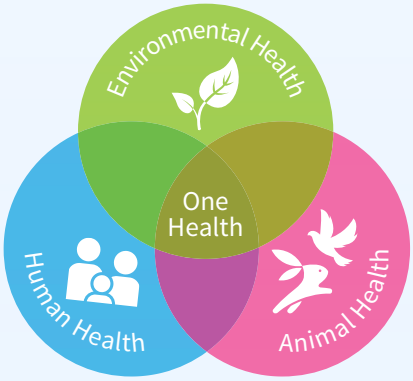
National One Health Operational Plan

2024-2027



World Health Organization Egypt

Food and Agriculture Organization of the United Nations

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National One Health Operational Plan 2024-2027

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List of Abbreviations

AMR	Antimicrobial Resistance
COVID-19	Corona virus disease
D	Denominator
EIOS	Epidemic Intelligence from Open Sources
Epi & Lab	Epidemiology and Laboratory
FAO	Food and Agriculture Organization of the United Nations
GOE	Government of Egypt
IRs	Intermediate results
KAP	Knowledge, Attitude and Practices
M&E	Monitoring and Evaluation
MERS-CoV	Middle East Respiratory Syndrome Coronavirus
MOALR	Ministry of Agriculture and Land Reclamation
MOE	Ministry of Environment
MOHP	Ministry of Health and Population
MOU	Memorandum of Understanding
N	Numerator
OH	One Health
OH-RRT	One Health Rapid Response Team
RCCE	Risk Communication and Community Engagement
SBC	Social and Behavioural Change
SCC	Supreme Coordination Committee
SDGs	Sustainable Development Goals
SME	Subject Matter Expert
SOPs	Standard Operating Procedures
TORs	Terms of References
TWG	Technical Working Group
WHO	World Health Organization

Executive Summary

Egypt has been working for over the last two decades to establish a framework of cooperation and coordination mechanisms between the sectors working on human, animal and environmental health, aiming to implement a One Health approach that addresses challenges to public health in a holistic way. In the wake of the COVID-19 pandemic, and with the increasing risks posed by climate change, the importance of detection and response to potential threats has been highlighted, and efforts to implement the One Health approach have intensified.

The National One Health Strategic Framework 2023–2027 was launched in April 2023 with the support of key partners and stakeholders. The strategic framework outlines the path for implementing One Health in Egypt, deploying five key themes and fulfilling seven technical pillars in each thematic area.

The One Health Operational Plan 2024–2027 aims to activate the strategic framework, providing guidance for partners and stakeholders to effectively adopt the One Health approach across various levels. Work to formulate the operational plan involved a systematic approach aimed at engaging relevant stakeholders and ensuring comprehensive monitoring and evaluation mechanisms, and aligning with overarching strategic objectives.

The operational plan is accompanied by a monitoring and evaluation framework that tracks different outputs, outcomes, and a impact setting in place indicators and targets for each one.

Introduction

The Government of Egypt (GOE) has made significant strides and success stories in recent years to establish coordination mechanisms between sectors working on human, animal and environmental health, as well as other relevant sectors, and is highly committed to operationalizing One Health to address any challenges that pose a risk to public health. Furthermore, Egypt Vision 2030 emphasizes the importance of an integrated and sustainable environment system that encourages resilience and hazard response.

The GOE has established coordination mechanisms between sectors focused on human and animal health, and other relevant sectors, since 2011. These efforts have included the establishment of a “four-way link task force” with a focus on sharing data between the Ministry of Health and Population (MOHP) and the Ministry of Agriculture and Land Reclamation (MOALR) at all levels to assess the situation for the main zoonotic diseases, specifically avian influenza and MERS-CoV. The four-way link task force evolved to become the One Health Technical Advisory Group, and in this form, it includes other stakeholders such as the Ministry of Environment (MOE) and universities to cover all priority zoonotic diseases, endemic and emerging, as well as antimicrobial resistance (AMR). Although these national efforts have led to some goals being achieved, gaps remain, including the need to establish strong governance structures and implement routine coordination and communication between different sectors.

The National One Health Strategic Framework 2023–2027 was endorsed and launched by the GOE in April 2023 with the support of different national and international institutions (the Ministry of Health and Population, the Ministry of Agriculture and Land Reclamation, the Ministry of Environment, the Ministry of Higher Education and Scientific Research, the Ministry of Local Development, the Egyptian Drug Authority, the National Food Safety Authority, the World Health Organization, and the Food and Agriculture Organization of the United Nations) and it guides the implementation of One Health via five priority themes and seven different technical pillars to be covered within each theme, each with a range of medium- and long-term outcomes. These outcomes are designed to support the attainment of anticipated results and contribute to the desired impact.

National One Health Strategic Framework

The National One Health Strategic Framework is structured around five themes, based on the international One Health Joint Plan of Action and the regional One Health Operational Framework, and creates a framework that unifies systems and capabilities in order to improve and accelerate the implementation of One Health, enhance human, animal, and plant health and contribute to sustainable development objectives.

The five main themes are: enhancing One Health capacities that ensure collaborative and coordinated activities to prevent health threats; controlling and eliminating zoonotic and vector-borne diseases; joint assessment, management, and communication of risks affecting food and water safety; curbing the silent pandemic of antimicrobial resistance; and integrating the environment into One Health (Figure 1).

The objective of the One Health approach is to enhance Egypt's capacity for prevention, prediction, identification, and response to health threats, as well as to enhance human, animal, plant, and environmental health. It also aims to promote the well-being of all, achieve the Sustainable Development Goals (SDGs), and combat threats to global health security and ecosystems.

The outbreak of the COVID-19 pandemic has highlighted the need for early detection, risk assessment, and effective response to potential threats to global health security, as well as the need to strengthen One Health strategies and actions plans. As climate change continues to accelerate, with a detrimental effect on various health-related sectors, it is essential to create integrated national plans to ensure a rapid and coordinated response to emergencies.

Enhancing One Health capacities that ensure collaborative and coordinated activities to prevent health threats

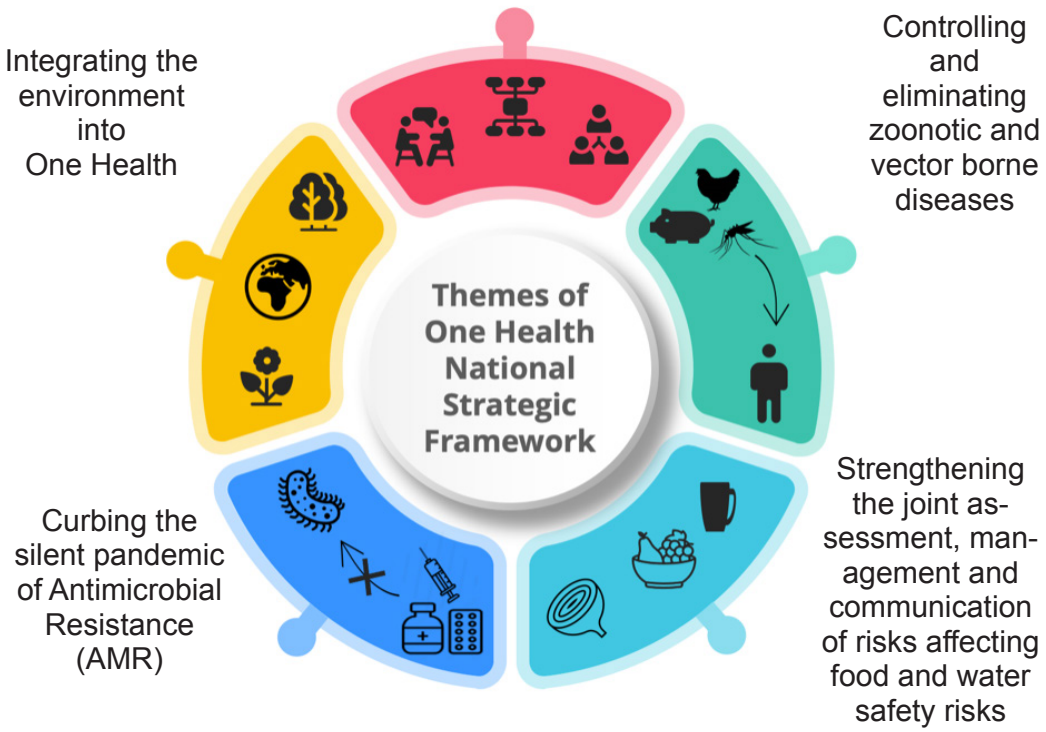

Figure 1: Themes of the Egypt's National One Health Strategic Framework 2023–2027

The strategic framework includes the technical pillars that highlight the operational directions that guide the drafting and formulation of the operational plan. The activities under the operational plan should be followed and implemented using the One Health approach to enhance system integration and foster collaboration between all sectors involved in One Health (Figure 2).

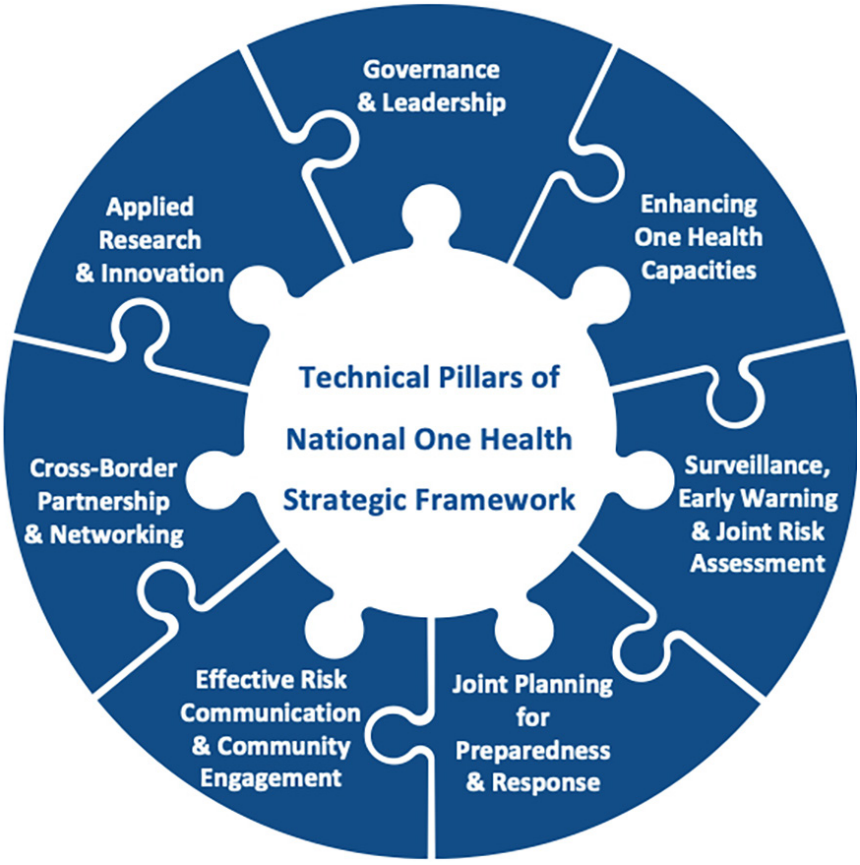

Figure 2: Technical pillars of Egypt's National One Health Strategic Framework 2023–2027

Progress on One Health Implementation

Since the endorsement of the National One Health Strategic Framework 2023–2027 in April 2023, several meetings have been held with relevant stakeholders. This has included stakeholder mapping for each technical working group and its terms of reference (TORs), and preparation of detailed activities and indicators under each thematic area (curbing the silent pandemic of antimicrobial resistance; controlling and eliminating zoonotic and vector-borne diseases; joint assessment, management, and communication of risks affecting food and water safety; and integrating the environment into One Health) to achieve optimal health outcomes.

Establishing the One Health Governance Structure

Governance and leadership" is the first technical pillar that was addressed during the process of formulating the strategy. A new governance structure with detailed TORs was endorsed by five ministries and multiple heads of national agencies (Figure 3).

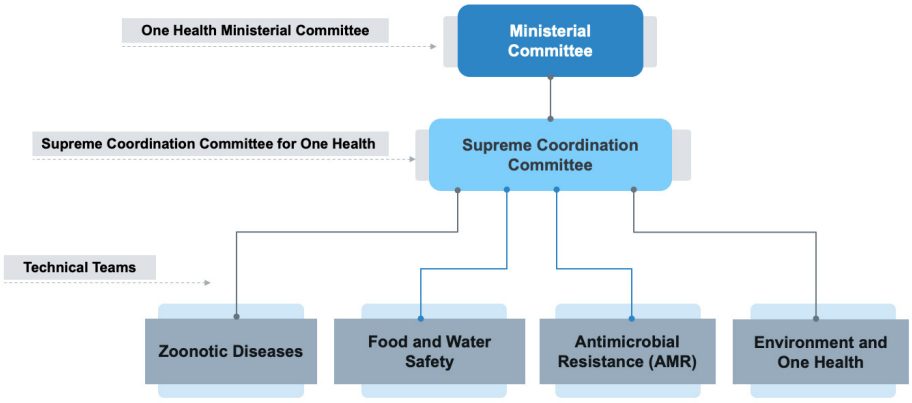

Figure 3: One Health governance structure

The first level is the One Health Ministerial Committee, the highest multisectoral level of One Health. Its role will be linked to the adoption of policies, formulation of decisions, and supervision of their implementation in coordination with all relevant ministries and governmental bodies. Members of this committee include ministers, heads of agencies, and other high-level decision-makers representing all relevant ministries and government institutions.

The second level is the Supreme Coordination Committee for One Health. This committee will play an important role in ensuring that the collaboration is successful and generates effective joint actions. The main task of the supreme coordination committee is to provide strategic and technical advice on issues related to the themes of One Health, to follow up on action plans, and to coordinate between the various technical teams. It will also be responsible for linking the ministerial committee and different technical teams. The members of the supreme coordination committee include executive leaders, senior technical experts, and One Health focal points from the relevant ministries and institutions.

The third level is the technical working groups (TWGs), which consist of technical staff representing relevant ministries and bodies that work on coordinating and directing implementation of the operational plan.

Methodology

The methodology for developing the operational plan for the National One Health Strategic Framework 2023–2027 involves a systematic approach aimed at engaging relevant stakeholders and ensuring comprehensive monitoring and evaluation mechanisms. The first step involved convening a meeting in June 2023 with key stakeholders to conduct stakeholder mapping for each TWG. This meeting identified the relevant stakeholders from various sectors and was followed by the drafting of TORs for each TWG.

A three-day national consultation workshop was conducted in August 2023 in collaboration with relevant ministries and with the support of WHO and FAO to discuss a draft of proposed activities and support the technical working groups in identifying available capabilities, assessing needs, and then reaching a consensus on the preliminary activities, based on the technical pillars of the National One Health Strategic Framework, to establish or strengthen their One Health mechanism.

After drafting the outline of the One Health Operational Plan 2024–2027 and finalizing its activities, a Monitoring and Evaluation (M&E) workshop was conducted in January 2024 to establish the M&E framework for the operational plan. This workshop focused on defining key performance indicators, setting targets, and outlining data collection and analysis methodologies.

Finally, a consensus workshop was organized to finalize the One Health Operational Plan 2024–2027 and the M&E framework. This workshop aimed to bring together the main stakeholders from different sectors to review and refine the operational plan, ensuring alignment with One Health strategic goals and objectives. Additionally, group discussions were held to draft detailed standard operating procedures (SOPs) for the TWGs, providing clear guidance on implementation processes and facilitating the smooth execution of activities.

The following tables will represent the activities included in the operational plan:

A. Governance and Leadership																	
Goal: Formalize the coordination mechanism for One Health																	
Activities:		2023	2024				2025				2026				2027			
A.1.	Formalize the SCC and TWGs																
A.1.1.	Conduct stakeholder mapping	✓															
A.1.2.	Identify members from relevant sectors for the SCC and for each TWG		✓														
A.1.3.	Formulate a database for the assigned members		✓														
A.2.	Operationalization and convening of SCC																
A.2.1.	Conduct a roundtable discussion with the main focal points (human, animal, environment, and others): - Advise on strategic directions to be prioritized - Determine leadership, governance, and working arrangements for the SCC and TWGs - Document all decisions made in a formal governance record and obtain endorsement from all members - Encourage focal points to contribute their perspectives and ideas		✓	✓		✓		✓		✓		✓		✓		✓	

A.3.	Operationalization and convening of TWGs																
A.3.1.	Finalize, disseminate and endorse TORs		✓														
A.3.2.	Conduct meetings for relevant stakeholders: -Develop the main activities and tasks for the quarter and provide feedback and follow-up regarding the tasks and activities achieved -Develop work protocols and technical documents -Develop the necessary corrective actions to support the implementation plan -Provide technical support on all relevant aspects to different stakeholders concerned with the implementation plan			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A.4.	Establishing a conducive environment for the successful implementation of OH approach																
A.4.1.	Adopt and implement a set of memorandums of understanding (MOUs) to support collaboration and coordination under the OH approach												✓				
A.4.2.	Convene a meeting with parliamentary authorities to get support for the OH approach						✓										
A.4.3.	Review, update and develop national legislation to provide the needed legal foundation for all OH-related sectors								✓								

A.4.4.	Develop economic investment case studies on OH to boost support for political prioritization											✓	✓			
A.4.5.	Develop policy and communication briefs for policy-makers to raise awareness of the interconnectedness of human, animal and environmental health			✓			✓			✓				✓		
A.5.	Resource mobilization															
A.5.1.	Mapping of existing/potential domestic funding relevant to OH technical areas and mapping of potential international funds relevant to OH technical areas		✓	✓									✓	✓		
A.5.2.	Develop resource mobilization strategy including partnerships, international organizations and the private sector				✓	✓									✓	✓

B. Enhancing One Health Capacities																				
Goal: Strengthening capacities to support the effective implementation of the One Health approach																				
Activities:		2023	2024				2025				2026				2027					
B.1.	Develop OH capacity building for staff working on OH-related areas																			
B.1.1.	Prepare the training curriculum with the subject matter experts (SMEs)		✓																	
B.1.2.	Develop/update training material for OH-related topics			✓																
B.1.3.	Train the assigned staff on the documents developed				✓			✓				✓					✓			
B.2.	Develop partnerships with schools of medicine, veterinary science, and other relevant academic faculties to integrate OH modules into curricula for undergraduate and postgraduate students																			
B.2.1.	Establish agreements to promote for the implementation of OH programmes			✓																
B.2.2.	Develop and integrate OH modules into curricula				✓	✓														

C. Surveillance, Early Warning and Joint Risk Assessment

Goal: Develop a coordinated multisectoral surveillance system

Activities:		2023	2024				2025				2026				2027			
C.1.	Joint risk assessment at national and governorate levels																	
C.1.1.	Conduct OH prioritization exercise to determine priority health threats (definite number for health threats)			✓			✓				✓				✓			
C.1.2.	Adapt tools for joint risk assessment			✓														
C.1.3.	Enhance capabilities of professional staff on joint risk assessment			✓		✓	✓		✓		✓		✓		✓		✓	
C.1.4.	Conduct a joint risk assessment for prioritized threats at governorate level				✓							✓						
C.1.5.	Regularly review and update joint risk assessments to adapt to changing conditions and emerging pathogens or threats					✓			✓				✓					✓
C.2.	Coordinated multisectoral surveillance system (Epi & Lab) for collection, analysis and dissemination of data among different sectors																	
C.2.1.	Map existing surveillance systems (guidelines and other surveillance technical documents) and analyse the opportunities for coordinated surveillance of priority threats		✓			✓												
C.2.2.	Develop coordinated surveillance guidelines in animal, human and environmental health sectors (including information-sharing)							✓	✓									

C.2.3.	Develop and disseminate surveillance reports annually and convene information- sharing fora or bulletin for stakeholders					✓			✓				✓				✓
C.3.	Strengthen early warning systems for rapid detection and response to priority health threats																
C.3.1.	Analyse the opportunities for the establishment of an emergency operation centre for detection, notification and response to priority health threats						✓	✓									
C.3.2.	Enhance capacities of professional staff on using public health intelligence and EIOS systems to improve health threat detection			✓	✓										✓		
C.4.	Targeted joint sentinel surveillance for priority threats																
C.4.1.	Selection and baseline assessment of joint sentinel surveillance sites for priority threats					✓											
C.4.2.	Support the selected sites with needed equipment/logistics						✓										
C.4.3.	Develop tools/platform for integrated sentinel surveillance data collection							✓									
C.4.4.	On-the-job training for staff at selected integrated surveillance sites								✓		✓						

D. Joint Planning for Preparedness and Response

Goal: Enhance preparedness and response to outbreaks and public health events

Activities:		2023	2024				2025				2026				2027			
D.1.	Establish One Health Rapid Response Team (OH-RRT) for responding to key priority diseases/events																	
D.1.1.	Formulating SOPs and TORs for OH-RRT		✓								✓							
D.1.2.	Develop and update OH contingency plan for priority areas						✓	✓									✓	✓
D.1.3.	Nomination of OH-RRT members from different relevant sectors		✓				✓				✓				✓			
D.1.4.	Developing a roster for OH-RRT			✓				✓				✓				✓		
D.2.	Enhance capacities of OH-RRT																	
D.2.1.	Develop and maintain joint trainings for OH-RRT			✓				✓				✓				✓		
D.2.2.	Review and evaluate capacities through simulation exercises or other available tools to test the contingency plans (OH joint response)				✓				✓				✓				✓	

E. Effective Risk Communication and Community Engagement

Goal: Raise and enhance awareness regarding One Health and priority health threats

Activities:		2023	2024				2025				2026				2027			
E.1.	Review, update and endorse different joint communication strategies																	
E.1.1.	Conduct different studies (KAP-behavioural insights) into priority threats using OH approach					✓												✓
E.1.2.	Draft/update the risk communication and community engagement (RCCE) strategies for priority threats		✓				✓									✓		
E.2.	Improve perception and awareness in terms of knowledge, attitude, behaviours and practices																	
E.2.1.	Review and produce risk communication and harmonized awareness materials targeted at different audiences using adapted communication channels related to OH priority threats		✓				✓			✓					✓			
E.2.2.	Conduct workshops for media representatives to orient them on the messages related to OH priority areas in human health, animal health and agricultural sectors								✓						✓			
E.2.3.	Conduct awareness campaigns and community meetings for target communities (farmers, breeders, etc.) and engage target communities in supporting behaviour change in relation to OH, integrating their feedback into the OH approach					✓			✓			✓						✓

E.2.4.	Conduct RCCE and social and behavioural change (SBC) education activities for OH workforce and community workers such as conferences, workshops, seminars and dialogues at national and governorate levels					✓			✓			✓					

F. Cross-Border Partnership and Networking

Goal: Establishing partnerships and networking with neighbouring countries, other countries, and international organizations

Activities:		2023	2024				2025				2026				2027			
F.1.	Conducting/participating in cross-border OH activities																	
F.1.1.	Facilitate/participate in conferences and webinars to review/share the accomplishments, success stories and lessons learned					✓				✓				✓				✓
F.1.2.	Develop a framework for cross-border collaboration on priority areas and adopt MOUs to support collaboration across countries										✓	✓						
F.1.3	Facilitate/participate in workshops/simulation exercises with neighbouring countries to strengthen and enhance the concept of OH at the local and international levels					✓				✓				✓				✓

G. Applied Research and Innovation

Goal: Support the One Health research agenda for Egypt and advocate for innovative and sustainable solutions

Activities:		2023	2024				2025				2026				2027			
G.1.	Develop a OH research priority agenda																	
G.1.1.	Identify the main partners from the relevant governmental and research sectors			✓							✓							
G.1.2.	Convene key stakeholders' meeting/ workshop to identify research gaps				✓							✓						
G.1.3.	Conduct a workshop to set priorities and plan roadmap for the application of the research papers					✓							✓					
G.1.4.	Prepare concept notes and proposals to conduct applied research in the areas. identified						✓								✓			
G.1.5.	Explore available funds to support the OH research priority agenda						✓								✓			
G.2.	Advocate for innovative and sustainable solutions																	
G.2.1.	Establish partnerships, conduct workshops and advocate for funding to support the introduction of innovative and sustainable solutions to reduce priority health risks							✓								✓		
G.2.2.	Launch a call for proposals for innovative and sustainable solutions related to OH																✓	✓

One Health Monitoring and Evaluation Framwork

I. Theory of Change

A theory of change framework is a systematic approach that helps organizations express their vision for change, identify the intended results, and plan the necessary actions to achieve them. It acts as a roadmap that articulates the relationship between inputs, activities, outputs and outcomes. Organizations can comprehensively understand how change occurs by outlining these connections and strategically planning their interventions. [1]

The theory of change underlying the One Health Operational Plan 2024–2027 takes the view that One Health, as an integrated, multi-sectoral, holistic, and transdisciplinary approach, has the potential to solve pressing health challenges. Effective implementation of One Health at all levels can make significant contributions to the envisaged impact and outcomes of the operational plan and achieve sustainable and lasting results.

The theory of change is supported by three pathways that can bring about significant and sustainable change in terms of the expected intermediate and long-term outcomes.

1 For more information, see: https://www.sopact.com/guides/monitoring-and-evaluation-tools

The thee pathways are :

• Pathway 1: Policy, legislation, advocacy and financing. This pathway encompasses all aspects of policy development, political will, enabling regulatory frameworks, investment, and the institutionalization of intersectoral governance.

• Pathway 2: Organizational development, implementation and sectoral integration. This pathway encompasses all aspects of One Health implementation, including scaling up capacity development, community engagement and mobilization for action, multisectoral coordination, collaboration and communication, and the equitable integration of sectors.

• Pathway 3: Data, evidence, and knowledge. This pathway deals with strengthening the scientific evidence base and translating knowledge into data for evidence, technical tools, protocols and guidelines, information, and surveillance systems.

Based on this theory of change, the One Health Operational Plan 2024–2027 has two Results (R) and four Intermediate Results (IRs):

• Result 1: Improved health of humans, animals, plants, and the environment while identifying sustainable system-wide One Health solutions that allow our ecosystems to thrive in harmony.

• Result 2: Reduced risk and impact of health threats at the human–animal–plant–environment interface using a One Health approach efficiently, effectively and equitably.

To achieve these results, the One Health Operational Plan will accelerate action towards four key Intermediate Results:

• Intermediate Result 1: Effective collaboration and synergy to build advocacy and political will and leverage investment for an evidence-based One Health approach.

• Intermediate Result 2: Improved coordination, communication, and alignment of One Health activi- ties and capacity-building efforts, including the provision of technical support, normative frameworks, research, education, and guidance.

• Intermediate Result 3: Strengthened cross-sectoral capacity to co-design and implement inclusive and equitable multilevel work plans and strategies in line with One Health principles.

• Intermediate Result 4: Improved and harmonized One Health tools, technologies, and practices that integrate data and knowledge are developed, disseminated, and utilized.

II. Monitoring and Evaluation Framework Structure

The National One Health Operational Plan 2024-2027 is built around seven outputs, or action tracks, for achieving expected intermediate outcomes. Each specific objective is associated with the implementation of several actions, each with a set of specific activities, clear deliverables, and a timeline.

The action tracks are considered the first building block of the theory of change. The action tracks and their actions collectively drive change in the outcomes of the One Health Operational Plan and contribute to the desired impact.

The following diagram shows the expected impact, outcomes, and outputs of the operational plan.

Outputs	Outcomes	Impact
1. Activation of Activation of the SCC and TWGs. 2. Establishment of a conducive environment for the successful implementation of a One Health approach. 3. Establishment of a process for resource mobilization. 4. Capacity building on One Health approach for staff working in One Health-related areas. 5. One Health module developed and embedded into the related academic faculties' curricula. 6. Joint risk assessment developed at national and governorate levels. 7. Coordinated multisectoral surveillance system (Epi & Lab) for collection, analysis and dissemination of data among different sectors. 8. Strengthened early warning systems for rapid detection and response to health threats. 9. Joint sentinel surveillance sites for priority threats established. 10. Capacity building of staff on joint sentinel surveillance. 11. One Health Rapid Response Team established to respond to key priority diseases/events. 12. Capacity building of staff on One Health Rapid Response Team. 13. Raised awareness of media representatives on One Health. 14. Community awareness activities conducted. 15. Capacity building of health professionals on RCCE and SBC. 16. Development of One Health research priority agenda.	1. Formalized and effective coordination mechanism for One Health. 2. Improved capacities of professional staff on One Health approach to support effective implementation. 3. Raised community awareness regarding One Health and priority health threats. 4. Established partnerships and networking with neighbouring countries, other countries, and international organizations.	1. Egypt better able to prevent, predict, detect and respond to health threats and improve the health of humans, animals, plants, and the environment while contributing to sustainable development

III. Monitoring Plan

Timely and consistent collection of relevant, reliable data to monitor the progress of performance indicators against established targets is a key element to a successful monitoring strategy. Quality data facilitates informed judgments on overall performance and provides quantitative and qualitative information for further analyses, including the identification of necessary adaptations to project design or implementation.

The monitoring plan measures performance at three levels: (1) output-level indicators that reflect the quantity or completion of activity, such as individuals trained, (2) outcome-level indicators that measure project achievements, and (3) impact indicator level that measure the long term and sustainable effects of the plan on its target population.

The following tables present a range of indicators at the output and outcome levels.

A. Output Indicators

Output 1	Activation of Activation of the SCC and TWGs
Indicator	Completeness of the activation process of the SCC and TWGs
Definition	The process of SCC and TWG activation includes the achievement of the following steps: Step 1: Conduct stakeholder mapping. Step 2: Development of committees' TORs. Step 3: Identify members from relevant sectors for SCC and each TWG. Step 4: Formulate a database for the assigned members.
Equation	**For each step:** Completeness of each step = 1 Non-completeness of each step = 0 **Total result:** N: Number of completed steps D: Number of committees (5) * Number of steps (4) * 100
Type of Indicator	Output
Data Source	Monitoring sheet
Disaggregation	By committee/working group
Frequency	Monthly
Unit of Measure	Percentage

<table>
<tr><td>Baseline Date</td><td>40%
December 2023</td></tr>
<tr><td>Milestone</td><td><table>
<tr><td>January 2024</td><td>50%</td></tr>
<tr><td>February 2024</td><td>75%</td></tr>
<tr><td>March 2024</td><td>100%</td></tr>
</table></td></tr>
<tr><td>Target</td><td>100% by the end of March 2024.</td></tr>
</table>

Output 2	Establishment of a conducive environment for the successful implementation of a One Health approach
Indicator	Completing the process of establishing a conducive environment for the successful implementation of a OH approach
Definition	The process will include the following steps: Step 1: Adopt and implement a set of inter-agency MOUs to support collaboration and coordination under the OH approach. Step 2: Convene a meeting with parliamentary authorities to get support for the OH approach. Step 3: Update national legislation to provide the needed legal foundation for all OH-related sectors. Step 4: Develop economic investment case studies on OH to boost support for political prioritization.
Equation	**For each step:** Completeness of each step = 1 Non-completeness of each step = 0 **Total result:** N: Number of completed steps D: Number of steps * 100
Type of Indicator	Output
Data Source	Monitoring sheet
Disaggregation	None

<table>
<tr><td>Frequency</td><td>Annual</td></tr>
<tr><td>Unit of Measure</td><td>Percentage</td></tr>
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January 2024</td></tr>
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<tr><td>December 2025</td><td>50%</td></tr>
<tr><td>December 2026</td><td>75%</td></tr>
<tr><td>December 2027</td><td>100%</td></tr>
</table></td></tr>
<tr><td>Target</td><td>100% by the end of December 2027.</td></tr>
</table>

Output 3	Establishment of a process for resource mobilization
Indicator	Completing the process of establishing resource mobilization
Definition	The process of resource mobilization will include the following steps: Step 1: Mapping of existing/potential domestic funding relevant to OH technical areas and mapping of potential international funds relevant to OH technical areas. Step 2: Develop a resource mobilization strategy including partnerships, international organizations and private sector.
Equation	**For each step:** Completeness of each step = 1 Non-completeness of each step = 0 **Total result:** N: Number of completed steps D: Number of steps * 100
Type of Indicator	Output
Data Source	Monitoring sheet
Disaggregation	None
Frequency	Annual

Unit of Measure	Percentage
Baseline Date	Zero. January 2024
Milestone	**December 2025** — **50%** **December 2027** — **100%**
Target	100% by the end of December 2027.

<table>
<tr><th>Output 4</th><th>Capacity building on One Health approach for staff working in One Health-related areas</th></tr>
<tr><td>Indicator</td><td>Percentage of staff trained on OH approach</td></tr>
<tr><td>Definition</td><td>Staff trained on the educational material developed to build and enhance the knowledge, attitude and skills for the OH approach.
Staff associated with the MOHP, MOALR, and MOE.</td></tr>
<tr><td>Equation</td><td>N: Number of trained staff
D: Number of staff that are planned to be trained</td></tr>
<tr><td>Type of Indicator</td><td>Output</td></tr>
<tr><td>Data Source</td><td>Training attendance records</td></tr>
<tr><td>Disaggregation</td><td>By sex, area of work, and geographic location</td></tr>
<tr><td>Frequency</td><td>Semi-annual</td></tr>
<tr><td>Unit of Measure</td><td>Percentage</td></tr>
<tr><td>Baseline
Date</td><td>Zero.
January 2024</td></tr>
<tr><td>Milestone</td><td>
<table>
<tr><td>Q2 2024</td><td>90%</td></tr>
<tr><td>Q4 2024</td><td>90%</td></tr>
<tr><td>Q2 2025</td><td>90%</td></tr>
<tr><td>Q4 2025</td><td>90%</td></tr>
<tr><td>Q2 2026</td><td>90%</td></tr>
<tr><td>Q4 2026</td><td>90%</td></tr>
<tr><td>Q2 2027</td><td>90%</td></tr>
<tr><td>Q4 2027</td><td>90%</td></tr>
</table>
</td></tr>
<tr><td>Target</td><td>90% by the end of every year.</td></tr>
</table>

Output 5	One Health module developed and embedded into the related academic faculties' curricula
Indicator	Percentage of university faculties teaching OH module
Definition	Development of OH module and approval of Ministry of Higher Education and Scientific Research for it to be embedded in the curriculum of any of the following faculties: medicine, veterinary science, dentistry, pharmaceutical science, agriculture, science, and nursing.
Equation	**Total result:** N = Number of university faculties with OH module added to curriculum D = Number of university faculties that are planned to teach OH * 100
Type of Indicator	Output
Data Source	Monitoring sheet
Disaggregation	None
Frequency	Annual
Unit of Measure	Percentage
Baseline Date	Zero. January 2024
Milestone	**December 2026** — **1 of 2: 50%** **December 2027** — **2 of 2: 100%**
Target	2 faculties (100%) by the end of December 2027.

Output 6	Joint risk assessment developed at national and governorate levels
Indicator	Completing the process of joint risk assessment development at national and governorate levels
Definition	The process of developing joint risk assessment will include the following steps: Step 1: Conduct OH prioritization exercise to determine priority health threats Step 2: Adapt tools for joint risk assessment Step 3: Enhance capabilities of professional staff on joint risk assessment Step 4: Conduct a joint risk assessment for prioritized threats at governorate level
Equation	**For each step:** Completeness of each step = 1 Non-completeness of each step = 0 **Total result:** N: Number of completed steps D: Number of steps * 100
Type of Indicator	Output
Data Source	Monitoring sheet
Disaggregation	None
Frequency	Annual

<table>
<tr><td>Unit of Measure</td><td>Percentage</td></tr>
<tr><td>Baseline
Date</td><td>Zero.
January 2024</td></tr>
<tr><td>Milestone</td><td>
<table>
<tr><td>2024</td><td>25%</td></tr>
<tr><td>2025</td><td>50%</td></tr>
<tr><td>2026</td><td>75%</td></tr>
<tr><td>2027</td><td>100%</td></tr>
</table>
</td></tr>
<tr><td>Target</td><td>100% by the end of December 2027.</td></tr>
</table>

Output 7	Coordinated multisectoral surveillance system (Epi & Lab) for collection, analysis and dissemination of data among different sectors
Indicator A	Development of multisectoral surveillance guidelines
Definition	Develop coordinated surveillance guidelines that involve animal, human and environmental health sectors
Equation	Yes = Guidelines developed No = Guidelines not developed
Type of Indicator	Output
Data Source	Monitoring sheet
Disaggregation	None
Frequency	Annual
Unit of Measure	Binary
Baseline Date	No. January 2024
Milestone	-
Target	By the end of December 2025.

Output 7	Coordinated multisectoral surveillance system (Epi & Lab) for collection, analysis and dissemination of data among different sectors
Indicator B	Development of multisectoral surveillance reports
Definition	Develop and disseminate surveillance reports annually and convene information-sharing fora or bulletin for stakeholders
Equation	Yes = Surveillance reports developed and shared No = Surveillance reports neither developed nor shared
Type of Indicator	Output
Data Source	Monitoring sheet
Disaggregation	None
Frequency	Annual
Unit of Measure	Binary
Baseline Date	No. January 2024
Milestone	-
Target	By the end of December 2027.

Output 8	Strengthened early warning systems for rapid detection and response to health threats
Indicator	Percentage of staff trained on early warning systems for rapid detection and response to health threats
Definition	Staff trained on the educational material developed to build and enhance the early warning systems for rapid detection and response to health threats
Equation	**Total result:** N: Number of trained staff D: Number of staff that are planned to be trained
Type of Indicator	Output
Data Source	Training attendance records
Disaggregation	By sex, area of work, and geographic location
Frequency	Semi-annual
Unit of Measure	Percentage
Baseline Date	Zero. January 2024
Milestone	**Q2 2024** — **90%** **Q4 2024** — **90%** **Q2 2025** — **90%** **Q4 2025** — **90%** **Q2 2026** — **90%** **Q4 2026** — **90%** **Q2 2027** — **90%** **Q4 2027** — **90%**
Target	90% by the end of every year.

Output 9	Joint sentinel surveillance sites for priority threats established
Indicator	Establishment of one functioning joint sentinel surveillance site
Definition	Joint sentinel surveillance sites should be functional, including being: • Identified • Assessed • Equipped • Staffed by qualified, trained staff.
Equation	Yes = Functioning joint sentinel surveillance site No = No functioning joint sentinel surveillance site
Type of Indicator	Output
Data Source	Monitoring sheet
Disaggregation	None
Frequency	Annual
Unit of Measure	Binary
Baseline Date	No. January 2024
Milestone	-
Target	By the end of December 2027.

<table>
<tr><th>Output 10</th><th>Capacity building of staff on joint sentinel surveillance</th></tr>
<tr><td>Indicator</td><td>Percentage of staff trained on joint sentinel surveillance</td></tr>
<tr><td>Definition</td><td>Staff trained on the educational material developed to build capacity on joint sentinel surveillance</td></tr>
<tr><td>Equation</td><td>Total result:
N: Number of trained staff
D: Number of staff that are planned to be trained</td></tr>
<tr><td>Type of Indicator</td><td>Output</td></tr>
<tr><td>Data Source</td><td>Training attendance records</td></tr>
<tr><td>Disaggregation</td><td>By sex, area of work, and geographic location</td></tr>
<tr><td>Frequency</td><td>Semi-annual</td></tr>
<tr><td>Unit of Measure</td><td>Percentage</td></tr>
<tr><td>Baseline
Date</td><td>Zero.
January 2024</td></tr>
<tr><td>Milestone</td><td>
<table>
<tr><td>Q2 2024</td><td>90%</td></tr>
<tr><td>Q4 2024</td><td>90%</td></tr>
<tr><td>Q2 2025</td><td>90%</td></tr>
<tr><td>Q4 2025</td><td>90%</td></tr>
<tr><td>Q2 2026</td><td>90%</td></tr>
<tr><td>Q4 2026</td><td>90%</td></tr>
<tr><td>Q2 2027</td><td>90%</td></tr>
<tr><td>Q4 2027</td><td>90%</td></tr>
</table>
</td></tr>
<tr><td>Target</td><td>90% by the end of every year.</td></tr>
</table>

Output 11	One Health Rapid Response Team established to respond to key priority diseases/events.
Indicator	Completing the process of establishing OH-RRT
Indicator	Completing the process of establishing OH-RRT
Definition	The process of establishing OH-RRT will go through the following steps: Step 1: Formulating SOPs and TOR for OH-RRT. Step 2: Nomination of OH-RRT members from relevant sectors. Step 3: Developing a roster for OH-RRT.
Equation	**For each step:** Completeness of each step = 1 Non-completeness of each step = 0 **Total result:** N: Number of completed steps D: Number of steps * 100
Type of Indicator	Output
Data Source	Monitoring sheet
Disaggregation	None
Frequency	Quarterly
Unit of Measure	Percentage
Baseline Date	Zero. January 2024
Milestone	**Q1 2024** — **66.6%** **Q2 2024** — **100%**
Target	100% by the end of June 2024.

<table>
<tr><th>Output 12</th><th>Capacity building of staff on One Health Rapid Response Team</th></tr>
<tr><td>Indicator</td><td>Percentage of staff on OH-RRT who are trained</td></tr>
<tr><td>Definition</td><td>Staff trained on the educational material developed per the OH-RRT SOPs.</td></tr>
<tr><td>Equation</td><td>Total result:
N: Number of trained staff
D: Number of staff that are planned to be trained</td></tr>
<tr><td>Type of Indicator</td><td>Output</td></tr>
<tr><td>Data Source</td><td>Training attendance records</td></tr>
<tr><td>Disaggregation</td><td>By sex, area of work, and geographic location</td></tr>
<tr><td>Frequency</td><td>Semi-annual</td></tr>
<tr><td>Unit of Measure</td><td>Percentage</td></tr>
<tr><td>Baseline
Date</td><td>Zero.
January 2024</td></tr>
<tr><td>Milestone</td><td><table>
<tr><td>Q2 2024</td><td>90%</td></tr>
<tr><td>Q4 2024</td><td>90%</td></tr>
<tr><td>Q2 2025</td><td>90%</td></tr>
<tr><td>Q4 2025</td><td>90%</td></tr>
<tr><td>Q2 2026</td><td>90%</td></tr>
<tr><td>Q4 2026</td><td>90%</td></tr>
<tr><td>Q2 2027</td><td>90%</td></tr>
<tr><td>Q4 2027</td><td>90%</td></tr>
</table></td></tr>
<tr><td>Target</td><td>90% by the end of every year.</td></tr>
</table>

<table>
<tr><th>Output 13</th><th>Raised awareness of media representatives on One Health</th></tr>
<tr><td>Indicator</td><td>Percentage of media representative personnel trained on OH</td></tr>
<tr><td>Definition</td><td>Media personnel oriented on the messages related to OH priority areas in human health, animal health, and agricultural sectors.</td></tr>
<tr><td>Equation</td><td>Total result:
N: Number of trained staff
D: Number of staff that are planned to be trained</td></tr>
<tr><td>Type of Indicator</td><td>Output</td></tr>
<tr><td>Data Source</td><td>Training attendance records</td></tr>
<tr><td>Disaggregation</td><td>By sex and geographic location</td></tr>
<tr><td>Frequency</td><td>Annual</td></tr>
<tr><td>Unit of Measure</td><td>Percentage</td></tr>
<tr><td>Baseline
Date</td><td>Zero.
January 2024</td></tr>
<tr><td>Milestone</td><td><table><tr><td>2025</td><td>90%</td></tr><tr><td>2026</td><td>90%</td></tr><tr><td>2027</td><td>90%</td></tr></table></td></tr>
<tr><td>Target</td><td>90% by the end of every year.</td></tr>
</table>

Output 14	Community awareness activities conducted
Indicator	Percentage of community awareness activities on OH conducted
Definition	Number of community awareness campaigns and community meetings of target communities (farmers, breeders, etc.) conducted; number of target communities engaged to support behaviour change in relation to OH, including integrating their feedback into the OH approach.
Equation	**Total result:** N: Number of conducted awareness activities on OH D: Number of planned awareness activities on OH
Type of Indicator	Output
Data Source	Activity records
Disaggregation	By geographic location
Frequency	Annual
Unit of Measure	Percentage
Baseline Date	Zero. January 2024
Milestone	**2024** — **75%** **2025** — **75%** **2026** — **75%** **2027** — **75%**
Target	75% by the end of every year.

Output 15	Capacity building of professional staff on RCCE and SBC
Indicator	Percentage of healthcare professional staff trained on RCCE and SBC
Definition	The number of health care staff from the OH workforce and community workers who have received training on RCCE and participated in SBC education activities, including conferences, workshops, seminars and dialogues at the national and governorate level.
Equation	**Total result:** N: Number of trained staff D: Number of staff that are planned to be trained
Type of Indicator	Output
Data Source	Training attendance records
Disaggregation	By sex and geographic location
Frequency	Annual
Unit of Measure	Percentage
Baseline Date	Zero. January 2024
Milestone	**2025** — **90%** **2026** — **90%** **2027** — **90%**
Target	90% by the end of every year.

Output 16	Development of One Health research priority agenda
Indicator	Completing the process of developing the OH research priority agenda
Definition	The process of developing the OH research priority agenda will include the following steps: Step 1: Identify the main partners from the relevant governmental and research sectors. Step 2: Convene key stakeholders' meeting/workshop to identify research gaps. Step 3: Conduct a workshop to set priorities/formulate the timeline for the application of the research papers. Step 4: Prepare concept notes and proposals to conduct applied research in the areas identified. Step 5: Explore available funds to support the OH research priority agenda.
Equation	**For each step:** Completeness of each step = 1 Non-completeness of each step = 0 **Total result:** N: Number of completed steps D: 5 * 100
Type of Indicator	Output
Data Source	Monitoring sheet
Disaggregation	None

Frequency	Semi-annual
Unit of Measure	Percentage
Baseline Date	Zero. January 2024
Milestone	**Q2 2024** — **20%** **Q4 2024** — **60%** **Q2 2025** — **100%**
Target	100% by the end of June 2025.

B. Outcome Indicators

Outcome 1	Formalized and effective coordination mechanism for One Health
Indicator A	Competency of the coordination mechanism of OH
Definition	Evaluation of the competency of the SCC and TWGs based on the following (based on the TOR): 1. Frequency of meeting (30%) 2. Achievement of duties (70%)
Equation	**For each committee:** Frequency of meetings (weight = 30%) N: Number of actual meetings conducted with attendance of more than or equal to 75% of all members D: Number of planned meetings as in TOR Achievements (weight = 70%): N: Number of achieved duties D: Number of duties in TOR **Result =** Average percentage of all committees
Type of Indicator	Outcome
Data Source	Evaluation checklist
Disaggregation	By committee/working group
Frequency	Annual

<table>
<tr><td>Unit of Measure</td><td>Percentage</td></tr>
<tr><td>Baseline
Date</td><td>Zero.
January 2024</td></tr>
<tr><td>Milestone</td><td>
<table>
<tr><td>December 2024</td><td>75%</td></tr>
<tr><td>December 2025</td><td>75%</td></tr>
<tr><td>December 2026</td><td>75%</td></tr>
<tr><td>December 2027</td><td>75%</td></tr>
</table>
</td></tr>
<tr><td>Target</td><td>75% by the end of every year.</td></tr>
</table>

Outcome 1	Formalized and effective coordination mechanism for One Health
Indicator B	Effectiveness of the coordination mechanism of OH
Definition	Evaluation of the effectiveness of the SCC and TWGs based on the achievement of recommendations within the planned timeframe.
Equation	**For each committee:** N: Number of achieved recommendations within the planned timeframe D: Number of recommendations in the minutes of the meeting **Result =** Average percentage of all committees
Type of Indicator	Outcome
Data Source	Evaluation sheet
Disaggregation	By committee/working group
Frequency	Annual
Unit of Measure	Percentage
Baseline Date	Zero. January 2024
Milestone	**December 2024: 50%** **December 2025: 50%** **December 2026: 50%** **December 2027: 50%**
Target	50% by the end of every year.

Outcome 2	Improved capacities of professional staff on One Health approach to support effective implementation
Indicator	Improvement of KAP (knowledge, attitude and practices) or behavioural insight on OH among professional staffhealth care workers
Definition	Evaluation of KAP among professional staff: 1. Before the implementation of One Health Operational Plan. 2. At the end of 2027.
Equation	According to the study methodology
Type of Indicator	Outcome
Data Source	Study data collection sheet
Disaggregation	By age group, sex, and area of work
Unit of Measure	Percentage
Baseline Date	According to the baseline survey results
Milestone	None
Target	30% improvement from baseline survey results by the end of December 2027.

Outcome 3	Raised community awareness regarding One Health and priority health threats
Indicator	Improvement of KAP or behavioural insight on OH priority health threats
Definition	Evaluation of the knowledge, attitude and practices among the community: 1. Before the implementation of One Health Operational Plan. 2. At the end of 2027.
Equation	According to the study methodology
Type of Indicator	Outcome
Data Source	Study data collection sheet
Disaggregation	By age group and sex
Frequency	Annual
Unit of Measure	Percentage
Baseline Date	According to the baseline survey results
Milestone	None
Target	30% improvement from baseline results by the end of December 2027.

<table>
<tr><th>Outcome 4</th><th>Established partnerships and networking with neighbouring countries, other countries, or international organizations</th></tr>
<tr><td>Indicator</td><td>Level of coordination of OH-related areas with other countries or international organizations</td></tr>
<tr><td>Definition</td><td>There are three levels of OH partnership with other countries and international organizations:
Level 1: OH-related reports are shared sporadically between Egypt and other countries or international organizations.
Level 2: OH events in Egypt are organized with the participation of other countries or international organizations.
Level 3: OH-related reports are shared regularly between Egypt and other countries, or between Egypt and international organizations.</td></tr>
<tr><td>Equation</td><td>N: Level of coordination of OH</td></tr>
<tr><td>Type of Indicator</td><td>Outcome</td></tr>
<tr><td>Data Source</td><td>Evaluation checklist</td></tr>
<tr><td>Disaggregation</td><td>None</td></tr>
<tr><td>Frequency</td><td>Annual</td></tr>
<tr><td>Unit of Measure</td><td>Levels</td></tr>
<tr><td>Baseline
Date</td><td>Zero.
January 2024</td></tr>
<tr><td>Milestone</td><td><table><tr><td>December 2024</td><td>Level 1</td></tr><tr><td>December 2025</td><td>Level 1</td></tr><tr><td>December 2026</td><td>Level 2</td></tr><tr><td>December 2027</td><td>Level 3</td></tr></table></td></tr>
<tr><td>Target</td><td>Level 3 by the end of December 2027.</td></tr>
</table>

IV. Evaluation Plan

The One Health Operational Plan 2024–2027 evaluation will be conducted by the end of 2027. In order to evaluate the overall performance of the One Health Operational Plan, it is important to select the appropriate evaluation questions before conducting the evaluation to avoid wasting scarce resources by evaluating aspects that are not of interest to end-users. Different types of evaluation questions may be important, which will also influence the selection of the evaluation type.

Generally, evaluation of the One Health Operational Plan will be done against the general and specific objectives of the plan, but the first two questions that should be answered are:

- Does the One Health initiative work and/or is it cost-effective?
- What were the unexpected outcomes?

During the evaluation of the One Health Operational Plan's performance, the following questions may apply:

If the purpose of the evaluation is about learning and finding out how to improve the One Health Operational Plan, the following questions may be important:

- Are the activities being implemented as planned?
- What works and what does not work?
- What are the strengths and weaknesses?
- What are participants' reactions?
- What works for whom in what ways, and under what conditions?
- How can outcomes and impacts be increased?

If the purpose is about the performance, the following questions may apply:

- Is there a gap between the intended and actual population served?
- How can quality be enhanced?
- Does the One Health Operational Plan work as intended?
- To what extent can outcomes be attributed to the intervention?

Also, if the purpose of the evaluation is about economic efficiency, the following may be relevant:

- How can costs be reduced?
- Does the One Health Operational Plan deliver value for money?
- Could a higher outcome be achieved at the same cost?
- Is one strategy more beneficial than the other one?
- How do outcomes and costs compare with other options?

Moreover, taking into account the information gathered so far, the user needs to decide on the evaluation type to be used, considering the complexity of the OH initiative, its rationale, and the scope and purpose of the evaluation.
Three main evaluation types need to be considered in this process: impact evaluation, non-linear impact assessment, and economic evaluation.

National One Health Operational Plan

2024-2027