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From Field Response to Regional Resilience

How lessons from the field are shaping stronger One Health systems across West Africa.



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Abbreviations and Acronyms

AAR	After-Action Review
Africa CDC	Africa Centres for Disease Control and Prevention
AI	Artificial Intelligence
AMR	Antimicrobial Resistance
BMZ	German Federal Ministry for Economic Cooperation and Development
CFR	Case Fatality Rate
CoP	Community of Practice
COVID-19	Coronavirus Disease 2019
DENR	Directorate of Environment and Natural Resources
DHIS2	District Health Information Software 2
ECOWAS	Economic Community of West African States
EOC	Emergency Operations Centre
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
IMS	Incident Management System
KAP	Knowledge, Attitude and Practice
NCDC	Nigeria Centre for Disease Control
NPHIs	National Public Health Institutes
OHZDP	One Health Zoonotic Disease Prioritization
RAHC	Regional Animal Health Centre
RAHN	Regional Animal Health Networks
RAHIS	Regional Animal Health Information System
RCCE	Risk Communication and Community Engagement
RCSDC	Regional Centre for Surveillance and Disease Control
ROHCM	Regional One Health Coordination Mechanism
ROHS	Regional One Health Strategy
RPPP	Regional Programme Support to Pandemic Prevention
RVF	Rift Valley Fever
UGSPH	University of Ghana School of Public Health
UK-PHRST	UK Public Health Rapid Response Team
WA RCC	West Africa Regional Coordinating Centre
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,

I am pleased to meet you again on the occasion of this second issue of the One Health Newsletter for the ECOWAS region. The launch of our first issue confirmed the interest in – and relevance of – a regional space dedicated to sharing information, experiences, and integrated solutions to health threats that simultaneously affect humans, animals, and the environment. I warmly thank all our readers and partners for their feedback and contributions, which strengthen this Newsletter's ambition: to support action, inform decision-making, and accelerate cooperation.

> In our region, risks continue to evolve rapidly. Outbreaks with zoonotic potential, antimicrobial resistance, food insecurity linked to climate hazards, pressure on ecosystems, socio-political disturbances and increased population mobility require coordinated, anticipatory responses grounded in evidence. More than ever, the operational implementation of the One Health approach – at all levels, from local to regional – must translate into concrete mechanisms: effective intersectoral coordination, integrated surveillance, high-performing laboratories, rapid information sharing, and an agile response capacity.

This second issue is part of that action-oriented momentum. It highlights progress achieved within Member States and at the regional level, while also underscoring the challenges that must be addressed to sustainably strengthen our health security. In this issue, you will find information focused on our field response to Rift Valley Fever in Senegal, gender-responsive crisis communication, and regional coordination on Mpox. Particular attention is also given to the strategic monitoring of our Regional One Health Strategy (2025–2029), the long-term impact evaluation of zoonotic disease prioritization, and the recent institutional relocation of the ECOWAS Regional Animal Health Centre (RAHC) to Guinea-Bissau.

This Newsletter also pursues an objective of visibility and mobilization: to showcase good practices, document lessons learned, and encourage the adoption of proven approaches. Successes in the One Health approach often arise from pragmatic initiatives led by national teams, researchers, veterinary and public health services, environmental stakeholders, community organizations, and partners. Highlighting them accelerates mutual learning and strengthens the trust essential to intersectoral collaboration.

Finally, I would like to reaffirm that this Newsletter is a collective tool. It is intended to grow through your contributions: feedback from experience, case studies, innovations, field analyses, and proposals for improvement. Together, let us make this regular appointment a source of inspiration and a lever for more coherent, faster, and more effective action in the service of the people of ECOWAS and beyond.

Thank you for your continued commitment, and I wish you an excellent read.



Dr. Mamadou DIARRASSOBA
Executive Director
ECOWAS Regional Centre for Surveillance and Disease Control

About the Team:
The Heads behind the West Africa One Health Newsletter

Co-Editors-in-Chief



Dr. Mamadou DIARRASSOBA
Executive Director RCSDC



Dr. Eugene KOFFI
RAHC



Bernard KOFFI
Director p.i. DENR



Dr. Alinon KOUKOU
Regional Director
(WA RCC) - Africa CDC

Editorial Team

Dr Samanta DJALO Dr Babacar FALL	RCSDC
Dr Mohammed FOUAD	RAHC
Raoul KOUAME	DENR
Maryam Ibrahim BUBA Modou NJAI	Africa CDC
Dr Céline MBILO	GIZ

One Region
One Health
One Voice

One Health in Action



3 One Health in Action

3.1 Senegal's Rift Valley Fever Response: The Power of One Health Action

In late 2025, Senegal faced one of its most significant outbreaks of Rift Valley Fever (RVF) in recent years. The mosquito-borne viral disease, which affects both humans and animals, poses a serious threat to public health, livestock production, food security, and rural livelihoods. What began with a handful of confirmed cases in northern Senegal rapidly evolved into a multi-regional outbreak, testing the country's emergency preparedness and response systems. Despite the scale of the outbreak, Senegal mounted a robust and coordinated response that has emerged as a strong example of the One Health approach in action.

Following the outbreak, stakeholders conducted an After-Action Review (AAR) and a comprehensive response assessment to evaluate the effectiveness of interventions, identify good practices, and document lessons that can strengthen future preparedness and response efforts.

3.1.1 Early Detection Triggers Rapid Response Action

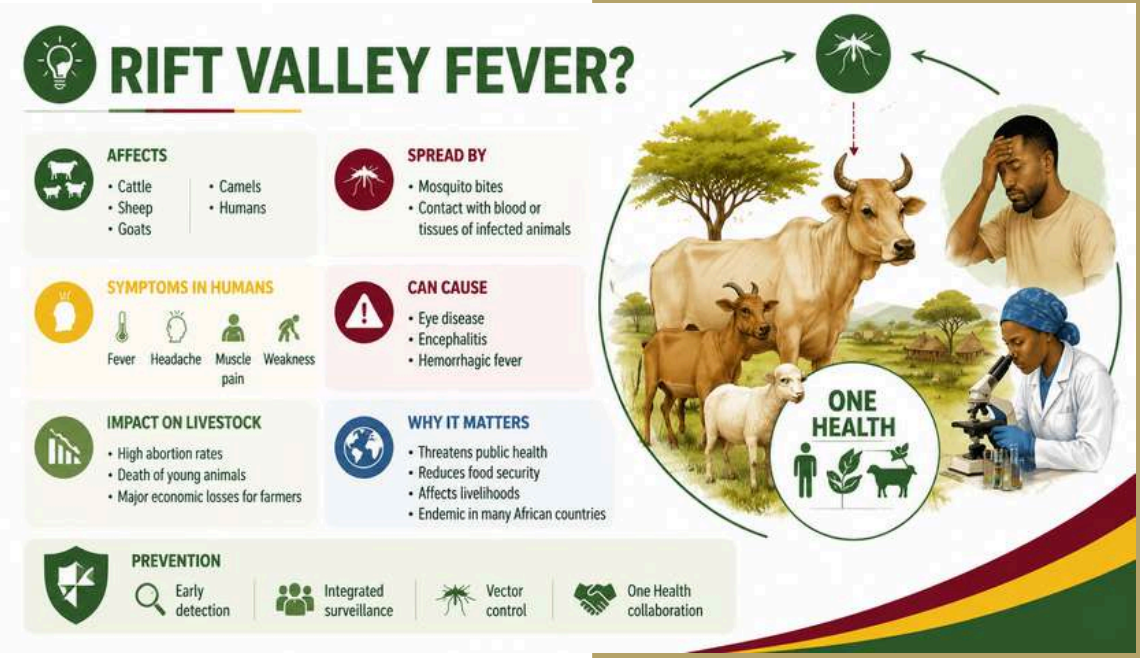
The first human cases were detected through routine surveillance in September 2025 in Saint-Louis Region. As additional cases and deaths were confirmed, national authorities quickly activated emergency response mechanisms, including the Activation of the Emergency Operating Centre (EOC) including a unified Incident Management System (IMS) bringing together experts from various disciplines.

Outbreak Summary

Rift Valley Fever Outbreak in Senegal (Sept 2025–Jan 2026)

- Over 21,000 humans and over 3,300 animal samples tested;
- 563 confirmed human cases;
- 31 deaths (CFR: 5.5%);
- 446 confirmed animal cases (cattle, sheep and goats);
- 2,026 livestock abortions reported;
- 12 regions (out of a total of 14) and 29 departments affected (out of a total of 46);
- Over 55,000 animals vaccinated in more than 320 villages;
- More than 16,000 educated on RVF;
- Saint-Louis region accounted for two-thirds of all human cases;
- Transmission peaked in October 2025 and declined steadily, with no confirmed human cases reported since January 2026

Surveillance activities intensified from October 2025, particularly in Saint-Louis, Matam, and Louga. Joint investigation teams conducted active case findings, outbreak investigations, and monitoring along livestock movement and transhumance corridors. Daily situation reports and regular coordination meetings ensured that decision-makers had timely information to guide response efforts.



Rift Valley Fever (RVF) is a viral zoonotic disease that affects **animals and humans**. It is caused by a virus and transmitted mainly by mosquitoes or through direct contact with the blood, tissue, or body fluids of infected animals.

3.1.2 One Health Approach at the Centre of the Response

A defining feature of the response was the effective application of the One Health approach. Human health professionals, veterinarians, laboratory scientists, vector control specialists, and communication experts worked together under a shared operational framework. This cross-sectoral collaboration improved information sharing, reduced duplication of efforts, and enabled a more comprehensive understanding of disease transmission at the human-animal-environment interface.

The response also benefited from strong national leadership, functional emergency coordination structures, regular situation reporting, and active partner engagement. According to the response assessment, these coordination mechanisms contributed significantly to the overall effectiveness of the response.

3.1.3 Strengthening Surveillance and Diagnostic Capacity

The outbreak highlighted the importance of linking human and animal surveillance systems. Investigations of animal outbreaks provided valuable insights for predicting and responding to human infections, demonstrating the practical benefits of One Health coordination.

To improve outbreak detection and monitoring, multidisciplinary teams were deployed to affected regions and mobile laboratories were established closer to communities at risk. These mobile diagnostic units significantly reduced delays in testing and confirmation, enabling faster public health action.

National laboratory networks, including the Institut Pasteur de Dakar, IRESSEF, and the National Livestock and Veterinary Research Laboratory (LNERV), played a critical role in strengthening diagnostic capacity and supporting surveillance efforts.

The combined surveillance system resulted in more than 21,000 human samples and over 3,300 animal samples being tested during the response, allowing authorities to closely track the evolution of the outbreak and target interventions.

3.1.4
Protecting Communities Through Animal Vaccination and Vector Control

Because Rift Valley Fever is primarily an animal disease that can spill over into humans, protecting livestock was a central pillar of the response.

More than 55,000 animals were vaccinated in high-risk outbreak zones and transhumance corridors using the Clone 13 vaccine, supported by substantial national investment and field logistics support.

Vector control interventions were also implemented through larval source management, livestock treatment, insecticide application, and the use of drones to access difficult-to-reach areas. Distribution of insecticide-treated materials in high-risk regions further supported prevention efforts.



Messages were tailored to livestock farmers, herders, butchers, traders, and communities living in transhumance zones. The campaign encouraged early reporting of animal illnesses and human symptoms while promoting protective measures to reduce exposure to infected animals and mosquito bites. The response demonstrated that communities are not simply beneficiaries of outbreak control efforts – they are active partners in prevention and early detection.

Key Strengths of the Response

The response assessment identified several strengths that contributed to effective outbreak control. These included:

- Strong leadership at the national level;
- Functional coordination mechanisms;
- Integrated One Health surveillance;
- Deployment of mobile laboratories;
- Strategic livestock vaccination, and
- Coordinated field operations.

The integration of RVF and dengue response activities under a unified Incident Management System was also recognized as a strategic innovation that improved efficiency and reduced duplication of effort.

3.1.5
Risk Communication and Community Engagement

Public awareness and community engagement were essential components of the response. Authorities implemented an extensive Risk Communication and Community Engagement (RCCE) strategy that combined national media campaigns, community outreach activities, radio and television broadcasts, digital communication, and a toll-free hotline.



3.1.6
Challenges and Lessons Learned

Despite the successes achieved, the response revealed several challenges. These included supply chain disruptions affecting diagnostic reagents and medical supplies, delays in financing, insufficient dissemination of operational guidelines, limited regional implementation capacity, and gaps in community-based surveillance and risk communication systems.

The after-action review also highlighted the need to strengthen coordination mechanisms, improve interoperability between surveillance systems, expand laboratory capacity at regional level, and sustain community engagement activities beyond outbreak periods. Continued investment in surveillance, workforce development, intersectoral collaboration, and preparedness planning was identified as essential for improving future responses to RVF and other zoonotic disease threats.

3.1.7
Building a More Resilient Future

Senegal's Rift Valley Fever response offers an important example of how a coordinated One Health approach can strengthen outbreak detection, response, and containment. The experience generated valuable lessons for improving national preparedness while contributing to broader regional health security efforts across West Africa.

As climate change, population growth, and increasing human-animal interactions continue to create conditions for emerging infectious diseases, investments in surveillance, laboratory systems, workforce development, and multisectoral collaboration will remain critical. Senegal's experience demonstrates that when sectors work together, countries are better equipped to detect threats early, protect communities, and save lives.



Strengthening Communication & Communities



4 Strengthening Communication & Communities

4.1 ECOWAS RCCE Network Strengthens Gender-Responsive Health Crisis Communication Capacity in West Africa

The ECOWAS RCCE Network reinforced regional efforts toward inclusive public health emergency preparedness during a three-day Regional Training Workshop on the Development of a Gender-Responsive Health Crisis Risk Communication Plan held in Lomé, Togo, from 15–17 October 2025. The workshop convened RCCE professionals from the human, animal and environmental health sectors, development partners, and public health stakeholders from across West Africa to strengthen institutional and operational capacities for effective crisis communication.

The workshop was organized with support from the GIZ Regional Programme Support to Pandemic Prevention (RPPP), the ECOWAS Regional Centre for Surveillance and Disease Control (RCSDC) and the Secretariat of the RCCE network. It focused on strengthening gender-responsive RCCE systems and improving preparedness for disease outbreaks and other health emergencies across ECOWAS member states.

4.1.1 Strengthening Gender-Responsive RCCE Systems

Participants explored practical approaches to integrating gender perspectives into crisis and emergency communication planning. The sessions focused on:

- Gender-sensitive communication strategies;
- Audience-centered messaging;
- Social norms and inclusion;
- Community trust-building; and
- Importance of reaching vulnerable populations during emergencies.

Country representatives also shared national experiences and lessons learned from RCCE implementation, including the use of digital surveys, community radio partnerships, and low-cost community engagement approaches. A central focus of the workshop was the integration of gender considerations into crisis and emergency communication planning. Facilitators explored the conceptual distinctions between Risk Communication and Crisis Communication, and how gender dynamics influence each.



4.1.2
Practical Simulation Exercises and AI in RCCE

Participants took part in a multilingual practical simulation exercise based on a fictional cholera outbreak scenario in the "Republic of Koruba" working groups developed operational RCCE plans covering stakeholder mapping, audience segmentation, key messaging, rumor management, communication channels, and monitoring frameworks.

The workshop also featured a dedicated session on the use of Artificial Intelligence tools, including ChatGPT, in RCCE documentation and message development. Participants were encouraged to leverage AI responsibly while ensuring that all AI-generated content is reviewed for factual accuracy and contextual relevance before dissemination.

4.1.3
Africa CDC's Regional Perspective

Speaking on behalf of Africa Centres for Disease Control and Prevention (Africa CDC), Mr. Modou Njai underscored that disease outbreaks do not respect national boundaries and therefore require coordinated regional responses grounded in shared systems and protocols. He also referenced the launch of the Africa CDC Public Health RCCE Community of Practice for Africa (PH-RCCE-CoPA), which includes representation from the ECOWAS RCCE Network leadership.

4.1.4
Understanding Regional Challenges

A dedicated session reviewed lessons drawn from outbreaks and public health emergencies recorded across the ECOWAS region between 2014 and 2025, including Ebola, COVID-19, Lassa fever, cholera, meningitis, rabies, flooding events, conflict-related health crises, and heavy metal poisoning incidents.

Participants examined systemic and operational challenges that have recurrently affected emergency response systems, including weak health infrastructure, limited diagnostic capacity, health workforce shortages, misinformation and community trust deficits, inadequate cross-border coordination, logistical and financing constraints, and climate-related vulnerabilities.

Facilitators emphasized that misinformation, fear, stigma, and community distrust can undermine even technically sound response efforts when communities are not meaningfully engaged. Participants were reminded that trust must be established and maintained prior to emergencies, rather than constructed during active crisis periods.

Effective Messaging Principles:

Several communication principles for effective emergency response were reinforced throughout the workshop:

- Messages should be concise, clear, and impact-driven, requiring systematic pretesting with target audiences prior to dissemination;
- Trusted community and religious leaders should be actively engaged as key communication intermediaries;
- Personal and interpersonal networks remain critical complements to mass media outreach;
- Communication plans must include clearly defined operational strategies, assigned responsibilities, and dedicated budgets.
- Importance of appropriate timing and tone, audience-centered design, and strategic use of communication channels in the context of health emergencies.

4.1.5
Key Concepts in Gender Mainstreaming

Additional sessions addressed key gender concepts – including equity, equality, inclusion, integration, and mainstreaming – as well as the influence of social norms on public health communication outcomes. Facilitators emphasized that effective RCCE systems must deliberately remove structural barriers to participation and ensure that RCCE messages remain inclusive, comprehensible, and actionable for all population groups.



4.1.6
Recommendations and Way Forward

At the closure of the workshop, participants recommended:

- Increased investment in RCCE activities;
- Development of a harmonized RCCE data collection framework for ECOWAS;
- Expansion of digital and online survey tools;
- Stronger community engagement mechanisms; and
- Full integration of gender mainstreaming principles into RCCE planning and implementation.

Stakeholders also reaffirmed their commitment to strengthening regional collaboration, knowledge sharing, and sustainable RCCE capacity-building across West Africa, emphasizing the need to continuously engage communities, empower local decision-making, and regularly evaluate the impact of public health messaging.

During the closing ceremony, Dr. Moussa SOUMAH, President of the ECOWAS RCCE Network, urged participants to disseminate lessons learned within their respective institutions and communities, affirming that health must be treated as "a right and not a privilege".

4.2 ECOWAS RCCE Community of Practice Strengthens Regional Collaboration on Mpox and Rift Valley Fever Preparedness

The ECOWAS RCCE Mpox Subnetwork, a specialized subnetwork under the broader ECOWAS RCCE Network, continued to strengthen regional coordination and knowledge exchange through a series of technical meetings focused on Mpox preparedness and response across West Africa.

The meetings, supported by the GIZ Regional Programme Support to Pandemic Prevention Programme (RPPP), the Regional Centre for Surveillance and Disease Control (RCSDC) and the Secretariat of the RCCE network, brought together RCCE experts, public health practitioners, development partners, and regional stakeholders to share experiences, tools, operational lessons, and innovative approaches for outbreak communication and community engagement.

4.2.1 Community Engagement and Social Science Approaches

To ground regional outbreak responses in solid data, the sessions focused heavily on community-led strategies and data collection tools.

Community Listening Tool Presented by Sierra Leone

One of the key technical presentations focused on the rumor management and community listening tool developed by the Sierra Leone National Public Health Agency (NPHA-SL) with the support of the ECOWAS RCSDC. Presented by Mr. Michael Kamara, the tool was designed to strengthen health systems, improve disease surveillance, support RCCE activities, and facilitate community feedback using digital platforms.

Participants reviewed how the tool was successfully deployed during the recent Mpox outbreak response in Sierra Leone, including its use for Knowledge, Attitude and Practice (KAP) surveys, the collection and management of rumors and misinformation, and broader One Health initiatives. Discussions also highlighted operational challenges such as limited language integration, the absence of an iOS version, and the need for stronger regional interoperability and cybersecurity protections.

4.2.2 UK-PHRST: RCCE and Social Science in Outbreak Response

Expanding technical collaboration beyond the region remains a priority for the ECOWAS network to adopt international best practices.

Strengthening Collaboration with International Partners

A second presentation, delivered by Ms. Olivia LEONARD of the UK Public Health Rapid Support Team (UK-PHRST), provided an overview of the organization's RCCE and social science work in outbreak response across low- and middle-income countries.

Participants were briefed on the UK-PHRST's integrated operational approach, built around rapid outbreak response, operational research, and institutional capacity strengthening. The presentation also highlighted recent field deployments and documented case studies in Malawi, South Africa, Somalia, and Uganda, demonstrating how social science and RCCE interventions effectively support epidemic preparedness and response. Participants welcomed the prospect of deepening collaboration between ECOWAS RCCE Network members and the UK-PHRST.

4.2.3
Discussions and Recommendations

Throughout the meetings, participants emphasized the importance of:

- Strengthening regional RCCE coordination;
- Improving multilingual accessibility of digital RCCE tools;
- Enhancing cybersecurity and data protection systems;
- Promoting regional standards for epidemiological and community-level surveys; and
- Expanding collaboration on RCCE and social science integration in outbreak preparedness frameworks.

The meetings further reinforced the value of balancing virtual and in-person engagements to sustain collaboration, peer learning, and knowledge exchange among RCCE professionals across ECOWAS member states.

At the close of the discussions, Dr. Babacar Fall, Health Communication Officer at ECOWAS-RCSDC, speaking on behalf of the Executive Director, commended the participants and facilitators for their active engagement and valuable contributions to strengthening regional preparedness capacities in RCCE. He also outlined the regional outlook and future priorities for RCCE within the ECOWAS region.

Generating Evidence for Regional Policy Guidance



5 Generating Evidence for Regional Policy Guidance

5.1 Strategic Monitoring: ECOWAS Platform Assesses One Health Operationalization Across the Region and Submits Study to the 2026 World One Health Conference

Within the framework of monitoring the ECOWAS Regional One Health Strategy (ROHS 2025-2029) validated in 2024, the ECOWAS One Health Secretariat supported by the GIZ Regional Programme Support to Pandemic Prevention, conducted a comprehensive cross-sectional study focused on assessing operationalization and mapping multisectoral integration across ECOWAS Member States. The main objective of this initiative was to identify operational gaps to inform annual planning and strengthen regional health resilience.

5.1.1 Methodology and Scope of the Investigation

Data collection was carried out through a coordinated effort that mobilized national stakeholders and focal points representing National One Health Coordination Mechanisms. The survey covered the core thematic areas of the ROHS, engaging professionals from the human, animal, and environmental health sectors. To ensure a harmonized and comparable analysis across different Member States, the team developed and applied a specific indicator-based scoring system to evaluate operational performance.

Preliminary results were presented to the Member States during the annual ECOWAS One Health Technical Meeting held in Accra, Ghana, in November 2025. The findings informed the development of the ECOWAS One Health Secretariat's annual work plan.

Key Areas Assessed and Operational Focus

The study examined critical structural and operational points for the success of One Health governance in West Africa:

- **Institutional commitment:** Assessment of the legal framework and active functionality of national coordination mechanisms.
- **Joint activities:** Analysis of the regularity of coordination meetings, shared surveillance activities, and harmonization of laboratory diagnostic protocols.
- **Information flow:** Mapping data management and sharing systems between sectors, including digital interoperability and reporting frameworks to ECOWAS regional level.
- **Financial sustainability:** Diagnostics on funding mechanisms and identification of budgetary vulnerabilities at the operational level.



5.1.2
ECOWAS Showcases Leadership at the 9th World One Health Congress in Lisbon

To share vital lessons and the progress of One Health governance within the ECOWAS region on a global stage, the prestigious 9th World One Health Congress (WOHC 2026) – held in Lisbon, Portugal, from 4 to 7 September 2026 – was officially attended by a joint regional delegation. The region was prominently represented by a collaborative delegation consisting of Dr. Samanta DJALÓ from the ECOWAS Region One Health Platform and Dr. Céline MBILO from the GIZ.

During the session dedicated to novel and outstanding discoveries, a high-impact technical oral presentation was delivered by the delegation, titled "One Health Implementation in the ECOWAS Region (2023 to 2025): Strong Institutional Commitment, Fragmented Operationalization". Vital transparency was brought to the global health community through this presentation, as it was showcased that while institutional framework commitment in West Africa is exceptional with National One Health Coordination Mechanisms legally recognized and established in 10 out of 12 surveyed Member States a significant gap remains regarding active daily functionality and meeting frequencies.

Immense interest from international experts was drawn by the presentation, particularly through the outlining of the critical technical and financial bottlenecks currently slowing down integration across the subregion. It was detailed how operational indicators drop when joint surveillance, joint laboratory protocols, and formal intersectoral data-sharing agreements are evaluated. This fragmentation is visually mirrored by a siloed software landscape, where the human health sector is widely dominated by DHIS2, while the animal health sector simultaneously relies on eight distinct, non-integrated tools, directly hindering seamless cross-sectoral integration.

Furthermore, an urgent alert regarding financial sustainability was raised by the study, revealing that a critical 33% of the surveyed Member States remain exclusively dependent on external, project-based international funding to keep their One Health activities alive. The successful session was concluded by the ECOWAS-GIZ delegation by advocating for a clear three-step pathway forward to translate political intent into resilient operational capacity: the strengthening of sustainable domestic financing, the deployment of interoperable digital surveillance tools, and the urgent harmonization of regional indicators across all Member States.



5.2 Driving Global Standards: ECOWAS Pioneers the Regional One Health Zoonotic Disease Prioritization Impact Evaluation

In 2018, ECOWAS became the first Regional Economic Community to successfully conduct a multisectoral zoonotic disease prioritization exercise. Through a consensus-based process, seven priority zoonotic diseases of regional concern were identified: anthrax, rabies, Ebola and other viral hemorrhagic fevers, zoonotic influenzas, zoonotic tuberculosis, trypanosomiasis, and yellow fever.

In 2026, the ECOWAS Regional One Health Secretariat, headed by the ECOWAS Regional Centre for Surveillance and Disease Control in collaboration with technical partners, launched a regional impact evaluation of the One Health Zoonotic Disease Prioritization (OHZDP) process. This study assesses the concrete progress made by individual Member States since the 2018 regional prioritization workshop conducted in Dakar, Senegal.

The initiative directly engages senior regional One Health leaders, alongside key focal points from human, animal, and environmental health ministries across Member States. By examining country-specific implementation histories, the evaluation provides a high-level diagnosis of current operational capacities to strengthen regional disease preparedness and mitigate future potential threats.

5.2.1 Evaluating the Impact of the OHZDP Process

The evaluation measures the long-term institutional outcomes and benefits generated by the OHZDP framework across the region. The core technical focus tracks how the process has achieved its multi-sectoral goals since the prioritization.

Specifically, the evaluation aims at:

- **Assessing National Evolution:** · avaliar como cada país progrediu nos sistemas nacionais de saúde, como reforçaram a coordenação multissetorial e desenvolveram planos intersetoriais operacionais;
- **Tracking Surveillance Tool Adoption:** Monitoring the country-level adoption, integration, and operational status of the global Surveillance and Information Systems Operational Tool within national structures.
- **Reviewing Core Outcomes:** Assessing the sustainability of collaborative networks established to address priority zoonotic diseases at the human-animal-environment interface.
- **Identifying Operational Strengths:** Analyzing technical participation metrics to capture best practices and document systemic lessons learned to optimize future regional health security strategies.

5.2.2 Evaluating Barriers in Non-OHZDP Member States

Recognizing the diverse implementation landscape across West Africa, the study includes Member States that have not yet executed the official prioritization process. For these countries, the evaluation applies a targeted technical approach designed to:

- **Diagnose Operational Bottlenecks:** Uncover the specific structural, administrative, or logistical barriers preventing the rollout of the prioritization process at the national level.
- **Map Future Timelines:** Determine the readiness, strategic windows, and projected timelines for remaining nations to conduct national prioritization exercises, ensuring harmonized regional health frameworks.

5.3 Driving Environmental Health Policies: ECOWAS advances regional action plan on plastic management

Plastic pollution has emerged as a critical environmental challenge across West Africa, carrying profound and cascading implications for ecosystems, public health, rural livelihoods, and sustainable development. Effectively addressing this crisis contributes directly to the One Health approach, which recognizes the intrinsic and delicate interconnection between human well-being, animal health, and environmental integrity. In a decisive response to this growing threat, the ECOWAS Commission, through its Directorate of Environment and Natural Resources (DENR), has significantly advanced the development and institutionalization of the ECOWAS Regional Action Plan on Plastics Management (RAP-PM). Following an intensive regional Meeting of Experts held from 26 to 28 November 2025 in Abuja, Nigeria, where the operational baselines were technically reviewed, ECOWAS convened a definitive high--level regional assembly in Abidjan, Côte d'Ivoire, from 28 to 30 April 2026, culminating in the formal validation of this strategic regional framework at the ministerial level.



The critical urgency of this intervention is underscored by staggering regional data presented to the Ministers, revealing that West Africa generates approximately 7.6 million tonnes of plastic waste annually, of which an alarming 80% is mismanaged. This severe mismanagement heavily disrupts terrestrial, freshwater, and marine ecosystems, threatening the region's vital blue economy and escalating transboundary public health risks.



The freshly validated Regional Action Plan provides a comprehensive, highly coordinated roadmap for tackling plastic lifecycle pollution across the subregion over a ten-year operational period. Systematically around four pillars – policy and regulation, financing, capacity building, and data, monitoring and evaluation – the framework comprises 31 priority activities designed to harmonize national regulations, strengthen Extended Producer Responsibility (EPR), and improve environmental monitoring systems while aggressively promoting recycling, research, and circular economy innovations.

Scaling Up Regional One Health Governance



6 Scaling Up Regional One Health Governance

6.1 Surveillance of Priority Zoonotic Diseases: Insights from the 2025 ECOWAS One Health Meeting

The Economic Community of West African States (ECOWAS) convened the Annual Regional One Health Technical Meeting 2025 on the theme: "Surveillance of Priority Zoonotic Diseases as an Entry Point to Operationalize the One Health Approach in the ECOWAS Region."

The four-day meeting, took place from 10 to 13 November 2025 in Accra, Ghana, and brought together Member States, ECOWAS institutions and agencies, other regional institutions, and partners to discuss how cross-sectoral surveillance can strengthen regional preparedness and response to zoonotic and emerging diseases.

6.1.1 Opening Highlights

At the opening ceremony on 10 November 2025, representatives from ECOWAS institutions and partners reaffirmed their commitment to translating the ECOWAS Regional One Health Strategy (2025–2029) into action.

On behalf of Germany, GIZ commended ECOWAS for fostering intersectoral collaboration as a foundation for regional health security. Fatima H. Zanna, Head of the BMZ funded RPPP programme implemented by GIZ, emphasized that health is a major driver of the economy and that resources invested in health must yield broader gains for economic development and regional stability. She noted that this underscores the need for greater efficiency and coordination across sectors, especially amid dwindling global funding.

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.

In his opening remarks, the Executive Director of the ECOWAS Regional Centre for Surveillance and Disease Control (RCSDC), Dr. Mamadou DIARRASSOUBA, reiterated that collaborative surveillance is the backbone of effective disease prevention and early warning.

He highlighted that the presence of Member States and partners demonstrates the region's collective commitment to advancing the One Health agenda, while calling for sustained innovation and cooperation to address ongoing health security challenges across West Africa.

Participants also heard remarks from the Quadripartite representative, WHO AFRO, and EU Delegation to ECOWAS, who underscored the importance of synergy between the human, animal, and environmental health sectors in achieving resilient systems.

The Director General of Health from Côte d'Ivoire, Professor Mamadou SAMBA, further noted that the rapid expansion of human settlements into virgin ecosystems is increasing the risk of zoonotic transmission, emphasizing the relevance of the meeting in shaping practical and sustainable regional responses.



The Director General of the Ghana Health Service, Professor Samuel Kaba AKORIYEA, officially opened the meeting on be half of the Honourable Minister of Health. He highlighted Ghana's progress in implementing the One Health approach including digital surveillance and intersectoral coordination with the Veterinary and Environmental Services—and stressed that no country can achieve health security in isolation. He urged participants to approach the meeting with purpose and commitment, identifying practical solutions that will enable sustainable progress toward a safer and healthier ECOWAS region.

6.1.2
Participants

The meeting gathered representatives from ECOWAS Member States across human, animal, and environmental sectors, as well as ECOWAS institutions (Regional Centre for Surveillance and Disease Control, Regional Animal Health Centre, Directorate of Environment and Natural Resources), technical partners, academia, and civil society organizations engaged in zoonotic disease prevention, surveillance, and response.

6.1.3
About the Meeting

The meeting aimed to explore how One Health surveillance of priority zoonotic diseases can serve as an entry point to strengthen data sharing across sectors and enhance early detection and response mechanisms. Participants discussed practical strategies to:

- Promote harmonized indicators and data sharing across sectors and Member States;
- Identify gaps and good practices in national One Health surveillance systems;
- Establish a Regional One Health Surveillance Community of Practice (CoP); and
- Validate the 2026 Annual Work Plan of the ECOWAS Regional One Health Secretariat.

6.1.4
Recommendations and outcomes

Going forward, participants recommended that the region moves toward a harmonized set of One Health indicators and interoperable data systems to enable coordinated, cross-sectoral decision-making. They further emphasized that technical and financial support from partners should be deliberately aligned with ECOWAS frameworks and national priorities to ensure coherence and avoid fragmented efforts.

Strengthening laboratories and logistics systems, particularly integrated mechanisms for biological sample transport in line with the PROALAB model, was highlighted as essential to improving diagnostics and response readiness. Participants also underscored the need for systematic documentation of research outputs to attract sustainable funding, promote evidence-based planning, and support regional scale-up of proven interventions.

Above all, continuous capacity building remains central: equitable participation across human, animal, and environmental sectors, stronger subnational implementation, and structured mentorship were identified as critical to maintaining the skills and leadership needed to operationalize One Health effectively across the region.



6.2 The ECOWAS Regional Animal Health Centre: A New Chapter in Guinea-Bissau

The ECOWAS Regional Animal Health Centre (RAHC) has embarked on a new chapter in its history following its relocation from Bamako, Mali to Bissau, Guinea-Bissau.

6.2.1 Institutional Relocation from Bamako to Bissau

Established in April 2006 as the first Regional Animal Health Centre in Africa, RAHC became an ECOWAS Specialized Community Institution in 2012. For over two decades, the Centre has played a pivotal role in supporting Member States in preventing, detecting, and responding to animal diseases, including zoonoses that pose risks to both livestock and public health. The relocation became necessary following Mali's withdrawal from ECOWAS on 29 January 2025. To ensure the continuity of regional animal health coordination, ECOWAS designated Guinea-Bissau as the new host country for the Centre. The transition process began in November 2025 with an assessment visit to the new headquarters building in Bissau, laying the foundation for a smooth transfer of operations.

6.2.2 RAHC Strengthens Its Regional Presence and Operational Capacity

A major milestone was reached on 18 March 2026 with the signing of the Headquarters Agreement between ECOWAS and the Government of Guinea-Bissau.

This was followed by a series of courtesy visits and high-level consultations with national authorities, including the Ministry of Economy, Planning and Integration. These engagements reaffirmed the commitment of both ECOWAS and Guinea-Bissau to strengthening regional cooperation in animal health. Alongside the administrative transition, the Centre has focused on building its operational capacity through the recruitment of administrative and technical personnel. These efforts are ensuring that RAHC remains fully equipped to deliver on its regional mandate and support Member States in addressing emerging and existing animal health threats.

6.2.3 Technical Achievements and Zoonotic Outbreak Reporting

Alongside these institutional developments, RAHC has continued to advance its technical mandate. In May 2026, the Centre published its first regional epidemiological bulletin on priority zoonotic diseases, providing valuable insights into disease trends across ECOWAS Member States and strengthening regional information sharing and surveillance efforts. The bulletin reported 1,239 outbreaks of six priority zoonotic diseases across 12 Member States between July and December 2025, with Rift Valley Fever (42%) and rabies (32%) accounting for the majority of reported outbreaks. The publication represents an important step toward evidence-based decision-making and enhanced regional coordination for animal and public health security.





Looking ahead, RAHC will focus on strengthening the Regional Animal Health Information System (RAHIS), developing its institutional website, completing advanced epidemiological training programs, inaugurating its new headquarters in Bissau, and supporting the validation of key regional animal health strategic documents. The relocation of RAHC to Guinea-Bissau marks a significant milestone for ECOWAS and reinforces the region's commitment to strengthening animal health, zoonotic disease surveillance, and food security through enhanced regional cooperation and coordination.





Advancing One Health Regional Systems



7 Advancing One Health Regional Systems

7.1 Africa CDC Strategic Interventions

7.1.1
Africa CDC and FAO Support Zoonotic Disease Prioritization in Togo

In Kpalimé, Togo, from 2–6 March 2026, the Africa Centres for Disease Control and Prevention (Africa CDC), in close collaboration with the Food and Agriculture Organization (FAO), successfully supported the Government of Togo in operationalizing its national Zoonotic Disease Prioritization Workshop. Utilizing a transparent, multisectoral One Health approach, this high-level technical gathering convened diverse stakeholders representing human medicine, veterinary services, and environmental health sectors to identify and rank endemic and emerging zoonoses that pose the greatest risk to public health and rural livelihoods. By establishing a clear, evidence-based data baseline, the initiative did not merely classify pathogens but effectively strengthened intersectoral collaboration and informed cross-cutting planning. The resulting coordinated action plans for the prevention, rapid detection, and control of priority zoonotic diseases represent a major milestone in reinforcing Togo's national One Health coordination mechanisms while driving broader health security frameworks across the subregion.



7.1.2
Financial and Technical Assistance for Zoonotic Disease Prioritization in Cabo Verde

Recognizing that emerging zoonotic threats require proactive and coordinated interventions before spilling over into human populations, Africa CDC extended critical financial and technical assistance to the Government of Cabo Verde to launch its national prioritization process. This strategic investment enabled the mobilization of multisectoral focal points and key institutional actors from human, animal, and environmental health sectors to systematically evaluate the country's unique zoonotic disease burdens. Africa CDC's technical experts provided direct guidance on global prioritization methodologies, steering cross-sectoral consensus-building to bridge existing data gaps between terrestrial health systems and island ecosystems. The primary achievement of this workshop was the collaborative design of an actionable, long-term roadmap tailored to enhance Cabo Verde's biosecurity, surveillance networks, and early response capacities, successfully aligning the island nation's defenses with the wider West African health security architecture.



7.1.3

Operationalization of the Multisectoral Coordination Mechanism Operational Tool in Niger

From 22–26 June 2026, Africa CDC deployed strategic financial and technical assistance to support the operationalization of the Multisectoral Coordination Mechanism Operational Tool (MCM-OT) in Niger. Designed as a core component for strengthening national preparedness capacities, this specialized governance workshop facilitated rigorous stakeholder consultations and deep technical assessments across the Sahelian context. National experts from the human, animal, and environmental sectors analyzed existing communication bottlenecks and structural vulnerabilities to build a unified and transparent implementation roadmap. By refining operational workflows and optimizing reporting lines from local structures to the ECOWAS regional level, this new framework directly improves governance and information sharing, ensuring that Niger's national health mechanisms can execute rapid, coordinated defenses against transboundary public health threats.



7.1.4

National Climate Change and Health Capacity Building in Nigeria

In strict alignment with the Africa CDC Climate Change and Health Strategic Framework, the One Health Unit conducted an intensive national capacity-building workshop in Abuja, Nigeria, , to address the escalating environmental threats to public health. Climate change across Nigeria is driving severe seasonal floods, prolonged dry



spells, and a nationwide rise in average temperatures – projected to increase by up to 3.0 °C under extreme scenarios by 2050 – which heavily drives the incidence, morbidity, and mortality of climate-sensitive diseases such as malaria, cholera, and Lassa fever. To mitigate these complex challenges, the workshop trained Ministry of Health staff, environmental agencies, and key public health stakeholders using a holistic One Health Approach. The training successfully equipped health professionals with advanced climate-health integration planning tools, focusing on building systemic resilience and fostering adaptive strategies that can potentially reduce future climate-driven disease outbreaks and safeguard vulnerable maternal and infant populations.

7.1.5

Regional Review on Antimicrobial Stewardship and AMR Surveillance Systems in Western Africa

To establish a unified and resilient front against the silent pandemic of drug-resistant pathogens, Africa CDC, in close coordination and collaboration with the Nigeria Centre for Disease Control (Nigeria CDC), convened a landmark Regional Review Meeting on Antimicrobial Stewardship (AMS) and Antimicrobial Resistance (AMR) Surveillance Systems from 14–18 July 2025. This crucial high-level workshop brought together leading epidemiologists, laboratory experts, and public health practitioners from 15 Member States to comprehensively assess country-level AMS implementations and map existing structural gaps within national surveillance frameworks. Recognizing that fragmented data collection hinders regional security, participants

focused heavily on evaluating technical participation metrics and peer-learning methodologies to optimize future intervention efforts.

The strategic discussions emphasized the urgent need to transition from isolated national protocols toward a fully integrated regional network, emphasizing the alignment of laboratory diagnostic systems and the harmonization of cross-border data management. By defining clear funding priorities and technical guidelines, the meeting provided a vital roadmap to enhance evidence-based decision-making at both national and regional levels. The ultimate and most sustainable outcome of this regional gathering was the successful establishment of a permanent West African Community of Practice.



This collaborative platform is designed to drive continuous institutional improvement, spearhead targeted prevention strategies, and foster the continuous capacity building required to proactively shield vulnerable communities from the growing threat of antimicrobial resistance across the subregion.



Upcoming Programmes



8 Upcoming Programmes

8.1 Applications Open: ECOWAS One Health Leadership Course 2026

The ECOWAS One Health Leadership Course on Pandemic Preparedness and Response will take place from 21 September to 3 October 2026 at the University of Ghana School of Public Health (UGSPH), Accra, Ghana.

This intensive 10-day course is designed for strategic and technical professionals from the human, animal, and environmental health sectors across ECOWAS Member States, equipping them with practical leadership, coordination, and communication skills for effective One Health epidemic and pandemic preparedness and response.

Full scholarships, including tuition, travel, ac commodation, and meals, are available for se lected participants. Interested candidates should consult the nomination and admission proced ures and register through their national focal points. For additional information and registra tion enquiries, visit www.wahooas.org, or con tact:

- ugsph.rppp2secretariat@ug.edu.gh,
- jarko-mensah@ug.edu.gh or
- bfall@rcdc.wahooas.org.



8.2 Upcoming Event:
Annual ECOWAS Regional One Health Technical Meeting 2026

The ECOWAS Regional One Health Secretariat, in collaboration with GIZ, and other financial and strategic partners, will convene the 2026 Annual Regional One Health Technical Meeting. This high-level 3-day regional workshop will gather approximately 100 delegates, including national focal points and technical experts from the human, animal, and environmental health ministries across all 12 ECOWAS Member States. As approved by the ECOWAS One Health Community of Practice, the upcoming meeting will focus explicitly on Food Safety and Antimicrobial Resistance as core regional priorities. The forum will serve to harmonize cross-sectoral interventions, evaluate surveillance gaps, and drive sustainable standards to address foodborne and drug-resistant health hazards across the subregion.

Date & Location: November 2026 (Provisional). Host City to be officially announced by the ECOWAS One Health Secretariat.

Participation: Institutional delegates and technical partners will receive official invitations through regional administrative channels.

One Health

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