



# Liberia One Health Coordination Platform



# ONE HEALTH GOVERNANCE MANUAL

**Second Edition**

**APRIL 2025**



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This publication was produced through a multisectoral approach, bringing together various government line ministries, agencies and commissions. However, by sectoral representation, the Ministry of Health represents the human health sector, the Ministry of Agriculture represents the animal health sector, and the Environmental Protection Agency represents the environmental health sector and the ecosystem, as well as the National Public Health Institute of Liberia which houses the One Health Platform.

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## FOREWORD



The health of humans, animals, plants and the environment are inextricably linked. Liberia, like many nations around the world, has faced the growing complexity of health threats that transcend sectors and borders. From emerging infectious diseases like Ebola and COVID-19 to antimicrobial resistance and the impacts of climate change, it has become clear that no single sector can address these challenges alone. A unified, collaborative, and interdisciplinary approach is essential. The One Health approach provides this integrated framework that brings together human health, animal health, plant health and environmental stewardship to promote collective action and sustainable solutions. Since its inception in Liberia, the One Health platform has made significant strides in fostering multi-sectoral

collaboration, enhancing surveillance systems, improving emergency preparedness, and strengthening resilience across communities.

This Revised Liberia One Health Governance Manual reflects the country's continued commitment to institutionalizing One Health principles at all levels of governance. It builds on the foundations laid by previous efforts, incorporating lessons learned, international best practices, and the evolving landscape of health security. This revision is not just a refinement of policies and structures—it is a testament to Liberia's leadership in operationalizing One Health as a cornerstone of national health and development strategies.

This second version incorporates valuable lessons learned from previous health emergencies, aligns with international best practices, and reflects our national commitment to improving coordination, transparency, and accountability within the One Health framework. It provides clear guidance on institutional structures, roles, and responsibilities in order to ensure that all actors, from national ministries to county-level stakeholders, work together effectively to safeguard public health.

As Chair of the One Health Steering committee and Vice President of the Republic of Liberia, I reaffirm our government's strong commitment to the One Health approach. I urge all stakeholders of government institutions, development partners, civil society, and local communities to embrace and implement the principles outlined in this manual. Through sustained collaboration and shared responsibility, we can build a healthier, more secure, and more prosperous Liberia for now and generations to come.

Let this manual serve not only as a governance tool, but also as a symbol of our collective resolve to protect and promote health across the human animal, plant and environment interface in Liberia.

**His Excellency Jeremiah Kpan Koung**  
**Vice President of the Republic of Liberia**  
**Chair, Liberia One Health Steering Committee**

## ACKNOWLEDGEMENTS



The Government of Liberia recognizes its decentralized structure of governance as an essential element in the planning, decision-making process and provision of healthcare services to the people of Liberia. This Governance Manual clearly defines the roles and responsibilities of the administrative and technical structures of the One Health Platform that will guide the implementation of One Health activities in Liberia.

The One Health National Steering Committee, National Technical Committee, National Technical Working Groups and the National Secretariat, will be responsible for supervising and supporting the timely planning,

This second edition manual was meticulously developed by a team of experts representing the Ministry of Health, Ministry of Agriculture, National Public Health Institute of Liberia, Environmental Protection Agency, Forestry Development Authority (FDA), Ministry of Defense with the support of national and international partners, including the Africa CDC, Food and Agriculture Organization (FAO), World Health Organization (WHO), the World Bank, US - CDC, among others.

We appreciate the financial and technical support from the Africa CDC and the WHO for supporting the legal review of the document that enabled the successful development of this manual. This manual development process was guided by national and international laws, policies, best practices across the region, lessons learned from previous health emergencies and emerging operational realities.

We look forward to the successful implementation of this One Health Governance Manual.

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## ABBREVIATIONS AND ACRONYMS

<b>AAR</b>	After Action Review
<b>Africa CDC</b>	Africa Centres for Disease Control and Prevention
<b>AFENET</b>	Africa Field Epidemiology Network
<b>AFROHUN</b>	Africa One Health University Network
<b>AFL</b>	Armed Forces of Liberia
<b>AMR</b>	Antimicrobial Resistance
<b>CBRNe</b>	Chemical Biological Radiological Nuclear and explosives
<b>CDC</b>	Centers for Disease Control and Prevention
<b>EPA</b>	Environmental Protection Agency
<b>EPR</b>	Emergency Preparedness and Response
<b>EQA</b>	External Quality Assessment
<b>EU</b>	European Union
<b>EVD</b>	Ebola virus disease
<b>FAO</b>	Food and Agriculture Organization
<b>FDA</b>	Forestry Development Authority
<b>GHSA</b>	Global Health Security Agenda
<b>GIZ</b>	Deutsche Gesellschaft für Internationale Zusammenarbeit
<b>HR</b>	Human Resource
<b>IDSR</b>	Integrated Disease Surveillance and Response
<b>IHR</b>	International Health Regulations
<b>IHRMEF</b>	International Health Regulations Monitoring and Evaluation Framework
<b>IPC</b>	Infection Prevention and Control
<b>IMS</b>	Incident Management System
<b>IQA</b>	Internal Quality Assessment
<b>JEE</b>	Joint External Evaluation
<b>JRA</b>	Joint Risk Assessment
<b>LDEA</b>	Liberia Drug Enforcement Agency
<b>LMHRA</b>	Liberia Medical Health Regulatory Authority
<b>LNFS</b>	Liberia National Fire Service
<b>LNP</b>	Liberia National Police
<b>LIS</b>	Liberia Immigration Service
<b>LiSA</b>	Liberia Standards Authority
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MFDP</b>	Ministry of Finance and Development

<b>MICT</b>	Ministry of Information, Culture, and Tourism
<b>MIA</b>	Ministry of Internal Affairs
<b>MOA</b>	Ministry of Agriculture
<b>MOCI</b>	Ministry of Commerce and Industry
<b>MOH</b>	Ministry of Health
<b>NCI</b>	National Coordinating Institution
<b>NaFAA</b>	National Fisheries and Aquaculture Authority
<b>NPHIL</b>	National Public Health Institute of Liberia
<b>OH</b>	One Health
<b>OHP</b>	One Health Platform
<b>OHS</b>	One Health Secretariat
<b>OHTC</b>	One Health Technical Committee
<b>P4P</b>	Planning for Performance
<b>PREVAIL</b>	Partnership for Research on Vaccines and Infectious Diseases in Liberia
<b>PVS</b>	Performance of Veterinary Service
<b>QMS</b>	Quality Management System
<b>RCCE</b>	Risk Communication and Community Engagement
<b>SDGs</b>	Sustainable Development Goals
<b>SPAR</b>	State Party Annual Report
<b>SOPs</b>	Standard Operating Procedures
<b>TWG</b>	Technical Working Group
<b>UNICEF</b>	United Nations International Children’s Emergency Funds
<b>UL</b>	University of Liberia
<b>USAID</b>	United States Agency for International Development
<b>US-CDC</b>	United States Centers for Disease Control and Prevention
<b>VP</b>	Vice President
<b>WHO</b>	World Health Organization
<b>WOAH</b>	World Organization for Animal Health

## GLOSSARY OF KEY TEAMS

<b>Antimicrobial resistance (AMR):</b>	A natural process in which microbes continually evolve to resist and survive substances that should kill or inhibit them, whether these substances are produced by the environment, or other microbes, or are antimicrobials developed by people. AMR are everywhere and intimately linked with humans, soils, plants, and in food producing and companion animals. One important aspect is that AMR develops when microorganisms (bacteria, viruses, fungi and parasites) no longer respond to a drug to which it was originally sensitive to thus resulting in loss of effectiveness of those antimicrobials. When the microorganisms become resistant to antimicrobials they are often referred to as “superbugs”.
<b>Governance:</b>	Is the strengthening of organizational structures for appropriate decision making, authority and oversight.
<b>Infection Prevention and Control:</b>	Infection prevention and control (IPC) is a practical, evidence-based approach which prevents patients and health workers from being harmed by avoidable infections.
<b>One Health:</b>	A multisectoral, collaborative, coordinated, transdisciplinary approach – working at the local, regional, national, and global levels – with the goal of achieving optimal health outcomes recognizing the interconnection between people, animal, and the environment. The One Health concept recognizes that human health, animal health, and the environment are interdependent and bound to the health of the ecosystems in which they exist.
<b>Surveillance:</b>	Ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve health.

## SECTION 1: INTRODUCTION

### Section 1.1: Background

The One Health concept encompasses a collaborative, multisectoral, and interdisciplinary approach aimed at achieving optimal health outcomes by addressing shared public health threats such as zoonotic diseases, antimicrobial resistance, food safety, and industrial hazards.

Approximately 60% of existing and 75% of newly emerging infectious diseases in humans are zoonotic in nature, including the past SARS-CoV-2 pandemic<sup>[1]</sup>. Globally, these diseases are responsible for an estimated 2.5 billion cases of human illnesses and 2.7 million deaths annually, with the majority occurring in developing countries<sup>[1]</sup>. In low-income countries, the impact of both endemic and emerging zoonotic diseases is often disproportionately severe due to several factors, including:

- a. A lack of sustainable multisectoral coordination mechanisms that integrate human, animal, and environmental health sectors.
- b. Inadequate health infrastructure and resources for the effective investigation and control of cases and clusters.
- c. Limited public awareness and understanding of zoonotic diseases and their transmission pathways, which can impede early detection and prompt response.
- d. Poverty, limited access to health care, and other socioeconomic factors that make vulnerable communities more susceptible to disease outbreaks.

Globalization, urbanization, migration, and the increased exploitation of natural resources have altered existing ecosystems, creating new opportunities for the emergence and spread of infectious diseases<sup>[2]</sup>. In light of these changes, there is an urgent need for greater collaboration among One Health sectors to effectively prevent and control zoonotic diseases and other public health events. This interdisciplinary approach is critical to identifying and addressing the shared risks posed by pathogens that can cross species barriers, thereby reducing the incidence and impact of these diseases on both human and animal populations.

The World Health Organization's (WHO) International Health Regulations Monitoring and Evaluation Framework (IHRMEF) and the World Organization for Animal Health (WOAH) Performance of Veterinary Services (PVS) Pathway approaches have enabled countries to assess strengths and weaknesses in key functions and activities, identify areas for improvement, and set priorities for their One Health implementation. These efforts are crucial to establishing a robust One Health approach in Liberia, which is crucial for achieving relevant Sustainable Development Goals (SDGs), improving global health security, and complying with the International Health Regulations. By adopting a holistic, multi-sectoral approach to health challenges, the country can more effectively prevent, detect, and respond to public health emergencies, while also promoting the health and wellbeing of both people and animals.

In 2017, Liberia took a significant step towards improving public health outcomes by establishing the One Health Coordination Platform to effectively coordinate the "One Health" approach across the country. This platform is designed to promote multi-sector participation, resource mobilization, accountability, and transparency, while striving to achieve the best possible health outcomes across the human, animal, and environmental interface.

The Governance Manual serves as a comprehensive roadmap for coordinating efforts across various sectors, with a focus on animal health, and ensuring a coordinated and effective response to public health threats at both the national and sub-national levels.

However, since its initial publication in 2018, Liberia has undergone several external evaluations and various outbreak response experiences that have highlighted challenges in strategic coordination, roles and responsibilities, appointment of National International Health Regulations (IHR) Focal Point, and the tenures and functioning of technical working groups.

## Section 1.2: Reason for second edition and process

This document introduces the concepts, administrative and technical organization of the One Health platform, the process that ensures effective participation in planning and decision-making processes in Liberia. It incorporates and provides guidance on how the OHP works, its objectives, how it helps to build and sustain partnership, attain IHR core capacities and PVS Pathway, adherence to other international and national policies/instruments including:

- a. Indicating and incorporating the appointment authority of the International Health Regulation National Focal Person (IHR/NFP) as recommended by the 2023 IHR JEE, (e.g. clear process and authority for appointing the IHR NFP);
- b. Align with existing relevant international documents and national legal frameworks such as the 1976 Revised Public Health Law of Liberia and other existing laws;
- c. Review roles and responsibilities, and the tenures of the TWGs;
- d. Incorporate additional technical working groups such as Food Safety, etc.;
- e. Reinstate the office of the Vice President of the Republic of Liberia as head of the steering committee;
- f. Review the coordination and organization structure at the subnational levels;
- g. Incorporate the National Disaster Management Policy 2024 options relevant to the One Health Platform
- h. Review the functionalities of key IHR capacities at the sub-national level with specific focus on the district level

Moreover, conflict in the discharge of the roles and responsibilities of governing committees is an integral part of the reasons for the second edition. After careful review, the following recommendations were collectively reached to justify the revision of the national governance manual:

- a. The existing One Health Technical Committee serves as the JRA Steering Committee led by the Director General of the National Public Health Institute of Liberia (NPHIL) and the One Health Secretariat will play the secretarial role.
- b. Existing steering committee will serve as the JRA Stakeholder Group
- c. The team will comprise individuals with core national and global responsibilities but also with expertise including:
  - i. IHR focal point (person), WOAHA delegate (representative), OH coordinator (focal person), WOAHA Wildlife National Focal Point, Environmental (focal person), Risk Communication (focal person), Epidemiologist (Bio-statistics, mapping and modelling)

- ii. The JRA Technical Team will include technicians from the One Health Technical Working Groups.
- iii. Meeting frequency will be in accordance with the existing OH Platform
- d. The OHCP was organized to achieve its mission with strong administrative and technical support under the Office of the Vice President of Liberia. A memorandum of understanding was signed by relevant sectors, but has no legislative framework. In contrast, the Revised Public Health Bill of 2020 designated the Minister of Health as the Chair of the Steering Committee. Hence, this version reinstates the Office of the Vice President as the Chair.
- e. Though the Technical Committee is headed by the Director General of the National Public Health Institute of Liberia (NPHIL), the relevance of the existing Technical Working Groups (TWG) needs to be reviewed and terms of reference updated. There has been a justifiable call for the introduction of new TWGs, including Risk Communication and Community Engagement, Points of Entry, Food Safety and Research and Innovation.
- f. The OHP recognizes and chooses to focus on zoonotic diseases and antimicrobial resistance as the areas in greatest need for collaboration owing to control of shared health threats. The JEE shows sustained decline in the indicators<sup>[3]</sup> on food safety and environmental health sector. There are limited structured surveillance systems in place for the detection and monitoring of foodborne diseases and food contamination, chemical events or emergencies, radiological and nuclear emergencies, and wildlife.
- g. Though the leadership of the OHCP committees reflect a diverse range of expertise from ministries, agencies, academic organizations, faith-based organizations, and partnering technical organizations, the tenure of office was well defined. The Steering Committee Chair has a tenure of 3 years, the Chairs of TWGs (2 years), and the national coordinator (4 years), with provision for second terms. Since the establishment of the platform in 2017, we have conducted no reviews and performance evaluation of existing leadership<sup>[4]</sup>.
- h. It was anticipated that the platform would be funded through government budgetary allocation supported by the Legislature, development partners and implementing agencies. This revision will document lessons learnt in its implementation and determine the doable/achievable funding mechanism.

## SECTION 2. PURPOSE

### Section 2.1: Mission, Vision and Values

**Mission** of the OHP is to effectively coordinate a “One Health” approach ensuring multi-sector partnership, participation, resource mobilization, accountability, and transparency at all levels. This will be achieved in line with the following values:

- |                 |   |
|-----------------|---|
| a. Partnership  | e. Professionalism                            |
| b. Integrity    | f. Quality                                    |
| c. Transparency | g. Accountability                             |
| d. Equity       | h. Cultural/Traditional/Religious Sensitivity |

Vision of the OHP is to improve public health outcomes across the human, animal and environment interface

## Section 2.2: Objectives

The OHP aims to improve the health status across human, animal and environment interface by building a resilient multi-sectoral partnership that contributes to effective collaboration and achievement of equitable health outcomes.

### Specific objectives:

- An institutionalized, functional One Health approach to public health events,
- Joint planning, decision-making, and implementation related to the prevention, detection, response, and recovery to harmonize efforts across sectors,
- An enabling environment that facilitates information sharing, interoperability and innovation
- Resource mobilization, Accountability, and Transparency.
- Strengthened capacity- at individual, organizational, and systems levels- to carry out health security needs
- Leverage core expertise and capabilities of each agency to determine and direct intervention to address possible health threats that relate to humans, animals, and the environment that cut across multiple sectors

## SECTION 3: ONE HEALTH NATIONAL LEADERSHIP AND GOVERNANCE STRUCTURE

The governing framework of the One Health Platform shall consist of a multi-sectoral body with three layers including the National Steering Committee, which is the highest governing body, the One Health Technical Committee, and the One Health Technical Working Groups. The One Health Secretariat, under the supervision of the One Health Coordinator, shall serve as overall liaison across all three layers.

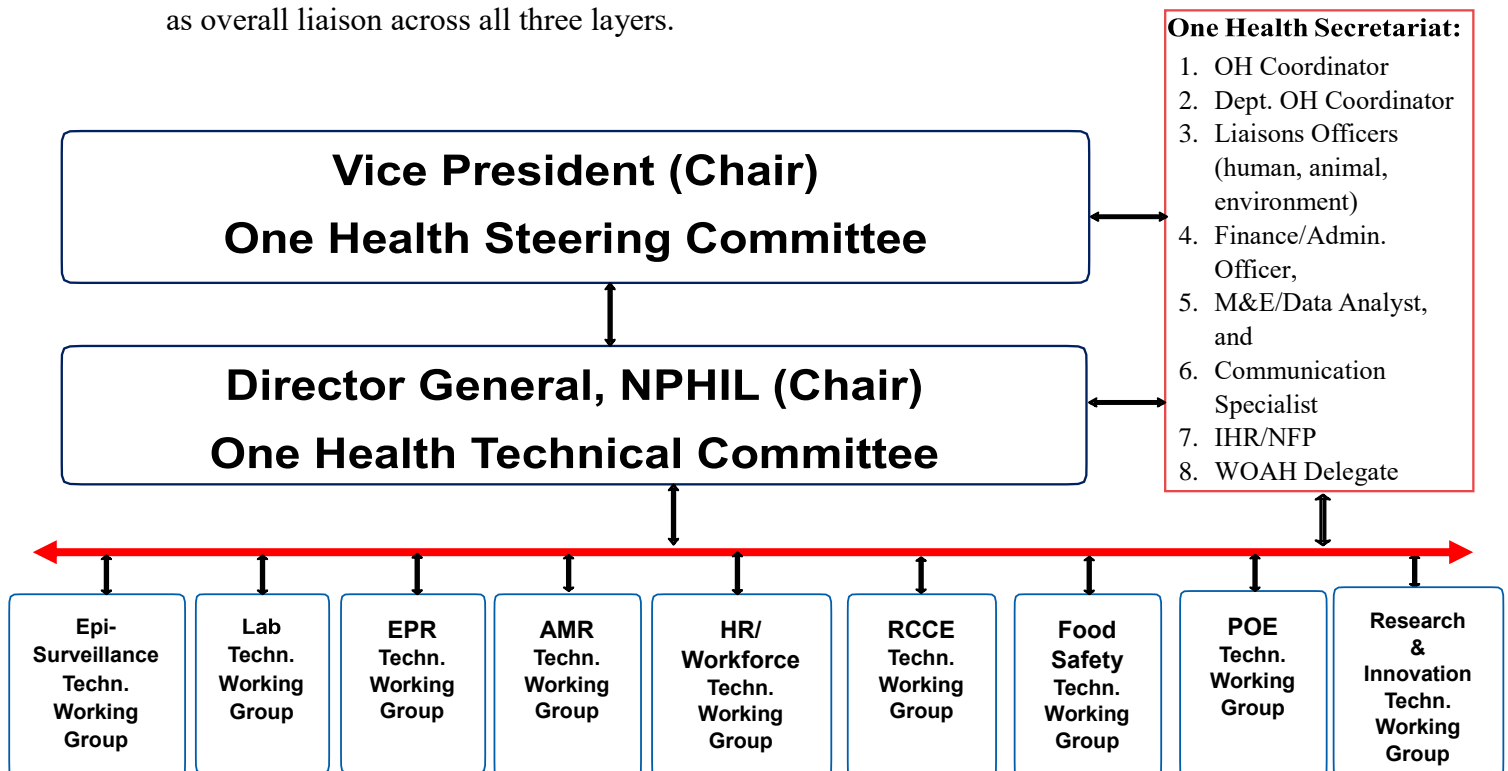


Figure 1: National One Health Governance Structure

### Section 3.1 Physical Location of the platform

The physical location of the OHP is at the One Health Building located on the Congo Town Back Road, directly behind the Ministry of Health Central Office.

### Section 3.2: National Steering Committee

The National Steering Committee shall have the following core functions:

- 1. Core functions:**  
Advocacy, Resource mobilization and Policy formulation
- 2. Other functions:**
  - a. Promote institutional development to include coordinating resource mobilization for preparedness, risk and vulnerability reduction and response among Government and other implementing partners;
  - b. Formulate policies and have oversight of all OH program and activities;
  - c. Conduct joint evaluation/assessments within major line ministries and agencies;
  - d. Institutionalize the One Health approach to address any public health event and/or pandemic that poses public health threats;
  - e. Foster collaboration among stakeholders and trigger response mechanism through the activation of the Incident Management System (Incident Action Plan);
  - f. Secure all the government and other properties/assets used in the event;
  - g. Endorse the creation of an additional TWG recommended by the TC
  - h. Promulgate policies, guidelines or standard operating procedures that govern the implementation of the One Health Platform
  - i. Advocate for multi-sectorial approaches to addressing public health challenges through efforts to build relevant capacity (e.g., integration of a veterinary component into the Liberian Field Epidemiology Training Program),
  - j. Lobby with the National Legislature to enact the One Health Legislation to institutionalize One Health actions
  - k. Develop resource mobilization initiatives (grant writing, mapping, and/or development of budget lines for One Health projects using existing funds) and advocate for budgetary allocation within the national budget;

#### Section 3.2.1: Membership of the National Steering Committee

The OHP National Steering Committee shall reflect a diverse range of expertise from ministries, agencies, commissions, academic institutions, faith-based institutions, and partnering technical organizations that are engaged in directly implementing human, animal, and environmental health initiatives or in building capacity to do so. It shall also include other stakeholders, such as entities involved in commerce and tourism, which stand to benefit from a healthier population and environment in Liberia. OHP National Steering Committee membership shall include at least one person, including the head of the entity (e.g., Minister or Director General) and/or his/her designee(s), from each of the following:

- a. Vice President, Republic of Liberia - Chairperson;
- b. Minister of Health – 1<sup>st</sup> Co-Chairperson;
- c. Minister of Agriculture – 2<sup>nd</sup> Co-Chairperson
- d. Executive Director, Environmental Protection Agency – 3<sup>rd</sup> Co-Chairperson

- e. Director General, National Public Health Institute of Liberia – Technical Advisor;
- f. One Health Coordinator- Secretary
- g. Managing Director, Forestry Development Authority;
- h. Minister, Ministry of Finance and Development Planning;
- i. Minister, Ministry of Justice;
- j. Minister, Ministry of National Defense
- k. Minister, Ministry of Commerce & Industry
- l. Minister, Ministry of Education
- m. Minister, Ministry of Foreign Affairs
- n. Minister, Ministry of Information, Cultural Affairs & Tourism
- o. Minister, Ministry of Internal Affairs
- p. Minister, Ministry of Gender Social and Children Protection
- q. Minister, Ministry of Public Works
- r. Director General, National Fisheries and Aquaculture Authority
- s. Executive Director, National Disaster Management Agency
- t. Executive Director, Water Sanitation and Hygiene Commission
- u. President, University of Liberia
- v. President, Cuttington University
- w. President, Tubman University
- x. Senior Country Representative, Africa CDC
- y. Country Representative, World Health Organization
- z. Country Director, Center for Disease Control and Prevention
- aa. Mission Director, US Agency for International Development
- bb. Country Representative, Food and Agriculture Organization
- cc. Chief of Mission, International Organization for Migration
- dd. Country Manager, World Bank
- ee. Head of Delegation, European Union
- ff. Chairman, Inter-Religious Council of Liberia
- gg. National Civil Society Coalition
- hh. President, Liberia Health Professions Council
- ii. President, Press Union of Liberia
- jj. Coordinator, National Platform for Chemical Biological, Radiological, Nuclear, and Explosive Risks and Threats Mitigation (CBRNe)
- kk. Country Manager, Africa One Health University Network (AFROHUN)

### Section 3.2.2: Roles and Responsibilities of the National Steering Committee Chairperson

Subject to the authority of the President, the Vice President will serve as Chairperson of the Steering Committee. The role of the chairperson is to manage and to provide leadership to the overall ONE HEALTH PLATFORM, ensure that its efforts are encouraging progress towards the Platform objectives and functions and leading advocacy, resource mobilization efforts and policy decision making of the platform.

### Section 3.2.3: Roles and Responsibilities of the National Steering Committee Co-Chairpersons

The Minister of Health, Minister of Agriculture and the Executive Director of the Environmental Protection Agency will serve as Co-Chairpersons to the Chair of the Steering Committee. The principal role of the Co-Chairs is to advise the Chair and other National

Steering Committee members on cross-sectoral priorities and to serve as a point person between the OHP Steering Committee and the One Health Secretariat.

#### **Section 3.2.4: Roles and Responsibilities of the National Steering Committee Technical Advisor**

The Director General of the National Public Health Institute of Liberia (NPHIL), the National Coordinating Institute (NCI) for Liberia will serve as a technical advisor to the Chair and Co-Chairs of the One Health Steering Committee. In this capacity, he/she will offer support in coordinating among the different bodies of the OHP, with particular oversight given to the One Health Secretariat. As the Head of the NCI, he/she will advise the Steering Committee Chair and Co-Chairs with multi-sectoral perspective on activities related to prevention, detection, and control of public health threats.

#### **Section 3.2.5: Meetings of the National Steering Committee**

The National Steering Committee meetings will be held Semi-Annually. The Chair could call a special meeting as deemed necessary or as situation dictates.

### **Section 3.3 One Health Technical Committee (OHTC)**

The One Health Technical Committee will serve as a supervisory body for the technical working groups (TWGs) and membership shall be composed of the heads of the various TWGs, OH coordinator and other designated technicians from partners.

#### **Section 3.3.1: Membership of the National One Health Technical Committee**

The One Health Technical Committee (OHTC) membership will comprise of the following:

- a. Director General, National Public Health Institute of Liberia – Chair
- b. Executive Director, Environmental Protection Agency – 1<sup>st</sup> Co-chair
- c. Deputy Minister for Technical Services, Ministry of Agriculture – 2<sup>nd</sup> Co-chair
- d. Director, Neglected Tropical Disease Program, Ministry of Health
- e. Chairs and Co-Chairs of all TWGs
- f. One Health Coordinator
- g. Partners

#### **Section 3.3.2: Roles and Responsibilities of the National OHTC Chairperson**

The Director General of the NCI/NPHI will serve as Chairperson of the One Health Technical Committee. The Chairperson is responsible for overseeing all meetings and making final decisions, after advisement of the Co-Chairpersons and other OHTC members, on whether and when to elevate activities proposed by the individual Technical Working Groups to the attention of the National Steering Committee Chairperson.

#### **Section 3.3.3: Roles and Responsibilities of the National OHTC Co-Chairpersons**

The Executive Director of the Environmental Protection Agency and the Deputy Minister for Technical Services of the Ministry of Agriculture will act as Co-Chairpersons of the OHTC. The Co-Chairpersons will help to facilitate meetings of the OHTC and will ensure adequate representation across sectors at the OHTC meetings. The Co-Chairpersons will act in the absence of the Chairperson.

#### **3.3.4 Roles and Responsibilities of the OHTC**

The One Health Technical Committee shall have the following functions:

1. The OHTC will take recommendations, as deemed appropriate, and advocate for action in line with the objectives of the OHP. Moreover, the OHTC will serve as a link between the TWGs and the One Health Steering Committee. The OHTC will develop a framework for the creation of additional technical working groups as the need arises.
2. Reactivate and/or establish various pillars of the incident management system for effective coordination and response led by the responsible sector to be managed by experienced persons with clear roles and responsibilities;
3. Facilitate joint rapid event assessment and its impact within 24 hours and document impacts, recommend necessary actions, and communicate information to all stakeholders;
4. Evaluate events and their operations;
5. Generate post event reports within a quarter after official declaration of the end of the event;
6. Carry out a detailed needs and risk assessments for rehabilitation, recovery and reconstruction;
7. Develop activity plans linked to human health, animal/wildlife health, environment and plants;
8. Lead the awareness campaign on regulating points of entry to reduce risk of imported illnesses, and conducting education campaigns on the importance of maintaining hygienic environments to reduce contact with disease-causing rodents;
9. Ensure that appropriate measures are taken for the prevention of events, or the mitigation of their effects, and for capacity building for effective response to events;

#### **Section 3.3.5: Meetings of the National One Health Technical Committee**

The National One Health Technical Committee shall meet quarterly or as the need arises.

#### **Section 3.4: National One Health Technical Working Groups (TWGs)**

There shall be nine National TWGs:

1. Epi Surveillance
2. Laboratory
3. Antimicrobial Resistance (AMR)
4. Emergency Preparedness and Response
5. Workforce Development
6. Risk Communication and Community Engagement
7. Points of Entry
8. Food Safety, and
9. Research and Innovation

Membership shall include competent subject matters experts, technical heads/directors/focal persons of line ministries and agencies of government, including technicians from related partners implementing the One Health approach.

##### **Section 3.4.1: Functions of the National One Health TWGs**

The core responsibilities of all the National One Health Technical Working Groups include the following:

- a. Development, production, and/or dissemination of technical reports, review and validation of guidelines, operational plans and Standard Operating Procedures;
- b. Organization and provision of technical assistance to the county, district, facility and/or community levels;
- c. Provision of expert advice to the National Steering Committee

Overall, the One Health Technical Working Groups (TWGs) shall carryout activities that realize the objectives of the OHP in routine practice throughout existing and newly developed systems and processes for quality improvement.

At the County level there shall be five TWGs:

1. Epi Surveillance/POE
2. Laboratory/Antimicrobial Resistance (AMR)/Food Safety
3. Research and Innovation
4. Emergency Preparedness and Response/Workforce Development and
5. Risk Communication and Community Engagement

#### Section 3.4.2: National Epi Surveillance TWG

The National EPI Surveillance Technical Working Group shall have the following core functions:

- a. Spearhead the development of OH Surveillance policy and strategic plan
- b. Resource mobilization for OH surveillance
- c. Develop technical and operational tools to support the strengthening of national disease control strategies (IDSR, ADSR, etc.);
- d. Ensure the enforcement of existing laws and regulation of surveillance activities are implemented
- e. Serve as an inter-ministerial, multi-disciplinary technical group with oversight and ensure technical capacity for human-animal-plant-environment interface for the surveillance system;
- f. Raise awareness among government, funding agencies and other strategic partners so that surveillance is given higher priority and visibility;
- g. Establish a mechanism for effective exchange of information;
- h. Improve collaboration among governments, organizations, institutions, agencies engaged in human-animal-plant-environment interface
- i. Pursue integrated cost-effective approaches to prevent and control programs;
- j. Operationalize preparedness and management of zoonotic disease epidemics;
- k. Enhance efforts to prevent and control zoonotic infection;
- l. Work with the relevant offices to develop a One Health Communication Strategy, and review curricula of pre-service training institutions; and
- m. Provide update to the OHTC on trends and analyses of events (Human, animal, plant and Environment)

##### Section 3.4.2.1: Membership of the National EPI Surveillance TWG

The National EPI Surveillance Technical Working Group shall consist of the following members:

- a. Director of the Division of Infectious Disease Epidemiology, NPHIL

- b. Director of Animal Health Sciences / Epidemiological Unit, MOA
- c. One Health Secretariat (OHS) Human Health Liaison – Secretary
- d. National Public Health Institute of Liberia – Division of Infectious Disease and Epidemiology
- e. National Public Health Institute of Liberia – National Public Health Laboratory
- f. National Public Health Institute of Liberia – Environmental Health
- g. Ministry of Agriculture – Animal Health Sciences / Epidemiological Unit
- h. Ministry of Agriculture – Crop Resource Division
- i. Forestry Development Authority – Wildlife Division
- j. National Disaster Management Agency – Division of Risk and Early Warning
- k. Ministry of Foreign Affairs – Chemical, Biological, Radiological, Nuclear Platform
- l. Ministry of Justice – Codification
- m. Neglected Tropical Disease Program, Ministry of Health
- n. Joint Security -LIS, LNP, AFL, LDEA
- o. Cuttington University Graduate School – School of Public Health
- p. University of Liberia – College of Health Sciences
- q. Environmental Protection Agency -
- r. National Fisheries and Aquaculture Authority -
- s. Liberia Chimpanzee Rescue Protection/ Society for the Conservation of Nature of Liberia’s
- t. Civil Society Organization Coalition (Public Health Initiative Liberia, One Health Initiative, etc.)
- u. Liberia Standard Authority,
- v. Africa Field Epidemiology Network
- w. United Nations Children Fund
- x. Africa One Health University Network
- y. World Health Organization
- z. Food and Agriculture Organization
- aa. Africa Centres for Disease Control and Prevention
- bb. United States Centers for Disease Control and Prevention

Two persons shall be designated from each of the above listed institution/division, one of whom shall be present at a given meeting, and the other as an alternate. Leadership will be rotational amongst the membership every two years.

#### Section 3.4.2.2: Meetings of the National EPI Surveillance TWG

The National EPI Surveillance Technical Working Group will meet on a monthly basis on the first Tuesday of the month.

#### Section 3.4.3: National Laboratory Surveillance TWG

The National Laboratory Surveillance Technical Working Group shall have the following core functions:

- a. Coordinate with relevant institutions to improve diagnostic capacity through training opportunities for laboratory technicians (long- and short- term)
- b. Ensure the revision of curricula for in-service and pre-service institutions and the conduct of regular supervision and on-site mentoring;

- c. Advocate to institutionalize laboratory training program within higher learning institutions (BSc, Master and PhD level);
- d. Support and ensure laboratory facilities and/or institutions perform competent diagnostic procedures and calibration to obtain accurate testing results;
- e. Facilitate the establishment Quality Management System (QMS), including external quality assessment (EQA) and internal quality assessment (IQA);
- f. Provide technical support to develop and implement standard operating procedures (SOPs) for all testing procedures and ensure adherence at public, private, charity, and concession facilities;
- g. Advocate and support mandatory licensing of all health facilities (public, private, charity and concession) using agreed upon criteria including networking for quality control standards and support;
- h. Strengthen knowledge and evidence base through laboratory and research;
- i. Support the conduct of inventory for all laboratory equipment in country for human, animal, plant and environmental facilities and ensure functionality;
- j. Advocate for reagents and supplies to ensure continuous diagnostic capacity and avoid stock- outs;
- k. Ensure regular preventive and curative maintenance of laboratory equipment including generators, air- conditioning, water supply, and management and disposal of all waste to support infection prevention;
- l. Build sustained partnerships nationally and internationally to facilitate development of in- country workforce capacity for laboratory diagnosis;
- m. Ensure regular information sharing using standard data collection and reporting tools as well as institute effective communication and coordination strategies among all stakeholders (constituencies, sectors and disciplines);
- n. Monitor and coordinate national and sub-national activities for establishment of laboratory policies, strategies and plans;
- o. Submit a regular quarterly report to the OHTC using agreed upon indicators on country's performance.
- p. Develop quality improvement plan for peripheral facilities at county level

#### Section 3.4.3.1: Membership of the National Laboratory Surveillance TWG

The National Laboratory Surveillance Technical Working Group shall consist of the following members:

- a. Director of Central Veterinary Laboratory, MOA
- b. Director of National Public Health Reference Laboratory, NPHIL
- c. One Health Secretariat- Animal Health Liaison Officer - Secretary
- d. National Public Health Institute of Liberia – National Public Health Reference Laboratory
- e. National Public Health Institute of Liberia – Environmental Health Laboratory
- f. Ministry of Health – Division of Pharmacy
- g. Ministry of Health -National Diagnostic Division
- h. Ministry of Health, Neglected Tropical Disease Program
- i. Ministry of Agriculture – Central Veterinary Laboratory
- j. Forestry Development Authority - Central Veterinary Laboratory
- k. Liberia Standard Authority (LiSA)

- l. Liberia Medicines and Health Products Regulatory Authority (LMHRA) – Laboratory
- m. Central Agriculture and Research Institute (CARI) – Laboratory
- n. Ministry of Commerce and Industry – Laboratory Unit
- o. Ministry of Health – Division of Neglected Tropical Diseases
- p. Environmental Protection Agency – Compliance / Laboratory
- q. National Disaster Management Agency – Division of Environmental Health and Safety
- r. Ministry of Foreign Affairs – Chemical, Biological, Radiological, Nuclear and Explosive Platform
- s. National Fisheries and Aquaculture Authority - Monitoring Control and Surveillance Dept
- t. Liberia Water and Sewage Corporation
- u. WASH Commission
- v. University of Liberia – College of Health Sciences
- w. Armed Forces of Liberia – 14<sup>th</sup> Military Laboratory
- x. LNP Forensic Laboratory
- y. PREVAIL
- z. Africa CDC
- aa. US CDC
- bb. AFROHUN
- cc. WHO

#### Section 3.4.3.2: Meetings of the National Laboratory Surveillance TWG

The National Laboratory Surveillance Technical Working Group will meet on the second Thursday of every month.

#### Section 3.4.4: National Emergency Preparedness and Response TWG

The National Emergency Preparedness and Response Technical Working Group shall have the following core functions:

- a. Advocate and support the development and dissemination of protocols, guidelines and manuals for different sectors (human, animal, plant and environment)
- b. Jointly develop a national integrated EPR framework
- c. Support and advocate for needed human resource capacity at different levels in the context of One Health (human, animal, plant and environment)
- d. Facilitate the review and update of the national and subnational EPR plans
- e. Facilitate the development of effective communication strategies to ensure community participation in One health activities
- f. Establish/update available human resource capacity data base at central, county, district, facility and community levels within the context of OH, and suggest support needed to mitigate any gaps identified
- g. Organize and hold regular cross-border and intra-county meetings to support information sharing for tracking events including effective networking, monitoring of potential threats and identifying opportunities to collaborate with stakeholders
- h. Advocate for the availability of sufficient emergency stockpile (drugs, supplies etc..) to support preparedness and timely response for emergencies in the context of One Health Response (human, animal, plant and environment)
- i. Review and/or update contingency emergency operational plan

- j. Ensure that all necessary materials and equipment are made available at the right time, and positioned at strategic areas
- k. Document/ archive interventions and response linked to events from human, animal, plant and environment for experiences and lessons learned to support action reviews for unknown event
- l. Support post-event interventions for psychosocial and mental health rehabilitation through counseling and support to those impacted by events
- m. Lead simulation exercises, intra and after-action reviews
- n. Promote public health preparedness and response in military and paramilitary institutions including private sector

#### Section 3.4.4.1: Membership of the National Preparedness and Response TWG

The National Preparedness and Response Technical Working Group shall consist of the following members:

- a. Director/Coordinator of Emergency Preparedness and Response, NPHIL
- b. National Disaster Management Agency – Division of Emergency Response
- c. One Health Secretariat Wildlife Liaison -Secretary
- d. National Disaster Management Agency – Division of Risk and Early Warning
- e. National Public Health Institute of Liberia – Division of Infectious Disease and Epidemiology
- f. National Public Health Institute of Liberia – National Public Health Reference Laboratory
- g. National Public Health Institute of Liberia – Division of Logistics
- h. Ministry of Health – Division of Pharmacy
- i. Ministry of Health – Department of Health Services
- j. Ministry of Health – Division of Health Promotion
- k. Ministry of Health – Division of Neglected Tropical Diseases
- l. Ministry of Agriculture – Animal Health Sciences/Epidemiological Unit
- m. Ministry of Agriculture – Crop Resource Division
- n. National Disaster Management Agency
- o. Ministry of Foreign Affairs – Chemical, Biological, Radiological, Nuclear and Explosive Platform
- p. Environmental Protection Agency – Compliance/Laboratory
- q. Joint Security (LIS, AFL, LNP, LNFS, LDEA)
- r. Forestry Development Authority- Wildlife Division
- s. National Fisheries and Aquaculture Authority Marine, Fisheries and Environment Department
- s. National Center for the Coordination of Response Mechanism
- t. Ministry of Health, Neglected Tropical Disease Program
- u. Civil Society Network
- v. General Services Agency
- w. One Health Initiative
- x. Liberia Standard Authority
- y. LMHRA
- z. Liberia National Red Cross Society

- aa. Private Sector
- bb. Africa CDC
- cc. AFENET
- dd. GIZ
- ee. Riders for Health
- ff. UNICEF
- gg. US-CDC
- hh. USAID
- ii. WHO
- jj. AFROHUN

#### Section 3.4.4.2: Meetings of the National Preparedness and Response TWG

The National Preparedness and Response Technical Working Group will meet on the first Thursday of every month.

#### Section 3.4.5. National Anti-Microbial Resistance (AMR) TWG

The National Anti-Microbial Resistance Technical Working Group shall have the following core functions:

- a. Advocate and support awareness and understanding of AMR through effective communication, education and training;
- b. Reduce incidence of Infection through effective sanitation, hygiene and infection, prevention and control measures;
- c. Promote optimal use of antimicrobials agents in human, animal and plant health;
- d. Identify opportunities for economic investment to ensure sustainability of innovations;
- e. Build sustained partnerships and work nationally and internationally on containment of AMR;
- f. Identify other stakeholders and facilitate formation of an inclusive AMR;
- g. Facilitate, coordinate and monitor the implementation of national action and operational plans for containment of AMR;
- h. Ensure regular data collection and information sharing by instituting effective communication and coordination among all stakeholders, the members of AMR and their constituencies, sectors and disciplines;
- i. Coordinate national and sub-national activities for establishment of AMR surveillance systems; and
- j. Report on the prevalence and trends in AMR (evidence-based) to technical committee and partners linked to JEE score on progress on country performance including the global AMR surveillance system
- k. Conduct monthly meeting every third Wednesday

#### Section 3.4.5.1: Membership of the National Anti-Microbial Resistance TWG

The National Anti-Microbial Resistance Technical Working Group shall consist of the following members:

- a. Director of the Division of Pharmacy, MOH

- b. Director of Animal Production, Ministry of Agriculture
- c. One Health Secretariat Animal Health Officer/Liaison, -Secretary
- d. National Public Health Institute of Liberia – National Public Health Reference Laboratory
- e. National Public Health Institute of Liberia – Division of Environmental and Occupational Health
- f. Liberia Medicines and Health Products Regulatory Authority (LMHRA) – Laboratory
- g. Ministry of Agriculture – Animal Health Sciences / Epidemiological Unit
- h. Ministry of Agriculture – Central Veterinary Laboratory
- i. Ministry of Health – Division of Pharmacy
- j. Ministry of Health – Division of Neglected Tropical Diseases
- k. Environmental Protection Agency – Compliance/Laboratory
- l. Forestry Development Authority – Wildlife Division
- m. National Fisheries and Aquaculture Authority
- n. Liberia Standard Authority (LiSA) – Laboratory
- o. Liberia Pharmacy Board
- p. University of Liberia College of Health Sciences
- q. Africa CDC
- r. Civil Society Network
- s. FAO
- t. US-CDC
- u. WHO
- v. AFROHUN

#### Section 3.4.5.2: Meetings of the National Anti-Microbial Resistance TWG

The National Laboratory Surveillance Technical Working Group will meet on the third Wednesday of every month.

#### Section 3.4.6. National Human Resources Workforce TWG

The National Human Resources Workforce Technical Working Group shall have the following core functions:

- a. Support the development of a One Health workforce strategy to help prepared and respond to public health threats;
- b. Coordinate the conduct of periodic assessments to determine capacity needs, available capacity, and gaps for emergency preparedness and response
- c. Provide technical guidance to develop training plans (pre-service and in-service) including short- and long-term across sectors (human, animal, plant and environment)
- d. Develop and manage a training database intended to track all trainings linked to One Health by specific professional areas;
- e. Provide technical assistance to review criteria for selection link to career ladder in-pre-service (long- and short- term

### Section 3.4.6.1: Membership of the Human Resources Workforce TWG

The National Human Resources Workforce Technical Working Group shall consist of the following members:

- a. Director of Training and Capacity Building, NPHIL
- b. Director, HR, NPHIL
- c. Director of HR, MOA
- d. Director of Training, MOA
- e. Director of HR, MOH
- f. Director of Training, MOH
- g. One Health Secretariat Animal Health Liaison, Secretary
- h. Environmental Protection Agency – Director, HR
- i. Environmental Protection Agency, Director, Training
- j. Forestry Development Authority – Manager of HR
- k. Forestry Development Authority – Manager of Training
- l. National Disaster Management Agency – Director of Training
- m. University of Liberia College of Health Sciences
- n. Cuttington University
- o. Civil Service Agency, Deputy Director for Employment
- p. Africa CDC
- q. FAO
- r. US-CDC
- s. WHO
- t. AFROHUN
- u. AFENET

### Section 3.4.6.2: Meetings of the National Human Resources Workforce TWG

The National Human Resources Workforce Technical Working Group will meet on the second Tuesday of every month.

### Section 3.4.7. National Risk Communication and Community Engagement TWG

The National Risk Communication and Community Engagement Technical Working Group shall have the following core functions:

- a. Ensure that risk communication and community engagement activities are undertaken in accordance with relevant SOPs
- b. Leading the risk communication and community engagement activities across all sectors
- c. Strengthen RCCE mechanisms to improve awareness, messaging, and materials across all One Health sectors with a dedicated core team of specialized individuals
- d. In collaboration with the SBCC Core Team, design, develop, approve, and/or and store all health-related messages to avoid conflicting messaging to the public.
- e. Develop, review, and pretest messages before final approval to provide a better understanding of the messages
- f. Jointly develop National Risk Communication and Community Engagement technical guidance (e.g., operational plan, message guides, risk communication

- response plans) to coordinate information before, during, and after public health emergencies
- g. During public health emergencies, with guidance from the IMS, mobilize key stakeholders and partners to coordinate responses based on a strategy outlining risk communication and community engagement
  - h. Strengthen existing systems to manage, track, address, and mitigate rumors and misinformation before, during, and after public health emergencies
  - i. Strengthen media relations and reporting in the context of public health preparedness and response
  - j. Strengthen capacity for RCCE as needed
  - k. Provide technical assistance on RCCE related research and monitoring activities intended to inform and enhance RCCE approaches
  - l. Support the establishment and integration of RCCE across all sectors

#### Section 3.4.7.1: Membership of the RCCE TWG

The National Risk Communication and Community Engagement Technical Working Group shall consist of the following members:

- a. Director of Health Promotion, MOH
- b. Director of Communication, MOH
- c. Director of Communication, MOA
- d. One Health Secretariat, Communication Specialist -Secretary
- e. Director of Communication, Ministry of Commerce and Industry
- f. Director of Communication, Ministry of Education
- g. Ministry of Information, Culture and Tourism
- h. Director of Communication, Ministry of Gender, Children and Social Protection
- i. Director of Communication, National Public Health Institute of Liberia
- j. Director of Communication, National Disaster Management Agency
- k. Director of Communication, Environmental Protection Agency
- l. Director of Communication, Forestry Development Authority
- m. Director of Communication, National Fisheries and Aquaculture Authority
- n. Civil Society Network
- o. Joint security
- p. University of Liberia School of Health Sciences
- q. Cuttington University
- r. Private Sector
- s. AFROHUN
- t. Africa CDC
- u. US CDC
- v. UNICEF
- w. WHO

#### Section 3.4.7.2: Meetings of the National RCCE TWG

The National Risk Communication and Community Engagement Technical Working Group will meet on the third Thursday of every month.

### Section 3.4.8: Food Safety TWG

The Food Safety Technical Working Group shall have the following core functions:

- a. Advocate and support awareness and understanding of Food Safety through effective communication, education and training;
- b. Identify and describe current and future challenges along the agri-food supply chain;
- c. Provide technical guidance on food safety issues, including risks assessment, risk engagement and risk communication.
- d. Identify interventions and activities to improve food safety for OH's analysis;
- e. Advise the OH Technical Committee on the update of the Global Strategy for food safety and any other matters (implementation, monitoring and evaluation) relating to the strategy;
- f. Advise OH Technical Committee on the establishment of a global taskforce on food safety impact measurement to measure progress towards the implementation of the global strategy and achieving Sustainable Development Goals
- g. Strengthen leadership, governance and coordination on food Safety
- h. Coordinate the conduct of surveillance and detection for foodborne pathogens containment and diseases
- i. Coordinate the inspection of food products and their facilities
- j. Coordinate the inspection of any suspicious food production premise
- k. Jointly respond to food safety events and report to OHTC
- l. Disseminate INFOSAN information on WHO and FAO guidelines on food safety
- m. Strengthen intersectoral collaboration and coordination among stakeholders in food safety, including government agencies, private sector, academia and civil society.
- n. Develop and recommend national policies, strategies and action plan on food safety under the One Health framework
- o. Promote knowledge sharing among stakeholders on food safety and one health approaches

#### Section 3.4.8.1: Membership of the Food Safety TWG

The Food Safety Technical Working Group shall consist of the following members:

- a. Director, DEOH, National Public Health Institute of Liberia
- b. Director/Laboratory – Liberia Standard Authority
- c. One Health Secretariat Animal Health Liaison -Secretary
- d. National Public Health Institute of Liberia – National Public Health Reference Laboratory
- e. National Public Health Institute of Liberia – Environmental Health, Food Safety Coordinator
- f. Liberia Medicines and Health Products Regulatory Authority – Laboratory
- g. Ministry of Agriculture – Animal Production Unit
- h. Ministry of agriculture – Central Veterinary Laboratory
- i. Ministry of Agriculture – Crop Resource Division
- j. Ministry of Health, Neglected Tropical Disease Program
- k. Ministry of Health – Division of Pharmacy
- l. Environmental Protection Agency – Compliance/Laboratory

- m. Ministry of Commerce and Industry –Inspector/Laboratory Units
- n. National Disaster Management Agency, Director of Health and Safety
- o. National Fisheries and Aquaculture Authority
- p. Liberia Water and Sewer Corporation
- q. FAO
- r. WHO
- s. AFROHUN

#### Section 3.4.8.2: Meetings of the Food Safety TWG

The Food Safety Technical Working Group will meet on the second Wednesday of every month.

#### Section 3.4.9. Points of Entry (PoEs) TWG

The Points of Entry Technical Working Group shall have the following core functions:

- a. Provide regular reports to the One Health Technical Committee on port health activities
- b. Serve as an inter-ministerial, multi-disciplinary technical group with oversight and ensure technical capacity for human, animal, plant and environment interface for the surveillance system;
- c. Establish a mechanism for effective exchange of information;
- d. Pursue integrated cost-effective approaches to prevent and control programs;
- e. Operationalize preparedness and management of zoonotic disease epidemics at various points of entry;
- f. Enhance efforts to prevent and control zoonotic infection at points of entry;
- g. Provide technical input for policies, protocols and guidelines for port health
- h. Align National port health policy with IHR and One Health principles
- i. Strengthen surveillance systems for infectious diseases, zoonoses, and chemical and radiological hazards at PoEs
- j. Promote awareness of port health regulations and procedures among travelers, traders, and stakeholders
- k. Monitor effectiveness of port health interventions

#### Section 3.4.9.1: Membership of the Points of Entry TWG

The Points of Entry Technical Working Group shall consist of the following members:

- a. Director/coordinator of Port Health, NPHIL
- b. Director of Plant & Animal Quarantine, MOA
- c. Secretary: One Health Secretariat (OHS) Human Health Liaison
- d. National Public Health Institute of Liberia – Division of Infectious Disease and Epidemiology
- e. National Public Health Institute of Liberia – National Public Health Laboratory
- f. National Public Health Institute of Liberia –Environmental Health
- g. Forestry Development Authority – Wildlife Division
- h. National Disaster Management Agency

- i. Ministry of Foreign Affairs – Chemical, Biological, Radiological, Nuclear Explosive Platform
- j. Ministry of Justice – Codification
- k. Joint Security (LIS, LNP, LDEA, LNFS, AFL)
- l. Ministry of Foreign Affairs – Chemical, Biological, Radiological, Nuclear Platform
- m. Environmental Protection Agency
- n. Liberia Civil Aviation Authority
- o. Liberia Airport Authority
- p. Liberia Maritime Authority
- q. National Fisheries and Aquaculture Authority
- r. Liberia Revenue Authority
- s. Civil Society Network
- t. AFENET
- u. Africa CDC
- v. AFROHUN
- w. WHO
- x. FAO
- y. US-CDC
- z. European Union

#### Section 3.4.9.2: Meetings of the Points of Entry TWG

The Points of Entry Technical Working Group will meet on the third Tuesday of every month.

#### Section 3.4.10. Research and Innovation TWG

The Research and Innovation Technical Working Group shall have the following core functions:

- a. Promote evidence-based innovations (digital health, AI, vaccines, diagnostics) and support operational research;
- b. Coordinate the evaluation of new technologies/methodologies for public health application
- c. Advise on ethical, regulatory, and implementation frameworks
- d. Facilitate knowledge dissemination and uptake into policy
- e. Identify priority research areas in the context of One Health (e.g., disease prevention, health equity, emerging threats)
- f. Foster collaboration among researchers, policymakers, and private sector partners
- g. Support funding mobilization for high-impact public health research
- h. Ensure research aligns with national/global health goals (e.g., SDGs, IHR)

#### Section 3.4.10.1: Membership of the Research and Innovation TWG

The Research and Innovation Technical Working Group shall consist of the following members:

- a. Director, Division of Research, NPHIL
- b. Central Agriculture Research Institute
- c. Division of Research and Planning, MOH

- d. Secretary: One Health Secretariat (OHS) Human Health Liaison
- e. National Public Health Institute of Liberia – Division of Infectious Disease and Epidemiology
- f. National Public Health Institute of Liberia – National Public Health Laboratory
- g. National Public Health Institute of Liberia –Environmental Health
- h. Forestry Development Authority – Division of Research
- i. National Disaster Management Agency – Division of Planning and Policy
- j. Liberia National Police
- k. Ministry of Health, Neglected Tropical Disease Program
- l. Ministry of Health, Pharmacy Division
- m. Armed Forces of Liberia
- n. Environmental Protection Agency
- o. Ministry of Foreign Affairs – Chemical, Biological, Radiological, Nuclear Explosive Platform
- p. University of Liberia, Internal Research Board
- q. University of Liberia, Research Laboratory
- r. National Fisheries and Aquaculture Authority
- s. Civil Society Network
- t. PREVAIL/NIH
- u. AFENET
- v. Africa CDC
- w. AFROHUN
- x. WHO
- y. FAO
- z. US-CDC
- aa. University of North Carolina Chapel Hill
- bb. European Union

#### Section 3.4.10.2: Meetings of the Research and Innovation TWG

The Research and Innovation Technical Working Group will meet on the fourth Tuesday of every month.

#### Section 3.5. National One Health Secretariat

The National One Health Secretariat shall have the following core functions:

- a. Serves as a secretary to the One Health Steering Committee, Technical Committee and Technical Working Groups
- b. Liaise with all layers (One Health Steering Committee, Technical Committee and Technical Working Groups) to plan and organize meetings in line with established schedules
- c. Record meeting minutes and share with members of the of various layers
- d. File meeting minutes and attendance accordingly
- e. Follow up on Action points
- f. Ensure that the county steering committee meeting be held at least one week prior to the National Steering Committee meeting

- g. Address OH media relation issues with the approval of the National Steering Committee chairperson or his/her designee
- h. Coordinate the implementation of One Health related activities across sectors
- i. Develop mechanisms for data sharing and analysis across sectors and regions in Liberia, such as maintenance of a ONE HEALTH PLATFORM website as well as distribution of printed fact sheets and semi-annual reports.
- j. Conduct data analysis and review for quality assurance
- k. Develop integrated dashboards using agreed indicators to support situational awareness
- l. Support the coordination of One Health structures and review processes across administrative levels.
- m. Strengthen ongoing coordination structures at county, district and community levels including sector focal persons with needed logistics
- n. Support joint supervision (central, county and district level teams)
- o. Provide support to central level semi-annual and county-level quarterly review meetings
- p. Support specific Roles and Responsibilities of the OHS Members
- q. Ensure the development and dissemination of the OH quarterly bulletin
- r. Ensure the timely report from key line ministries
- s. Produce the final draft of the quarterly bulletin and submits to the chair of the Technical Committee for final dissemination
- t. Review and provide performance reports of the Technical Working Groups
- u. Review activities and performance of the sub-national level;
- v. Distribute information product through the desk officers in line ministries and agencies

#### Section 3.5.1: Staffing of the National One Health Secretariat

National One Health Secretariat shall have the following core staff to support the day-to-day operations:

- a. National One Health Coordinator
- b. Deputy One Health Coordinator
- c. International Health Regulation/National Focal Person
- d. World Organization on Animal Health (WOAH) Delegate
- e. Desk Officers from line Ministries, Agencies and Commissions
- f. Liaisons Officers (Human, Animal, Environment)
- g. Finance and Administrative Officer
- h. M& E (Data) Officer
- i. Communication Specialist

#### Section 3.5.2: Roles and Responsibilities of the National One Health Coordinator

National One Health Coordinator shall have the following core functions:

- a. Head the One Health Secretariat
- b. Coordinate all activities in the tiers of the platform

- c. Work in collaboration with other line ministries/agencies to develop, coordinate, and manage programs related to One Health
- d. Coordinate with other line ministries/agencies desk officers to develop and implement One Health program goals, annual work plans, objectives, and outcome measurements
- e. Ensure meetings are effectively organized and minutes are recorded, distributed, and records effectively maintained
- f. Lead National delegation to meetings and perform other responsibilities related to One Health as required
- g. Perform other task as requested by the National Steering Committee and Technical Committee

### Section 3.5.3: Roles and Responsibilities of the National One Health Deputy Coordinator

National One Health Deputy Coordinator shall assist the National One Health Coordinator to perform the following core functions:

- a. Supervise the day-to-day operation of the One Health Secretariat
- b. Coordinate all activities in the tiers of the platform
- c. Work in collaboration with other line ministries/agencies to develop, coordinate, and manage programs related to One Health
- d. Coordinate with other line ministries/agencies desk officers to develop and implement One Health program goals, annual work plans, objectives, and outcome measurements
- e. Ensure meetings are effectively organized and minutes are recorded, distributed, and records effectively maintained
- f. Lead National delegation to meetings and perform other responsibilities related to One Health as required
- g. Perform other tasks as requested by the National One Health Coordinator

### Section 3.5.4: Recruitment of the National One Health Secretariat Staff

All positions within the National One Health Secretariat will be on a full-time basis. The staff will include: One Health Coordinator, One Health Deputy Coordinator, Liaison Officers (Human, Animal, Environment), Finance/Administrative Officer, M&E/Data Analyst, and Communication Specialist.

The National One Health Coordinator and the Deputy Coordinator will be appointed by the Chair of the OH Steering Committee, upon recommendation from the OHTC.

The National One Health Technical Committee will advertise the positions and subsequently conduct the vetting processes in keeping with Section 3.5.5 below ahead of submitting their recommendations. Three nominees will be selected and recommended for approval by the National One Health Steering Committee.

Additionally, the positions for the Liaison Officers (Human, Animal, Environment), Finance/Administrative Officer, M&E/Data Analyst, and Communication Specialist will be advertised and vetted by the OH Workforce TWG who will submit a shortlist of three persons for each position to the OH Coordinator to be considered for appointment. The OH Coordinator will appoint one person from each shortlist.

### Section 3.5.5: Qualification of the National One Health Coordinator and Deputy Coordinator

The National One Health Coordinator and the National One Health Deputy Coordinator must have at least a Master's Degree in the relevant field (Public Health, Environmental Science, One Health, Animal Health Science) or its equivalence with a minimum of 5 years work experience in any of the One Health sectors.

### Section 3.5.6: Designation of the International Health Regulation National Focal Person

The International Health Regulations Focal Person (IHR/FP) shall be designated by the Minister of Health and seated at the National Public Health Institute of Liberia. The Focal Person shall be assisted by four deputies from other OH sectors.

### Section 3.5.7: Qualification of the IHR National Focal Person (IHR/FP)

The IHR/FP must have at least a Master's Degree in Public Health, International Health or Global Health with a minimum of 5 years work experience in the public health sector.

### Section 3.5.8: Roles and Responsibilities of the IHR National Focal Person

The International Health Regulation National Focal Person shall have the following core functions:

- a. Serve as the primary point of contact for WHO IHR Contact Points, ensuring 24/7 accessibility
- b. Timely and accurately report relevant public health events to WHO and other member states, in line with IHR guidelines
- c. Promptly respond to WHO requests for information and clarification regarding public health events
- d. Disseminate WHO advice and recommendations to relevant national authorities and stakeholders
- e. Maintain effective coordination mechanisms with national health emergency committees and relevant sectors (e.g., MoH, MoA, EPA, FDA, NaFAA, Joint Security)
- f. Facilitate information sharing among national stakeholders on public health events and IHR implementation.
- g. Participate in national and international meetings and workshops related to IHR implementation.
- h. Advocate for the strengthening of national IHR capacities.
- i. Provide guidance and training to national personnel on IHR requirements and procedures.
- j. Support the development and implementation of national IHR plans and strategies.
- k. Monitor the implementation of IHR at the national level.
- l. Coordinate national IHR preparedness and response mechanisms
- m. Provide feedback to WHO on the implementation of IHR at the national and sub national levels.
- n. Participate in national and international risk assessments of public health events.
- o. Advise national authorities on the potential international impact of public health events.
- p. Ensure that national risk assessments are aligned with IHR guidelines.

- q. Represent Liberia in communications with WHO regarding IHR matters.
- r. Request information from relevant national authorities and stakeholders.
- s. Advise national authorities on IHR implementation and compliance.
- t. Present reports to the relevant authority-Minister of Health.

#### Section 3.5.9: Designation of the Woah Delegate

The WOAHA Delegate shall be designated by the Minister of Agriculture and seated at the Ministry of Agriculture. The Chief Veterinary Officer of the Division of Animal Resources shall by default serve as the WOAHA Delegate. The WOAHA Delegate shall be assisted by eight National Focal Points (Wildlife, Animal Disease Notification, Veterinary Products, Veterinary Laboratories, Animal Production Food Safety, Aquatic Animals, Animal Welfare, and Communication).

#### Section 3.5.10: Qualification of the Woah Delegate

The WOAHA Delegate must have at least a Master's Degree in Public Health, International Health, Veterinary Science or Global Health with a minimum of 5 years work experience in the public health sector.

#### Section 3.5.11: Roles and Responsibilities of the Woah Delegate

The WOAHA Delegate shall have the following core functions:

- a. Serve as the primary point of contact for WOAHA Contact Points, ensuring 24/7 accessibility
- b. Timely and accurately report relevant public health events to WOAHA
- c. Ensure that animal health legislation is in line with the WOAHA standards
- d. Nominate the eight National Focal Points to assist with specific tasks
- e. Promptly respond to WOAHA requests for information and clarification regarding public health events
- f. Disseminate WOAHA advice and recommendations to relevant national authorities and stakeholders
- g. Maintain effective coordination mechanisms with national health emergency committees and relevant sectors (e.g., MoH, MoCI, NPHIL, EPA, FDA, NaFAA, Joint Security)
- h. Facilitate information sharing among national stakeholders on public health events
- i. Participate in national and international meetings and workshops related to WOAHA
- j. Advocate for and advise on the strengthening of national WOAHA core capacities
- k. Coordinate the implementation of reference laboratory capacities for animal health services
- l. Provide guidance and training to national personnel on WOAHA requirements and procedures
- m. Support the development and implementation of national plans and strategies on animal health
- n. Monitor the implementation of animal health services at the national and subnational level
- o. Coordinate national preparedness and response mechanisms on animal health services
- p. Provide feedback to WOAHA on the implementation of animal health services

- q. Advise national authorities on the potential international impact of public health events
- r. Ensure that national risk assessments are aligned with WOAHA guidelines and strategies
- s. Represent Liberia in communications with WOAHA regarding animal health matters
- t. Request information from relevant national authorities and stakeholders
- u. Present reports to the relevant authority-Minister of Agriculture

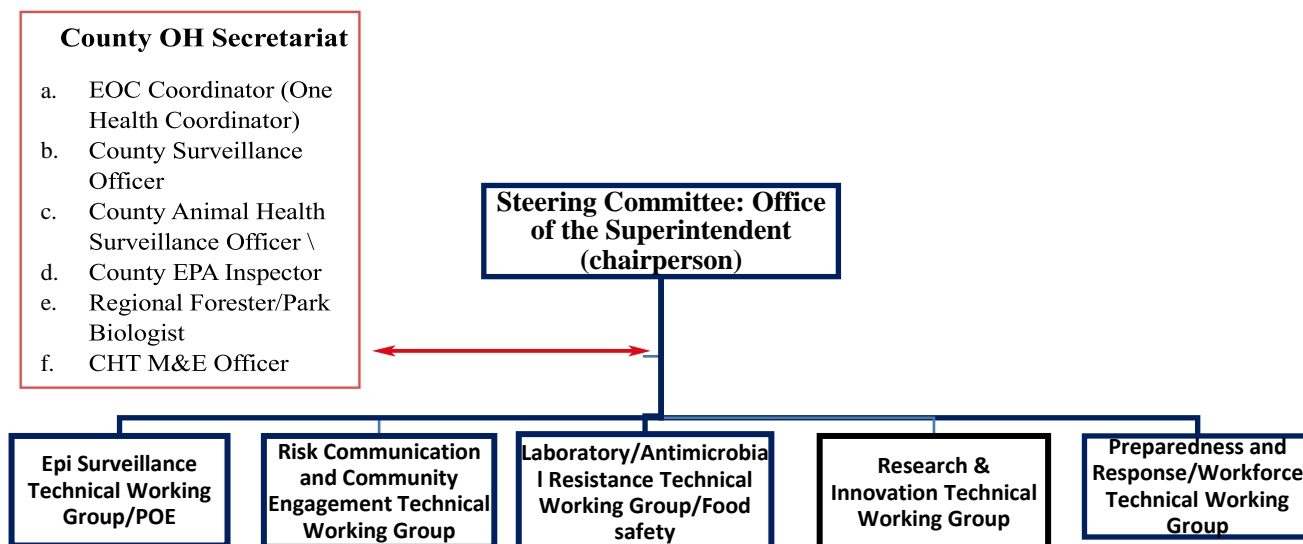
#### Section 3.5.12: One Health Desk Officers

Desk Officers from line ministries and agencies will be designated by the heads of their institutions.

### **SECTION 4: ONE HEALTH SUB-NATIONAL LEADERSHIP AND GOVERNANCE STRUCTURE**

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The Office of the County Superintendent in the various counties shall take ownership and sustainability of the County One Health efforts, including those specific to the county and those aligned with national initiatives. The Local Government shall support the institutionalization of the One Health approach in the County through the OHP and maintain it on the high priority list of the county and political agenda. Moreover, the Office of the County Superintendent shall encourage relevant institutions – both public and private – to implement activities at the county, district and community levels. The ministries, agencies and commissions implementing OH activities (human, animal, plant and environment) will support full implementation of key activities listed in annual work plans in accordance with the NAPHS.



*Figure 2: Sub-National/County Structure*

#### Section 4.1 County Steering Committee

The County Steering Committee shall have the following core functions:

- a. Ensure institutions heads designate subject matter desk officers to the county steering committee
- b. Promote institutional development to include coordinating resource mobilization for preparedness, risk and vulnerability reduction among Government and other implementing partners;
- c. Oversee the joint evaluation/assessments within OH line ministries and agencies at the county level;
- d. Enforce the One Health approach in response to any public health event and/or pandemic that poses health threats;
- e. Ensure that appropriate measures are taken for the prevention of events, or the mitigation of their effects, and for capacity building for effective response to events;
- f. Foster collaboration among stakeholders and trigger response mechanism through the activation of the Incident Management System (Incident Action Plan);
- g. Facilitate joint rapid event assessment and its impact within 24 hours and document impacts, produce situation reports, recommend necessary actions, and communicate information to all stakeholders;
- h. Reactivate and/or establish various pillars of the incident management system for effective coordination and response led by the responsible sector to be managed by experienced persons with clear roles and responsibilities;
- i. Evaluate the event and its operations;
- j. Generate post event reports within a quarter after official declaration of the end of the event;
- k. Secure all the government and other properties/assets used in the event;
- l. Carry out a detailed needs and risk assessments for rehabilitation, recovery and reconstruction;
- m. Develop activity plans linked to human health, animal/wildlife health, and the environment;
- n. Endorse the creation of an additional TWG recommended by the TC

### Section 4.1.1: Membership of the County Steering Committee

The County OHP Steering Committee shall reflect a diverse range of expertise from ministries, agencies, academic institutions, faith-based organizations, and partner organizations that are engaged directly in the implementation of human, animal, plant and environmental health initiatives. It shall also include other stakeholders, such as entities involved in commerce and tourism, which stand to benefit from a healthier population and environment in the county. The County OHP Steering Committee membership shall include the head of the organization (and/or his/her designee(s), from each of the following entities:

- a. County Superintendent – Chairperson
- b. County Health Officer-1st Co-chair
- c. County Agriculture Coordinator- 2nd Co-chair
- d. County Environmental Protection Agency
- e. National Public Health Institute of Liberia
- f. Forestry Development Authority
- g. Ministry of Finance and Development Planning
- h. Ministry of Justice
- i. Ministry of Commerce & Industry
- j. Ministry of Education
- k. Ministry of Information, Cultural Affairs & Tourism
- l. Ministry of Internal Affairs
- m. Ministry of Gender, Children and Social Protection
- n. Ministry of Public Works
- o. National Disaster Management Agency
- p. National Fisheries and Aquaculture Authority
- q. Water, Sanitation and Hygiene Commission
- r. County Community Colleges/Universities
- s. World Health Organization
- t. Inter-Religious Council of Liberia
- u. National Civil Society Council of Liberia
- v. Liberia Health Professionals Council
- w. Media
- x. Other partners

### Section 4.1.2: Roles and Responsibilities of the County Steering Committee Chairperson

At the subnational level, the Superintendent shall serve as the Chair of the Steering Committee. The principal role of the chairperson is to manage and provide leadership to the overall ONE HEALTH PLATFORM at County level, and ensure that its efforts are encouraging progress towards the Platform objectives and functions.

### Section 4.1.3: Roles and Responsibilities of the County Steering Committee Co-Chairperson

At the subnational level, the positions of first and second Co-chairpersons will be occupied by the County Health Officer (CHO) of the Ministry of Health and the County Agriculture Coordinator (CAC) respectively. The principal roles of the Co-Chairs are to assist the chair coordinate and execute the deliverables of the Chair and other Steering Committee members

on cross- sectorial priorities and to serve as a point person between the National OHP Steering Committee and the One Health Technical Working Groups. The Superintendent shall designate either of the co-chairs to chair meetings in his/her absence. The Steering Committee will report to the National One Health Secretariat one week prior to the National OH Steering Committee meeting.

#### Section 4.1.4: Meetings of the County Steering Committee

The County Steering Committee will meet Semi-Annually. The Chair could call a special meeting as deemed necessary.

#### Section 4.2. County One Health Secretariat

The County One Health Secretariat shall have the following core functions:

- a. Liaise with Steering Committee and Technical Working Groups to plan and organize meetings in line with established schedules
- b. Record meeting minutes and share with members of the of OHSC and TWGs
- c. File meeting minutes and attendance accordingly
- d. Follow up on Action points
- e. Serves as a secretary to the OH Steering Committee and TWGs
- f. Drives the implementation of the National Action Plan for Health Security (NAPHS)
- g. In consultation with chair, cite Technical Working Groups members for meeting
- h. Address media relation with the approval of the Steering Committee Chairperson or his/her designee
- i. Ensure the overall coordination for the OHP (logistics, communication, and supporting review meetings) across administrative levels, including the working of the TWGs.
- j. The Secretariat will be responsible for organization of logistics for meetings of the OHP bodies, including the Steering Committee, and Technical Working Groups including semi-annual and quarterly review meetings
- k. Ensure data sharing across the county, such as distribution of printed fact sheets and semi-annual reports.
- l. Support coordination structures and review processes across administrative levels
- m. Establish and/or strengthen ongoing coordination structures at county, district and community levels including sector focal persons with needed logistics
- n. Support joint supportive supervision (county and district level teams)
- o. Ensure the dissemination of the OH quarterly bulletin

##### Section 4.2.1: Staffing of the County One Health Secretariat

The County One Health Secretariat shall consist of the following personnel designated by their parent institutions:

- a. EOC Coordinator as One Health Secretariat Coordinator
- b. County Surveillance Officer
- c. Animal Surveillance Officer
- d. Wildlife (FDA regional/ Conservation staff
- e. County EPA Focal Person

- f. County RCCE Focal Person

#### Section 4.2.2: Role of the County One Health Secretariat Coordinator

The County One Health Coordinator shall have the following core functions:

- a. Serve as secretary to the OH Steering Committee and TWGs
- b. Coordinate the implementation of the National Action Plan for Health Security (NAPHS)
- c. Cite Technical Working Groups members for meeting in consultation with group chairperson
- d. Record meeting minutes and share with members of the Technical Working Groups
- e. Follow up on Action points and file meeting minutes and attendance accordingly
- f. Address media on OH issues with the approval of the Steering Committee Chairperson or his/her designee
- g. Coordinate the OHP activities (logistics, communication, etc.) to support review meetings across administrative levels.
- h. Organize logistics for meetings of the OHP bodies, including semi-annual and quarterly review meetings
- i. Ensure data sharing across the county, such as distribution of printed fact sheets and semi-annual reports.
- j. Support coordination structures and review processes across administrative levels
- k. Establish and/or strengthen ongoing coordination structures at county, district and community levels including sector focal persons with needed logistics
- l. Support joint supportive supervision (county and district level teams)
- m. Ensure the dissemination of the OH quarterly bulletin
- n. Perform any other task assigned by the National OH Coordinator and the County OH Steering Committee Chairperson

#### Section 4.3. County Technical Working Groups

The One Health Technical Working Groups (TWGs) shall carryout activities that realize the objectives of the OHP in routine practice throughout existing and newly developed systems and processes at the sub-national level. The members of the TWGs are subject matters experts within the One Health implementing agencies (Surveillance/POE, Laboratory/Antimicrobial Resistance (AMR)/Food Safety, Preparedness and Response/Workforce, Risk Communication and Community Engagement, and Research and Innovation). The core functions of these specialized technical working groups are to:

- a. develop annual workplans
- b. plan, organize and provide technical assistance to the district, facility and or community implementing teams for improvement
- c. rollout standard and operational guidelines
- d. provide technical guidance to frontline field workers, and
- e. provide technical advice to the One Health Steering Committee

### Section 4.3.1: County Epi Surveillance and Points of Entry Technical Working Group

The County EPI Surveillance and Points of Entry Technical Working Group shall have the following core functions:

- a. Rollout technical and operational tools to support the strengthening of County disease surveillance implementation plans;
- b. Serve as an inter-ministerial, multi-disciplinary technical group with oversight and ensure technical capacity for human-animal and environment interface for the surveillance system;
- c. Raise awareness among local government line ministries and agencies, funding agencies and other strategic partners that support surveillance
- d. Ensure effective exchange of information among sectors (Human, Animal and Environment);
- e. Improve collaboration among local governments line ministries and agencies, civil society organizations, and institutions, engaged in human, animal and environment initiatives.
- f. Pursue integrated cost-effective approaches to prevention and control programs;
- g. Operationalize preparedness and management of zoonotic disease epidemics;
- h. Enhance efforts to prevent and control zoonotic infection;
- i. Conduct periodic assessment of major instillation facilities (water supplies, concessional areas, restaurant, waste disposal system, and wet land) to prevent outbreaks
- j. Organize annual cross-border intra-county meetings to support information sharing for tracking events including effective networking, monitoring of potential threats and identifying opportunities to collaborate with stakeholders;
- k. Work with the relevant offices to rollout a One Health Communication Strategy and
- l. Provide update to the Steering Committee on trends and analyses of events (human, animal and environment) linked to JEE and WOAHPVS score on county's performance

#### Section 4.3.1.1: Membership of the County EPI Surveillance and Points of Entry TWG

The County EPI Surveillance and Points of Entry Technical Working Group shall consist of the following members:

- a. County Surveillance Officer - Chair
- b. County Animal Surveillance Officer- Co-chair
- c. County EOC Coordinator -Secretary
- d. Livestock Officer
- e. Plant and Quarantine Officer
- f. County Point of Entry Supervisor
- g. County NTDs Focal Person
- h. Environmental Health Technician Coordinator
- i. Wildlife Ranger/Park Biologist
- j. County Health Promotion Focal Person
- k. County Information Officer

- l. County Inspector
- m. County EPA Inspector
- n. Joint Security
- o. Partners

#### Section 4.3.2: County Laboratory/ Antimicrobial Resistance/Food Safety TWG

The County Laboratory/Antimicrobial Resistance Technical Working Group shall address laboratory and AMR related issues in the county. The scope is to address the five-strategic global action plan objectives, which shall be rollout in the counties with prioritized activities in a stepwise approach. The County Laboratory/ Antimicrobial Resistance/Food Safety Technical Working Group shall have the following core functions:

- a. Advocate for improved diagnostic capacity through training opportunities for laboratory technicians (long- and short-term) including strengthening the capacity of in-service and pre-service institutions.
- b. Support and ensure peripheral laboratory facilities adhere to SOPs to obtain accurate testing results;
- c. Responsible for coordination of all AMR-related activities within the county and with national level (advocacy, testing, surveillance, monitoring, and reporting)
- d. Support the conduct of capacity need assessment for facilities providing laboratory testing services
- e. Provide training for staff at peripheral laboratories linked to need assessment gap
- f. Participate in Quality Management System (QMS), including external quality assessment (EQA) and internal quality assessment (IQA);
- g. Identify gaps and ensure quality improvement plans are implemented by peripheral facilities.
- h. Strengthening knowledge and evidence based public health practice through laboratory diagnosis and research;
- i. Conduct quarterly inventory and identify gaps for all laboratory equipment for human, animal and environmental facilities and address gaps (equipment, reagents and consumables)
- j. Ensure monthly maintenance and repairs of laboratory equipment including generators, air conditioners, source of water supply, proper waste management
- k. Ensure submission of laboratory findings/results for information sharing using standard data collection and reporting tools
- l. Monitor and coordinate County level laboratory services in adherence to laboratory policies, strategies and plans; and submit a monthly report to the OH Secretariat using agreed indicators on county's performance
- m. Monitor the rational use of drugs in human, animal and plant
- n. Ensure the handling and disposal of waste generated from sample collection across peripheral labs
- o. Ensure the provision of onsite waste management system across peripheral facilities

### Section 4.3.2.1: Membership of the County Laboratory/Antimicrobial Resistance TWG

The County Laboratory/Antimicrobial Resistance Technical Working Group shall consist of the following members:

- a. County Diagnostic Officer (MoH) -Chair
- b. County Livestock/Surveillance Officer (MoA) -Co-chair
- c. County Diagnostic Officer (MoA)
- d. County Hospital Laboratory Supervisor
- e. County Pharmacist
- f. County EPA Inspector
- g. County Water Quality Laboratory Supervisor
- h. County Medicines and Health Product Regulatory Authority
- i. County Animal Health Surveillance Officer
- j. National Disaster Management Agency
- k. Forestry Development Authority
- l. Partners

### Section 4.3.3: County Preparedness and Response/Workforce TWG

The County Preparedness and Response/Workforce Technical Working Group shall have the following core functions:

- a. Ensure dissemination and utilization of agreed protocols, guidelines and manuals for different professional levels (human, animal and environment);
- b. Jointly develop a county integrated EPR plan;
- c. Provide needed human resource capacity at different levels in the context of One Health (human, animal, plant and environment);
- d. Document available human resource capacity at county, district, facility and community levels and suggest support needed to mitigate any gaps identified;
- e. Conduct joint intra-county /district investigation of outbreaks and other public health events
- f. Advocate for the availability of sufficient emergency stockpile (drugs, supplies etc..) to support preparedness and timely response for emergencies in the context of One Health;
- g. Support the management (distribute, store, inventory, monitor, supervise, etc....) of essential emergency stocks
- h. Support the rollout of the National Contingency Emergency Operational Manual;
- i. Coordinate the conduct Intra Action Reviews, After Action Reviews (AAR) and simulation exercises linked to events from human, animal and environment health to document experiences and lessons learned to improve response to future occurrence of outbreaks/events.
- j. Support post-event interventions for psychosocial and mental health rehabilitation through counseling and further support (including compensation package for animal farmer) to those impacted by events.
- k. Conduct regular risk assessment to mitigate the occurrences of diseases/events

### Section 4.3.3.1: Membership of the County Preparedness and Response/Workforce TWG

The County Preparedness and Response/Workforce Technical Working Group shall consist of the following members:

- a. County Clinical Supervisor- Chair
- b. County Head Environmental Inspector (EPA) -Co-chair
- c. County Pharmacist
- d. NTDs Focal Person
- e. Regional Forester/ Conservation staff
- f. Environmental Health Technician Coordinator
- g. County EOC Coordinator
- h. County Surveillance Officer
- i. County Health Promotion Focal Person
- j. County Diagnostic Officer
- k. County Child Survival Focal Person
- l. Community Health Focal Person
- m. Mental Health Focal Person
- n. County Information Officer
- o. County Livestock Officer
- p. County Quarantine Officer
- q. County Animal Surveillance Officer
- r. County Agriculture Coordinator
- s. County Head Environmental Inspector
- t. County Education Officer
- u. County Gender Coordinator
- v. County Social Worker Supervisor
- w. County Attorney
- x. County WASH Coordinator
- y. County Inspector
- z. County Mining Agent
- aa. County Contract Administrator/Quality Control Officer
- bb. International Non-Governmental Organizations
- cc. Local Non-Governmental Organizations

### Section 4.3.4: County Risk Communication and Community Engagement TWG

The County Risk Communication and Community Engagement Technical Working Group shall have the following core functions:

- a. Strengthen RCCE mechanisms to improve awareness, messaging, and materials across all One Health sectors (human, animal, and environment) with a dedicated core team of specialized individuals
- b. Conduct Community Engagement in keeping with approved technical guideline (e.g., operational plan, risk communication response plans) to coordinate information before, during, and after public health emergencies

- c. RCCE TWG shall work with IPs to engage and work closely with stakeholders and influencers such as Paramount Chiefs, Clan Chiefs, General Town Chiefs, Town Chiefs, Quarter Chiefs, Community Health Committee (CHC) and other community level structures for all community engagement activities.
- d. Strengthen media relations and reporting in the context of public health preparedness and response.
- e. Strengthen existing systems to manage, track, address, and mitigate rumors and misinformation before, during, and after public health emergencies
- f. Strengthen capacity for RCCE, as needed.
- g. Provide guidance on RCCE related research and monitoring activities intended to inform and enhance RCCE approaches.
- h. Hold monthly RCCE TWG meetings to facilitate coordination and monitoring of county RCCE activities
- i. Roll-out the national RCCE communication strategies and enhance community engagement;
- j. Disseminate prevention messages, awareness, sensitization targeting vulnerable population (farmers, students, etc.)

#### Section 4.3.4.1: Membership of the County RCCE TWG

The County Risk Communication and Community Engagement Technical Working Group shall consist of the following members:

- a. County Health Promotion Focal Person -Chair
- b. County Animal Health Surveillance Officer -Co-chair
- c. County Environmental Protection Agency Focal Person -Secretary
- d. County Surveillance Officer
- e. Community Engagement Ranger/Regional Extension Officer
- f. County Education Officer
- g. County Communication Specialist
- h. Ministry of Internal Affairs Representative
- i. National Disaster Management Agency Representative
- j. Joint Security Representative
- k. Press Union of Liberia
- l. Civil Society Coalition
- m. County Medicines and Health Products Regulatory Authority
- n. Religious Leaders (Christian and Muslim)
- o. Marketing Superintendent
- p. Partners

## SECTION 5. FUNCTIONS OF THE ONE HEALTH PLATFORM BEFORE, DURING AND AFTER PUBLIC HEALTH EMERGENCIES

The functions of the OHP span before, during and after public health emergencies.

*Before public health emergencies the OHP will function in the following ways:*

- a. Coordinate multi-sector One Health activities by promoting institutional development to include coordinating resource mobilization for preparedness, risk and vulnerability reduction among Government and other implementing partners;
- b. Coordinate the conduct joint evaluation/assessments within line ministries and agencies;
- c. Institutionalize the One Health approach to address any public health event and/or pandemic that poses health threats;
- d. Ensure that appropriate measures are taken for the prevention of events, or the mitigation of their effects, and for capacity building for effective response to events;

***During public health emergencies the OHP will function in the following ways:***

- a. Foster collaboration among stakeholders and trigger response mechanism through the activation of the Incident Management System (Incident Action Plan);
- b. Facilitate joint rapid event assessment and its impact within 24 hours and document impacts, produce one health situation reports, recommend necessary actions, and communicate information to all stakeholders;
- c. Coordinate the conduct of Intra Action Review (IAR) for protracted public health threats/events
- d. Reactivate and/or establish various pillars of the incident management system for effective coordination and response led by the responsible sector to be managed by experienced persons with clear roles and responsibilities;
- e. All annual work plans and budgets linked to the One Health framework, or disease prevention projects/initiatives will be approved by the Director General of the National Public Health Institute of Liberia as head of the Technical Committee in consultation with other line ministries and agencies to ensure attainment of project development objectives

***After public health emergencies, the OHP will function in the following ways:***

- a. Evaluate the event and its operations;
- b. Generate post event reports within a quarter after official declaration of the end of the event;
- c. Secure all the government and other properties/assets used in the event;
- d. Carry out a detailed needs and risk assessments for rehabilitation, recovery and reconstruction;
- e. Develop activity plans linked to human health, animal/wildlife health, and the environment
- f. Conduct and implement After Action Review (AAR)

## **SECTION 6. COMMUNICATION AND FEEDBACK**

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### **Section 6.1 Internal and External Communication**

- a. Internal communication refers to the systematic exchange of information, updates, and directives for the different bodies of the OHCP (i.e., Steering Committee, Technical Committee, and the Technical Working Groups). This shall occur via e-mail through the Secretariat. The One Health Steering Committee (OHSC) shall be

included on major internal communication regarding meeting schedules, meeting activities, and documents relevant to the One Health Platform.

- b. External communication refers to communication that is sent to partners requesting for support (technical, logistical and financial) in and out of Liberia. Such communication should be channeled and approved by the head of the OHSC or a designee.

### **Section 6.2 Public Communication**

The RCCE TWG will oversee development of all public communication of the OHP activities. Public communication will include the following:

- a. Utilizing Key national agencies and ministries websites, establish a OH spot that ensures regularly updated OHP with information on the Platform structure and the leadership and membership of the OHP bodies including interventions;
- b. A bi-annual newsletter disseminated as hard copies to stakeholders and electronically through the website; and
- c. Intermittent press releases and news articles on OHP activities that warrant public attention, such as advocacy events and organization workshops

### **Section 6.3 Communications during detection of Public Health significance and Events of International Concern Notification Process**

Under the Liberia One Health Platform, the Minister of Health, in accordance with the revised Public Health Law, has the authority to declare outbreaks that impact human health. Similarly, the Minister of Agriculture holds the authority to declare outbreaks of zoonotic diseases that are confined to animal populations. The Executive Director of the Environmental Protection Agency (EPA), under the Environmental Protection and Management Law of Liberia, has the authority to address and declare emergencies arising from environmental hazards, such as chemical spills, pollution events, or other environmental conditions that may pose risks to human, animal, or ecosystem health. This clear delineation of authority ensures that each sector effectively leads in its respective domain while fostering a coordinated, multisectoral response to threats that fall within the scope of One Health.

The National Focal Point of the International Health Regulations (IHR), and the World Organization for Animal Health (WOAH) Delegate shall notify/communicate with the head of the Technical Committee and partners including WHO, WOAHA, US CDC, Africa CDC and FAO of every public health events. Similarly, the National Focal Point of the EPA will notify/communicate to the head of the Technical Committee and partners including United Nations Environment Program (UNEP), the Office for the Coordination of Humanitarian Affairs (OCHA), WHO, US CDC, Africa CDC, and FAO.

The recommendation to activate the Incident Management System (IMS) during an outbreak is based on the criteria for activation and deactivation as indicated in the National Public Health Emergency Preparedness and Response Framework, Disease Specific Contingency Plans and the National Public Health Emergency Operations Center (PHEOC) Handbook. The activation of other coordination mechanism is also based on the public health event and the guidance of the lead national agency.

Following the outbreak notifications and announcements, the TWGs will temporarily be dissolved to support technical pillars of the outbreak response until the outbreak is officially deactivated.

## SECTION 7. SUSTAINABLE FINANCING MECHANISM

The One Health Coordination Platform shall be funded through:

1. Budgetary allotment from the Government of Liberia in following manner:
  - a. MoH -15% of the platform operational cost
  - b. MoA- 15% of the platform operational cost
  - c. EPA- 20% of the platform operational cost
  - d. NPHIL - 15% of the platform operational cost
  - e. NaFAA - 20% of the platform operational cost
  - f. FDA - 15% of the platform operational cost
2. Grants and Donation
3. Any other lawful means

## SECTION 8. PARTNERSHIP

Liberia is a signatory to the World Health Assembly resolution A61. Local and international partners will support Liberia and its implementing agencies in the effective implementation of the One Health approach. Technical and financial partners, including United Nations agencies, multilateral and bilateral agencies, and foundations, will provide coordinated support to Liberia, through its institutions and agencies at the national and sub-national levels, to implement OH coordination and interventions. They will also engage in a strong advocacy for the implementation of the One Health approach in Liberia, Regional and Sub-Regional Levels.

## SECTION 9. MONITORING AND EVALUATION

Liberia is a signatory to the World Health Assembly resolution A61.2 implementation of the International Health Regulations (2005). Countries are required under the framework to report annually using the State Party Annual (SPAR) Self-assessment tool. Under this framework, countries are further encouraged to use the other monitoring and evaluation tools to avoid duplication and reduce burden. These tools include, AAR, SIMEX, IAR, etc.

The monitoring and evaluation of this platform will encourage the above framework that aligns in addressing national health security agenda. These indicators shall be consolidated from the monthly, quarterly and semi-annual meetings held by the various structures. Outcome and impact indicators have been mostly derived from those already reflected in the IHR and PVS Core indicators and Health Security Program Monitoring and Evaluation framework. Data to inform the output and outcome indicators will be obtained mainly from the OH Secretariat, HeSP, NAPHS, TWGs, platform assessments and service coverage surveys.

On the other hand, the impact indicators will rely more on surveys such as the Liberia Demographic and Health Survey (LDHS). Supervision and monitoring will be undertaken on a regular basis (sub-national level quarterly and national level semi- annually).

The Secretariat and TWGs will facilitate the supervision and monitoring of activities. All implementing levels will be required to report on implementation and a quarterly OH bulletin

will be produced and disseminated based on an agreed framework. The annual OH celebrations will serve as a platform to demonstrate progress made, make policy recommendations and mobilize critical resources. The performance indicators and the respective targets for monitoring implications of the coordination are highlighted in Annex 2.

In addition, the OHP work plan and monitoring and evaluation tools are reviewed annually. The work plan identifies OHP priorities. The platform shall conduct an annual review meeting to validate the work plan and to monitor its implementation during the preceding year. The results of the internal assessment will be presented during the annual review meeting. The operationalization of the monitoring framework shall be facilitated by the OHS, OHTC.

## SECTION 10. RISK MANAGEMENT

Risk management is the systematic process of identifying, assessing, and mitigating threats of uncertainty that can affect an organization. The potential risks associated with the implementation of the OHP, and the mitigation measures of the governance structure shall be implemented at each operational level as highlighted below in *Table 1*.

**Table 1: Risk and Mitigation of Governance Implimentation**

Risk	Weighting of Occurrence		Mitigation	Contingency
	Probability	Impact		
<b>Inability to raise the required funding</b>	High	High	<ul style="list-style-type: none"> <li>Political will and leadership</li> <li>Provision for dedicated budgetary allocation and mechanism</li> <li>Strong partnership</li> </ul>	Prioritization of activities based on available budgets
<b>Inability to access and absorb available resources</b>	Medium	Medium	<ul style="list-style-type: none"> <li>Review of budget and accountability systems with Finance</li> <li>Review and reduce red tape bureaucracy for accessing funds</li> <li>Put in measure for accountability</li> </ul>	Structured working with partners to complement implementation
<b>Insufficient fiscal space/resources to maintain operations for the platform</b>	Medium	Medium	<ul style="list-style-type: none"> <li>Direct budgetary allocation for early warning system</li> <li>Accelerate and prioritize epidemic and early warning systems (Preparedness and coordination meetings as indicated)</li> </ul>	Sustain preparedness capacities built during the outbreak response and attain and maintain IHR conformity

Risk	Weighting of Occurrence		Mitigation	Contingency
	Probability	Impact		
<b>Inappropriate institutional mechanisms and governance</b>	High	High	<ul style="list-style-type: none"> <li>• Harmonize institutional mandates to enhance One Health governance</li> <li>• Appoint and operationalize strategic leadership at the policy level</li> <li>• Mainstream OH into national agenda</li> </ul>	Annual budgetary allotment
<b>Poor partner and Government alignment to plan priorities of NAPHS/PVS</b>	Low	High	<ul style="list-style-type: none"> <li>• Develop policies and guidelines to govern partners</li> <li>• Ensure the alignment of government and partners activities with policy documents (NAPHS)</li> <li>• Investments in improving governance and accountability mechanisms</li> <li>• Introduce independent monitoring of governance quality</li> <li>• Institute key skills transfer mechanisms across sectors</li> </ul>	<p>Ensure regular action on issues arising from independent monitoring of governance quality</p> <p>Assign TA support from partners to specific relevant sectors according to identified needs</p>
<b>Economic uncertainties</b>	Medium	High	Closely monitor economic trends and forecasts to constantly update plans	Ensure prioritization of implementation informed by economic trends and forecasts
<b>Change in leadership</b>	Medium	High	Proper turn over notes during transition	Advocacy and engagement of turnover policy
<b>Poor cross border coordination</b>	Medium	Medium	Develop a coordinated cross border plan with neighboring countries	Expand the existing MRU cross border coordination

Risk	Weighting of Occurrence		Mitigation	Contingency
	Probability	Impact		
<b>with neighboring countries</b>				for broader OH priorities
<b>Poor coordination of investments</b>	High	High	Synchronize investments across different areas to ensure they are ready as needed	Limit investments that require other investments that are not progressing as planned
<b>Weak information/data sharing mechanisms</b>	Medium	High	Strengthen implementation of MoU on information sharing	Engage stakeholders to enhance transparency

## ANNEXES

## Annex 1: Template for Regular meeting Agenda for the OHP

NAME OF TWG MEETING:

REPUBLIC OF LIBERIA

Meeting Venue:

Meeting Date:

Meeting Chair:

Meeting minutes prepared by:

Partner/ Title/ Person	Issues Discussed	Action Points	Person (s) Resp.	When
<b>Purpose of the meeting:</b>				
<b>Meeting Commencement</b>				

- I. General Business
  - a. Call to Order
  - b. Introduction of guests (Introduction of attendees as reasonably feasible)
  - c. Approval of previous minutes
  - d. Open comments limited specifically to comments related to OHP agenda items
  - e. Special business – new business
- II. Presentations
- III. Updates
- IV. Action Items
- V. Discussion/Comments
- VI. Adjournment

Annex: 2. Policy and Implementation  
Monitoring Indicators

SN	Indicator	Data Source	Baseline	Target
			2025	2029
1	National Public Health Law finalized and approved	MOH/ NPHIL	Final draft submitted to legislation	Public health law enforced
2	One Health Governance Manual	Human, Animal, and Environmental sectors	Final copy submitted to legislation (2024)	OH Manual enacted to law
3	Availability of national budget line for NAHPS in respective line Ministries	MOH/ NPHIL/ MOA/EPA /MFDP	None	75%
4	Multi-sectoral (One Health) coordination mechanism fully functional at sub-national level: <b>Fully functional:</b> establishment of early warning systems, joint investigations and response to outbreak, regular coordination meetings, existence of OH structure with clear TOR	MOH/ NPHIL/ MOA	25%	75%
5	Number of Ministries/ Institutions <sup>1</sup> with OH-Desk Officers: Target institutions: a. Ministry of Health b. Ministry of Agriculture c. Forestry Development Authority d. Environmental Protection Agency e. National Disaster Management Agency f. National Public Health Institute of Liberia g. Ministry of Defense h. National Fishery and Acqua Culture Authority	OH Coordinator	0	8
6	Number of OH annual review meetings held: <b>to review OH/Health security agenda and develop subsequent year operational plan</b>	Steering Committee Chair	None	6
7	Number of committees meeting held: <b>Steering committee, technical Committee, Technical Working Groups,</b>	Secretariat	Based on specific frequency	80%
8	Number of OH Quarterly bulletin produced and disseminated (Hard and Soft copies) annually	Secretariat	0	100%
9	Number of labs in human and animal health designated for AMR detection and reporting	MOH/ NPHIL/ MOA	None	8
10	Timeliness and completeness of report on priority public health events	MOA/NPHIL, EPA	80	>80%
11	Proportion of outbreaks/OH priority public	MOA, NPHIL,	TBD	100%

	health events that were jointly investigated and responded to within 48-72 hours after notification	EPA, etc.		
12	Food borne disease, chemical and radio nuclear surveillance systems established: staffing and equipment with functional units, data accessible	MOH/ NPHIL	0	50% functional
13	Number of OH pathogen of interest confirmed in Liberia	MOH/ NPHIL	Existing number	Addition from 2021
14	Proportion of counties personnel trained in OH	IDSR Reports, MOH/ NPHIL	0%	85%
15	Proportion of outbreaks with evidence of AAR- conducted	MOH/ NPHIL	0	4
16	Number of OH SIMEX conducted annually (planned 2 per year)	MOH/NPHIL/MO A	1	5
17	Number of OH priority public health emergencies/PHEIC reported to WHO/OIE with 24 hours of notification/confirmation: <b>Number of PHE detected and total reported</b>	MOH/ NPHIL/ MOA	TBD-	TBD
18	Number of persons trained in FETP and FETPV (human and animal health)	MOH/ NPHIL/ MOA	250	500
19	Availability of OH workforce development strategy	MOH/ NPHIL/ MOA	0	Yes
20	Number of OH field mentorship/supportive supervision conducted annually from national to Counties with remedial actions taken: <b>at least 2 per year</b>	OH Secretariat	1	10
21	Availability of national multi-hazard plan	MOH/ NPHIL/ DMA	0	Yes
22	Number of counties with trained multi-disciplinary OH Rapid Response Teams (RRTs)	MOH/ NPHIL/ MOA	0	15
23	Availability of updated Public Health Emergency Operations Plan (PHEOP) and EOC Standard Operations Procedures (SOP)	MOH/ NPHIL	Yes	Yes
24	Number of counties with functional EOCs	MOH/ NPHIL	15	15
25	Availability of MOU and SOPs for collaboration between public health and the security authorities	MOH/ NPHIL. MOD, MOJ	0	Yes
26	Availability of plan for sending and receiving medical countermeasures	MOH/ NPHIL	0	Yes
27	Availability of OH Risk communication and Community Engagement guidelines	MOH/ NPHIL	Not available	Yes
28	Availability of OH media communication policy and strategic plan	MOH/ NPHIL	Not available	Yes
29	Availability of contingency plans and SOPs for designated points of entries	MOH/ NPHIL		Yes
30	Availability of guidelines for management of chemical events	EPA/ MOFA	0	Yes

31	Availability of Radiological and Nuclear hazards response plan	EPA/ MOFA	0	Yes
32	Number of persons trained in the response to radio-nuclear events	EPA/ MOFA	0	100
33	Number of State Party Annual Report Submitted	OH Secretariat	1	3

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