

PROCEEDINGS OF THE IMPRESS *EX ANTE* WORKSHOP

CO-BUILDING A ONE HEALTH COMMUNITY
OF PRACTICE IN THE CARIBBEAN



ORGANIZED IN THE FRAMEWORK OF THE AUSCAR PROJECT BY THE CIRAD

ON NOVEMBER 20-23rd, 2023, MELIA CARIBE BEACH, PUNTA CANA, DOMINICAN REPUBLIC



ABOUT THIS DOCUMENT

Executive summary:

This document summarizes the activities and results of a second participatory workshop to “*Co-build a One Health community of practice in the Caribbean*”, held in Punta Cana, Dominican Republic on November 20th-23rd, 2023. The participatory workshop is part of the AUSCAR (French acronym for One Health approach to reduce health risks in the Caribbean) research project funded by the INTERREG Caribbean program (<https://interreg-caraibes.eu/>) coordinated by the CIRAD in partnership with CARIBVET, CPHD, OIRSA, AGROSAVIA, CATIE, INIVIT, IIFT, and CORBANA. The participatory workshop was organized by CIRAD (French Agricultural Research Centre for International Development).

During the four-day event, 41 participants from animal, plant, environmental and human health and social sciences collectively build the theory of change of the One Health community of practice in the Caribbean through a participatory strategic planning process, by using the *ImpresS ex ante* approach (<https://impress-impact-recherche.cirad.fr/>). This document presents the results of this process: Vision of the future, Problem tree, Actors mapping, Outcomes mapping, Consolidation of the outcomes mapping and identification of strategies.

How to read this document:

This document chronologically retraces the co-building of the shared vision of the One Health community of practice and its theory of change. The **ImpresS ex ante** methodology (indicated by the ImpresS logo and related questions written in pink in the document) and the results of the related activities are presented in parallel, day by day, step by step. The results presented here are the raw data collectively produced, presented, discussed and validated during the workshop. We did not have time to fully consolidate the outcomes maps and we did not want to present here the results of our own interpretation and analysis. The important objective of this document is to provide to all members of the community of practice the same common basis on which to build collectively and iteratively. The AUSCAR project coordination team, with the support of the **ImpresS ex ante** team, could support them in this process of clarification of the causal links between inputs, outputs, outcomes and impacts and of translation of the impact pathway into useful products for maintaining the community of practice.

Required citation:

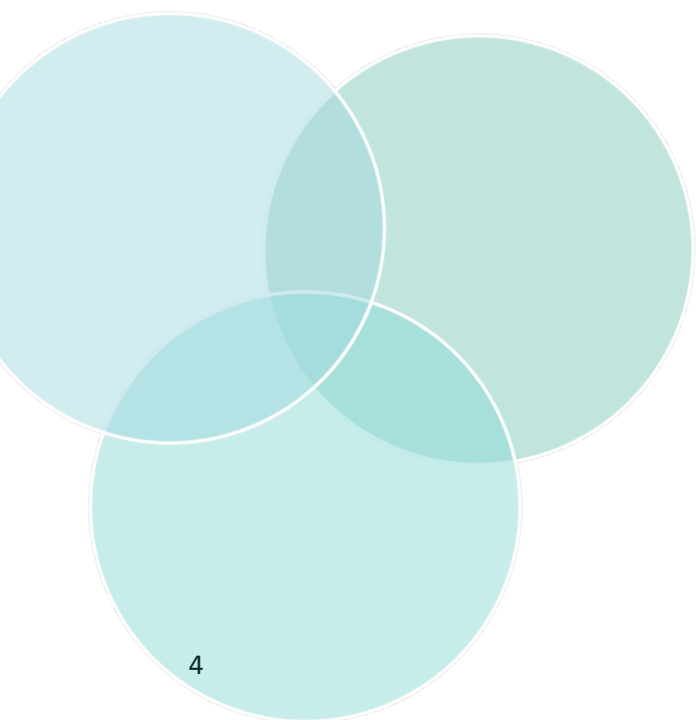
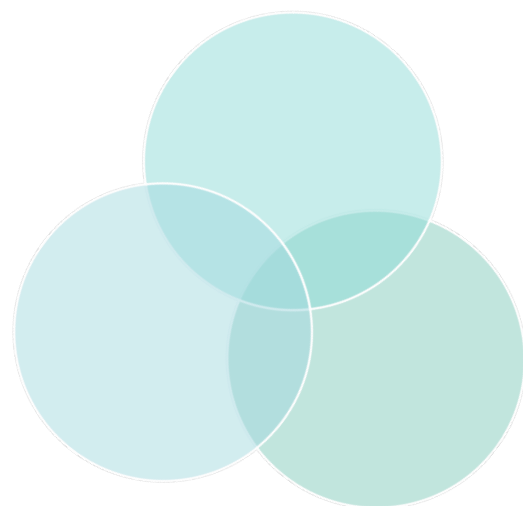
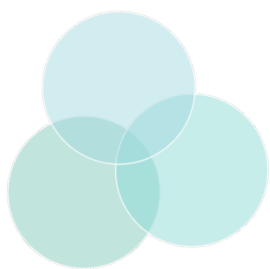
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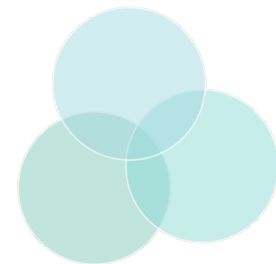


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I. INTRODUCTION

AUSCAR project: Context and Objectives

“The AUSCAR (“Approche Une Santé pour les Caraïbes”: One Health approach for the Caribbean) project deals with common health issues in the Caribbean (animal and plant health in the service of human health) in a comprehensive and collaborative way, by cooperatively developing effective tools and methods for surveillance and designing resilient agricultural production systems for the region. The project is structured around 4 components meeting the 4 specific objectives. The first component of the project, which will be dealt with during phase 1 of the project, will involve setting up a **community of practice on the One Health approach on a Caribbean scale** through the participatory definition of a common holistic vision of health risk prevention systems (zoonotic in collaboration with the global PREZODE initiative, animal or plant). The aim will also be to strengthen health and practice networks. To this end, the partners will work together to identify the key changes needed to achieve the vision of One Health in the Caribbean, to identify the obstacles to these changes and the strategies for overcoming them, with particular attention being paid to building the capacities of the players involved, and to interactions with public and private players”. *(Extract from the AUSCAR pre-application for INTERREG Caribbean (2022)).*

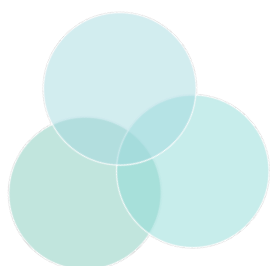
Request made by AUSCAR project coordinators to the ImpresS support team

The AUSCAR project is coordinated by Catherine ABADIE (PHIM research unit, CIRAD) based at CIRAD/CATIE Costa Rica and Eric ETTER (ASTRE research unit, CIRAD) based at CIRAD Guadeloupe. During 2022, some of this AUSCAR coordination team have benefited from an 'introduction' to the **ImpresS ex ante** approach, developed by CIRAD to support the co-construction of a theory of change in connection with the design of a new 'development'-oriented research intervention. Marie-Jeanne GUENIN (ASTRE research unit, CIRAD), who has been trained in the **ImpresS ex ante** approach and has already used it during her PhD (ASTRE research unit, CIRAD), was recruited at CIRAD Guadeloupe for conducting the AUSCAR work package 1 activities and the **ImpresS ex ante** approach towards a One Health community of practice (CoP) in the Caribbean. Marie-Jeanne GUENIN and the project coordinators called on CIRAD's support services for assistance in designing a "change-oriented" intervention. The workshop was jointly organized by Samuel BOUCHARD, AUSCAR project manager (DRAG, CIRAD).

Pre-workshop preparation

Supporting the co-construction of a theory of change is a process that is prepared in advance of the workshop, where the vision of the future, the problems and the changes are discussed. Downstream, the ImpresS team works alongside the project management unit to ensure that the theory of change is integrated and used regularly in the steering and evaluation processes. In the run-up to the workshop (between June and November 2023), Nabil HASNAOUI AMRI (DIMS unit, Projects Pole & ImpresS team, CIRAD) based in Montpellier, with Marie-Jeanne GUENIN, provided support in defining:

- The objectives of the workshop (see below);
- The design and practical organization of the various sequences of this workshop (4 days, from November 20th to 23rd, 2023).



ImpresS *ex ante* workshop objectives

The co-construction of a One Health theory of change on a Caribbean scale is linked to two complementary objectives:

- **In terms of process:** to strengthen and expand a One Health CoP on a Caribbean scale (building on existing communities, such as the CARIBVET network scheme, regarding animal health);
- **In terms of results:** to prefigure the activities of this CoP during the first years of the phase II of the AUSCAR project (2024-2027).

The workshop provided an opportunity for people to get together in a friendly atmosphere, foreshadowing a CoP. At the end of the workshop, a roadmap was drawn up for activities to be carried out from the start of the CoP (in 2024). These activities are part of a wider intervention logic prefigured by the co-design of the theory of change.

The workshop was an opportunity to introduce participants (and facilitators) to the **ImpresS *ex ante*** approach, or to strengthen the skills of others who had already had occasion to use this approach (e.g. as part of the CARIBVET dP or the CARIBGREEN project).

It was conducted by a **FACILITATION AND COORDINATION TEAM** combining CIRAD staff from:

- **Continental France:** Nabil HASNAOUI AMRI, Aurelle DE ROMEMONT (INNOVATION research unit and ImpresS team, CIRAD), Séverine THYS (anthropologist, ASTRE unit, CIRAD) and Antoine LURY (AfriCam project coordinator, ASTRE unit, CIRAD);
- **French West Indies:** Catherine ABADIE, Eric ETTER, Samuel BOUCHARD, Marie-Jeanne GUENIN, Emeric GENDRON (CARIBGREEN project Civic Service Volunteer, ASTRE unit, CIRAD) and Julie MATHELIN (CARIBGREEN project manager, DRAG, CIRAD).

Workshop attendance

The workshop gathered **41** (of the 46 invited) professionals from **animal health** (16), **plant health** (14), **plant & animal health** (2), **environmental health** (3), **human health** (2), but also from **social sciences** (4), coming from **various countries and territories in the Caribbean** (Cuba (8), Guadeloupe (5), Trinidad and Tobago (4), Dominican Republic (3), Costa Rica (3), Jamaica (2), Colombia (2), Barbados (2), Bahamas (1), Panama (1), Belize (1), Antigua (1), Dominica (1), St Kitts and Nevis (1), St Eustatius (1), Martinique (1)) including representatives from **research and academic institutes, public services, health or agricultural organizations and networks** operating on a :

- **National scale:** CIMAB, CENSA, IIFT, CITMA, INVIT, IPK, UDG (Cuba); Ministry of Health (Dominican Republic); CORBANA (Costa Rica); AGROSAVIA (Colombia); RUSVM (St Kitts and Nevis);
- **Regional scale:** UWI (representatives from Barbados, Trinidad and Tobago), IICA (representative from Costa Rica), CARDI (representatives from Bahamas, Jamaica), OIRSA (representative from Panama), CARPHA (representative from Trinidad and Tobago), CARIBVET (representatives from Belize, Dominican Republic, Saint Eustatius), CPHD (representatives from Antigua, Dominica);
- **International scale:** USDA (representative from Dominican Republic), CIRAD (representatives from the Caribbean, Montpellier), FAO (representative from Italy), UNEP (representative from Jamaica), WOAHA (representative from Argentina), PAHO (representative from Brasil).



→ See [GLOSSARY](#) and [Annex 1](#): List of for the full list of participants, their institutions, thematic fields and locations.

Of the 40 participants present the second day of the workshop, 13 declared themselves to be "non-researchers" and 21 "researchers". According thematic fields, 12 declared to work in animal health, 11 in plant health, 4 in environmental health, 3 in social sciences and 2 in human health. In terms of native language, 16 participants were Spanish-speaking, 14 French-speaking and 8 English-speaking.

(The sums do not equal the total of 40 because some participants arrived during or after this ice breaker)

Box 1. Result of an ice breaker: cross-presentation of participants. Participatory workshop held November 20th-23rd, 2023 in the framework of the AUSCAR project.

→ *N.B. Bilingual participants and facilitators have kindly contributed to translating from English to Spanish (when necessary) on site. Thanks to them!*

Workshop agenda

Monday, November 20th

The workshop began with a presentation of the activities carried out during the phase I of the AUSCAR project (2023) in the framework of the work packages 2,3,4 and 5. Then the project coordinators presented the activities already identified for the phase II of the project (2024-2027). They also introduced the work package 1, in which this participatory workshop is included to co-build a Caribbean One Health CoP and to identify the needed activities that can be incorporated into the phase II of the project. The ImpresS team, working closely with the organizers, presented the concepts and tools on which the **ImpresS *ex ante*** approach is based. The One Health and CoP concepts and the work carried out (initial assessment regarding One Health initiatives and collaborations in the region, vision of the future for a Caribbean One Health CoP) during an initial workshop in October 2023 with 15 experts from human, animal, plant health and social sciences were presented by Marie-Jeanne GUENIN and discussed and enriched by participants.

Tuesday, November 21st and Wednesday, November 22nd

Tuesday morning was dedicated to a cross-presentation of participants (**Box 1**). Then we presented and discussed the problem tree co-built during an initial workshop in October 2023 which was separated into 6 roots. Tuesday and Wednesday were devoted to participatory work, in the form of sub-groups and plenary sessions, around the mapping of actors who are protagonists and impacted by the identified problems, followed by the mapping of desirable changes (outcomes), based on the construction of a shared vision of the link between the intervention (in this case the constitution and strengthening of an extended One Health CoP, over the next 4 years) and the generation of change.

Thursday, November 23th

The final day was devoted to consolidating the mapping of outcomes, followed by a group-wide reflection on the strategies and activities to be carried out by the CoP, starting with those that could be implemented from the first year (2024).

→ The workshop agenda is presented in [Annex 2](#) : Workshop .

II. MAIN COLLECTIVE OUTPUTS FROM THE WORKSHOP

We present here the different phases of the workshop in chronological order, specifying the objective, the method and the main achievements.

Day 1: Monday, November 20th

De-compartmentalizing the professional sectors involved in health and developing transdisciplinary "change-oriented" research

(Marie-Jeanne GUENIN)

Why do we need a One Health approach?

The Caribbean is a region threatened by major sanitary and phytosanitary dangers (Alfonso et al., 2020; Martínez et al., 2023; Rozstalnyy, 2022; Ruiz-Saenz et al., 2022); affecting the health of socio-ecosystems by generating:

- **Direct impacts** on animal and plant health;
- **Indirect impacts** on human health and well-being, through transmission of pathogens potentially dangerous to humans, negative impacts on food safety, negative socio-economic impacts (agriculture in the Caribbean is an essential socio-cultural and economic activity, providing a means of subsistence, individual sources of income and the local economy).

The COVID-19 pandemic caused profound impacts on human health, society and economies around the world and highlighted the interconnectedness between biodiversity, a healthy environment, food systems and our health. To address this complexity and interconnectedness of the health challenges threatening humans, animals, plants and the environment we need to adopt a holistic approach to move beyond the silos, a collaborative approach at different scales (from municipal to international), a systemic approach that incorporates wider factors; which are embedded in the One Health approach.

The growth in support for the One Health concept has led to the emergence of several One Health initiatives and networks worldwide, with many countries and regions, encouraging collaboration between professionals from different disciplines, working from community to global levels across sectors; but implementing One Health in practice remains challenging due to:

- Technical, institutional and professional barriers;
- Competing priorities and funding deficiencies;
- Socioeconomic factors in disease emergence and spread;
- The cost and benefits of one health interventions which have not been sufficiently defined or integrated into the development and implementation of One Health interventions;
- The environmental sector which is not always routinely incorporated into the one health approach and there has been limited engagement in cross-sectoral initiatives (Pettan-Brewer et al., 2021).

Why do we need a One Health community of practice and how to design it?

We need a One Health CoP to allow actors to overcome these barriers and to manage to implement One Health approach to contribute to a sustainable and healthy future through collaboration, communication, coordination and capacity building. The aim of the work package is to gather actors from different disciplines in a CoP which can more holistically and effectively handle common issues and better be able to prevent, predict, detect and respond to health threats. There are several definitions of the community of practice concept that could be defined as a group of actors gathered around a common domain and who collaboratively share their knowledge, tools, practices and problem-solving initiatives (Mercieca, 2017; Wenger, 2011). In this participatory process, we

encourage the participants to **collectively defined what they want to achieve through the CoP regarding One Health, how, what they need to share and to do to respond to common health threats**. This workshop gave a space for this and to identify strategies that could be implemented in the phase II of the AUSCAR project; but the final objective is that this CoP be **sustainable, be able to identify and adjust these objectives and needs, create and find its own opportunities over time and through over projects** (beyond the AUSCAR project, e.g. within the PREACTS and phase II of the CARIBGREEN projects).

What is the current situation regarding health intersectoral collaborations in the Caribbean?

Several One Health initiatives and intersectoral collaborations have been implemented or are planned in the Caribbean at different levels (national, regional, international) and supported by various regional actors, networks and organizations. During an initial participatory workshop conducted in October 2023, participants identified their weaknesses:

- Lack of communication and collaboration between health sectors;
- Limited scope to a specific topic;
- Lack of political will and resources;
- Lack of monitoring and evaluation, and feedback that impacts experience learning and sustainable implementation;
- Lack of understanding of the vulnerability of stakeholders and socio-ecosystems, and of the factors that motivate changes in behavior.

Based on this initial assessment of the situation, this workshop gave us the opportunity to collectively define what we are seeking to change via this CoP (objectives, priorities, activities, scope, etc.), using the **Impress ex ante** methodology.

Impress ex ante: a global view

(Nabil HASNAOUI AMRI)



The **Impress ex ante** approach (<https://impress-impact-recherche.cirad.fr/>) developed by CIRAD, enables the participatory construction of impact pathways that outline the initial contours of future intervention. The emphasis is on the joint development of a shared vision of what the intervention intends to bring about as "desirable changes". This approach enables a theory of change to be formulated and explained collectively, with the impact pathway providing a graphic visualization of the causal relationships between long-term impacts, desirable outcomes, corresponding to changes in practices, behaviors and interactions, due to the appropriation of the intervention's results (or "outputs") by actors (who will adapt, transform or divert the intended (or unintended) uses of these products or results of the intervention, to "do something differently"). The obstacles and levers encountered by actors on their pathway to change are identified, so that "strategies" can be formulated collectively to overcome obstacles and/or build on levers. (Only then can the project group clarify the links between the resources mobilized (or "inputs") and the products of the intervention (or "outputs")). It's therefore a case of reverse engineering (i.e., starting from impacts and working towards products and inputs, rather than the more common practice of working in the opposite direction) (**Figure 1, Box 2**). The distinction between outcomes and impacts depends on the line of ambition for the project (the impacts being beyond the project's ambition line). The distinction between inputs and outputs depends on whether it exists or not prior to the intervention.

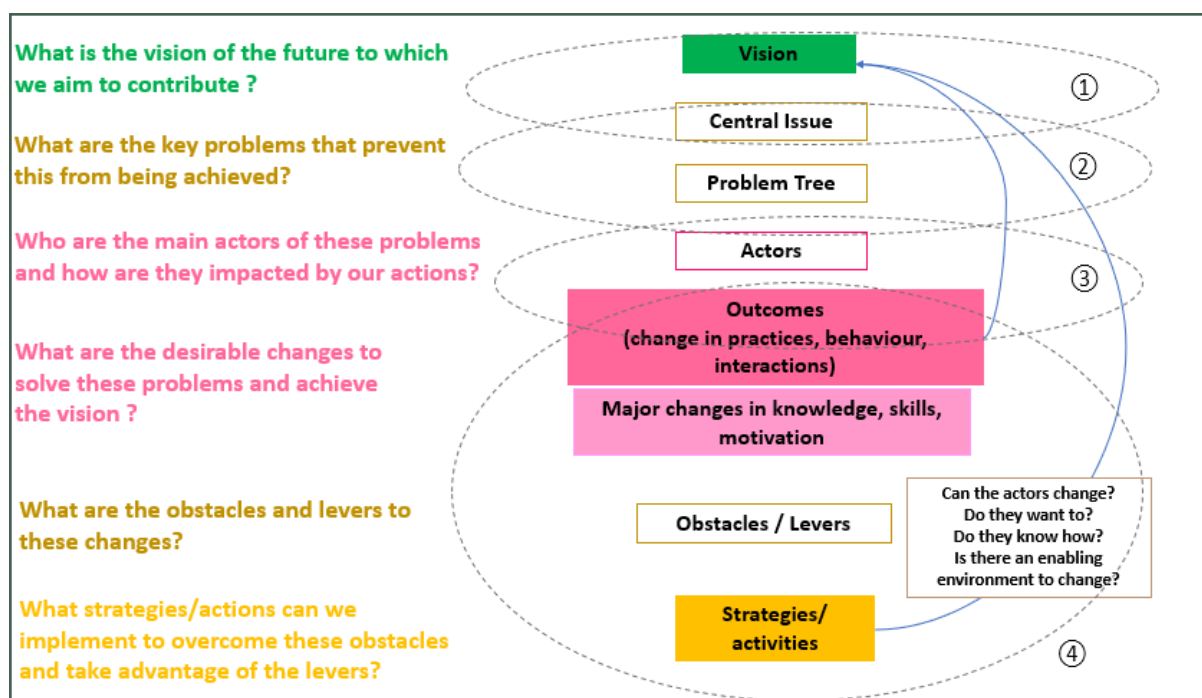


Figure 1. The four stages of the ImpresS *ex ante* approach. Figure extracted from the ImpresS *ex ante* methodological guide to *ex ante* co-construction of development-oriented research impact pathways (second version), <https://doi.org/10.19182/agritrop/00147>.

Intervention → A set of actions structured around a common objective or intention.

Ecosystem (of intervention) → All past, current or known future interventions linked to the proposed intervention or to its central issue.

Innovation process → Complex and interactive process, from development to adoption of the innovation by final users

Impacts → Long-term effects, positive or negative, intended or unintended, direct or indirect, induced by an intervention. They cannot be achieved by the end of the action (interest zone)

Outcomes → Desirable final changes (in practices, behaviors and interactions) and intermediate changes (in knowledge, skills and motivations) targeted by an intervention and resulting from the appropriation of an intervention's output by actors. They could be achieved by the end of the project (influence zone).

Outputs → All products generated by an intervention, including scientific or non-scientific knowledge, methods, processes, professional or academic training, expertise, technology, networks, etc. (control zone).

Inputs → Resources and means needed to carry out the intervention and generate research outputs (control zone).

Box 2. ImpresS *ex ante* key concepts. Definitions extracted from the ImpresS *ex ante* methodological guide to *ex ante* co-construction of development-oriented research impact pathways (second version), <https://doi.org/10.19182/agritrop/00147>.

Step 1: Vision of the future

(Nabil HASNAOUI AMRI and Marie-Jeanne GUENIN)



The **ImpresS** *ex ante* approach is based on the construction and regular revision of a “vision of the future” by the collective behind the intervention. The aim is to agree on a shared “narrative” describing the social function and usefulness of the intervention in question.

An initial vision of the future was formulated at the previous workshop (October 2023) (**Box 3**).

“In 2033, in the Caribbean, all actors are aware and educated to the importance of the One Health approach which is implemented in all countries and territories and in coordination at all levels (from municipal to regional). A reliable health risks prevention and control network, gathering actors from environment, plant, human and animal health, who share the same definition of health, knowledge, data through an open database and health information about disease emergence through a common portal. They collaboratively design adapted solutions through actor-centered, bottom-up and transdisciplinary approaches and by including technical, political and socio-economic dimensions to tackle different health issue (e.g., use of pesticides, disaster response, AMR, priority zoonotic and neglected tropical diseases, health security threats). They promote, lead and coordinate integrated projects in the region which are supported by governmental authorities, NGOs, public and private relevant actors, in all the countries and territories through adapted legislation, funding and implementation. This One Health community of practice is an example recognized by the international quadripartite alliance and contribute to better health, resilience and sustainability in the Caribbean.”

Box 3. Initial version of the vision of the future in 10 years. Participatory workshop held October 25th-26th, 2023 in the framework of the AUSCAR project.

This vision corresponds to how the participants see the CoP but then we wanted to identify: **What is the ideal situation we would like to contribute to by 10 years’ time? To what extent could the CoP contribute to effects and impacts as a result of its existence and activity? We ask attendees: “Do you agree with this vision? If so, what do you need to do to achieve it? Please write one idea of a long-term impact about this vision.”**

Positive impacts to contribute

Here is the list of the impacts formulated by the participants (we wrote in green those which correspond to “impacts” in the sense of **ImpresS** *ex ante*):

1. A Measurable reduction in the incidence of zoonotic disease at risk populations
2. Reduce the burden of NTDs in vulnerable communities
3. Life in good health has increased for 30%
4. Infectious disease mortality has decreased
5. Better anticipation of epidemics (speed answer)
6. Active participation of communities and private sector in the surveillance and early warning national systems
7. Free sharing of information on the knowledge and emergence of all kinds of diseases between countries





8. Improve surveillance system by designing OH surveillance system: functions, ... design one health surveillance system with all sectors, multidisciplinary, ... better tackle and solve complex problems more efficiently

9. Robust, politically sanctioned **emergency response mechanisms** ratified by regional governments to **reduce reaction times**. Timeliness of emergence response: response should be immediate but many interference → robust political frameworks to reduce reaction time

10. **The political barriers between regions (part of South America, Mexico, the Caribbean) are broken down** to work together in solving OH issues. Caribbean notion: Caribbean + central America, ... but political barriers. One impact could be that political barriers are broken down to work together around One Health issues → no borders

11. Development of a cadre of plant health personnel in every Caribbean country who are trained at the tertiary level in all plant protection disciplines and respected at all levels (political, technical, general, public, etc.)

12. All health professionals record antimicrobials applied or prescribed, in..., on an application on their phones or computers. **Data accessible** by all relevant institutions. Have an application on phones and computers where it would be simple for health professionals that prescribes AM drugs to record it → follow up of AM use in health and human health in all countries

13. National health policies are based on the standards established by the quadripartite alliances, norms of OH approach

14. To completely integrate OH into all regional health policies by 2033

15. Control of diseases policies are co-constructed and accepted by local communities

16. Use of biodiversity in the Caribbean in terms of management of emerging diseases

17. Integrated plot management of TR4 control

18. **Agroecosystem including animal farming are resilient to diseases**

19. **(>20%) Improved environmental, human, agroecology healths**

20. Sharing the same generic concept and practices allows Caribbean growers to promote integrated and diversified production systems, where plants as well as animals are managed on a rational basis, taking into account prevention, prophylaxis, sanitation, surveillance

21. Our CoP has (can) impact / **influence on political decisions** on policies and fundings

22. Timely detection + reporting to all levels for diseases affecting. Reporting of diseases on animal, plant and human health at all levels

23. **Agroecosystem health increased** in the region through development of agroecology in the region with support of OH community and vice versa. Farmers engaged two times more compared to a baseline done in 2024 and public policies on OH including AE are developed

24. I would like to contribute for a social health on human, animal and environment but first: all government must to ... direction for to... law and regulation for work in human, animal and environment health with OH approach

25. Very strong community inspiring and being an example for other regions, linking priority for donors (experience systematized, acting as one block, representation of small-farmers, agroecology scalation



through OH, offering technical cooperation). Caribbean is going to have main experiences systematized and is going to be an example for other regions and international community

26. Focus not only on **security and safety food** but also on **nutritional** aspect of food. CoP not focusing only on food security but also good **quality of food**

27. Intersectoral communication improved resulting in **early response** also improved (disease surveillance, warning systems, diagnostic capacities, compensation mechanisms, etc.)

28. **Climate change and health nexus is taking into account in the Caribbean (HNAPS includes climate change chapters). Interministerial coordination is improved (as well as interagency coordination). Early warning systems are shared and improved**

29. Agroecology and OH as 2 synergistic concepts are well integrated, and the 2 communities are working together with a by-in from farmers

30. Each Caribbean Island employs "OH officers" or equivalent: They are tasked with working alongside individuals and institutions, networking, liaising and marketing, the OH ideal by supervising projects, collecting and collating data. Every country has OH officers to supervise and guide development of policies and develop activities. Each country of Caribbean has a OH community of practice member of bigger OH Caribbean CoP

31. **In 2033, all participants will have a systemic vision of health, which allows them to understand that individual actions have an impact on every country and not only in a specific sector for sustainable decisions making. No countries and no border, functioning like one only region. All participants will have a systemic vision of health.**

32. High number of collaboratives on integrated health issues projects ongoing

33. Plant health integrated explicitly in the OH approach

34. 2/3 of Caribbean countries and territories have a formal national community of practice engaged actively with the regional CoP

35. Promote more crowd surveillance and capture information that scientists and technicians are not able to capture / report (farmers, business owners, general public)

36. **Better rate of adoption of environment friendly agriculture and livestock farming techniques that result in a better animal and plant health and in a better food security and human health**

37. Notable improvement (reduction) in the sustainable development goals indicators related to health across all Caribbean countries (e.g. SDG 3, 6, etc.)

38. Region cooperation agencies are united and coordinated through an equitable and evidence-based process for funding projects and governments initiative

39. A regional structure to encompass all health. Number of regional structures that represent different types of Health: maybe there might be one regional structure that encompasses all kind of health

40. CoP entity for common Nagoya agreement. The COP is power full → one entity for Nagoya agreement and no problem to transport material inside the Caribbean

41. Regional cooperation agencies will look up to the CoP and will make sure that all health projects are coordinated and integrated, coordinate the way they fund health among the region



42. 50% decrease in paper-based reporting to digital information systems. Digitalization of information: 50% switching to digitalize storage and sharing of data

43. CoP will significantly contribute to fulfilling the SDG 3 (good health and well-being) and SDG 2 (zero hunger)

44. One Health is a household word in the Caribbean

45. Legal framework must be drafted... includes all sectors – health environment and agriculture. Budgets are allocated and defined on this framework. OH includes all sectors and budget allocated for OH at the regional level. Better allocation to plant health, development of plant health personnel in all countries, and proper development plan at all levels

46. OH approach as part of the national educational programs in the territories and countries

Negative impact to avoid

One participant mentioned a negative impact to avoid (we wrote in orange what corresponds to 'impacts' in the sense of *ImpresS ex ante*):

47. Caribbean growers are not still concerned by OH community of practices. The consequence is that HLB, TR4 and bacterial, diseases transmitted by ticks have dramatically been disseminated in the whole Caribbean



The "vision of the future" is an important stage in the *ImpresS ex ante* approach. However, we prefer not to devote too much time to it, as experience has shown that it is simpler to sketch out such a vision at the beginning of the workshop (in this case, we drew it on the basis of a work done during a previous workshop), and then to work on it again at the end of the workshop. This is an iterative way of realizing the value of going through the whole of the *ex ante* itinerary to enrich and clarify the vision of the future (and indirectly the scope of the intervention, its inclusion in a pre-existing intervention ecosystem) - see also **Step 5**: Consolidating the outcomes maps (**Day 4**: Thursday, November 23rd).

Day 2: Tuesday, November 21st

Step 2: Problem tree

(Marie-Jeanne GUENIN)



Once the vision of the future has been sketched out, we ask ourselves why it has not already been achieved (problematization).

We presented the problem tree designed during the October 2023 workshop (**Annex 3**: Problem tree). The main issue formulated is: "There is an insufficient implementation of the One Health approach and activities". Six roots of problems emerged (**Box 4**).

- A lack of protocols, manuals and standards to provide the training needed to implement the One Health approach and activities (addressed by group 1 in World Café n°1);
- A lack of ownership of the One Health projects by all actors because there are not built in a participatory way and because of a lack of confidence of local communities in the approach (addressed by group 1 in World Café n°2);
- A lack of public awareness of the importance of the One Health approach because of a lack of knowledge of the concept and because the One Health definition is not shared (addressed by group 2 in World Café n°1);
- The actors do not understand tangible benefits they can derive collectively but also individually (addressed by group 2 in World Café n°2);
- A lack of political will in allocating financial resources because there is a lack of studies providing evidence on the importance of prioritizing this approach and because there is a competition for fundings and for leadership between the different ministries (addressed by group 3 in World Café n°1);
- A lack of inefficient interaction/communication/information sharing between sectors, researchers and field actors because there is an individual rather than a team vision and because there is a frequent turnover of staff trained in One Health approach within institutions (addressed by group 3 in World Café n°2).

Box 4. The six roots of causes of the problem tree. Participatory workshop held October 25th-26th, 2023 in the framework of the AUSCAR project.

A collective discussion in plenary highlighted:

- The lack of a shared definition of the One Health concept itself and of reference cases to illustrate its practical application;
- The importance of geopolitical actors who are not present in the Caribbean but who nevertheless exert a significant influence (in particular the former colonial powers: France and the United Kingdom, to a lesser extent the Netherlands);
- The social demand for OH (the concept seems to be driven more by international institutions than by grassroots, unlike agroecology, which stems from social movements, including farmers' movements).

Step 3: Actors mapping

(Nabil HASNAOUI AMRI, Aurelle DE ROMÉMONT and Marie-Jeanne GUENIN)



The **ImpresS ex ante** approach is "actor-centric". The heart of the **ImpresS ex ante** approach lies in the fact that it does not go directly from problems to solutions. Using the problem tree as a starting point, we look at the actors involved in and affected by these problems. To do this, for each problem group, we asked: **Who, which actor, is major and/or impacted by the "resolution" of a specific problem (previously identified)? Are they homogeneous when confronted with the problem and/or mobilizing the lever? Are they positively or negatively impacted by the resolution of the problem/activation of the lever? Can they contribute or oppose? What types of relationships and interactions do they have with each other?**

We divided the large group into three, with each sub-group dealing with two of the six roots of the whole problem tree. All the different actors maps are presented in **Annex 4: Actors maps**.

The **group 1**, which focused on the **"Lack of protocols, manuals and standards to provide the training needed to implement the One Health approach and activities"**, carried out a collective reflection on

the scale of the "community", in particular the internal actors to be taken into account, and the interactions with external actors interested in health issues, whether human, animal, plant or environmental. The forms of organization vary greatly depending on the context: on the small islands of the Caribbean, it is common for people to take on several responsibilities in terms of care (for example, the ability to manage both veterinary and human health issues). The place of research in this landscape is also very diverse: it may interact directly with the community as part of participatory research; or it may focus on work in interaction with services (public and/or private) offering advice, care, supplies, equipment, etc. to communities (**Figure 2**).

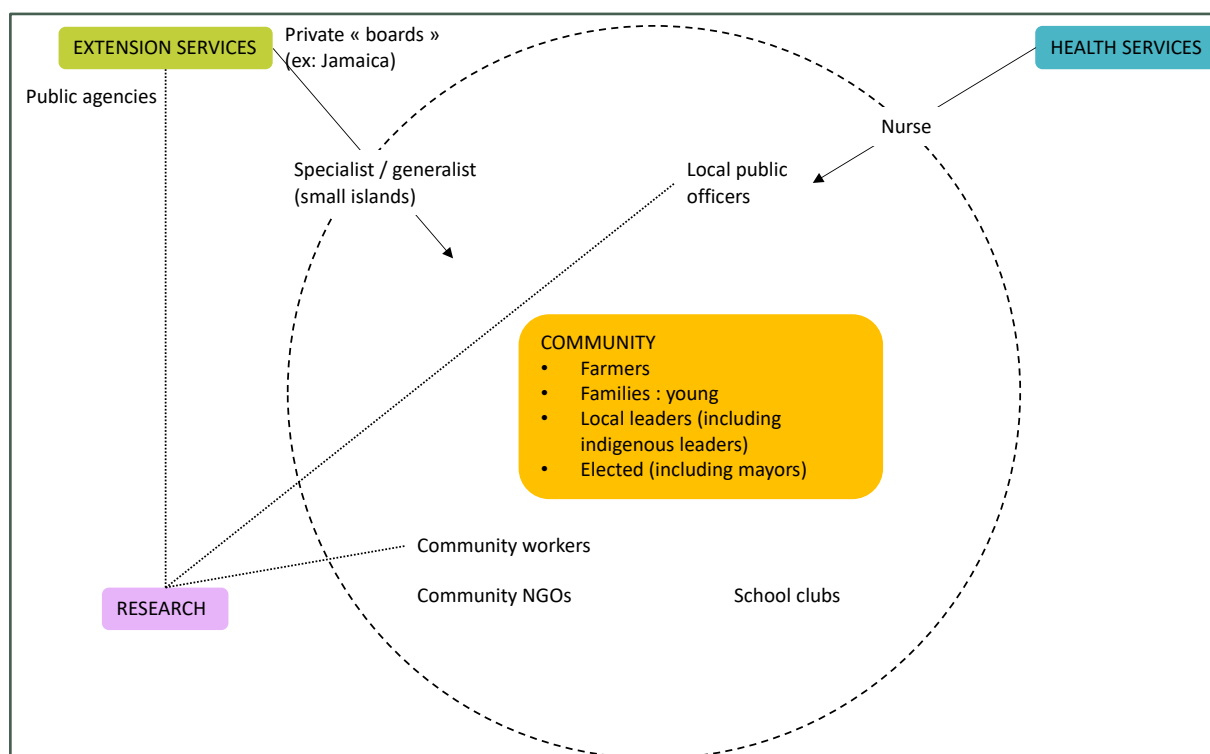


Figure 2. Interactions between external and internal actors at the community level. Production on actors mapping by the group 1. Participatory workshop held November 20th-23rd, 2023 in the framework of the AUSCAR project.

The **group 1** also discussed:

- The difference between **protocols** and **guidelines**: *"Protocols make the decision-making easier, but it affects end-users (as it can be a burden, if not adapted to local contexts).", "Protocols are necessary at a higher level, but guidelines are necessary at the local level.", "You cannot generalize a protocol, but you can generalize guidelines."*
- The importance of **activists**, but also **consumers** and **citizens**, in changing attitudes and culture. However, the group did not have time to detail the attitude of these actors to change One Health.
- The place of **researchers** in the production and dissemination of knowledge has not been detailed. It was mentioned in connection with the development and adaptation of One Health protocols and guidelines.

The **group 2** identified some outcomes to solve the problem of “**Lack of public awareness of the importance of the One Health approach**”:

- **Researchers** and **academic** are trained to communicate / convince all kind of actors on One Health
- **Extension services** translate research findings on One Health
- **Researchers** produce proof of concept on One Health
- **Academics** teach One health at all levels
- **Scientists** take into account voices of **communities**
- Harmonization of One Health definition
- Legislation on how to operationalize One Health among **ministries**
- **Decision makers** learn and participate to sensitize on One Health
- **Influencers** promote One Health

The **group 2** identified some outcomes and outputs to solve the problem “**The actors do not understand the tangible benefits they can derive, collectively but also individually**”:

- **Government** influences the emergence of champions
- Different levels (convince the **advocacy minister / train technical staff**)
- **Training** to support ownership / proof of concept
- **Review** of laws / legislation to see what already exists
- **Ownership**: believe embrace / willing to implement
- Different from leadership / responsibility / recognition
- Leadership comes from good ownership
- Leadership in decision / promotion / implementation

Regarding the problem of “**Lack of political will in allocating financial resources**”, the **group 3** discussed:

- **Scientists** have their **own technical language** and they have to be able *"to speak the same language and to stitch together their problem with others"*
- **Health economists** would specifically speak of what is the **cost of OH elements** and make the **translation in terms that are understandable for governments**
- Ministries need to negotiate with the **Ministry of economic and planning** (decision-maker) which has its **own interests (opposition, conflictual)**
- Ministries and decision-makers need to be advised and need **evidence from technicians, academics**
- Each ministries need to have information from each OH subdivisions to understand the importance to include other health sectors in their agenda
- **Ministries could influence the funders and establish new opportunities** to overcome the challenge of accessing fundings in the region
- **Local government** are very important to **provide information** (need of information flowing) and are *"sentinels"* to **identify problems**
- Need of **communication specialists**/department of communication that people can trust *"to translate finance into language", "to put it in a context", "to tell a story that governments can understand"* and to **convince actors that the impact can be theirs**
- **Content of communication** has to be adapted to the **region context specificities**
- Actors from **private sectors** might have a *"big role"* if they change their *"way of doing"* and an *"influence"* if they change their *"way of thinking"*

- **Private actors** could be in **opposition** because *"they only think about profitability and do not want regulation that reduce their margin"*, others could be in **contribution** and help to transmit information because *"it makes their reputation better"*
- **International agencies** have a direct **influence** on countries and could **"empower them to do things"** by **providing guidance**
- **"Anthropocentric behaviour"**: *"Need to show that at the end it would be **beneficial for human health**"*
- *"Role of actors depends on politics and of the country"* (ministries are not homogenous, according to countries they have different contributions)

Regarding the problem of **"Lack or inefficient interaction/communication/information sharing between sectors, researchers and field actors"**, the **group 3** discussed:

- **International agencies** promote the benefits of the OH approach
- **Technical area** should communicate with the others. *"The principle of the OH approach is to work together in the purpose of a common objective. For people working in the public sector, you are kind of obliged to work together compared with the private sector."*
- Need to **teach One Health at different levels** to encourage actors to participate in making understanding between each.
- **Agroindustry** could be in opposition because of **conflict of interest** regarding objectives. *"Advocating OH approach you would definitely go against the interest of those industries. Obviously it's a problem because they are allowing some communities to live providing salaries etc to them", "If there is example for another part of the world, it could be used to convince the big companies to change"*
- *"The approach should be homogenous, but the intervention has to be specific for each countries"*
- The need to make an **inventory** of what is included in One Health approach through **case studies** conducted by **independent consultant** and funded by the quadripartite alliance to reflect what OH should do in each sector. *"We have to go back to the history of it. Where does it come from? how was it handle?"; "OH is 20 years old [...] It needs to be driven home. Covid was so impactful. We should use something that everybody can relate to be impactful. The case study could be where we drop the ball."*
- **Social scientists** to understand the lack of interest, the barriers to OH implementation
- **Researchers develop methods** (like ImpresS ex ante) to work together. *"When we say "we have to work together", we all sit together but it does not mean we produce something together"*
- *"Consumers are part of the system because they can have a voice, in do it this or do it this way, they can have an impact"*
- *"Farmers practice agroecology, they have their part. FAO developed a set of **indicators** to measure the performances. In agroecology this is part of the solution."*
- *"There are many **farmers**, especially small holder **who implements OH concept and they don't know it.** [...] I think **there is an understanding, and the lack of understanding is ours, technicians, researchers.** Sometimes those communities are really resourceful and use traditional methods and we have not realised how"*





Within each group, actors mapping enabled participants to make the links between problems, actors involved and affected, and desirable changes to be explored in greater depth (**Who would do what differently?**).

Day 3: Wednesday, November 22nd

Step 4: Outcomes mapping

(Nabil HASNAOUI AMRI and Aurelle DE ROMÉMONT)



Mapping out desirable outcomes is a central step in the **ImpresS ex ante** approach. It aims to answer the question: **To solve the problems (and/or activate the levers), who needs to do what differently?** It identifies the changes in skills (**Can they change?**), knowledge (**Do they know how to change?**) and motivation (**Do actors want to change?**) that are necessary (and preparatory) to achieve the final outcomes (changes in practices, behaviors and interactions of the major and influential actors to achieve the vision of the future). Actors change their practices, behaviors and interactions as a result of appropriating the products of the intervention. This leads us to the identification of obstacles and levers to these changes (**What are the obstacles? The levers?**). Obstacles to change may be linked to the actors (do they want to change? can they change? do they know how?) or to the context (environment, infrastructure, regulatory/legislative framework, society/culture, etc.). Obstacles that cannot be overcome become a risk. At this stage, we can question the legitimacy of research or partnership (e.g.: if we need to provide training, are researchers the most appropriate, the best placed, to do so?). Then we look at the strategies and activities we want to implement collectively to remove these obstacles and seize these opportunities. We ask ourselves: **What are the strategies we need to implement to address those? At what level do we define these strategies and activities?**

To work on outcomes mapping, we split the previous group 3 into two and each half of this group were added to the previous groups 1 and 2 (see **Step 3: Actors mapping**). The **group 1** continued to reflect on the actors involved in and impacted by **local actions, those carried out at 'community' level**. The **group 2** focused on the **relationships between scales, from national to transnational bodies, organizations and networks**. The different outcomes maps are presented in **Annex 5: Outcomes maps**.

While working on the outcomes mapping, the **group 1** looked at **existing initiatives** that could contribute or were already contributing to change. Several of these were identified by the participants:

- EU-CARIFORUM Climate and Health project (implemented by PAHO)
- CUBA-Gov Project Design Inkgrak Same System
- Costa Rica – NAMA TRANSFORMATION
- Coffee-Banana-Livestock
- Living labs technical AFD (farm) (Interreg project) best practices
- EU – Global Europe "NDICI" (2021-2027)
- Green Environment Fund (GEF-8)
- Green climate Fund
- (IICA) Pilot linkages enviro. (plant)
- Santé territoires
- AFD CARIBGREEN
- OH High Level Committee FRANCE

With regard to the **definition and criteria** for qualifying the "**One Health**" dimension of an intervention, the participants quoted 2 studies or reference projects:

- 21 OH Criteria (Craig Stephen)
- NEOH project



The **ImpresS ex ante** approach allows participants to specify/explain the hypotheses of change between each level, to detail the causal links and underlying mechanisms, and to identify the level of ambition we wish to have in the intervention by asking: **What is our ambition line? On which changes can we have a direct influence? Can we generate this change over the course of the action? Are we legitimate as a group to generate it?** Here, we opted for a holistic approach to cover all the areas potentially covered by the Caribbean One Health CoP. As a result, we were not always able to spell out the causal links between the outcomes, the activities and the outputs envisaged by the CoP. This work needs to be consolidated.

Day 4: Thursday, November 23rd

Step 5: Consolidating the outcomes maps

(Nabil HASNAOUI AMRI, Aurelle DE ROMÉMONT, Séverine THYS and Marie-Jeanne GUENIN)



The **ImpresS ex ante** process includes a phase of 'consolidation' of the theory of change, based on a critical re-reading of the causal links, particularly between outputs and outcomes. We then collectively question the "necessary and sufficient" nature of the output to generate the desired change. This makes it possible to refine the overall intervention logic, the line of ambition and the nature of the causal links (and related hypotheses) between outputs, outcomes and impacts.

We presented the work carried out by the groups the previous day, trying to link the problems, the actors involved and affected by these problems, the collectively formulated proposals for "desirable changes", the obstacles and levers that the actors may encounter in their process of change, and the pre-identified activities for overcoming these obstacles and/or activating these levers. Once the work on outcomes mapping has been shared between the two groups, we suggested to review the "vision of the future": **Is it still relevant, given the group's progress made during the week?** The new version is presented in **Box 5**.

*"In 2030, in the Caribbean, all actors are aware and educated to the importance of the One Health approach which is implemented in all countries and territories and in coordination at all levels (from municipal to regional). A **collaborative network**, gathering actors from environment, plant, human and animal health, who share the same definition of health, knowledge, data through an open database and health information about disease emergence through a common portal. They collaboratively design adapted solutions through actor-centered, bottom-up and transdisciplinary approaches and by including technical, political, **legal, ethical** and socio-economic dimensions to tackle different health issue (e.g., use of pesticides, **comprehensive disaster management**, AMR, priority zoonotic and neglected tropical diseases, health security threats). They promote, lead and coordinate integrated projects in the region which are supported by governmental authorities, NGOs, public and private relevant actors, in all the countries and territories through adapted legislation, funding and implementation. This One Health community of practice is an example recognized by the **regional organizations** and international quadripartite alliance and contribute to better health, resilience and sustainability in the Caribbean."*

Box 5. Revised version of the vision of the future in 10 years. Participatory workshop held November 20th-23rd, 2023 in the framework of the AUSCAR project.

Participants made the following modifications:

- Reliable health risks prevention and control network → **collaborative network**
- Addition of the **legal, ethical** dimensions
- Disaster response → **comprehensive disaster management**
- Addition of the **regional organizations**

Based on previous discussions, the facilitation team summarized the results in an attempt to identify and group together seven types of strategies and coherent sets of activities in which the CoP could be involved; eventually in the phase II of the AUSCAR project (2024-2028). Based on this first list of strategies (coherent groupings of activities), the facilitators proposed:

1. Firstly, a “commitment” (in green: “I would like to participate”; in blue: “I would like to lead this working group”);
2. Secondly, a vote, based on three stickers per participant, to identify the strategies deemed to be priorities to be implemented during the first year of the project.

Here is the list of the types of strategy in order of priority to address in 2024:

- 1. Making the One Health community of practice active**
(26 votes, 22 contributors, 5 leaders)
 - Governance
 - Strategic plan, budget
 - Activities: training, sharing, advocacy
 - Functioning capacity
 - Monitoring of change
- 2. Producing case-studies on national systems**
(23 votes, 22 contributors, 5 leaders)
 - Positive and negative experiences
 - Review on One Health laws and legislations
 - Revisiting experiences (doing without knowing)
- 3. Influencing media and raising awareness**
(16 votes, 8 contributors, 4 leaders)
 - Communication on One Health assessment (case studies)
 - Reaching out various publics (link with advocacy to actors that have not been identified in specific outcomes, specific target, general public)
 - Public awareness
- 4. Developing curricula on One Health approach at different levels**
(14 votes, 18 contributors, 4 leaders)
 - In schools, university, etc.
 - Integrative
 - Mixing field, case studies
- 5. Knowing more about One Health-ness**
(9 votes, 10 contributors, 2 leaders)
 - Tools and method to assess
 - Cross-analysis of infra national experiences
 - Reflexive learning
- 6. Bringing institutional support for intersectoral collaboration at national level and consensus and collaboration from local to regional and international levels on One Health**
(5 votes, 12 contributors, 6 leaders)
 - Need of a national Community of practice in each country/territory?
 - Facilitation support



7. Influencing funding strategies

(4 votes, 11 contributors, 1 leader)

- Influencing traditional fundings
- Looking for untraditional fundings
- Inclusive fundings
- What do we fund and how?



III. NEXT STEPS

(Marie-Jeanne GUENIN)

Prioritized activities

Given the two complementary objectives of the workshop (to initiate a CoP and to envisage joint activities for this CoP to be carried out over the next few years and partly in the phase II of the AUSCAR project), we chose to focus on strategies and activities on the last day. The participants were divided into three groups to work around the three strategies deemed priorities in the first year of the CoP (2024). Here is the list of the activities and ideas related to the prioritized strategies:

1. Making the OH Caribbean CoP active

- Set up a governance work group with current participants (temporary group) by facilitation and creation of a regional forum/platform where plant health, animal health, human health, environmental health can talk → Gantt chart, time frame
- Identify and include other OH advocates in the region, new members
- Define the CoP: mission, vision, code of conduct, slogan, ...
- Develop governance structure/constitution, establish secretariat/office bearers, develop terms of CoP, create regulations for specific officers in charge of OH responsibilities
- Listing the members who will be part of the governance → contacts/initial communications?
- Set attainable goals in 2024: workshop to define strategic action plan in mid 2024, creation of international committees to attend specific problematics (TWG), regular meeting (annual?) of CoP members, training of new members, continuous professional development courses on OH for members in 2024 and a strategic plan (regular meetings along the year)
- Production of CoP: internal newsletters (first in 2024), plan simple cases to be done regionally (free/low cost) about how the OH methodology can work, meet CoP twice in 2024 (may and November) in 2024



→ Still need to address individual / institutional membership

2. Producing case studies on national systems

- Collect and circulate case studies - starting January 2024
- Outline the content of the case studies:
 - What will be considered a case study
 - Must entail at least 2 components
- Put forward case studies but also incorporate improved way forward, for advocacy:
 - TR4 project (Agrosavia, Corbana+INIVIT);
 - Projects proposed by Cuba; plant + human health – use of fungicide



- Tropisafe (Jamaica, Cuba, currently in Guadeloupe), financed by the EU and in which participate 13 countries → linked to AUSCAR project, which will build on some of its ongoing activities;
- Assessment of level of national level for food producers: Sampling strategy to identify best practices, within a general assessment of OH practices by food producers → wider than just a diagnosis, the idea is also to identify practices
- Census of positive/negative experiences: Tool to assess the CoP

→ *Reminder: involve systematically the 3 health sectors (animal, vegetal, human)*

3. Influencing medias - Awareness strategy

- How will it be organized?
 - Target-based: establish target audience/stakeholders
 - Policy brief based on workshop/topic
 - Multisectoral Table
 - International/regional/subregional/national engagement (different stages)
- Activities:
 - Sensitization
 - Showcasing success stories/case studies: before and after, different scenarios, positive reinforcement, but also what did not work before and was overcome by a OH approach (importance of case studies), and the different possible scenarios + we need to measure the change of behaviors.
 - Communication strategy/plan – channels of outreach, establish KPI's, establish situational analysis – establish advocates/Influencers, group dynamics
 - Env. Scan
 - Designation of message based on demographics, vulnerable, inclusivity, interest, integration
 - Group sessions /field school approach
 - Platforms, infographics, communication tools, competitions, spoke person
- Additional actors:
 - Communication specialist
 - Social scientist
 - Other actors based on context
- Target groups:
 - Decision makers
 - General public, and the most vulnerable
 - Farmers
 - Educators
 - Communities
 - Donors
 - Private sector
- Other needs identified: Common platforms (for sharing information, data, call for proposals and contests, etc.) with representatives/spokespersons; Funds (sometimes)



→ *Still need to identify who are our critical partners in the process, and to identify in which environment they operate, and then to identify who will be the message to be spread out*

Opportunities for implementation and future activities

The AUSCAR project coordinators decided that the phase II of the project (2023-2027) will contribute to the implementation of four of the seven the strategies:

- **Strategy 1** - Making the OH Caribbean CoP active → **WP1** - Community of practice
- **Strategy 6** - Providing institutional support for intersectoral collaboration at national level → **WP1** - Community of practice and Strategy 6 - Building consensus and collaboration from local to international level → **WP4** - Regional policies and health governance; and in connection with the PREZODE initiative
- **Strategy 2** - Carrying out key studies and environmental impact assessments on selected national cases → **WP2** - Warning systems and effective early response
- **Strategy 5** - Assessing the One Health and agroecological character of the farming system and risk management in voluntary pilot countries → **WP3** - Risk management and agroecological resilient farming systems

The CoP exists beyond the AUSCAR project, and its members are encouraged to find or create other opportunities to contribute to the implementation of all these strategies. In particular, there may be potential synergies between projects working on One Health approaches, which leaders and participants in work groups on certain strategies are free to identify and explore. Similarly, if members identify other actors at other workshops or events who could contribute to the realization of these strategies, we encourage them to include them in the work groups related to the strategies of interest.

After this workshop, the CoP will have to:

- Implement the activities identified in the three prioritized strategies;
- Launch reflections and work groups on other strategies to identify and implement activities (→ need of meeting facilitation, collaborative platform?)
- Consolidate the impact pathway and identify the useful outputs into which it could be translated (narrative to convince other actors, action plan for the CoP, basis for a monitoring-evaluation system of the changes generated by the strategies put in place).

These are avenues for pursuing this change-oriented approach and using it as a tool for dialogue and monitoring within the group



IV. WORKSHOP EVALUATION

(Nabil HASNAOUI AMRI and Séverine THYS)

The workshop was closed by an evaluation. Facilitator asked three open questions to the participants concerning their experience relating to this workshop: What I liked? What I didn't like? What was missing? Participants answer on post-it notes (see results on [Annex 6](#): Workshop individual evaluation (Selected extracts)). We also asked the group in a collective discussion to testify on how they were able to experience the process, what they liked or did not like about the *ImpresS ex ante* approach, what surprised them, or, on the contrary, disappointed them (**Box 6**).

"Being an ambassador, sometimes it was difficult to keep tracks with everything that was written down"

"The problem tree was a bit scary, it could be better to divide it in parts and in the end to showcase what was achieved"

"It is my third time going through the process. The first time, it was very scary (almost mad), with all the colors, a lot of confusion. But after a while, it starts to make more sense"

"Sometimes it is like playing, but in the end it is translated into concrete results, especially in the reports, thanks to the facilitators"

"Civil society organizations and NGOs are missing"

"Moderators and facilitators are key, especially with big groups like this time"

"We have met people, we already have a network and now we have a plan"

Box 6. Some selected extracts from comments made by the participants during evaluation of the workshop. Participatory workshop held November 20th-23rd, 2023 in the framework of the AUSCAR project.



ANNEXES

Annex 1: List of participants

LAST NAME	First name	Institution	Thematic field	Country/Territory
ABADIE	Catherine	CIRAD	Plant health	Costa Rica
ALBERTE	Lorena	UNEP	Environmental health	Jamaica
APU	Daniela	IICA	Animal health, Plant health	Costa Rica
AVELINO	Jacques	CIRAD	Plant health	Montpellier
BARRAL	Bastien	CIRAD	Plant health	Guadeloupe
BELTRAN GONZALEZ	Jesús	CIMAB	Environmental health	Cuba
BRIDGEWATER	Shelley	CARDI	Animal health	Bahamas
CHAVES MENDEZ	Nancy Patricia	CORBANA	Plant health	Costa Rica
CHIMENTI	Maria Eugenia	WOAH	Animal health	Argentina
CLARKE HARRIS	Dionne	CARDI	Plant health	Jamaica
CLUSET	Rémi	FAO	Plant health	Italy
CROOKS	Paul	UWI	Animal health	Trinidad and Tobago
CUEVAS	Karen	MoH	Human health	Dominican Republic
DE GRACIA SCANAPIECO	Abelardo	OIRSA	Animal health	Panama
DOUGLAS	Kirk	UWI	Animal health	Barbados
ETTER	Eric	CIRAD	Animal health	Guadeloupe
FRANK	Maurice	CARPHA	Human health	Trinidad and Tobago
GEORGES	Karla	UWI	Animal health	Trinidad and Tobago
GONGORA	Victor	CaribVet	Animal health	Belize
GONZALEZ	Wendy	CaribVet	Animal health	Dominican Republic
GORE FRANCIS	Janil	CPHD	Plant health	Antigua
LAVILLE	Nelson	CPHD	Plant health	Dominica
LORDE	Troy	UWI	Social sciences	Barbados
LORENZO HERNANDEZ	Miguel	CITMA	Environmental health	Cuba
LOVERA SOTELO	Andrea	AGROSAVIA	Plant health	Colombia
LUIS PANTOJA	Maritza	IIFT	Plant health	Cuba
MCLEAN	Roger	UWI	Social sciences	Trinidad and Tobago
MEYER	Damien	CIRAD	Animal health	Guadeloupe
MONTANO VALLE	Damarys de las Nieves	CENSA	Animal health	Cuba
MORALES	Paula	USDA	Plant health, Animal health	Dominican Republic
MORALES ROMERO	Lilián	INIVIT	Plant Health	Cuba

MUKARATIRWA	Samson	RUSVM	Animal health	Saint Kitts and Nevis
RISEDE	Jean-Michel	CIRAD	Plant health	Martinique
RODRIGUES	Valérie	CIRAD	Animal health	Guadeloupe
RODRIGUEZ PERDOMO	Yanet	CENSA	Animal health	Cuba
RODRIGUEZ VELAZQUEZ	Dayana	IPK	Social sciences	Cuba
SOUNIGO	Olivier	CIRAD	Plant health	Colombia
TONIUTTI	Lucile	CIRAD	Plant health	Guadeloupe
VASQUEZ	Germán Andrés	PAHO	Animal health	Brasil
VEIRA	Sharon	CaribVet	Animal health	St Eustatius
VERDECIA TAMAYO	Manuel de Jesús	UDG	Social sciences	Cuba

Annex 2 : Workshop agenda

DAY 1, Monday, November 20, 2023	
Feedback on AUSCAR activities conducted in phase 1	
9:30 - 9:40	Opening and introduction
9:40 - 9:50	Presentation of donors INTERREG Caribbean
9:50 - 10:20	Mutual presentations of AUSCAR partners (AGROSAVIA, CARIBVET, CATIE, CIRAD, CORBANA, CPHD, IIFT, INIVIT, OIRSA)
10:20 - 11:10	Feedback on WP2 - Warning systems and effective early response
11:10 - 11:35	Coffee break
11:35 - 12:40	Feedback on WP3 - Risk management and development of resilient and agroecological farming systems
12:40 - 12:50	Feedback on WP4 - Regional policies and health governance
12:50 - 13:05	Feedback on WP5 - Coordination
13:05 - 13:10	Question time
13:10 - 14:30	Lunch
14:30 - 14:45	Presentation of CATIE partner
14:45 - 14:55	Presentation of activities planned in phase 2
Participatory workshop - Co-build a One Health community of practice in the Caribbean	
14:55 - 16:10	Introduction of the participatory workshop <ul style="list-style-type: none"> • Presentation of the facilitation team • Introduction of the WP1 objectives regarding a One Health community of practice • Presentation of the ImpresS <i>ex ante</i> approach
16:10 - 16:30	Coffee break
16:30 - 16:50	Feedback on the first participatory workshop: <ul style="list-style-type: none"> • Initial assessment regarding One Health collaborations and initiatives • Vision of the future
16:50 - 17:20	Discussion of the vision of the future and collective identification of additional impacts to include
17:30 - 17:30	Closing of day 1
19:00 - 20:00	Welcome cocktail

DAY 2, Tuesday, November 21, 2023

- 9:00 - 9:30** Introduction of the day
- Ice breaker: Introduction of the participants regarding: researcher/not researcher, disciplines (animal, plant, human, environmental health or social sciences), native language (English, Spanish, French)
 - Presentation of the agenda and objectives of the day
- 9:30 - 10:15** Presentation and discussion of the problem tree co-built in the first workshop
- 10:15 - 10:30** Introduction to the actors mapping method and World café sessions
- 10:30 - 10:50** **Coffee break**
- 10:50 - 12:20** World Café n°1 - Group work session n°1 (3 groups working on different roots of the problem tree)
- 12:20 - 13:40** **Lunch**
- 13:40 - 14:30** World Café n°1 - Group work session n°1 (Follow up with same groups)
- 14:30 - 15:10** World Café n°1 - Group work session n°2 (participants can switch in another room to see another actors mapping done)
- 15:10 - 15:30** **Coffee break**
- 15:30 - 16:50** World Café n°2 - Group work session n°1 (3 groups working on other different roots of the problem tree)
- 16:50 - 17:30** World Café n°2 - Group work session n°2 (participants can switch in another room to see another actors mapping done)

DAY 3, Wednesday, November 22, 2023

- 9:00 - 9:10** Introduction of the day
- 9:10 - 10:00** Plenary session on actors (feedback, overview and collective discussion) and outcomes mapping (introduction)
- 10:00 - 10:20** **Coffee break**
- 10:20 - 12:30** World Café - Group work session n°1 (2 groups working on different category of different level of changes)
- 12:30 - 13:50** **Lunch**
- 13:50 - 15:30** World Café - Group work session n°1 (Follow up with same groups)
- 15:30 - 15:50** **Coffee break**
- 15:50 - 16:30** World Café - Group work session n°1 (Follow up with same groups)
- 16:30 - 17:30** World Café n°1 - Group work session n°2 (participants switch in the other room to see the other outcomes mapping done)

DAY 4, Thursday, November 23, 2023

9:00 - 9:05 Introduction of the day

9:05 - 9:20 Plenary session on global theory of change

- Feedback on outcomes mapping and collective discussion
- Link with the vision of the future and impacts

10:30 - 11:00 **Coffee break**

11:00 - 12:20 Plenary session on strategies

- Presentation of the strategies and discussion
- Prioritising work for the next year
- Positioning of participants as leader or contributor to work on these strategies and activities associated

12:20 - 13:40 **Lunch**

13:40 - 13:50 Plenary session on strategies

- Presentation of the strategies prioritised
- Introduction to group work

13:50 - 15:00 Group work (3 groups working on each of the 3 prioritised strategies)

15:00 - 15:20 **Coffee break**

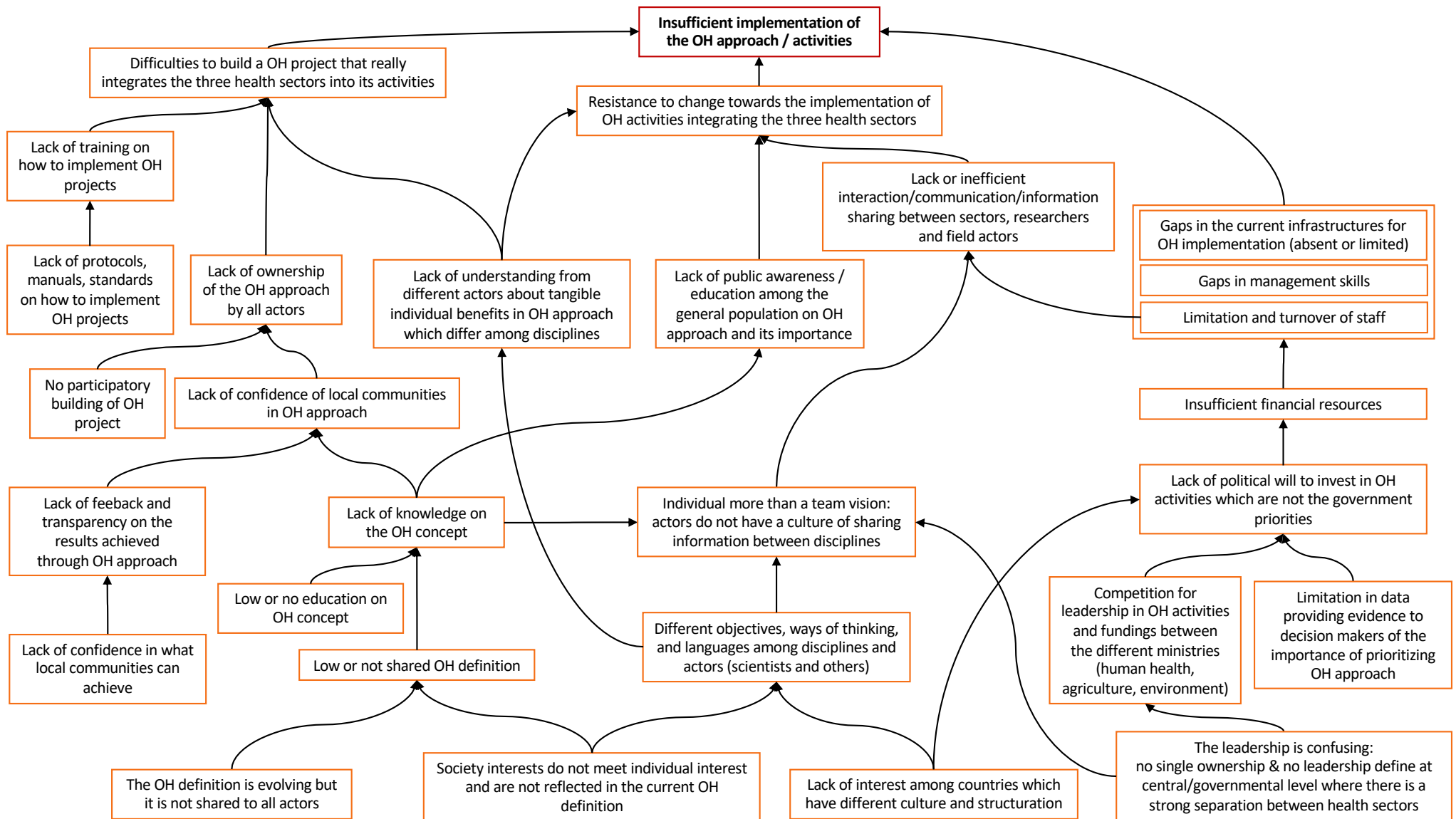
15:20 - 16:30 Plenary session on strategies and activities

- Feedback by group and collective discussion
- Implementation in the second phase of the AUSCAR project

16:30 - 16:45 Evaluation of the workshop

16:45 - 17:00 Closing of the workshop

Annex 3: Problem tree



Annex 4: Actors maps

Group 1
Lack of protocols, manuals and standards to provide the training needed to implement them

Stakeholder ?	Homogeneity ?	Impacted ?	Contributes to / opposed to	Interactions ?
« PUSHING » actors (top down injunction for OH)				
International org. (UNEP, FAO, IICA, etc.)		Intersectoral response to threats		
Regional org. (Caricom, Cahfsa, etc.)				Share & build policies concerning various Caribbean countries
Decision makers (congress, politicians)				Public policies should be simple & easy to access (inclusive) and consistent
« IMPLEMENTING » actors (in the field, or in regular contact with the field)				
Officers within national public health dep.				Health services honestly work alongside communities & provide feedback
Plant health auth., incl. Extension services				Extension officers support farmers in a trustful relation
Veterinary / animal health		Promoters of OH approaches		
Public health (incl. Nurses)	Mismatch speech (inclusive OH) / practices (silos)			
Researchers				Promoting OH approaches based on evidence
Communities, field actors (incl. teachers, religious leaders, mayors, farmers, nurses, etc.)	People are practicing OH but without calling it OH...	Increase of costs / OH versus long term benefits Possible increase of prices for consumers More resilient systems (less time to recover when a shock occurs)	Path dependancy, « hard to change established, inherited practices »	

Group 2
Lack of public awareness of the importance of the One Health approach

Stakeholder ?	Homogeneity ?	Impacted ?		Contributes to / opposed to
WCS				Contribution : <ul style="list-style-type: none"> • Provide success stories on OH concept / OH experiences (avian influenza for ex) • Include OH curricula : through accreditation, bodies and support from international organisation
Quadripartite (FAO, UNEP, WOAH, WHO)				Contribution : <ul style="list-style-type: none"> • Provide success stories on OH concept / OH experiences (avian influenza for ex) • Include OH curricula : through accreditation, bodies and support from international organisation
Institutions (Caribbean, Lat. Am.) - POS, IICA, OIRSA, PAHO, etc.				Contribution : <ul style="list-style-type: none"> • Provide success stories on OH concept / OH experiences (avian influenza for ex) • Include OH curricula : through accreditation, bodies and support from international organisation
Social scientists				
Decision makers (Major)	Government / Ministries	+ : operational + : Funding + : rational use of money	- : more definitions / visions on OH More confusion	
	Sanitary authority / agriculture education	+ : high in political agenda/common vision + : budget	- : loss of scientific expertise / Dilution of expertise	
	Local	+ : show how they work on sustainable development goals / redevability	+ : work force developement - : decrease of budget/ activities of other alt out of OH	

Group 2
Lack of public awareness of the importance of the One Health approach

Stakeholder ?	Homogeneity ?		Impacted ?		Contributes to / opposed to	
Government			+ : transdisciplinarity Systemic vision		- : financing conflict - compete / between sectors services	
Sanitary authorities	People are practicing OH but without calling it OH...		Increase of costs / OH versus long term benefits Possible increase of prices for consumers More resilient systems (less time to recover when a shock occurs)		Path dependency, « hard to change established, inherited practices »	
Localities						
Researchers						
Academic actors (school level, universities)	Academics trained in OH	Academics not trained in OH	+ <ul style="list-style-type: none"> • Pass on information on OH to the students population / Learn / develop tools for disseminate • Better sustainability • Curriculum changes / updates 	- <ul style="list-style-type: none"> • Loss of specific expertise • Additional work • More definitions / visions on OH • More confusion 	Contributions <ul style="list-style-type: none"> • Supporting/ Streamlining processes • Everyone must have a common vision • Integrate in legal framework to sustain OH when political indiv change • Support funding to OH from donors • Integrate OH into proposed projects 	Oppositions <ul style="list-style-type: none"> • If no legislation / it can change very quickly • If no visibility of what OH is beneficial for • Use the lack of proof as an argument
Farmers (different target groups/communities) General population						
Extension services					Contributions <ul style="list-style-type: none"> • Improvement in the translation of research findings • Competing interest OH vs private industries • Private sectors catalyst on OH 	
Funding institution						
Private industrial actors						

Group 2
The actors do not understand the tangible benefits they can derive, collectively but also individually

Stakeholder ?	Homogeneity ?	Impacted ?	Contributes to / opposed to
Caribbean/Lat. Am. institutions (OPS, IICA, OIRSA, PAHO) Quadripartite (FAO, UNEP, WHO, WOAHA)		+	<ul style="list-style-type: none"> • Leadership at each level has to be addressed in different ways • IICA : 34 ministries of agriculture decided to put OH on the agenda (OPS as well)
Researchers			
Academic actors / School level			
National authorities (→ ministry politicians (→ technical staff))		+	<p>Oppositions :</p> <ul style="list-style-type: none"> • If some sector takes over, there can be opposition • Event if promotion of international agencies, national authorities can do whatever they want
Regional organisations and networks			
Political actors (National / Local)			

Group 3
Lack of political will in allocating financial resources

Stakeholder ?	Homogeneity ?	Impacted ?	Contributes to / opposed to	Interactions ?
Providers of data, knowledge and evidence of the importance of prioritizing OH approach (major)				
Economist	Homogenous	+: bases for them to validate, research culture	Contribution or opposition	Between economists + other ministries All actors providing data + ministries Need to have the story and sharing of data
Health economist				
Biostatistician				
Information and communication technology personnel				
Researchers from animal, human, environmental health				
Social scientists				
Universities				
Decision makers (major, influential)				
Ministry of agriculture	Heterogenous Leadership question according issue	+: population trust, benefits	Contribution or opposition Opposition depending of area Conflict / not the same objectives	Among all ministries and external funders
Ministry of health		+: fundings for diagnostic laboratories		
Ministry of environment		+		
Ministry of economy / ministry of planning (influential)		+ impacted if it works		

Group 3
Lack of political will in allocating financial resources

Stakeholder ?	Homogeneity ?	Impacted ?	Contributes to / opposed to	Interactions ?
External funders / donors				
Local government (municipality)	Heterogenous	The most impacted (sentinels, information channels)	Opposition depending their needs Contribution as sentinels	
Health communication / social marketers (major, influential)	Heterogenous (context/ content of message) Homogenous (objectives)			
Data/health/One Health advocates and lobbyists (influential (culture))				
Field actors (public/private) (influential, major)		+: feedback improvement / better reputation	Opposition: against legislation Contribution: knowledge	
Private sector (agroindustry)				(Influence on politicians and public sectors leaders)
International agencies				related with ministries advocacy / leadership Guidance to countries which do not have economic ministry

Group 3
Lack or inefficient interaction/communication/information sharing between sectors, researchers and field actors

Stakeholder ?	Homogeneity ?	Impacted ?	Contributes to / opposed to	Interactions ?
International agencies → inventory → funding of studies (major, influential (promotion of benefit))	Heterogenous: Country adapted solution	+: reach their indicators		
Public sectors The different ministries (major, influential (training of actors))			Opposition: conflicts, constraints among disciplines and missions Need to understand benefit	
Ministry of education				
Academics Gain in knowledge				
Private sectors Producers				Interactions at different levels and among actors
Managers				
Technicians				
Consumers			Need to reflect what OH can do → need of key studies on improved outcomes	
Independant consultats				
Spoke person, communicators (private / public)				
Researchers working on method to work together				
Social scientists to provide understanding of our behaviour				
Big industries	Influence on local communities		Opposition: different interest	
Local communities				

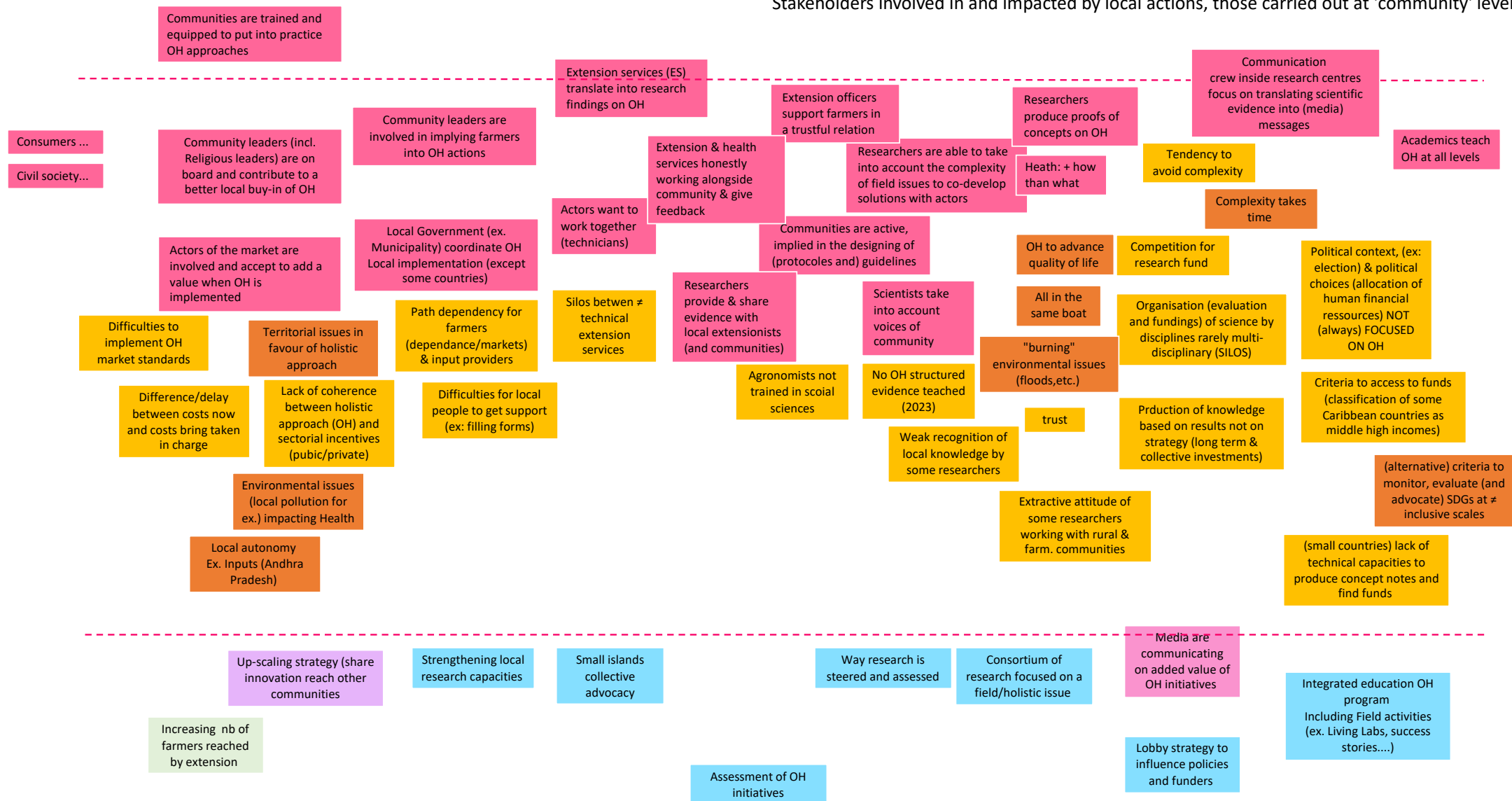
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Independant consultats				
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Social scientists to provide understanding of our behaviour				
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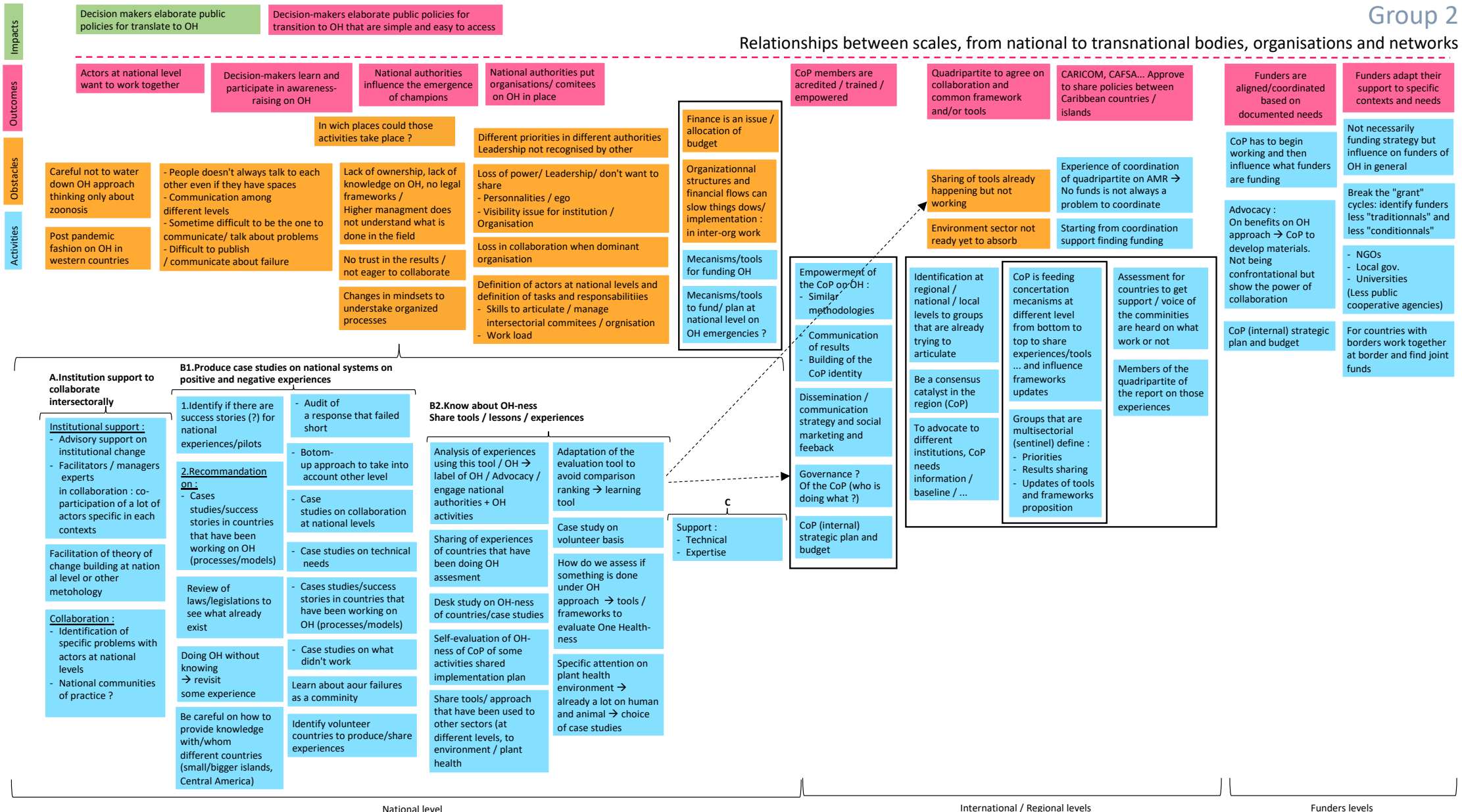
Annex 5: Outcomes maps

Group 1

Stakeholders involved in and impacted by local actions, those carried out at 'community' level



Relationships between scales, from national to transnational bodies, organisations and networks



Annex 6: Workshop individual evaluation (Selected extracts)

What I like:

- I love the incorporation of social sciences into AUSCAR, CoP, One Health!
- To learn about CIRAD methodology ImpresS
- To make a new network and to meet strategic partners / colleagues
- Communication with facilitators and the collective group work. The attempt at creating a voice of opinions. This attempt is a roadmap to a more structured conceptualization of One Health.
- Time keeping / Manejo del tiempo. Puntualidad
- Very interactive, collaborative, inclusive
- Building all together
- Discovery of a new method to build a project
- Diversity of the institutions invited / Diversidad de instituciones representadas y ≠ sectores
- La metodología facilito el abordaje bajo una misma linea de pensamiento
- It gave an opportunity for all contribution to be considered while formulating those concept
- Meeting others
- Very good mood of the group & nice energy of animators
- Interaction with colleagues in varied disciplines; stimulating discussions; process of engaging and extracting ideas from participants; the group sessions that integrated participants ideas.
- Lot of ideas emerged
- I like the team work and the techniques used to achieve it
- Facilitation and work done behind the scene before and during the workshop
- The integrative proposal and approach. The idea to use tools from social sciences to biological / exact sciences. The interdisciplinary collaboration.
- Experienced facilitators + ratio facilitators / participants
- ImpresSive team; very interesting process; rich exchanges between attendees
- Working together (in a group). Team work!!! Sooo good!!! Good aptitude for help the Spanish for better communication
- The group interaction and organisation of the breakout groups by topic
- I like the form of participatory exercises used; Integration of the Caribbean country in the same topic
- The presence of a vast array of practitioners in one place made the discussions and workshop output more reflective of the « CoP »

What I did not like:

- Too much paper printed!!!
- Not enough spanish
- Sometimes not really practical: it would have been easier to use ImpresS to directly build phase II
- Very long time in conferences / Long sessions / Duration: too long sessions
- No true presentation on what is OH and examples of its concrete applying
- Too heavy process for just 1 intervention
- Virtual talks at the beginning
- Se repetio un poco lo discutido en el taller anterior
- Some topics were very far for my domain = difficult
- El primer dia fue muy cargado de info (se recomienda dividirlo)
- Sometimes difficult to understand different speakers

- The concept is very abstract and difficult to operationalize
- It is not feasible to ask and expect a common approach. Diversity is the norm and forcing sectors to come together is a matter of practical financial & human will

What was missing :

- Construction of common research activities = same problematic between plant, animal, public health
- Questions / concerns JAR / OR box for some shy participants
- Not enough resting time to enjoy the site
- One day more (less intense days)
- Mental health & non-communicable diseases
- A short introduction to One Health definitions (litterature analysis)
- No real discussions on activities of phase II
- The voice of the youth
- Tiempo para compartir en espacios de recreacion + dinamicas
- More participation of other disciplines and countries represented
- Approach on gender and inclusion
- Trabajo en grupos pequenos
- Crear un punto de partida mas concreto para que las prospuestas se puedan abordar en un menor plazo (y sumar + actores)
- Mayor interaccion con colegas del resto del Caribe
- Share more aspects of workshops prior to arrival. E.g. Expectations, basic definitions. Group has varying background.
- Some non academic or institutional actors esp. farmers, consumers, private sector, policy makers.
- Participants needed to introduce themselves and say a bit about what they do.
- Please include inclusion approach
- Interpretacion simultanea
- A little more relations with AUSCAR
- More depth on the Caribbean context + more focus on environment pillar.
- Some important regional stakeholders on OH.
- Take home group assignments to work as group after end of the day – encourages interaction + builds trust
- Energizers
- Still think the ImpresS approach is too ambitious and complex to assess / afford the OH approach
- Group outing from hotel
- Time to discuss our next objectives for second phase with our currently or future partners.
- Time for social activity with group
- Presentation in-depth of some key concepts as OH, agroecology, etc.
- Having a communications person would have allowed for more clear conclusions to be made, especially regarding info dissemination to stakeholders

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On the web

CIRAD and AUSCAR project:

<https://www.cirad.fr/en/worldwide/cirad-worldwide/projects/auscar-project>

<https://www.linkedin.com/company/auscar-project-interreg-caribbean/>

ImpresS *ex ante*:

<https://www.youtube.com/watch?v=xS9qHY0l4gc> : short video (less than 4 minutes) explaining the Impress ex ante approach developed by CIRAD to improve the way research is used in development projects.

<https://www.cirad.fr/les-actualites-du-cirad/actualites/2021/impress-contribution-de-la-recherche-aux-impacts-societaux> : on this page (on the left: "To download") is the link to the 2nd version of the Impress ex ante guide.



GLOSSARY

AE	Agroecology
AGROSAVIA	Colombian Corporation for Agricultural Research
CARDI	Caribbean Agricultural Research and Development Institute
CARIBVET	Caribbean Animal Health Network
CAHFSA	Caribbean Agriculture Health and Food Safety Agency
CATIE	Tropical Agricultural Research and Higher Education Center
CARPHA	Caribbean Public Health Agency
CENSA	Cuban National Research Center for Animal and Plant Health
CIGB	Cuban Center for Genetic Engineering and Biotechnology
CIMAB	Center for Transportation Research and Environmental Management
CIRAD	French Agricultural Research Centre for International Development
CITMA	Ministry of Science, Technology and the Environment
CoP	Community of Practice
CORBANA	National Banana Corporation
CPHD	Caribbean Plant Health Directors
DIMS	Science Impact and Marketing Department - CIRAD support service for research units
EWS	Early Warning System
FAO	Food and Agriculture Organization
IICA	Inter-American Institute for Cooperation on Agriculture
IIFT	Tropical Fruit Culture Research Institute
ImpresS	Impact of Research in the South – ImpresS <i>ex ante</i> is an approach to build participatory <i>ex ante</i> impact pathways during the design of research for development interventions
INIVIT	Tropical Food Institute
IPK	Tropical Medicine Institute "Pedro Kouri"
MoH	Ministry of Health
OH	One Health
OIRSA	International Regional Organization for Animal and Plant Health
PAHO	Pan-American Health Organization
RPPO	Regional Plant Protection Organization
RUSVM	Ross University, School of Veterinary Medicine
UDG	University of Granma
UG	University of Guyana
UNEP	United Nations Environment Programme
USDA	United States Department of Agriculture
UWI	University of West Indies
WGs	Work groups
WHO	World Health Organization
WOAH	World Organization for Animal Health

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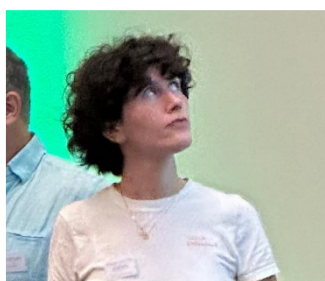
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PROCEEDINGS OF THE IMPRESS *EX ANTE* WORKSHOP

CO-BUILDING A ONE HEALTH COMMUNITY
OF PRACTICE IN THE CARIBBEAN



ORGANIZED IN THE FRAMEWORK OF THE AUSCAR PROJECT BY THE CIRAD

ON NOVEMBER 20-23rd, 2023, MELIA CARIBE BEACH, PUNTA CANA, DOMINICAN REPUBLIC

