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# PROGRAMME COMMITTEE

**Hundred and Thirty-ninth Session**

**Rome, 11–15 November 2024**

**Evaluation of One Health (BP3)**

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## EXECUTIVE SUMMARY

- This evaluation reviews the evolution and operationalization of the work of the Food and Agriculture Organization of the United Nations (FAO) in One Health between 2010 and 2023.
- One Health can be described as an integrative and systematic approach to health, based on the understanding that human, animal and ecosystem health are inseparably connected. In December 2021, the One Health High Level Expert Panel defined One Health as “*an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems.*”
- This document presents a descriptive analysis covering the genesis of FAO’s work in One Health, resource allocation, results measurement, partner perceptions, and mainstreaming of social inclusion (including gender and youth). It is based on an extensive review of internal documents and external literature; an analysis of 113 FAO One Health projects implemented between 2010 and 2023 and supported through USD 331 million in voluntary contributions; and interviews with 61 key stakeholders.

### **Findings**

- FAO has played an active role in the evolution of One Health over the last 20 years, culminating in the creation of a specific priority area in its Strategic Framework 2022-31.
- Externally, FAO has worked closely with partners (such as the members of the Quadripartite, namely the World Health Organization, the World Organisation for Animal Health, and the United Nations Environment Programme) and participated in key initiatives to develop an approach accepted worldwide.
- FAO’s role and leadership in One Health is recognized by partners. FAO’s technical work on animal health is perceived as significant. Quadripartite partners stressed FAO’s technical capacities and presence at the country level as standout comparative advantages and noted that there is room for even greater collaboration among the members. The new Quadripartite One Health Joint Plan of Action presents an opportunity to take stock and promote the work of the Quadripartite.
- FAO has proven able to maintain long-term partnerships albeit with a limited number of donors. This dependence is a risk, especially in country programmes whose majority share of One Health funds depend on one donor. Country-level funding opportunities are emerging, especially those supported by the Pandemic Fund, in which FAO actively participates.
- Historically, FAO’s work in One Health has been significantly shaped by projects of the animal health sector although this has evolved. A highlight of FAO’s promotion of a One Health approach has been the work on antimicrobial resistance (AMR) and antimicrobial use, which has involved collaboration between multiple sectors. The inclusion of a specific Programme Priority Area – Better Production 3 (BP3) “One Health” – in the Strategic Framework represents an important step in the evolution and mainstreaming of One Health within FAO.
- Implementing the One Health approach has been challenging, especially at national and subnational levels, as it requires context-specific, interdisciplinary and long-term institutional support. Also, locating One Health as a “better production” Programme Priority Area potentially risks retaining a narrow focus on well-established areas (zoonoses, pandemic preparedness, transboundary animal disease, AMR) and thus might limit One Health’s scope or potential to harness and mobilize the full multidisciplinary capacities, knowledge and skills within FAO.

- The evaluation identified 113 projects that contained One Health in their title and/or objectives, out of FAO's total portfolio of 11 173 projects for 2010–2023. Most are located at the country level (69 percent of One Health projects) with the remainder distributed at the regional (11 percent) and subregional (4 percent) level, and globally (17 percent). Most funds were for global-level projects (51 percent of funds for One Health projects). Within headquarters, two divisions are the main budget holders of One Health projects (the Office of Emergencies and Resilience [37 percent] and the Animal Production and Health Division [8 percent]). Other divisions combined are budget holders for less than 3 percent of projects.
- FAO One Health projects are concentrated around emerging zoonoses, antimicrobial resistance, and health systems (over 90 percent of One Health projects). Reliance on project funding has posed some difficulties in building institutional capacities, especially regarding the management of human resources.
- The approach used to monitor One Health-related results during the period under review relied mainly on aggregated output indicators. For instance, results reported included the number of One Health platforms established, number of persons trained (male/female) and normative products. The approach rarely included measures of outcomes (actual changes to which the projects may have contributed) and lacked a qualitative analytic dimension, which did not allow to truly assess the significance of the changes and progress in implementing the One Health approach at all levels (regional, national and subnational).
- FAO lacks benchmarks and tools to address social inclusion (including gender and youth) in a systematic manner within a One Health approach. Although One Health promotes equity, access and inclusivity, the analysis of One Health projects found that only 22 percent of One Health projects included gender in either their output or outcome indicators and only one project included youth.

### Recommendations

- Based on these findings, the evaluation makes three recommendations for FAO to:
  1. **Leverage the multidisciplinary and multisectoral dimensions of the Organization in its positioning on One Health.** FAO senior managers should ensure the appropriate engagement of underrepresented divisions in One Health efforts, providing the human resources required to support the development of long-term One Health collaborations;
  2. **Update the One Health results measurement system.** FAO needs to better capture progress and results related to the implementation of One Health in projects and activities within and beyond BP3. This can include: i) defining additional One Health result indicators to address gaps in the BP3 result framework; and ii) developing improved guidance on measuring results; and
  3. **Develop and disseminate guidelines and toolkits to help One Health practitioners and project teams integrate social inclusion (including gender and youth) in using a One Health approach.** FAO should ensure that One Health projects and initiatives consider social inclusion in their design and have measurable social inclusion outcomes aligned with the FAO Policy on Gender Equality and the FAO Corporate Strategy on Youth.
- The full report is available on the [Office of Evaluation website](#).

### GUIDANCE SOUGHT FROM THE PROGRAMME COMMITTEE

- The Programme Committee is invited to review the content of the document and provide guidance as deemed appropriate.

## I. Introduction

1. This is the first evaluation by the Food and Agriculture Organization of the United Nations' (FAO) Office of Evaluation comprehensively assessing FAO's longstanding work in One Health (OH). Given that the One Health (better production 3 [BP3]) Programme Priority Area (PPA) has existed for only two years, the evaluation focuses on describing the evolution and operationalization of One Health from its early genesis to its current role in the FAO Strategic Framework 2022-31.

2. The result of this analysis offers insights into how the understanding and application of One Health within FAO have evolved and continue to change and highlights the challenges and successes of mainstreaming this approach and integrating it into programmes and plans. As such, it can inform the development of a shared understanding of One Health, help FAO refine its results framework, and strengthen its work with agency partners collaborating on One Health (known as the Quadripartite).<sup>1</sup>

3. While not the primary users of the evaluation, external stakeholders such as national governments, the Quadripartite partners and FAO's resource partners can benefit from understanding the evolution of FAO's work in One Health. The findings and conclusions can also serve as input for future formative and impact evaluations on One Health.

4. One Health is an "integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals, and ecosystems. It recognizes the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and inter-dependent. The approach mobilizes multiple sectors, disciplines, and communities at varying levels of society to work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for clean water, energy and air, safe and nutritious food, taking action on climate change, and contributing to sustainable development."<sup>2</sup>

5. FAO's work in One Health spans more than a decade and has changed significantly over time. This evaluation focuses on this period and evolution in answering the following question: How did FAO's work to promote a One Health approach evolve between 2010 and 2023? The evaluation begins with FAO formalizing its efforts in One Health with the Tripartite<sup>3</sup> concept note and culminates with the formulation of the PPA-BP3 (One Health).

6. The evaluation is structured around three key areas and questions covering the period from 2010 up until the creation of BP3:

- *Definitions and operationalization:* How did FAO's work in One Health evolve and how has it been implemented? What was the distribution of One Health resources?
- *Measuring progress and results:* How were results in One Health interventions measured?
- *Tri/Quadripartite partners' perceptions of FAO's work:* How was FAO's work in One Health perceived by Tri/Quadripartite partners?

7. The evaluation relied on:

- stakeholder mapping and analysis to identify different sets of stakeholders (per key areas), specifying the rationale for inclusion and the participation method;
- portfolio analysis, which included all projects (113 in total) that had One Health in the title or objectives;
- document and literature reviews to comparatively analyse the evolution of operational definitions of One Health within and outside FAO;
- analysis of FAO project documents and data to produce descriptive statistics of the methods and indicators used over time to measure the results of One Health interventions;
- analysis of human and financial resources of One Health projects, based on Programme of Work and Budget (PWB) data by division; and

<sup>1</sup> The Quadripartite is formed by the World Health Organization (WHO), World Organisation for Animal Health (WOAH) and, as of 2022, United Nations Environment Programme (UNEP).

<sup>2</sup> Source: FAO, OIE, WHO and UNEP. 2021. *Joint Tripartite (FAO, OIE, WHO) and UNEP Statement Tripartite and UNEP support OHHLEP's definition of "One Health"*. <https://www.fao.org/3/cb7869en/cb7869en.pdf>

<sup>3</sup> The Tripartite was the name given to the (now) Quadripartite before the United Nations Environment Programme (UNEP) joined the original group of three agencies.

- semi-structured interviews with 61 stakeholders to gather insights and perceptions on FAO's work in One Health.

8. The PPA-BP3 was created under the FAO Strategic Framework 2022–31 and has its roots in the Organization's decades-long work on issues related to One Health. FAO's work on One Health is framed not only by the current Strategic Framework but it is also guided by the Joint Plan of Action (2022–2026) of the Quadripartite, which in turn is advised by the One Health High-Level Expert Panel (OHHLEP). FAO's work in One Health has evolved considerably and with its inclusion as a PPA. It is now situated as an integral part of the Organization's work.

9. The remaining sections of this report include findings (Section II), conclusions (Section III), and recommendations (Section IV).

### **Context: One Health and the Quadripartite**

One Health is as an integrative and systematic approach to health, based on the understanding that human, animal and ecosystem health are inseparably connected. In 2010, the joint publication of the Tripartite<sup>4</sup> concept note on One Health formalized the three organizations' commitment to interagency collaboration in developing and promoting One Health approaches. In 2022, this alliance was extended to include UNEP to adequately address environmental concerns, thereby forming the Quadripartite.

The vulnerability of the governing international health system exposed by the COVID-19 pandemic propelled the (then) Tripartite to strengthen their science-based collaboration across sectors; they established a multidisciplinary One Health High Level Expert Panel to offer technical and scientific guidance on One Health matters. In December 2021, the Expert Panel defined One Health as “*an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems.*” It is important to distinguish between the One Health approach and distinct activities that support the health of humans, animals or the environment. While some stakeholders consider FAO a “One Health” organization because of its contributions to these areas since 1945, the One Health approach specifically involves collaboration across multiple sectors, disciplines and communities, as defined by the expert panel.

FAO Strategic Framework 2022–31 includes One Health in one of the Programme Priority Areas under better production (known as BP3). However, before the implementation of the new strategic framework in 2022, there was no explicit PPA tagging process to identify One Health projects. To address this gap, the evaluation team identified 113 projects from 2010 to 2023 that aligned with the One Health approach, with a total funding of USD 331 million.

## **II. Findings**

### **Evolution of One Health**

10. *FAO has played a consistent and active role in the evolution of One Health over the last 20 years.* It has responded to and participated in broader international initiatives to develop a One Health approach to emerging infectious diseases, pandemic preparedness, food security and antimicrobial resistance (AMR). Likewise, FAO has taken the lead in establishing international strategic frameworks, mechanisms and instruments that have been crucial to operationalizing One Health as a multisectoral and multilateral approach. These include the Manhattan Principles (2004), which outline 12 recommendations for a more holistic approach to preventing epidemics, the development of national One Health plans, “Contributing to One World One Health: A Strategic Framework for Reducing Risks of Infectious Diseases at the Animal-Human-Ecosystem Interface” (2008), and the Tripartite concept note (2010) among others.

11. *As a concept, One Health has evolved over time at FAO.* The term has been in use since 2004, and efforts to put the general concept in practice within FAO have taken place since at least 2008. However, for most of the period under review (2010–2023), One Health was not formally defined nor embedded in FAO Strategic Framework 2022–31. Significant differences also exist in how One Health is understood and approached within FAO. These can be categorized into “disease-focused” and

<sup>4</sup> The One Health Tripartite included the World Health Organization (WHO), World Organisation for Animal Health (WOAH) and FAO.

“health -focused” approaches.

12. *The Animal Health sector has played a leading role in the evolution and implementation of One Health within FAO.* As such, One Health has been significantly shaped by the plans, agendas, imperatives, projects and resources (human and financial) of the animal health sector such as the EMPRES-Emergency Centre for Transboundary Animal Diseases (ECTAD). The prioritization of zoonotic diseases, and especially highly pathogenic avian influenza in early approaches to One Health, enabled FAO to establish a leading role in pandemic preparedness and prevention – areas in which it had previously not been active. FAO thus developed and implemented One Health approaches that played to its organizational strengths and capacities, especially in animal health. Nonetheless, One Health as “*an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems*” transcends the purview of any one discipline or sector.

13. *Work on Antimicrobial resistance and antimicrobial use since 2015 involved collaboration between multiple sectors and divisions, resulting in the broadening of the concept and practice of One Health in FAO.* Unlike previous One Health work on single diseases (highly pathogenic avian influenza, rabies, salmonellosis) or groups of diseases (endemic zoonoses or transboundary animal disease [TADs]), One Health work on antimicrobial resistance (AMR) has been underpinned by a more inclusive systems approach to health. For example, FAO’s first Action Plan on AMR (2016–2020) emphasized a One Health approach to address antimicrobial resistance by integrating efforts across human, animal, environmental and agrifood systems. The 2016–2020 Action Plan on AMR has been recognized by some stakeholders as the “flagship” of FAO’s approach to One Health.

14. *One Health was a key part of FAO’s COVID-19 Response and Recovery Programme,* which integrated lessons from other zoonotic crises, such as the 2014 Ebola outbreak, that underscored the importance of anticipating and addressing the continuity of the food supply chain. One Health became the focus of the sixth Programme Priority Area – preventing the next zoonotic pandemic.

15. *BP3 represents the first time One Health has been made a standalone programme area in a strategic framework, presenting an opportunity to foster a paradigm shift by implementing One Health in support of FAO’s broader strategic aims of sustainable agrifood systems for all beyond disease-based approaches.* The previous FAO Strategic Framework (2010–2019) did not specifically reference or operationalize One Health. BP3 marks an important step in the evolution and mainstreaming of One Health within FAO, but it is not without its challenges, especially at national and subnational levels. The most significant challenges at those levels include the professional segregation and disparity between the animal health/production and the public health sectors in terms of financial resources and the labour force, the insufficient involvement of natural resource sectors, and the lack of intersectoral policies and legal frameworks for evidence-based decisions. International, regional and internal country cooperation is also required as “diseases know no borders”.

### **One Health projects’ financial and human resources 2010–2023**

16. *There were a total of 113 One Health projects identified during the period under review, mostly located at the country level (69 percent) although most of the funds were for globally managed projects (51 percent).* One Health projects are located primarily at country level, with the remainder distributed at the regional (11 percent) and subregional (4 percent) level, and globally (17 percent). In the last two years, important funding opportunities at the country level have emerged, and this may benefit FAO activities thanks to its presence in countries and experience at the national level. Funding for relevant global, regional and intercountry work is, however, becoming more difficult to obtain due in part to changes in donor policies.

17. *Two divisions are the main budget holders of One Health projects.* Within headquarters, the Office of Emergencies and Resilience is the main budget holder of One Health projects (37 percent of projects), followed by the Animal Production and Health Division (8 percent of projects). Other divisions combined are budget holders for less than 3 percent of projects. This reflects the historical evolution of FAO work in One Health being spearheaded by the animal health sector.

18. *FAO One Health projects are concentrated in a few areas. These are health systems, emerging zoonoses, and antimicrobial resistance,* when mapped along the six action tracks of the One Health Joint Plan of Action 2022–2026.<sup>5</sup> The Animal Production and Health Division had the technical lead

<sup>5</sup> This is the joint framework for action of the Quadripartite and proposes a set of activities and theory of change to advance and sustainably scale up One Health.

for 60 percent of One Health projects.

19. *Reliance on project funding as a means of hiring personnel has some negative consequences in terms of building institutional capacities and reducing efficiencies.* Most of the personnel working on One Health are hired under consultancy contracts with short contract periods. This creates an unnecessary administrative burden, negatively affects institutional memory and ultimately affects the Organization's ability to provide long-term support.

### **Measuring One Health project results**

20. *One Health was not explicitly articulated in the outcomes of the 2010–2019 FAO Strategic Framework, even though One Health-related activities in projects were being conducted.* The approach used to monitor One Health-related results during that period relied mainly on aggregated output and outcome indicators. Output indicators were mainly formulated either as assessments of project activities completed (e.g. "Coordinated mechanisms for the evaluation of One Health operationalization are in place") or as quantifiable observations (e.g. "Number of meetings jointly participated by the ministries on the One Health coordination mechanism"). When available, outcome indicators were formulated in the same vein (e.g. "Number of countries whose AMR Multi-sectoral Coordination mechanisms engage with a broad range of relevant partners"). A narrative description of results was often provided in terminal reports, which mostly summarized the main outputs and outcomes; this approach lacked a qualitative analytical dimension, which did not allow for truly assessing changes in the implementation of One Health and its impact. However, some projects had indicators that monitored specific dimensions, such as collaboration and coordination, though these were not standardized.

21. The result measurement system for One Health did not change significantly during the period of the previous strategy, but major changes were introduced with the inclusion of BP3 (One Health) in the strategic framework. The strategic result framework details for BP3: the gaps, expected outcomes, SDG targets and indicators, accelerators, key thematic components, normative aspects, core function strategy, output indicators, trade-offs and risk mitigation. However, the BP3 Results Framework is intended to be mainly used to organize and monitor One Health progress of FAO at the macro level; it does not provide specific guidance for monitoring and evaluation (M&E) at the project level.

22. *So far, there is no indicator specific to the strengthening of One Health systems in the BP3 Results Framework, although this element is clearly identified as an expected outcome of BP3.* The evaluation also found no harmonized measurement system for results at the project level, although there are tools in use that can be considered a step in the right direction. Nonetheless, projects that focused on One Health operationalization at the national level or on AMR mitigation seem to integrate more intersectoral result indicators compared to projects that focus on specific diseases or sectors, such as the strengthening of veterinary services.

23. *There are numerous examples of FAO's contributions during the period under review.* Highlights include supporting countries to structure and support the implementation of intersectoral collaboration and coordination for zoonotic diseases, AMR and food safety. Nonetheless, the lack of consensus on the definition of and on expected results from One Health at FAO, combined with the lack of harmonization of the result measurement system in the period 2010–2019, limits the capacity to systematically assess results reported under the previous strategy, although the inclusion of One Health in the new strategy is an improvement.

### **Partner perceptions of FAO's One Health work**

24. *FAO's areas of work within the Tri/Quadripartite have been diverse, spanning all six action tracks of the One Health Joint Plan of Action.* The diversity of contributions appears as a strength for the position of FAO within the Quadripartite. FAO is recognized by Quadripartite partners consulted as an important contributor to knowledge production and sharing for implementing One Health.

25. *FAO's role and leadership on One Health is recognized within the Quadripartite.* The role played by FAO at different levels (e.g. regional or country) as a convener, as well as the role it played in drafting the current One Health Joint Plan of Action (2022–2026), was consistently pointed as a positive example of that leadership. The upcoming process of drafting a new joint plan of action presents an opportunity for a stocktaking exercise of the work of the Quadripartite. Partners also stated that FAO's ability to mobilize resources was a recognition of its track record in One Health.

26. *FAO's technical work on animal health is perceived by partners as significant.* The central



place ECTAD holds in partners' perceptions of FAO's contribution to One Health tends to overshadow other valuable ones such as work on AMR, food safety and sustainable wildlife management.

27. *FAO depicts its comparative advantages as lying mainly in its multidisciplinary, multisectoral capabilities and operational and analytical capacities at the country level.* Partners consulted mostly stress FAO's technical capacities and presence at the country level as the standout comparative advantages.

28. *FAO is engaged in multiple relevant partnerships besides the Quadripartite such as the Collaborative Partnership on Sustainable Wildlife Management, which provides a platform for addressing wildlife management issues that are relevant for emerging zoonotic threats.* Even when they involve Quadripartite partners, those collaborations are not directly connected to Quadripartite work. The overall positioning of FAO in the One Health landscape that results from this set of partnerships demonstrates a broader engagement beyond the Quadripartite.

29. *FAO has proven able to maintain long-term funding partnerships albeit with a limited number of donors.* This is largely due to the Organization's track record in One Health as a technical expertise and operational capacity source. Nonetheless, dependence on a few donors is a risk, particularly for those country programmes whose majority share of One Health funds depends on one donor. Country-level funding opportunities such as the Pandemic Fund are emerging. FAO actively participates in calls for proposals and is starting to become a major partner of the Pandemic Fund.

### **Cross-cutting issues**

30. *FAO developed numerous strategic documents and guidelines concerning social inclusion (such as the Framework for Gender Responsive Livestock Development) during the period under review.* These efforts culminated in the integration of gender, youth and social inclusion as cross-cutting themes in the FAO Strategic Framework 2022–31. However, FAO lacks benchmarks and tools to address gender, youth and inclusion within a One Health approach systematically. One of the primary challenges in integrating social inclusion considerations into One Health programmes and initiatives stems from the vast scope and complexity of One Health. Benchmarking for gender and social inclusion in One Health is crucial to identify and address compounded disparities across human, animal and environmental health domains, ensuring equitable access to resources and reducing vulnerabilities to health risks.

31. *Social inclusion was not a prominent feature in One Health projects, even though One Health conceptually promotes equity, access and inclusivity.* However, in the analysis of One Health projects, the evaluation found that only 22 percent of projects included gender in their outcome or output indicators and only one project included youth. The evaluation found little evidence of the inclusion of other groups, such as Indigenous Peoples, as beneficiaries in the projects.

32. *FAO projects reveal good practices for mainstreaming gender and youth into FAO's One Health work.* These include the Virtual Learning Centre course on One Health and female leadership, the action to support the implementation of Codex AMR in Pakistan, and the veterinary student Olympiad in Bangladesh.

## **III. Conclusions**

### **Evolution of One Health**

33. *Through the leadership of the animal health sector, FAO developed a One Health approach that has leveraged and enhanced its organizational strengths and capacities.* At the heart of the One Health approach is the aim of addressing One Health problems at the source through the implementation of concerted, country-level projects and plans, and through the strengthening of human–animal – environmental health systems. Although historically FAO's approach to One Health has been largely defined and shaped by the priorities, projects and funding of the animal health sector, One Health as an approach cuts across all disciplines and sectors.

34. *One Health approaches in FAO have been overwhelmingly disease-focused.* This has had important implications for the evolution, orientation and understanding of One Health within the Organization. Despite general agreement that One Health is best characterized as an integrated, unifying, multidisciplinary, multisectoral approach to optimize the resilience and health of people, animals and ecosystems, this is not how it has been defined or operationalized over the last ten plus

years. Instead, One Health at FAO was (zoonotic) disease-focused during a large part of the period under review.

35. *The development and adoption of the 2021 One Health High-Level Expert Panel definition of One Health represents an important step towards addressing variations in the definition and meaning of One Health that existed in the past and for establishing greater consensus within FAO.* The definition marks a significant shift from disease-focused approaches to health- and health systems-focused approaches to One Health. However, it would be premature to assume that long-standing differences in the conceptualization and understanding of One Health, along with its operationalization, will suddenly be resolved or disappear. It is important and necessary to recognize that One Health, as currently defined, requires a general cognitive and organizational shift in perceptions of and approaches to One Health.

36. *The change in the positioning of One Health in FAO in the 2021–2030 Strategic Framework reflects its operational and strategic value.* This is due to the efforts of FAO in the preceding decade, particularly its leading role on the Tri/Quadripartite and, equally, in its own One Health work at all levels on, most notably, pandemic preparedness and prevention, zoonoses, transboundary animal diseases, AMR, and foodborne infections. However, locating One Health as a better production PPA potentially risks retaining a narrow focus on well-established areas (zoonoses, pandemic preparedness, transboundary animal disease, AMR) and thus might limit the scope or potential of One Health to harness and mobilize the full multidisciplinary capacities, knowledge and skills within FAO.

#### One Health projects' financial and human resources 2010–2023

37. *The financial analysis of the One Health projects portfolio shows the important role the Office of Emergencies and Resilience and Animal Production and Health Division have had over time.* An analysis of the One Health projects' budgets found that on average, one-third of the funds (31 percent) were for human resources; these were used to hire over 400 non-staff personnel within several divisions, sub/regions and at country level. The flexible but short-term approach of human resources based on consultancies hired through One Health projects deprives the Organization of the stability of personnel needed to build institutional memory and sustain the internal collaborations across the multiple disciplines and sectors that would be needed to fully realize its potential in One Health.

#### Measuring One Health project results

38. *Aggregated indicators are insufficient to capture progress in One Health in a comprehensive way.* Given that One Health is a systematic, multilevel, transdisciplinary and intersectoral approach, the monitoring of results requires the use of approaches that embrace this complexity. The inclusion of a diversity of methods and indicators is needed for a more nuanced and comprehensive picture to emerge, which would better capture not only changes in processes and governance, but also outputs, outcomes, and eventually impacts to measure the added value of One Health.

39. *FAO is currently investing considerable effort in integrating One Health explicitly into its operations through BP3.* The fact that One Health is confined to BP3 is both a strength and a weakness. The explicit inclusion of One Health as a PPA gives visibility to the approach and helps in clearly defining the expected results (and the associated Sustainable Development Goals [SDG] indicators), which is a strength. However, presenting One Health as a PPA rather than a cross-cutting approach that could be applied to other PPAs could limit its use in other projects that might benefit from it and prevent robust monitoring of One Health-related results from other PPAs.

#### Partners' perceptions of FAO One Health work

40. *FAO is perceived by partners as mainly being positioned in the One Health landscape around animal health.* This is notably due to the success of ECTAD in zoonotic control.

41. *Quadripartite partners recognize several comparative advantages that FAO has in One Health, yet they also identified some areas for improvement in the functioning of the partnership.* Advantages include technical, analytical and operational capacities, and convening role. The overlaps with its Quadripartite partners appear as thematic commonalities, allowing for synergies to emerge. Nonetheless, the lack of a mechanism for task distribution at the Quadripartite level may limit the leveraging of these complementarities. There is an opportunity to examine any shortcomings as part of the process of drafting the new Quadripartite joint plan of action; a stocktaking exercise, such as a joint evaluation, can provide inputs to that process. The recognized value and leadership of FAO by its

Quadripartite partners can allow FAO to further leverage its advantages in an evolving landscape of One Health funding and implementation, particularly at the country level, where FAO holds a key advantage compared to the United Nations Environment Programme (UNEP) and the World Organisation for Animal Health (WOAH).

#### Cross-cutting issues

42. *FAO One Health projects have addressed social inclusion (including gender and youth) to some extent, but they seldom monitor and report on them.* During the period under review, 2010–2023, only 22 percent of projects had outcomes or outputs linked to these dimensions.

### IV. Recommendations

**Recommendation 1 (for FAO senior managers). Leverage the multidisciplinary and multisectoral dimensions of the Organization in its positioning on One Health, ensuring the appropriate engagement of underrepresented divisions in One Health efforts (as part of a system approach). The human resource needs should be assessed and addressed, using the One Health Workforce Competencies, to build and harmonize One Health skills to support development of long-term One Health collaborations inside FAO.**

43. Senior management, the management team for the One Health PPA, and other internal stakeholders will need to continue to cultivate a common and shared understanding of One Health within FAO based on the Expert Panel definition and FAO's track record in One Health as part of the process of rolling out FAO's vision for One Health in the Strategic Framework.

44. It is important and necessary to recognize that One Health, as currently defined, requires a general cognitive and organizational shift in perceptions of and approaches to One Health. This will likely be a lengthy process that senior management across technical divisions, in coordination with the partnerships and outreach stream, can support and foster through a combination of communication, working groups, targeted funding, and country-level capacity building. This can include workshops on lessons learned and good practices in implementing One Health (especially at subnational levels), as well as sustained strategic outreach and advocacy efforts targeting key United Nations system stakeholders and resource and implementing partners at global, regional and country levels.

**Recommendation 2 (for BP3 leadership, Office of Strategy, Programme and Budget, and related technical divisions). Update the One Health results measurement system to better capture progress and results related to implementing One Health in FAO projects and activities. The leadership of other relevant programmes should be involved in these developments to ensure that approaches developed to measure One Health-related results are adapted for the use of other relevant programmes that may not be classified as One Health.**

45. The revision can include: i) defining additional One Health result indicators to address gaps in the BP3 Results Framework; and ii) developing improved methodological guidance for project leads to support better inclusion of a diversity of One Health-specific indicators in measurement systems at project level, and the use of adapted methods to evaluate progress made in One Health implementation across FAO's programmes (including beyond BP3).

**Recommendation 3 (for PPA-BP3 leadership in collaboration with the Rural Transformation and Gender Equality Division). Develop and disseminate a toolkit with guidelines and a tool to help practitioners and project teams integrate social inclusion (including gender and youth) in One Health approaches.**

46. In developing this toolkit, consider the following:

- developing tools similar to the World Bank's Gender in Infectious Disease Epidemic Preparedness and Response Toolkit that assists project implementers and governments in developing gender action plans for animal health in One Health;
- determining how FAO might collaborate with external partners such as the International Livestock Research Institute (ILRI) that are already developing a gender and One Health framework;
- ensuring that all projects have relevant, clear and measurable targets on gender, youth (such as age disaggregation) and other dimensions of social inclusion, aligned with FAO

policies, such as the FAO Policy on Gender Equality and the FAO Corporate Strategy on Youth, and the forthcoming new Framework on Inclusion; and

- strengthening the collaboration and coordination with other FAO divisions, units and partners working on gender and other social inclusion issues, such as the Partnerships and UN Collaboration Division.

#### EVALUATION TEAM AND QUALITY ASSURANCE

- This evaluation was conducted by the Office of Evaluation with a team of internal and external experts. The team included Mr Roger Miranda (Senior Evaluation Specialist), Ms Eeman Amjad, Ms Nakita Aboya and Ms Liza Ottlakán (Evaluation Analysts). They worked closely with five international experts: Dr Michael Bresalier, University of Swansea, United Kingdom of Great Britain and Northern Ireland (evolution of One Health); Dr Cécile Aenishaenslin, Université de Montréal, Canada (measuring results); Dr Nicolas Antoine-Moussiaux, University of Liège, Belgium (resource distribution and partner perceptions); Dr Sara Savic, Scientific Veterinary Institute “Novi Sad”, Serbia (gender and social inclusion expert); and Dr Delia Grace Randolph, Natural Resources Institute, United Kingdom of Great Britain and Northern Ireland (Technical Adviser).
- This evaluation benefited from robust quality assurance activities, including:
  - Consultations with key internal FAO stakeholders engaged in OH operations to obtain guidance and feedback. They included members of the Office of Emergencies and Resilience, the Legal Office, and the Animal Production and Health Division. These individuals commented on the approach of the review and draft deliverables.
  - Office of Evaluation quality assurance reviews of key deliverables to ensure the methodological rigour of the design and quality of the analysis and report. Internal reviewers were Office of Evaluation senior personnel, including Mr Carlos Tarazona and Dr Clemencia Cosentino.
- The Evaluation Team gratefully acknowledges the insights and contributions of all interviewees.