Surveillance and Disease Control (RCSDC)** developed the **Mpox Risk Communication and Community Engagement (RCCE)** Guide — a practical tool to help Member States communicate clearly, quickly, and compassionately during outbreaks.

5.3.2 The Goal: Clear, Coordinated, and Culturally Sensitive Messaging

The Guide's primary objectives are to:

- Raise awareness about Mpox prevention, symptoms, and care-seeking behaviour.
- Combat misinformation and stigma, especially towards affected and at-risk groups.
- Strengthen coordination between national health authorities, media, community leaders, and civil society for a unified voice in outbreak response.

Why Risk Communication Matters

Mpox — a zoonotic disease transmitted through close human and animal contact — can spread rapidly in communities, but so can misinformation and fear. During the 2022–2024 outbreaks, myths around who was at risk and how transmission occurred created stigma, discouraged people from seeking care, and hampered response efforts.

The **Mpox RCCE Guide** responds to this challenge by promoting **trust-based, inclusive communication** that empowers people to act. It underscores that "anyone can get Mpox," and prevention depends on knowledge, empathy, and timely information

5.3.3 Reaching Every Audience

One of the Guide's most innovative features is its **audience segmentation** approach. It maps out communication needs for groups ranging from **health workers, families, and LGBTQ+ networks to hunters, travelers, and people living with HIV** — ensuring that no one is left behind.

Each segment includes:

- **Tailored messages** in local languages,
- **Culturally appropriate channels** such as radio, community dialogue, and trusted influencers,
- And **gender-sensitive communication** that reflects the realities of men, women, and gender-diverse communities.

5.3.4
Managing the Infodemic

The guide also provides a six-step framework for **monitoring and countering misinformation**. This includes social listening, data analysis, and real-time adjustment of messaging strategies to track rumours and misinformation trends online and offline.

Performance indicators — such as engagement rates, audience reach, and community feedback — allow public health teams to measure the effectiveness of communication efforts and continuously improve their approach.

5.3.5
Empowering Health Workers and Communities

Frontline workers are key messengers. The Guide provides ready-to-use scripts and checklists for the **first 48 hours of an outbreak**, ensuring consistent communication across ministries, hospitals, and the media.

Community organisations and influencers also play a central role — from **faith leaders** helping to dispel myths, to **Civil Society Organisations** mobilising awareness among key populations. The approach emphasises empathy, confidentiality, and respect for human rights as non-negotiable principles in outbreak communication.

5.3.6
Towards a Safer, Better-Informed Region

By integrating **One Health thinking** into communication — acknowledging the links between human, animal, and environmental health — the Guide helps ECOWAS Member States manage not only Mpox but future zoonotic threats more effectively.

Key Takeaways

- Communication saves lives — early, clear, and empathetic information builds public trust.
- Tailor messages to diverse audiences using local languages and trusted messengers.
- Monitor misinformation continuously and respond with verified facts.
- Empower health workers and communities as credible voices.
- Integrate Mpox risk communication within national One Health coordination mechanisms.

5.4 Bridging Borders to Fight Avian Influenza: A One Health Success Story in West Africa

From July 8 to 12, 2024, Abidjan, Côte d'Ivoire, became the epicentre of a united effort to combat Highly Pathogenic Avian Influenza (HPAI). This multi-sectoral workshop emphasised collaboration under the One Health approach to safeguard regional health and biodiversity.

In a collaborative effort led by the Economic Community of West African States (ECOWAS) Commission, this regional workshop united policymakers, veterinarians, environmentalists, and public health experts develop a comprehensive strategy for the ECOWAS region's preparedness and response to avian influenza outbreaks. With technical support from the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), working on behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ), the Friedrich-Loeffler-Institut (FLI), and the German Epidemic Preparedness Team (SEEG), the workshop showcased the transformative potential of the One Health approach.

This workshop is an invaluable opportunity to deepen our understanding of avian influenza, strengthen our capacity for preparedness and response, and foster cross-sector collaboration. By working together, we can explore innovative solutions, share best practices, and build stronger networks to safeguard the health and well-being of people, animals, and ecosystems across the ECOWAS region – Stella Gaetani, Deputy Head of Cooperation of the German Embassy in Côte d'Ivoire, a key partner of the meeting.

Germany has been a committed partner to ECOWAS for many years. Through the Regional Support Programme for Pandemic Prevention in the ECOWAS Region (RPPP), implemented by GIZ, and funded by the Federal Ministry for Economic Cooperation and Development (BMZ), the German cooperation collaborates with ECOWAS institutions to strengthen regional systems for preparedness and response to pandemic-prone diseases, leveraging the integrated One Health approach.

5.4.1
A Looming Threat with Far-Reaching Impact

HPAI, commonly known as bird flu, poses a multifaceted threat—not only to the health of wild and domestic birds but also to human populations and ecosystems. Its rapid spread through wild bird migrations and poultry farms endangers biodiversity, livelihoods, and food security. Recent outbreaks have occurred in previously unaffected geographic regions, with a notable rise in infections among mammals, including large-scale outbreaks in dairy cattle across the United States. This has heightened global concerns about the potential emergence of a pandemic virus.

For the ECOWAS region, HPAI is a recurring challenge. Recent outbreaks have disrupted ecosystems, threatened livelihoods, and highlighted the critical need for a united response.

5.4.2
One Health: A Holistic Path Forward

The workshop centred on the One Health approach, a holistic framework that integrates human, animal, and environmental health perspectives to address zoonotic diseases. This collaborative method was essential to the workshop's goals: strengthening surveillance, harmonising responses across sectors, and enabling sustainable disease prevention measures. For Dr. Kouakou Kouamé Alphonse, the West African Health Organization (WAHO) focal point of Côte d'Ivoire, operationalising the One Health approach and harmonising health programs across the region are pivotal steps toward effective disease control.

„HPAI outbreaks are a stark reminder of how interconnected human, animal, and environmental health truly are. A regional, unified effort is imperative. He stated."

5.4.3
Connecting the Dots: The ECOWAS One Health Initiative

The One Health approach was the cornerstone of the workshop and played a pivotal role on the first day, during the technical validation of the ECOWAS Regional One Health Strategy and Governance Manual. These essential documents are designed to enhance multisectoral collaboration and provide a strategic framework for tackling HPAI across the region.

„On this first day of the workshop, we revisited the governance manual and the ECOWAS One Health regional strategy, with participants offering constructive feedback to enhance their relevance and applicability," noted Dr. Lionel Sogbossi, One Health Technical Advisor at the ECOWAS Regional Center for Surveillance and Disease Control (RCSDC).

The unanimous technical validation of these documents by the participants laid a strong foundation for the workshop, ensuring they are now ready for political adoption.

5.4.4
A Growing Concern: The Spread of Avian Influenza

On the second day, Dr Serge Mpouam of World Organisation for Animal Health (WOAH) highlighted the alarming rise in HPAI outbreaks:

„Between June and September 2023, outbreaks of Highly Pathogenic Avian Influenza surged significantly compared to previous years, spreading to new areas where the disease had not been previously detected. He further emphasised the ecological impact: We have observed several instances of mortality among bird species, an increase in cases among mammals, and sporadic human infections."

Considering this concerning trend, experts at the workshop stressed the urgency of establishing robust early detection systems and raising public awareness about the risks and transmission factors associated with HPAI.

5.4.5
Global Bird Flu Prevention: Mitigating Risks and Exploring Vaccines

The third day of the workshop centered on strategies to prevent and control HPAI. Dr Lionel Gbaguidi from the FAO introduced the "Global Strategy for Prevention and Control of HPAI," highlighting the importance of the One Health approach and targeting poultry value chains to reduce the disease's burden.
Dr. Gbaguidi proposed a three-tiered approach:

- **Global Level:** Establish governance frameworks and communication plans while fostering international cooperation to advance research and build response capacities.
- **Regional Level:** Strengthen surveillance networks, cross-border collaboration, and knowledge-sharing initiatives.
- **National Level:** Enhance laboratory capacities, enforce biosecurity measures, and educate farmers while securing political commitment and sustainable funding.

Following his remarks, Professor Bassirou Bonfoh, Director of Afrique One, emphasized biosecurity and the poultry value chain as central to HPAI prevention. He called for participatory risk analysis and highlighted the importance of community engagement and collaboration, calling on institutions to secure adequate financing to turn plans into actionable outcomes.

He stressed the importance of assigning clear responsibilities for environmental surveillance to enable rapid detection and response. "Now is the time to step up, align efforts, and take decisive action to keep avian flu at bay," he concluded, urging institutions to work together to address socio-economic and health challenges effectively.

Finally, Dr Anja Globig from the Friedrich-Loeffler-Institut highlighted ongoing efforts by Germany and the EU to develop avian influenza vaccines. "The primary benefits include protecting poultry, reducing virus spread, and minimizing human infection risks," she noted. However, she emphasized the importance of obtaining legal approvals, conducting thorough planning, and implementing robust surveillance to mitigate potential trade impacts and the silent circulation of the virus.

5.4.6
Assessing Risks and Proposing Solutions for Avian Influenza

Day four of the workshop focused on evaluating the risks and impacts of HPAI and devising practical solutions. Participants divided into three groups tackled specific challenges:

- **Group 1:** Examined the effects of HPAI on captive birds across the ECOWAS region, analyzing immediate and long-term impacts while brainstorming mitigation strategies.
- **Group 2:** Investigated the virus's effects on wild animals, including mammals, exploring how it spreads in nature and identifying ways to protect biodiversity.
- **Group 3:** Focused on human infections, highlighting key challenges and proposing measures to limit the disease's reach.

The discussions revealed significant consequences of HPAI: declining bird productivity, increased human infection risks, reduced biodiversity, and the stigmatization of wild animals. Overhunting, food insecurity, and water contamination also emerged as pressing concerns.

Despite these challenges, participants proposed actionable solutions, including enhanced data collection in parks and zoos, more strategic approaches to poultry culling, and targeted vaccination campaigns. These ideas were rigorously evaluated for feasibility and effectiveness, ensuring they could deliver meaningful impact.

This collaborative effort transformed a day of analysis into a day of hope, paving the way for smarter, more effective responses to avian influenza across the region.

5.4.7
Strong Recommendation for Tackling Avian Influenza in West Africa

Over five intensive days, the workshop addressed the complexities of HPAI preparedness and response in West Africa. Participants developed a clear and actionable roadmap to strengthen the region's defences against the disease, including the following recommendations:

- Boosting Data Sharing: Establish technical working groups to enhance surveillance data exchange between Member States and regional institutions.
- Enhancing Wildlife Monitoring: Strengthen efforts to track avian influenza in wild animal populations.
- Expanding Technical Networks: Create a dedicated wildlife management network to complement the existing regional animal health network of the RAHC.
- Engaging Communities: Develop sustainable frameworks to involve communities in prevention, detection, and control efforts, supported by tailored education and communication materials.
- Reinforcing Technical Training: Organize joint training sessions on HPAI prevention and control, using virtual platforms and resources like FAO's online courses.

Dr Kouamé Kouakou Alphonse, WAHO Focal Point, praised the workshop's collaborative approach:

„This meeting provided an invaluable platform for rich and diverse discussions, allowing us to address challenges and seize opportunities for integrated HPAI surveillance across the ECOWAS region."

Together, these efforts signal a united front to protect human, animal, and environmental health in West Africa, setting the stage for a stronger, more resilient future.

5.4.8
Insights from Experts

Interview with Stella Gaetani, Deputy Head of Cooperation at the German Embassy in Côte d'Ivoire.

What are the specific objectives of the ECOWAS technical workshop on avian influenza?

The main objective is to strengthen the region's preparedness and response capacities to outbreaks of HPAI, using the One Health approach. Specifically, the workshop aims to contribute to health and food safety by strengthening surveillance systems and facilitating rapid response mechanisms through collaboration among public health officials, veterinarians, and environmental specialists. It also serves as a platform to share best practices, explore innovative solutions, and foster networks to protect the health and well-being of people and animals in the ECOWAS region.

How is the German cooperation involved in supporting these efforts?

The German cooperation plays a central role in supporting ECOWAS's efforts to combat avian influenza. Through GIZ, we collaborate closely with ECOWAS institutions to enhance prevention and control mechanisms for infectious diseases. This includes capacity-building initiatives, improving coordination between sectors, and operationalizing key public health infrastructures, such as the ECOWAS Regional Center for Surveillance and Disease Control.

Why is the One Health approach important?

The One Health approach is crucial because it recognizes the interconnectedness of human, animal, and environmental health. Avian flu primarily affects birds but can also infect humans, especially those in close contact with infected animals. By fostering interdisciplinary cooperation, we can improve surveillance, ensure early detection, and implement effective control measures. Ultimately, this approach provides a holistic and sustainable strategy to combat zoonotic diseases.

Interview with Dr Anja Globig, Friedrich-Loeffler-Institut (FLI)

What are the main risk factors for avian influenza?

Lack of biosecurity on poultry farms is a significant risk factor. Domestic birds often come into contact with infected wild birds or their droppings, particularly through shared water sources. Live bird markets and indirect contact via contaminated equipment or clothing also contribute to the disease's spread.

How can these risks be mitigated?

Strong biosecurity measures are key. Farmers need education and training to adopt practices that minimize transmission risks. Early detection systems and rapid implementation of control measures are equally crucial. Importantly, providing financial compensation for farmers impacted by outbreaks ensures compliance with biosecurity guidelines.

Link to original article: Bridging Borders to Fight Avian Influenza: A One Health Success Story in West Africa – Healthy Developments

Author: Laura González Gaitán, Interviews: African Science Communication Agency (ASCA)
December 2024

Workforce Development

6 Workforce Development

6.1 Strengthening Veterinary Services for a Healthier West Africa: Insights from the ECOWAS Veterinary Workforce Analysis

> “Healthy animals mean healthy people and a healthy planet.”

Across West Africa, veterinarians stand on the frontline of food security, disease prevention, and public health. Yet the region faces a critical shortage of veterinary professionals, threatening both livelihoods and One Health resilience.

The Veterinary Workforce Analysis for the ECOWAS Region—covering ten Member States—offers a regional overview of veterinary capacities, highlighting where action is urgently needed to strengthen animal health systems.

6.1.1
Key Objectives

The study set out to:

1. Assess the number and distribution of veterinarians and veterinary paraprofessionals (VPPs) and identify workforce gaps.
2. Analyze the institutions and stakeholders responsible for training and education.
3. Recommend strategies to improve workforce capacity, quality of education, and veterinary governance across ECOWAS

Methodology at a Glance

Countries covered: Benin, Cabo Verde, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Nigeria, Sierra Leone.

Approach: Surveys + interviews with ministries, universities, and professional councils.

Analysis: Workforce mapping, gap comparison versus livestock population, and location of training schools.

Output: A detailed picture of veterinary capacity and educational infrastructure across the sub-region.

6.1.2
Current Veterinary Workforce

The region counts an estimated 2,672 veterinarians and 4,974 VPPs—insufficient for a population exceeding 400 million people.

- Nigeria holds the largest share of professionals.
- Women remain under-represented, and the workforce is aging, with up to 50 % expected to retire within five years.
- Rural access remains poor, often filled by unqualified providers or overlapping ministerial roles.

Fast Fact: In some ECOWAS countries, one veterinarian serves more than 100,000 animals.

6.1.3
Staffing Needs

Low salaries, limited career prospects, and shrinking public budgets discourage young professionals from joining or staying in the field. Community Animal Health Workers (CAHWs)—often unregulated—fill gaps without adequate oversight, creating inconsistencies in service quality and biosecurity enforcement

6.1.3
Veterinary Training: Securing the Next Generation

Among the studied Member States, only Ghana, Nigeria, and Guinea currently host veterinary faculties. Although Senegal—which was not included in this study—has a major regional institution, the Inter-State School of Veterinary Science and Medicine (EISMV), five ECOWAS countries—Cabo Verde, Gambia, Guinea-Bissau, Liberia, and Sierra Leone—currently have no students enrolled in veterinary programs. This gap is particularly concerning as several Member States face an impending retirement wave, with up to 50% of their current veterinary workforce expected to retire within the next five years, further deepening the shortage of qualified professionals across the region.

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Veterinary Training: Securing the Next Generation

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Fast fact: 1,522 students are in training across the **10 Member States**.

Most francophone and lusophone nations depend on international partnerships with Brazil, Portugal, or Cuba for veterinary education.

Veterinary education in the region faces multiple hurdles, including insufficient funding and outdated equipment, a shortage of qualified lecturers, and low enrollment rates compounded by limited scholarship opportunities. These factors hinder the quality and sustainability of veterinary training across ECOWAS Member States.

6.1.5
Veterinary Governance

While most Member States have Veterinary Councils (VCs), functionality varies widely. Guinea, Liberia, and Sierra Leone still lack councils entirely. Many countries operate under outdated veterinary laws, and public–private collaboration remains weak, particularly in rural service delivery.

Key Recommendations

Strengthen Education & Training

- Support non-faculty countries to partner with regional schools or host satellite training programs.
- Introduce mobility grants for expert lecturers and specialized trainers.

Expand Access to Services

- Deploy veterinary technical assistants in underserved zones while supporting private practice growth.

Promote Quality & Regulation

- Standardize curricula and professional licensing under ECOWAS guidance.
- Modernize veterinary laws and improve public–private collaboration.

Protect Animal Health & Trade

- Intensify cooperation against illicit veterinary medicine trade and harmonize drug-control regulations.

6.1.6
The Way Forward

The analysis is clear: West Africa's veterinary workforce is committed but overstretched. Strengthening veterinary governance, expanding training opportunities, and ensuring fair incentives will be decisive in securing the region's food systems and preventing zoonotic outbreaks.

By investing today in veterinarians and paraprofessionals, ECOWAS Member States can build a resilient, well-resourced veterinary network that embodies the One Health spirit—protecting animals, people, and the environment across West Africa.

ECOWAS COMMISSION
COMMISSION DE LA CEDEAO
COMISSÃO DA CEDEAO

Implemented by giz Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

cooperation germany – ecowas

VETERINARY WORKFORCE ANALYSIS

Insights into the demographics and trends of veterinarians and veterinary paraprofessionals across 10 ECOWAS Member States

The Veterinary Workforce Analysis for the ECOWAS Region offers an in-depth look at the Veterinary Services (VS) landscape across ten ECOWAS Member States. It examines the existing veterinary workforce, highlights staffing gaps and needs, and assesses the educational systems that train veterinarians and veterinary paraprofessionals (VPPs). The actionable recommendations aim to enhance VS, ensuring animal health, food safety, and the effective implementation of the One Health approach in the region.

KEY OBJECTIVES

1. Evaluate the current number of veterinarians and VPPs as well as gaps and staffing needs in VS.
2. Analyze stakeholders in training and education for veterinarians and paraprofessionals.
3. Recommend strategies for workforce improvement in the region.

METHODOLOGY

The study was conducted across **10 ECOWAS Member States**: Benin, Cape Verde, Ivory Coast, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Nigeria, and Sierra Leone.

Data Collection: Surveys and interviews with key stakeholders.

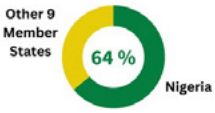
Workforce Analysis: Assessment of veterinarians and VPPs in training and service.

Gap Identification: Comparison of workforce against livestock popoulation.

Geographical Mapping: Locations of veterinary schools and workforce distribution.

OVERVIEW OF CURRENT VETERINARY WORKFORCE

Estimated Workforce: 2,672 veterinarians and **4,974 VPPs.**



Nigeria holds the largest share of the veterinary workforce.

Shortage of veterinarians and VPPs.

Women are underrepresented.

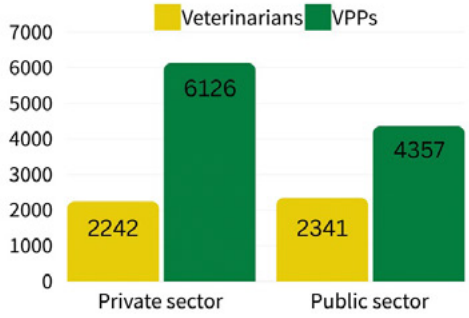
The veterinary workforce is **aging.**

Unregulated status of Community Animal Health Workers.

Insufficient budget allocation and **low remuneration** of veterinarians in the public sector.

Member States are facing a significant **retirement wave** in the next 5 years, with an expected loss of **4% to 50%** of their veterinary workforce

STAFFING NEEDS



"the region faces a critical shortage of veterinarians and VPPs, impacting service delivery in both public and private sectors."

Limited access to VS in **rural** areas.

VETERINARY TRAINING

1522 veterinarians currently **in training** across the 10 Member States

Veterinary training spans **6 years.**

International training: Portuguese- speaking nations send students to Brazil, Portugal or Cuba.

Inadequate funding of training institutions and **unattractive working conditions** for staff.

Lack of **training institutions**, only Ghana, Nigeria, and Guinea have veterinary schools.

Shortage of **qualified lecturers** as well as insufficient infrastructure and equipment.

Low enrollment rates, with Cape Verde, Gambia, Guinea-Bissau, Liberia and Sierra Leone and reporting no veterinarians currently in training.

Improving veterinary training, making the **profession more attractive**, and i**ncreasing enrollment** in veterinary programs are crucial steps to securing the future of the veterinary workforce

VETERINARY GOVERNANCE

Many Member States operate with **outdated veterinary laws**, with updates progressing slowly in some Member States.

In some Member States, **veterinary responsibilities** are assigned to **unqualified services** or **split across ministries**, complicating coordination and reporting.

Gaps in the r**egulation of private veterinary** practice hinder service delivery, especially in rural and underserved areas**.**

Veterinary Councils (VCs) across Member States **vary** in **functionality** and **compliance with WOAH** recommendations, with Guinea, Sierra Leone, and Liberia lacking established VCs.

Collaboration between **public and private veterinary sectors** remains **weak**, limiting efforts to integrate services and expand access

RECOMMENDATIONS

1. **Advocate for Veterinary Training:** Promote efforts across ECOWAS countries to improve VS and increase the training of veterinarians.
2. **Bi-Annual Veterinary Education Conference:** Organize a regional conference every two years to evaluate the successes and challenges of veterinary education in West Africa.
3. **Collaborative Research Initiatives:** Encourage joint research projects between English- and French-speaking veterinary schools to foster knowledge exchange and collaboration.
4. **Unified Veterinary Training Curriculum:** Develop a standardized veterinary training curriculum for the sub-region to ensure consistent and high-quality education.
5. **Support for Veterinary Training in Non-Faculty Countries:** Assist countries without veterinary schools by establishing training programs or sending students to established schools for partial or complete training.
6. **Mobility Grants for Expert Training:** Provide grants for leading experts to support veterinary schools that lack specialized trainers, improving the overall quality of education.
7. **Deploy Veterinary Technical Assistants:** Send veterinary technical assistants to countries with veterinarian shortages, with a gradual transition to local veterinarians, while encouraging private veterinary practice in deficit areas.
8. **Combat Illicit Veterinary Medicine Trade:** Enhance cooperation between member states to tackle the illegal trade of veterinary medicines through strengthened regional collaboration.

6.2 Building Regional Leadership for Epidemic Preparedness and Response: The ECOWAS One Health Leadership Course

In today's interconnected world, epidemics and pandemics do not respect borders. Strengthening preparedness and response capacities requires collaboration across human, animal, and environmental health sectors. Recognizing this, the **Economic Community of West African States (ECOWAS)** made a bold move in strengthening health security by launching the **ECOWAS One Health Leadership Course**—a flagship regional training program that equips professionals with the leadership skills needed to tackle health threats in unison.

Figure 5: ECOWAS One Health Leadership Course - Class of 2025, Ghana

6.2.1 A Cornerstone of the ECOWAS One Health Strategy

The course is part of ECOWAS' broader One Health strategy, led by the **West African Health Organisation (WAHO)**, the **Regional Centre for Surveillance and Disease Control (RCSDC)**, the **Regional Animal Health Centre (RAHC)**, and the **Directorate of Environment and Natural Resources (DENR)**. Together, these institutions promote cross-sectoral cooperation, data sharing, and evidence-based policymaking.

Developed under the Regional Programme Support to Pandemic Prevention in the ECOWAS Region (RPPP), commissioned by the German Federal Ministry for Economic Cooperation and Development (BMZ) and implemented by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ GmbH), the course reflects ECOWAS' commitment to building sustainable regional capacity.

6.2.2
What the Course Offers

Delivered over **ten days** at the **University of Ghana School of Public Health** in Accra for English-speaking participants, and at the **Institut Régional de Santé Publique** in Ouidah, Benin for French-speaking participants, the program combines expert facilitation, interactive sessions, and field visits

The curriculum is built around four modules:

1. **Leadership & Management** – building core leadership skills, communication, motivation, conflict management, and gender-sensitive approaches.
2. **Interinstitutional Coordination & Communication (IICC)** – strengthening collaboration within regional frameworks.
3. **One Health in the ECOWAS region** – applying systems thinking to pandemic preparedness.
4. **Effective Communication** – mastering risk and health communication for all stages of outbreaks.

6.2.3
Who the Course Targets

The course targets **mid- to high-level professionals** critical to regional health security from ECOWAS Member States, including:

Public health and healthcare professionals involved in outbreak prevention and control

Environmental and animal health experts

Staff from ECOWAS institutions, national organizations, and agencies engaged in epidemic preparedness and response

By convening such a cross-sectoral mix, the course nurtures the spirit of collaboration that lies at the heart of the One Health approach.

Figure 6: Participants of the ECOWAS One Health Leadership Course

6.2.4
Learning Outcomes

Participants graduate with the ability to:

- Apply leadership and management skills for gender-sensitive epidemic preparedness and response
- Coordinate and communicate effectively within national and regional emergency systems
- Apply One Health principles to epidemic and pandemic contexts
- Design and deliver effective, audience-specific risk communication strategies

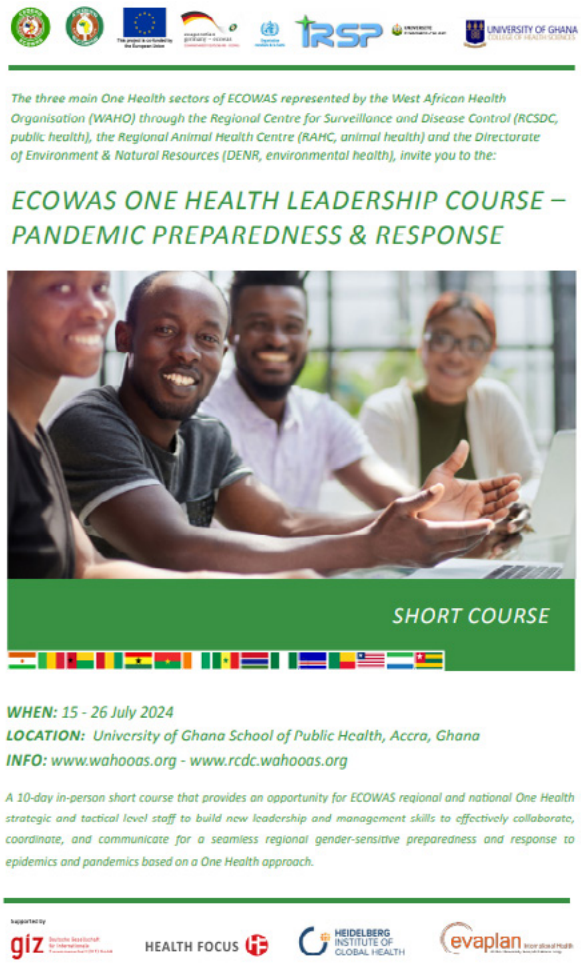


Figure 7: Course Flyer - Ghana

6.2.5
Strong Results and Positive Feedback

So far, over 140 professionals have been trained of which 33% were women

Participants consistently praise the program's balance of theory and practice and its value as a regional networking platform. Alumni have created active professional groups to sustain collaboration, reflecting the course's role in building a lasting community of practice.

More than 95% of past participants recommend the course, reporting greater confidence in applying One Health principles in their daily work and affirming its contribution to strengthening the regional One Health agenda.

6.2.6
Upcoming Editions

From 2026, the course will expand to include a limited number of self-funded participants, broadening access to this unique training opportunity.

How to Participate

Health professionals interested in upcoming courses may contact the **University of Ghana School of Public Health** via:

✉ ugsph.rppp2secretariat@ug.edu.gh

And the Institut Régionale de Santé Publique in Ouidah, Benin via irsp@irsp-ouidah.org:

By developing a cadre of skilled, networked, and visionary leaders, the **ECOWAS One Health Leadership Course** is helping to build a **resilient West Africa**, ready to respond swiftly and effectively to the next epidemic or pandemic.

One Health Research Needs

7 One Health Research Needs

7.1 One Health Research Spotlight: Strengthening Africa's Fight Against Antimicrobial Resistance

7.1.1 A Silent Pandemic on the Rise

Antimicrobial Resistance (AMR) has emerged as one of the gravest health challenges of our time — a "silent pandemic" threatening to reverse decades of medical progress. Across the African continent, infections once treatable with common antibiotics are becoming harder and more expensive to manage. The impact is staggering: Africa bears the one of the **highest mortality rates from AMR**, with an estimated **27.3 deaths per 100,000 people each year**.

Yet, the true scale of the problem remains largely invisible. In many low- and middle-income countries, **AMR surveillance systems are weak or nonexistent**, data collection is inconsistent, and information is rarely shared across sectors. Without accurate and timely data, countries struggle to design evidence-based policies or track the effectiveness of their interventions.

7.1.2 A Continental Framework for Collective Action

Recognizing that AMR cannot be solved by any single country or sector, the African Union (AU) developed the Framework for Antimicrobial Resistance Control — a landmark step toward a unified, One Health–based response.

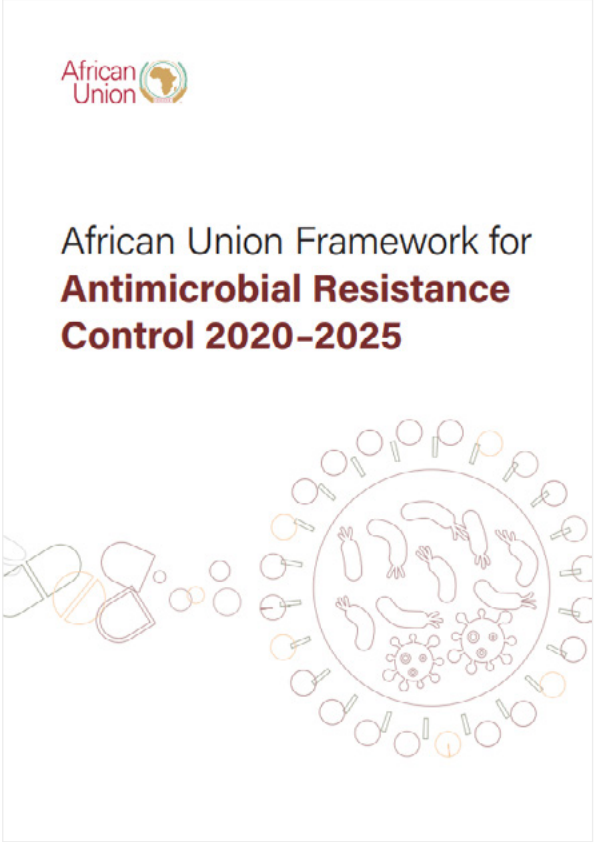


Figure 8: The AU Framework for AMR Control 2020-2025

The framework outlines four strategic objectives:

1. improve surveillance of antimicrobial use and AMR microorganisms;
2. Delay the emergence of AMR;
3. Limit transmission of AMR; and
4. Mitigate harm from AMR.

The approach embodies the One Health principle — connecting human health, animal health, and environmental systems — ensuring that laboratories, veterinarians, clinicians, and environmental scientists work hand-in-hand to contain AMR at its source.

7.1.3
Mapping AMR: Building Africa's Data Foundation

To translate this framework into action, **Africa CDC** and partners launched the **Mapping Antimicrobial Resistance and Antimicrobial Use Partnership (MAAP)** — the first initiative to systematically collect, process, and analyze AMR data across Africa.

Through MAAP, **14 African countries** are building the capacity to **generate national baseline data**, identify gaps, and monitor antimicrobial consumption trends. This initiative not only strengthens laboratory and data management systems but also provides policymakers with the evidence they need to design targeted national action plans.

By harmonizing data standards and encouraging intercountry collaboration, MAAP is helping to turn fragmented information into actionable intelligence — a vital step toward protecting populations from drug-resistant infections.

7.1.4
Africa Takes the Global Stage: One Health, One Future

At the **8th World One Health Congress**, held in **Cape Town, South Africa (20–23 September 2024), Africa CDC**, in partnership with the **European Centre for Disease Prevention and Control (ECDC)**, co-hosted a high-level side event titled "One Health, One Future: Tackling Infectious Diseases and Antimicrobial Resistance (AMR) in Africa."

The event brought together q**uadripartite organizations**, government ministries, research institutions, and international partners to share experiences and highlight best practices from across the continent. Experts from **West Africa and beyond** presented groundbreaking work on AMR surveillance, laboratory strengthening, and cross-sectoral collaboration.

Discussions underscored the urgent need for **greater investment in AMR research, surveillance infrastructure, and workforce capacity**, emphasizing that Africa's success depends on sustained collaboration between health, agriculture, and environmental sectors.

7.1.5
Charting the Research Agenda Forward

The fight against AMR demands more than awareness — it requires evidence, innovation, and collaboration.

Key research priorities identified during recent discussions include:

- Mapping environmental and zoonotic reservoirs of resistant pathogens;
- Developing cost-effective, field-ready diagnostic tools;
- Understanding antimicrobial use patterns in livestock and aquaculture; and
- Evaluating the economic impact of AMR on African health systems and food security.

7.1.6
The Road Ahead

Antimicrobial Resistance is not just a medical issue — it is a development challenge that threatens lives, economies, and food systems. Through the AU Framework, MAAP, and growing One Health partnerships, Africa is taking bold steps to close its data gaps and drive evidence-based action.

The message is clear: the time to act is now. By investing in research, surveillance, and cross-sectoral collaboration, Africa can turn the tide against AMR and safeguard the continent's health for generations to come.

Advocacy and Sustainability

8 Advocacy and Sustainability

8.1 Advancing Gender-Inclusive Risk Communication in West Africa

8.1.1 ECOWAS Takes a Transformative Step Toward Equitable Pandemic Preparedness

"Our ability to communicate risks effectively is not just a strategy — it's a moral imperative."

— Dr. Melchior Aïssi, Director General, WAHO

Women and men experience health emergencies differently. Yet, many risk-communication efforts overlook these differences — resulting in missed opportunities to reach those most affected.

The new **Gender-Inclusive Risk Communication Guidelines**, developed by **WAHO** and the **RCSDC** with support from **GIZ's RPPP**, place equity and inclusion at the heart of crisis communication. They ensure that every message and every policy speaks to the realities of both women and men, as well as youth and vulnerable groups.

Objectives of the Guideline

The guidelines serve as both a policy framework and a practical toolkit. They aim to:

- Integrate gender equity into national and regional risk-communication strategies.
- Empower institutions to design and deliver inclusive messages.
- Engage communities equitably so that everyone — women, men, youth, and marginalized groups — participates in emergency response.
- Mainstream gender within pandemic prevention, preparedness, and response across ECOWAS.

This aligns with the ECOWAS RCCE Strategy (2024–2028) and global commitments under the SDGs and AU GEWE Strategy.

Figure 9: Workshop on Integrating Gender into the Pandemic Preparedness and Response Strategy in Liberia

8.1.2
Implementation Framework

1. At the Ministry of Health level

- Establish **gender focal points** and integrate gender indicators into national health plans.
- Apply **gender-responsive budgeting** and strengthen coordination with Gender Ministries and partners.

2. At National Coordinating Institutions (NCIs)

- Adopt gender-responsive HR policies and ensure equal access to training.
- Collect **sex- and age-disaggregated data** to guide inclusive message design.
- Develop national **gender-sensitive RCCE strategies**.

3. At the Community Level

- Tailor messages to specific audiences — men, women, youth, and people with disabilities.
- Engage **community leaders, youth groups, and faith-based networks** in dialogue.
- Equip local health workers to handle **rumours and misinformation** with empathy.

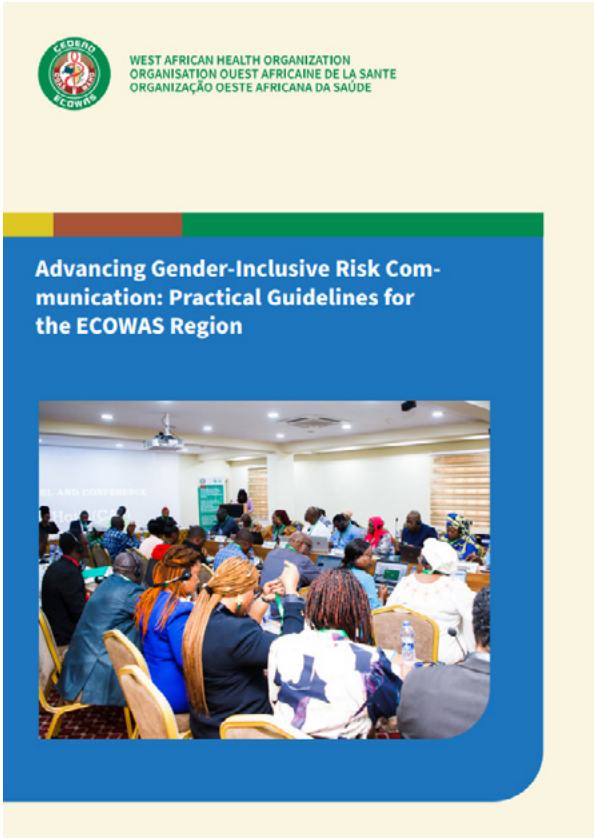


Figure 10: The ECOWAS Guidelines on Gender-Inclusive Risk Communication

8.1.3
Country Highlights

Country	Key Action
Nigeria	Adapted outbreak messages through socio-anthropological studies to reflect gender differences.
Liberia	Created a gender budget line and integrated gender in all RCCE campaigns.
Sierra Leone	Reserved 30 % of senior health leadership positions for women.
Guinea	Involved the Ministry of Gender in national rumour-management mechanisms.
Togo	Appointed gender focal points across the Ministry of Health and launched capacity-building sessions.

8.1.4
Conclusion: Inclusion Builds Trust

By embedding gender equality into every layer of communication — from ministries to communities — ECOWAS is strengthening its **One Health vision** and ensuring that **no one is left behind** in crisis response.

When communication considers gender, it saves more lives — not just through better information, but through fairness, dignity, and trust.

8.2 Elevating Animal Health Systems in West Africa: Inside the 10th RAHN Meeting

Each year, the **ECOWAS Regional Animal Health Centre (RAHC)** convenes the **Regional Animal Health Networks (RAHN)** Meeting, bringing together the **Regional Veterinary Committee (RVC)**—comprising the Chief Veterinary Officers of all Member States—the **Regional Epidemiological Surveillance Systems Network (RESEPI)**, and the **Veterinary Diagnostic Laboratories Network (RESOLAB)**. Together, these networks review progress in disease prevention and control, harmonize regional strategies, and assess the implementation of annual work plans.

The **10th Annual RAHN Meeting**, held in **Abuja, Nigeria, from 11–15 November 2024**, went beyond technical discussions. It became a dynamic forum for rethinking how **West Africa can invest in the people who safeguard its livestock, food systems, and ultimately, public health**.

Under the theme "Human Resources as a Weak Link in the Performance of Veterinary Services in West Africa: What Are the Prospects?", the event gathered **policymakers, veterinary directors, academics, development partners, and technical experts** from across the ECOWAS region and neighboring states — all united in charting a stronger, more resilient future for veterinary services in West Africa.

8.2.1 Setting the Tone: Leadership Perspectives

The opening session featured strong political and institutional support. GIZ Regional Pandemic Prevention Programme Manager, Mr. Bishop Damien, emphasized the importance of filling gaps in veterinary personnel across the region, highlighting GIZ's readiness to work hand-in-hand with ECOWAS and RAHC to find sustainable, long-term solutions.

From the FAO, Mr. Dominique Koffy Kouakou pointed to Nigeria's vast veterinary potential over 11,000 vets and 40,000 paraprofessionals yet emphasized the need to strengthen laboratories, improve disease surveillance, and tackle antimicrobial resistance. He underscored that veterinary services are not only about animals but are pivotal to achieving food security and the Sustainable Development Goals (SDGs).

Similarly, Dr. Huyam Ahmed of AU-IBAR gave a sobering reminder: while livestock remains vital to African economies, the sector is plagued by cross-border diseases and an acute shortage of skilled veterinary labor, especially in rural regions. Referring to a 2020 study, she noted that only a few African countries currently offer continuous training for animal health workers. Her call: more investment in training, access to medicines and vaccines, and veterinary research.

8.2.2
Beyond Numbers: Understanding the Workforce Crisis

The highlight of the technical sessions was the systematic evaluation of veterinary human resources across 10 ECOWAS countries. The findings were clear:

- The number of active veterinarians per population of animals is dangerously low, particularly outside capital cities.
- Most countries lack up-to-date stakeholder maps and regulatory frameworks to support private and rural practitioners.
- Community Animal Health Workers (CAHWs), though critical in rural delivery, are poorly integrated into national systems.

The data painted a picture of a workforce that is under-equipped, under-valued, and structurally unsupported despite being central to animal health surveillance, vaccination campaigns, and early warning systems for zoonoses.

8.2.3
2024 Disease Landscape: Hard Lessons in Real Time

Participants reviewed a year marked by several outbreaks that exposed systemic gaps:

- HPAI (Bird Flu) is now endemic in 10 ECOWAS Member States
- African Swine Fever devastated pig farming in Ghana and Côte d'Ivoire
- Old World Screw Worm (Myiasis) returned to Senegal after 30+ years
- Mpox outbreaks in Nigeria sparked new concerns about animal-to-human transmission routes

These outbreaks reinforced the need for an interconnected surveillance system, faster diagnostics, and real-time coordination between human and animal health sectors.

> "These are not isolated events they are warnings," one panelist remarked.

8.2.4
Education Reform: Building the Vet of the Future

Stakeholders emphasized that training must evolve. Current veterinary curricula do not adequately cover:

- Emerging zoonoses and pandemic preparedness
- Epidemiology and surveillance tools
- Animal welfare and aquaculture
- Digital diagnostics and reporting platforms

Veterinary schools such as EISMV Dakar and Usmanu Danfodiyo University called for regional alignment of degrees, inter-institutional collaboration, and language exchange programs to bridge the francophone–anglophone divide.

8.2.5
Rethinking Financing and Policy

The session on veterinary system financing explored how to link animal health with national development goals. Ideas included:

- Leveraging AfDB's Feed Africa and LIVEMAP programs
- Building regional funding pools to train and deploy veterinarians
- Tapping alumni networks and private sector stakeholders to sponsor scholarships
- Lobbying ministries of finance to fund national action plans on veterinary human resources

8.2.6
Regional Resolutions and Calls to Action

The meeting concluded with tailored recommendations for Member States, ECOWAS Institutions, and Technical Partners:

To Member States:

- Recognize CAHWs and define clear scopes of practice
- Revise outdated veterinary legislation
- Incentivize vet deployment in underserved areas
- Promote public–private partnerships in animal health

To ECOWAS/RAHC:

- Launch a regional observatory for veterinary workforce tracking
- Standardize training across the region
- Create a certification system for private vets and CAHWs
- Elevate veterinary investment to ministerial and Heads of State levels

To Partners:

- Fund training modules, data systems, and mentorship programs
- Support regional simulation exercises (SIMEX) and outbreak drills
- Ensure One Health coordination in all projects

8.2.7
Closing Words: Toward a Resilient Regional Workforce

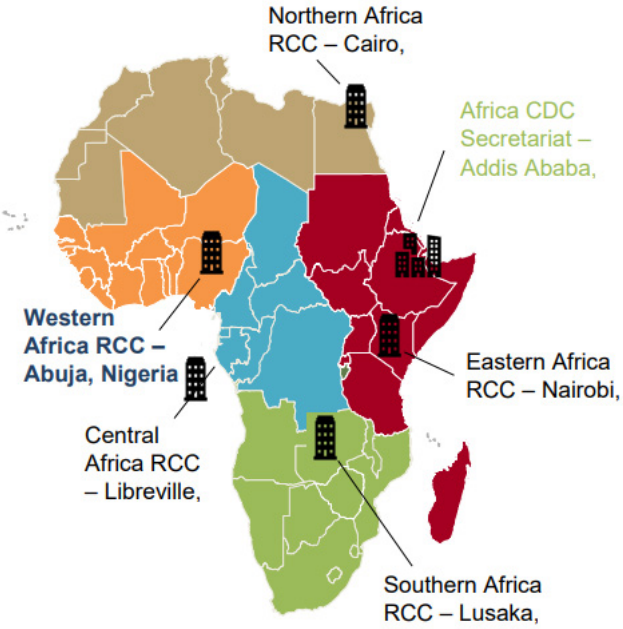
The 10th RAHN meeting didn't just outline the gaps it laid the groundwork for action. Stakeholders departed with a renewed commitment to position veterinary services as a strategic pillar of West Africa's health and economic development. The question was no longer "what are the prospects?" but "how fast can we get there?".

8.3 Strengthening Regional Health Security: Africa CDC Inaugurates the West Africa Regional Technical Advisory Committee (ReTAC)

8.3.1 A Milestone Toward an "Africa Without Borders" in Health

From **30 September to 1 October 2024**, the **Africa CDC West Africa Regional Coordinating Centre (WA-RCC)** convened its **inaugural meeting of the Regional Technical Advisory Committee (ReTAC)** in Abuja, Nigeria — marking a pivotal step in the operationalization of the regional hub envisioned to drive Africa CDC's "Africa Without Borders" health vision. The meeting brought together **representatives from 11 West African countries** —alongside key partners

The gathering symbolized the establishment of the **West Africa CDC Regional Technical Advisory Committee**, following similar launches in Central, Eastern and Southern Africa.



Africa CDC 5 Regional Coordination Centers

8.3.2 A Shared Vision for a Safer, Healthier Region

In her opening remarks, **Dr. Herilinda Temba**, the then Acting Regional Director of the Africa CDC WA-RCC, thanked the Government of Nigeria for hosting the event and reaffirmed the Africa CDC's commitment to building a continent "where public health threats are detected and contained at their source."

She emphasized that the ReTAC forms a **key pillar of the RCC governance framework**, serving as the **technical arm** that advises, guides, and oversees the implementation of Africa CDC's regional health agenda.

Representing ECOWAS RCSDC, **Dr. Samanta Djalo** commended Africa CDC's leadership and underscored the importance of collaboration between ECOWAS institutions and Africa CDC in securing the region's health security. "Public health challenges know no borders," she said, "and our collective response must be just as borderless."

The **Federal Ministry of Health and Social Welfare of Nigeria**, represented at the opening session, reaffirmed Nigeria's continued support to Africa CDC's operations in the region and celebrated the country's hosting of the West Africa RCC headquarters in Abuja — a commitment formalized in **May 2024** with the signing of the **Hosting Agreement**.

8.3.3
Defining Roles, Setting Priorities

Over two days, participants reviewed the **mandate, structure, and Terms of Reference (TOR)** of the ReTAC, and discussed Africa CDC's **Strategic Plan 2023–2027**, including its six priority areas and seven enablers.

Key sessions highlighted Africa CDC's achievements in:

- **Pathogen Genomics and Laboratory Quality Management**, with 234 West African experts trained under the Pathogen Genomics Initiative;
- **Cross-Border Surveillance**, where countries like Sierra Leone have pioneered electronic event-based systems;
- **The Mpox Preparedness and Response Plan**, jointly developed with ECOWAS RCSDC to ensure alignment and coordination in outbreak management across the region;
- **The Save Lives and Livelihoods Initiative**, which delivered 34 million COVID-19 vaccine doses to African Member States and strengthened cold-chain logistics.

Participants emphasized that the **ReTAC's role** would be to provide **technical guidance on regional priorities**, strengthen collaboration among Member States, and **advise the WA-RCC on implementing Africa CDC's strategic objectives**, including outbreak response, workforce development, and the establishment of National Public Health Institutes (NPHIs).

Figure 11: Newly elected ReTAC leadership and country representatives

8.3.4
Election of Leadership and Adoption of Priority Actions

Through a consensus-driven process, The Gambia was elected Chair (Mrs. Adama Drammeh), while Cabo Verde assumed the position of Deputy Chair (Mr. Domingos Veiga Varela).

The newly elected leadership committed to guiding the RCC's technical agenda and fostering closer collaboration among Member States and partners. The meeting concluded with an action roadmap that includes:

1. **Supporting the operationalization** of the WA-RCC's strategic and Mpox response plans.
2. **Establishing a framework** for data sharing and joint surveillance.
3. **Contributing to the development** of the 2025 RCC operational plan.
4. **Strengthening communication channels**, including a dedicated ReTAC WhatsApp platform and email network to enhance coordination.

8.3.5
Working Together Through the One Health Lens

The meeting also reaffirmed the shared commitment between **Africa CDC, ECOWAS RCSDC, and the RAHC** to ensure the ReTAC's work aligns with the **Regional One Health Coordination Mechanism**. The committee agreed to **leverage existing ECOWAS liaison officers and national focal points** to enhance communication and coordination between institutions, reflecting the region's growing emphasis on a **One Health approach** to epidemic preparedness.

8.3.6
A New Chapter for Regional Health Governance

The establishment of the West Africa ReTAC marks a defining moment in the continent's efforts to **decentralize and strengthen health governance**. As a bridge between technical expertise and political leadership, ReTAC will provide evidence-based guidance that empowers the WA-RCC to deliver on its mission: **a resilient, well-coordinated regional health system capable of managing outbreaks and safeguarding communities**.

As the newly elected Chair, **Mrs. Adama Drammeh**, stated:

"This committee represents more than a structure — it is the collective voice of West Africa's commitment to protect its people through shared knowledge, solidarity, and action."

With this inauguration, the Africa CDC and its partners have laid the foundation for stronger collaboration, better preparedness, and a healthier future for West Africa.

8.3.7
Africa CDC's One Health Actions Across the Region

In parallel with the establishment of the **West Africa Regional Technical Advisory Committee (ReTAC)**, a series of **One Health initiatives** have been undertaken — illustrating Africa CDC's leadership in building integrated surveillance, research collaboration, and workforce development across human, animal, and environmental health sectors.

January 2024

In-country Staff in 11 out of the 15 WA MS

February 2024

Presidential approval to host RCC in Nigeria

March 2024

Signing of the West Africa RCC Hosting Agreement

April 2024

RCC Office Complex allocated by the Federal Government of Nigeria

August 2024

43 Africa CDC staffs in West Africa (20 at the RCC and 23 across the 11 Regional MS)

8.3.7.1
Strengthening One Health Capacity in Nigeria's Field Epidemiology Training Programme

In **March 2024**, the **Nigeria Centre for Disease Control (NCDC)**, supported by the **GOARN Berlin Fellowship Programme**, organized a workshop to integrate One Health into the **Nigeria Field Epidemiology Training Programme (NFETP)**.

The workshop applied the Competencies of the One Health Field Epidemiology (COHFE) tool to identify key cross-sectoral skills and gaps, ensuring that the next generation of epidemiologists is equipped to respond collaboratively to zoonotic and emerging health threats.

Figure 12: Participants at the NFETP Workshop

8.3.7.2
Advancing Zoonotic Disease Surveillance and Collaboration

To bridge research and public health practice, EcoHealth co-hosted a regional workshop in Addis Ababa (April 2024) that brought together participants from Sierra Leone, Kenya, Zambia, Egypt, and Cameroon, along with researchers, surveillance coordinators, and partner institutions.

The interactive sessions explored opportunities to strengthen intersectoral collaboration in zoonotic disease surveillance, identify operational barriers, and establish communities of practice that will facilitate sustained cross-country data sharing and early warning systems.

Figure 13: Participants at the workshop in Addis Ababa, 2024

8.3.7.3
Supporting One Health Implementation in Cabo Verde

In **July 2024**, the **Africa CDC Western RCC** partnered with national authorities in **Cabo Verde** to conduct a **One Health awareness and rapid risk assessment workshop**.

The event gathered experts from health, agriculture, environment, and food safety sectors to assess national One Health capacities using **Africa CDC's One Health assessment tool**.

The workshop produced tangible outcomes: plans for **monthly coordination meetings**, identification of capacity gaps, and commitments to strengthen antimicrobial resistance (AMR) and food safety surveillance. Africa CDC pledged continued support to Cabo Verde's One Health roadmap.

Figure 14: Supporting One Health Implementation in Cape Verde



8.3.7.4

9.2.7.4 Showcasing Africa's Leadership at the World One Health Congress

At the **8th World One Health Congress** (Cape Town, **20–23 September 2024**), **Africa CDC** and the **European Centre for Disease Prevention and Control (ECDC)** co-hosted a side event titled "One Health, One Future: Tackling Infectious Diseases and Antimicrobial Resistance (AMR) in Africa."

The session convened **quadripartite organizations**, researchers, ministries, and NGOs to share best practices and policy insights. The event amplified Africa's commitment to integrated surveillance, **research investment**, and **capacity building**, while celebrating successful regional collaborations such as those spearheaded by the Western RCC and ECOWAS RCSDC.

8.3.8

Toward a Cohesive One Health Future

Together, these initiatives reflect Africa CDC's holistic approach to health security — connecting **local actions** (like NFETP in Nigeria and One Health planning in Cabo Verde) with **regional and continental frameworks** that drive joint surveillance, capacity building, and research.

By aligning these efforts under the newly established **ReTAC**, the **West Africa Regional Coordinating Centre** is not only advancing public health coordination but also championing Africa's broader vision of **One Health for a safer, united, and resilient continent**.

One Health

Together for a Safer Future

german cooperation
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AfricaCDC