



Food and Agriculture
Organization of the
United Nations

AFRICA
SUSTAINABLE
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2050



One Health policy stakeholders

ETHIOPIA

A snapshot



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Financial support provided by the United States
Agency for International Development (USAID)

**ASL
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1. Introduction

The chance of any policy or investment to succeed depends on its technical strength, economic sustainability, institutional viability as well as on stakeholders' support. Decision makers, therefore, should not only design technically sound, economically sustainable and institutionally viable interventions, but also create an adequate constituency supporting their implementation. Stakeholder mapping is a process of systematically gathering quantitative and qualitative information on the key actors with an interest in a specific domain. It allows decision-makers to interact more effectively with stakeholders, and to design and implement policies and investments that are widely accepted and supported. This brief presents the results of a stakeholder mapping exercise undertaken by the government of Ethiopia in collaboration with the FAO Africa Sustainable Livestock 2050 Project (ASL2050), for which the objective was to identify and characterize One Health Policy Stakeholders. The government of Ethiopia and the ASL2050 have, in fact, joined forces to formulate policies and investments that support a sustainable development of livestock in the long-term, from a public health, environmental and household livelihoods perspective. Identifying and characterizing One Health stakeholders with a major say in the policy-making process is essential to this end.

A number of papers and reports, which rely upon a variety of methodologies, have identified and characterized One Health stakeholders at national, regional and global level (e.g. Ashraf *et al.*, 2015; Kimani *et al.*, 2016; Mazet *et al.* 2014; ReAct, 2018). This has often proved a challenging exercise, because a truly One Health approach requires the involvement of dozens of stakeholders, including local, regional and international actors with direct or indirect stakes in livestock, public health and environment. This brief, differently from most reports and papers, does not attempt to identify and characterize all One Health Stakeholders in Ethiopia. Rather, it focuses on those actors expected to play a key role in shaping policies and strategies from a One Health perspective, including from a livestock, environmental and public health perspective. These are the stakeholders to engage if the objective is to formulate and implement effective One Health Policies.

The next section presents the methodology developed and used to identify and characterize One Health Policy stakeholders in Ethiopia. Section three presents and discusses the main findings. Section four presents conclusions. This brief has been drafted by Tadele Mirkena (FAO Ethiopia), Orsolya Mikecz (FAO HQs), Ana Felis (FAO HQs) and Ugo Pica-Ciamarra (FAO, HQs) based on a consultation with the members of the ASL2050 Ethiopia Steering Committee and other stakeholders in October 2020.

2. Method

One Health Policies are investments, laws, rules and regulations that – by shaping and governing the way people and organizations act and interact between each other and with the government – “address complex challenges that threaten human and animal health, food security, poverty and environments where diseases flourish” (FAO, 2011). One Health Policy Stakeholders are defined as those actors that both have a genuine interest in One Health, e.g. they adopt a multi-disciplinary and multi-stakeholder approach to ensure the public health outcome of their actions are sustainable, and have some policy power, that is the ability and interest to shape the One Health Policy framework. We relied upon these two dimensions – interest in One Health and Policy Power – to build a power / interest matrix to identify and characterize the major One Health Policy stakeholders Ethiopia.

- First, we generated a list of potential One Health Policy Stakeholders. We asked representatives of the Ministries in charge of livestock, public health and the environment in the ASL2050 National Steering Committee to identify stakeholders that play a major role in livestock development; public health; the environment and social development (e.g. poverty reduction), regardless of whether

they adopt or not adopt a One Health approach. We identified One Health platforms or networks active in Ethiopia and listed all stakeholders participating in them. We also performed a literature review to identify additional One Health stakeholders.

- Second, we grouped the identified stakeholders according to their institutional category and area of interest. Institutional categories included public and private actors; NGOs; CBOs; research institutes and universities; and international stakeholders. The areas of interest included livestock development; public health; the environment; social development (e.g. poverty reduction); and other. This categorization assisted in appreciating stakeholders' different perspectives on One Health and livestock sector development.
- Third, we gathered publicly available quantitative information on the identified stakeholders to assess their One Health interest and Policy Power. In particular, we investigated whether stakeholders' stated goals included One Health and/or policy change; their target geographies; available financial and human resources, including those specifically allocated to One Health and policy activities; membership in One Health platforms or networks and in policy working groups; leadership; participation in One Health projects and programmes on the ground; relationship with national and local governments, including the joint implementation of policies and programs on the ground. For most of the identified stakeholders, however, only piecemeal information was available, if any at all.
- Fourth, we organized a two-day stakeholder workshop to validate the list of stakeholders, review the gathered information and fill gaps, with ultimate objective to generate quantitative measures of stakeholders' different characteristics. Stakeholders in representation of all institutional categories and areas of interest participated in the meeting. They first validated and refined the list of the identified stakeholders and filled information gaps through attributing scores between 1 to 5 to the different stakeholders' characteristics (e.g. a very large budget was given a value of 5). Then, four working groups positioned each of the identified stakeholders in a One Health Interest – Policy Power matrix, using a 0 to 10 ordinal scale for both dimensions. The discussion in working groups was guided by the assembled quantitative evidence on stakeholders' characteristics, by the use of graph theory to assess the pairwise relationships between stakeholders, and by probing questions on stakeholders' One Health interest and policy power (Box 1). We discussed any significant difference in the final stakeholders' ranking in a plenary session so as to reach broad consensus on stakeholders' position in the One Health Interest – Policy Power matrix.

Box 1. Stakeholder pairwise relationships and one health / policy power probing questions

We used graph theory to appreciate the ability of stakeholders to guide discussions and influence the behavior of other stakeholders. For each stakeholder, we drew influence lines with respect to the other stakeholders through discussing the following questions: (i) If stakeholder X organized a One Health meeting and invited other stakeholders to participate, which ones would certainly show up? (ii) If stakeholder X disappeared overnight, would the other stakeholders be able to continue their activities without any disruption? (iii) If stakeholder X started implementing its activities in a completely different way, would the other stakeholders follow suit? For each stakeholder, the total number of connecting lines represented its overall power influence.

We assessed stakeholders' policy power building on available quantitative information and through discussing the following probing questions: (i) Is stakeholder X able to influence the way the government allocates its budget, and the way it designs and enforces rules and regulations on the ground? (ii) Does stakeholder X collaborate with the government in

implementing projects, programmes on the ground? (iii) Is stakeholder X able to start and lead discussions around key themes so that they get national resonance for more than a while?

We assessed stakeholders' interest in One Health building on available quantitative information and through discussing the following probing questions: (i) does stakeholder X lead any One Health Working Group / Network or is the lead-implementer of any One Health project / initiative on the ground? (ii) Has stakeholder X ever been the lead author of any known document / report on One Health in Ethiopia? (iii) has stakeholder X ever used / developed a methodology to measure the public health outcomes of its activities?

3. Results

3.1 One Health Policy stakeholders

Table 1 lists the major One Health Policy stakeholders in Ethiopia, including their institutional category and area of interest. The institutional categories are public sector, private sector, international organizations, Non-Governmental Organizations (NGOs), Community Based Organizations (CBOs), Research/academia and others. The areas of interest include livestock, public health, environment, social development and other. Some stakeholders may belong to several groups (e.g. FAO has interest in both livestock and social development), but each one of them appears only once for the sake of order and simplicity. There are more than 80 One Health Policy Stakeholders in Ethiopia. Most are public actors with a stake in the livestock sector, while few are environmental stakeholders. Acronyms are listed in Appendix A2.

Table 1. One Health Policy stakeholders by institutional category and area of interest

	Livestock	Public health	Environment	Social development	Other
Public sector	MoAL; NAHDIC; VDFACA; NAGII; ATA	MoH; EPHI; FMHACA	EFCCC; MoIN; EBI; Municipalities	Government; PMO; MoFEC; EIC; MoE; MoST; MoWIE; EMDIDI; NDRMC; ESA	MoCT/EWCA; MoD; MoLSA; MoCIT; GCAO; CSA
Private sector	ELEA; ECMPA; EMPA; EMPEA; EAFIA; ELTA; AVDIWA				EAP
International	FAO; OIE; ILRI; ICIPE; AU/PANVAC; TU	WHO; CDC US; CDC- Africa; PHE; UNICEF, GHSA	WWF; WB; UNEP; EU		USAID
NGOs	VSF -Swiss; SNV	OSU GOHI; MSF; FHI		WV; ACIDI/VOCA; CRDA; CARE- Ethiopia; Save the Children	
CBOs	Dairy Coop & Unions				
Research/academia	AAU; NVI; EIAR; MU, JIU	AHRI; ALIP; PHS (JU & MU); EBTI	EEFRI		HLI
Others	EVA; ESAP	EPHA; EMA; EPA; EMLA			OHECA; NOHSC; OHCN; P&R; PREDICT; JHUCPP

Some stakeholders were grouped together (e.g. universities, research institutes) based on their similarities. After the grouping, 33 One Health stakeholders were identified. Table 2 shows how many stakeholders each of the identified stakeholder is able to influence. The stakeholders with the highest influence, i.e. with the ability to lead and guide policy and/or One Health discussions at country level, are the three Ministries of Agriculture and Livestock, Education and Information Communication Technology, International Organizations and Academia and research. This highlights the capacity of both public and international organizations to shape and influence the One Health policy agenda.

Table 2. One Health Policy stakeholders: influence scores

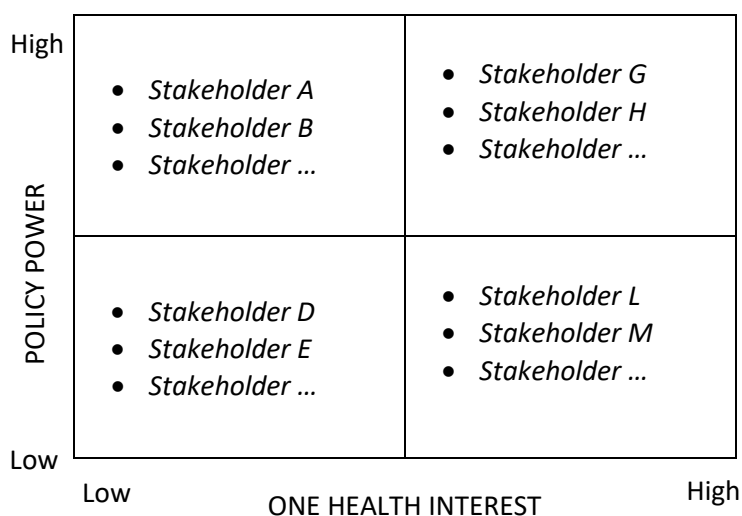
Stakeholder	No. of other stakeholders influenced
Ministry of Agriculture and Livestock	20
International Organizations	19
Academia and research	17
Ministry of Education	16
Ministry of Information Communication Technology	16
Ethiopian Society of Animal Production, Ethiopian Veterinary Association ¹	15
Environment Forest and Climate Change Commission	15
Ministry of Industry	14
Ministry of Water, Irrigation and Electricity	14
National Disaster Risk Management Commission	14
United Nations Environment Programme	13
Central Statistical Agency	12
Ethiopian Public Health Institute	12
Ethiopian Biodiversity Institute	12
Ministry of Health	12
Coops/Unions/Meat and Dairy Producers' Associations	11
National Animal Health Diagnostic and Investigation Centre, National Veterinary Institute	11
Armauer Hansen Research Institute	10
Agricultural Transformation Agency	10
US Centre for Disease Control	10
Pharmaceutical companies	9
National OH Steering Committee, OH Communication Network	8
International donors	6
International NGOs	6
Ministry of Finance and Economic Cooperation	5
Ethiopian Meat and Dairy Industry Development Institute	4
Ethiopian Standards Agency	4
Ministry of Science and Technology	4
Medical Associations	3
Ministry of Culture and Tourism	3
Ministry of Defence	3
Municipalities	2
Ministry of Labour and Social Affairs	1

¹ The two professional societies were grouped together by workshop participants because they both are concerned with the improvement of animal health and production

3.2 Stakeholders' One Health Interest and Policy Power

Figure 1 presents the One Health Interest – Policy Power matrix used to identify those stakeholders that are anticipated to play key roles in shaping the One Health Policy framework. Each stakeholder is given a score from 1 to 10 for both its ability to influence policies and its level of interest in One Health activities. These two scores serve as coordinates to determine the stakeholder's position in the matrix. Figure 2 portray the identified 33 stakeholders in the One Health Interest – Policy Power Matrix; the quantitative scores (i.e. coordinates) are presented in Table A1 in the Appendix. The size of the bubble in Figure 2 is proportional to the stakeholder's influence score (Table 2).

Figure 1. One Health Interest – Policy Power Stakeholders' Matrix

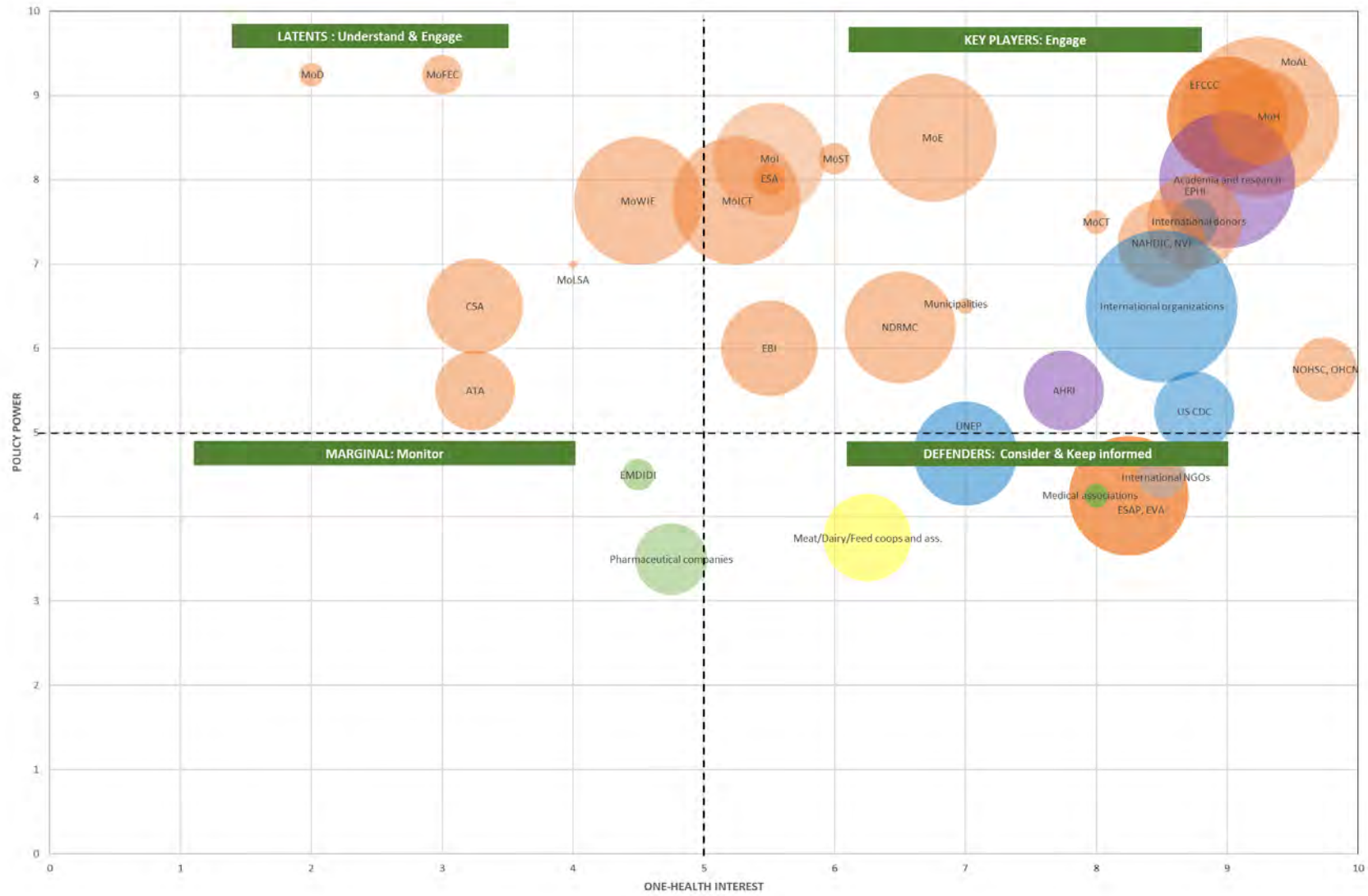


Out of the 33 One Health Policy Stakeholders, 22 are positioned in the upper right quadrant (labelled “Key Players”): these stakeholders have both a genuine interest in One Health and can significantly influence the One Health policy framework. They should be engaged in, and anticipated to significantly contribute to, any One Health Policy Process.

In the bottom right (“Defenders”) and the upper left (“Latents”) quadrants we find stakeholders that have a strong interest in One Health but limited policy influence, or have a limited interest in One Health but strong policy influence, respectively. These include, for instance the Ministry of Water, Irrigation and Electricity (“Latents”) or international NGOs (“Defenders”). These stakeholders should be kept informed of all One Health policy processes and, when possible, actively engaged.

Stakeholders with limited interest in One Health and limited or minor policy influence are positioned in the bottom left quadrant (“Marginal”). These stakeholders, such as the Ethiopian Meat and Dairy Industry Development Institute and pharmaceutical companies, are not anticipated to contribute much to the One Health policy discussion. However, it is recommended to monitor their activities as, because of internal and external factors, they might become important player in One Health policy discussions in the future.

Figure 2. Stakeholder Policy Power and One Health Interest Matrix (Source: authors' compilation based on stakeholder consultation)



4. Conclusions

Policies and investments that adopt a One Health approach need not only to be technically sound and economically sustainable but also supported by stakeholders with a stake in the livestock sector, public health and the environment. This brief identified and characterized One Health policy stakeholders in Ethiopia, i.e. those actors that have both a genuine interest in One Health and the ability to influence the country's policy framework.

The government of Ethiopia, in collaboration with the FAO Africa Sustainable Livestock 2050 Project, plan to engage the major One Health Policy stakeholders to discuss options to refine and operationalize the existing policy framework so as to enhance the capacity of the country to deal with current and emerging public health threats along the livestock value chain.

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Appendix

Table A1. Stakeholders' policy power and one health interest scores (0-10)

Stakeholder	OH Interest	Policy Power
Pharmaceutical companies, AVDIW, EAP	2	3
Central Statistical Agency	2	5
Ethiopian Biodiversity Institute	3	3
Ethiopian Society of Animal Production, Ethiopian Veterinary Association	2	4
Ministry of Agriculture and Livestock	2	3
Environment, Forest and Climate Change Commission	3	3
Ministry of Information Communication Technology	6	6
National Disaster Risk Management Commission	5	5
US Center for Disease Control	2	2
Academia and Research institutions (JiU, JU, MU, EIAR, AAU/ALIP, EBTI, EEFRI, EIAR)	2	3
Armauer Hansen Research Institute	1	3
Ethiopian Meat and Dairy Industry Development Institute	2	1
Ethiopian Standards Agency	5	2
Ministry of Culture and Tourism	4	1
Ministry of Finance and Economic Cooperation	4	1
Ministry of Labor and Social Affairs	4	4
National OH Steering Committee, OH Communication Network	1	3
International NGOs (FHI, JHUCPP, MSF, OSUGOHI, OCEA, OHECA, AU/PANVAC, PREDICT, PR, PHE, Save the Children, SNV, Tufts, VSF, WV, WWF)	1	5
Municipalities	2	5
Medical Associations (EMA, EMLA, EPA, EPHA)	2	4
International donors (EU, USAID, WB)	1	3
Ministry of Defence	3	1
Ministry of Health	2	3
Ministry of Science and Technology	3	2
NAHDIC, NVI	3	2
Agricultural Transformation Agency	2	5
Dairy cooperatives and unions, Meat/Dairy/Feed associations for production (ECMPA, EMPA, EAFIA, ELEA, ELTA, EMPEA)	6	3
Ethiopian Public Health Institute	2	1
International organizations (FAO, OIE, WHO, ICIPE, ILRI, US-CDC)	4	5
Ministry of Education	3	3
Ministry of Industry	5	3
Ministry of Water, Irrigation and Electricity	6	3
UN Environment Agency	3	3

A2. Acronyms

ACDI/VOCA Agricultural Cooperative Development International and Volunteers in Overseas Cooperative Assistance;

AHRI Armauer Hansen Research Institute;

ALIP Aklilu Lemma Institute of Pathobiology;

ATA Agricultural Transformation Agency;

AU/PANVAC Pan African Veterinary Vaccine centre of African Union;

AVDIWA Abyssinia Vet Drug Importers and Wholesalers Association;

CARE Cooperative for Assistance and Relief Everywhere,

CDC US Centre for Disease Control;

CRDA Christian Relief and Development Agency;

CSA Central Statistical Agency;

EAP East African Pharmaceutical;

EBI Ethiopian Biodiversity Institute;

EBTi Ethiopian Biotechnology Institute;

ECMPA Ethiopia Commercial Milk Producers Association;

EEFRI Ethiopian Environment & Forest Research Institute;

EFCCC Environment Forest and Climate Change Commission;

EIC Ethiopian Investment Commission;

EIAR Ethiopian Institute of Agricultural Research;

EMDIDI Ethiopian Meat and Dairy Industry Development Institute;

ELEA Ethiopian Livestock Exporters Association;

EMPPA Ethiopian Milk Producers and Processors Association;

EMPEA Ethiopian Meat Producer-Exporters Association;

EAFIA Ethiopian Animal Feed Industry Association;

ELTA Ethiopian Livestock Traders Association;

EMA Ethiopian Medical Association;

EPA Ethiopian Pharmaceutical Association;

EPHA Ethiopian Public Health Association

EPHI Ethiopian Public Health Institute;

ESA Ethiopian Standards Agency;

ESAP Ethiopian Society of Animal Production;

EU European Union;

EVA Ethiopian Veterinarians Association;

FAO Food and Agriculture Organization of the United Nations;

FHI Family Health International;

FMHACA Food, Medicine and Healthcare Administration and Control Authority;

GCAO Government Communication Affairs Office;

GHSA Global Health Security Agenda;

HLI Higher Learning Institutions;

ICIPE International Centre of Insect Physiology and Ecology;

ILRI International Livestock Research Institute;

JiU Jimma University;

JHUCCP Johns Hopkins University Center for Communication Programs;

MEFCC Ministry of Environment, Forest and Climate Change;

MoAL Ministry of Agriculture and Livestock;

MoCIT Ministry of Communication & Information Technology;

MoCT/EWCA Ministry of Culture & Tourism/Ethiopian Wildlife Conservation Authority;
MoD Ministry of Defense;
MoE Ministry of Education;
MoH Ministry of Health;
MoIN Ministry of Industry;
MoFEC Ministry of Finance and Economic Cooperation;
MoLSA Ministry of Labor & Social Affairs;
MoST Ministry of Science & Technology;
MoWIE Ministry of Water Irrigation & Electricity;
MSF Médecins Sans Frontières;
MU Mekele University;
NAGII National Animal Genetic Improvement Institute;
NAHDIC National Animal Health Diagnostic and Investigation Center;
NDRMC National Disaster Risk Management Commission;
NOHSC National One Health Steering Committee;
NVI National Veterinary Institute;
OSU GOHI Ohio State University Global One Health Initiative;
OHCN One Health Communication Network;
OHECA One Health Eastern and Central Africa;
OIE World Organization for Animal Health;
PHE Public Health England;
PMO Prime Minister's Office;
P&R Preparedness & Response;
SNV Stichting Nederlandse Vrijwilligers (Netherlands Development Organisation);
TU Tufts University;
UNEP United Nations Environment Program;
UNICEF United Nations Children's Fund;
USAID United States Agency for International Development;
VDFACA Veterinary Drug and Animal Feed Administration and Control Authority;
VSF-Swiss Vétérinaires Sans Frontières Suisse;
WB The World Bank;
WHO World Health Organization;
WV World Vision;
WWF World Wildlife Fund



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