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One Health Approach: Working together for the health of humans, animals, plants and the environment—II

This is the second article of two in a series on "One Health Approach: Working together for the health of humans, animals, plants and the environment"

Guiding principles for OH JPA

The OH JPA is guided by principles of cooperation, inclusivity, and equity to address global health challenges effectively.

1. **Cooperation and shared responsibility**: One Health is a collective responsibility, requiring cooperation among countries, regional organizations, and international stakeholders to implement and oversee the plan's objectives.

2. **Multisectoral action and partnership**: Successful implementation requires collaboration across sectors, involving both public and private entities to create a unified approach for improved health systems.

3. **Gender equality**: The OH JPA integrates gender equality and women's empowerment into strategies, recognizing the specific needs of both genders and aligning with the 2030 agenda for Sustainable Development.

4. **Inclusiveness and equity**: The OH JPA promotes inclusivity and equity in policy development, engaging local communities to identify challenges and co-create solutions, integrating both local knowledge and scientific research.

Implementation strategies

The OH JPA ensures effective implementation by reinforcing policy, legislation, and financing to strengthen governance and resource allocation. It enhances institutional structures for better cross-sectoral collaboration while promoting data sharing, research, and evidence-based decision-making.

One Health in disease control programs

One Health is essential for managing zoonotic and vector-borne diseases, requiring a coordinated approach among veterinary services, public health agencies, and environmental organizations to control diseases such as rabies, brucellosis, and leptospirosis effectively.

Rabies control in Sri Lanka: The *One Health* approach and the way forward

Rabies remains a significant public health challenge in Sri Lanka, with approximately 300,000 animal bites reported annually. Once symptoms appear, the disease is 100% fatal, making prevention critical. Despite ongoing control efforts, human rabies incidence has remained stagnant, highlighting gaps in implementation and effectiveness. National dog vaccination coverage remains below 50%, while nearly 100,000 people receive post-exposure prophylaxis (PEP) in government hospitals each year, costing approximately Rs. 225 million for anti-rabies vaccines and immunoglobulin alone.

Recognizing the urgent need for a more effective strategy, Sri Lanka has committed to the Global Strategic Plan to End Human Deaths from Dog-Mediated Rabies by 2030, adopting a *One Health* approach. This integrated strategy acknowledges the interconnectedness of human, animal, and environmental health, ensuring a coordinated response. The national rabies control program focuses on mass dog vaccination to restrict virus transmission, timely post-exposure prophylaxis (PEP) to prevent fatalities, community engagement to promote responsible pet ownership and bite prevention, and enhanced surveillance to support evidence-based policy decisions.

Despite these efforts, challenges persist, including vaccine shortages, ineffective stray dog management, and limited intersectoral coordination. Strengthening *One Health* collaboration among veterinary, medical, and environmental sectors is crucial to overcoming these barriers and achieving zero dog-mediated human deaths by 2030, in line with global and regional targets.

Leptospirosis control in Sri Lanka: The *One Health* approach and the way forward

Leptospirosis remains a significant public health concern in Sri Lanka, with a shifting disease pattern expanding the risk beyond farmers to other occupational groups exposed to contaminated water. Given its environmental and zoonotic transmission, an integrated One Health approach is crucial for effective control. Despite ongoing interventions, periodic outbreaks persist due to flooding, inadequate public awareness, and gaps in intersectoral coordination.

To strengthen leptospirosis control, enhanced collaboration among health, agriculture, labour, and environmental sectors is essential. Moving forward, improving early warning systems, tailoring prevention strategies to diverse occupational settings, and integrating sustainable environmental management practices will be crucial to reducing disease burden and preventing future outbreaks.

Despite its potential, implementing *One Health* faces several challenges. One of the primary obstacles is limited cross-sectoral coordination among different sectors. Additionally, funding constraints present a significant barrier, as sustained financial investment is essential for scaling up initiatives. Regulatory barriers, including weak enforcement mechanisms, further hinder effective implementation. Moreover, knowledge gaps and limited data-sharing mechanisms reduce the ability to track and respond to health threats effectively.

To overcome these barriers, countries need to establish dedicated *One Health* coordination mechanisms to facilitate collaboration across sectors. Strengthening workforce training and research initiatives is also crucial to building capacity and addressing knowledge gaps. Further, enhancing international cooperation through improved data sharing and capacity-building efforts will be essential for overcoming challenges and ensuring the success of *One Health* implementation.

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 18th–24th Jan 2025 (04th Week)

RDHS	Dengue Fever		Dysentery		Encephalitis		En. Fever		F. Poisoning		Leptospirosis		Typhus F.		Viral Hep.		H. Rabiies		Chickenpox		Meningitis		Leishmania-		Tuberculosis		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	284	976	0	2	0	0	0	0	0	0	11	31	1	2	0	0	0	0	9	32	2	3	0	0	25	134	**100**	**100**
Gampaha	184	718	1	1	2	5	1	1	0	1	34	76	0	1	1	1	0	0	33	64	8	16	2	6	18	80	**87**	**100**
Kalutara	38	178	0	3	1	1	0	0	0	1	16	79	0	0	2	2	0	0	13	53	2	4	0	0	4	58	**100**	**75%**
Kandy	62	270	1	9	0	1	0	0	0	2	9	44	1	9	1	1	0	0	13	34	1	2	0	4	15	91	**100**	**100**
Matale	39	174	1	1	0	1	0	0	0	1	4	21	0	0	0	3	0	0	3	7	0	0	6	21	4	9	**100**	**100**
Nuwara Eliya	10	24	2	6	1	1	0	2	3	34	2	17	3	9	0	0	0	0	8	17	0	1	0	0	7	33	**92**	**100**
Galle	48	211	1	6	0	2	0	0	3	15	14	69	4	12	0	0	0	0	22	57	4	15	0	0	16	56	**100**	**100**
Hambantota	24	127	0	3	1	2	0	0	0	1	8	33	2	5	0	0	0	0	8	25	1	2	7	31	5	20	**92**	**100**
Matara	32	128	0	1	0	1	0	0	0	0	11	54	0	0	0	1	0	0	2	28	2	5	1	7	4	20	**100**	**100**
Jaffna	57	208	2	10	1	1	0	2	2	3	17	82	15	76	0	0	1	1	4	16	1	3	0	0	4	19	**100**	**93%**
Kilinochchi	6	22	0	2	0	0	0	1	0	1	4	17	1	4	0	0	0	0	0	0	0	0	0	0	1	5	**100**	**100**
Mannar	7	45	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	1	3	5	0	0	0	1	**100**	**100**
Vavuniya	2	10	0	0	0	0	0	0	0	0	1	13	0	1	0	0	0	0	0	1	0	1	1	2	0	5	**100**	**100**
Mullaitivu	4	9	0	1	0	0	0	1	0	0	1	18	1	1	0	0	0	0	1	2	1	2	0	0	1	2	**100**	**100**
Batticaloa	64	246	1	15	0	1	0	0	1	2	1	10	0	1	1	6	0	0	6	24	1	5	0	1	0	9	**93**	**100**
Ampara	3	20	0	1	0	1	0	0	0	0	3	14	0	1	0	0	0	0	1	6	0	2	0	1	1	4	**100**	**100**
Trincomalee	23	119	2	7	0	1	0	0	2	7	1	15	0	1	0	0	0	0	4	15	1	5	0	2	0	8	**92**	**100**
Kurunegala	34	129	0	4	1	3	0	0	0	15	27	112	4	7	0	0	0	0	17	60	2	19	14	48	16	33	**100**	**100**
Puttalam	16	108	2	3	0	0	0	0	0	0	13	69	0	6	0	1	0	0	4	19	3	11	1	1	1	17	**100**	**100**
Anuradhapura	16	92	0	3	0	2	0	0	0	1	16	78	1	3	0	4	0	0	5	24	4	6	19	91	8	27	**96**	**100**
Polonnaruwa	3	21	1	6	0	0	0	0	0	1	5	24	0	0	1	5	0	0	3	19	0	0	3	27	0	4	**100**	**97%**
Badulla	27	97	0	2	0	1	0	0	0	0	13	42	1	4	0	4	0	0	8	42	1	4	0	1	5	17	**100**	**100**
Monaragala	24	103	1	1	0	1	0	0	0	0	11	59	3	7	0	1	0	0	3	7	4	12	5	13	2	10	**91**	**100**
Ratnapura	70	236	2	13	0	1	1	2	1	4	46	170	4	6	0	0	0	0	11	36	9	15	4	7	9	33	**100**	**100**
Kegalle	26	154	1	9	0	2	0	0	4	7	16	64	0	1	1	1	0	0	18	66	2	4	2	5	5	29	**91**	**100**
Kalmunai	13	61	0	1	0	0	0	0	0	4	5	14	0	0	0	0	0	0	4	28	2	3	0	0	2	11	**92**	**100**
SRILANKA	**111**	**4486**	**18**	**110**	**7**	**28**	**2**	**9**	**16**	**100**	**289**	**1228**	**41**	**157**	**7**	**30**	**1**	**1**	**200**	**683**	**54**	**145**	**65**	**268**	**153**	**735**	97	99%

Source: Weekly Returns of Communicable Diseases (esurvillance.epid.gov.lk). T=Timeliness refers to returns received on or before 24th Jan, 2025 Total number of reporting units 358 Number of reporting units data provided for the current week: 358 **C****-Completeness

A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

18th – 24th Jan 2025 (04th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2025	Number of cases during same week in 2024	Total number of cases to date in 2025	Total number of cases to date in 2024	Difference between the number of cases to date in 2025 & 2024
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	01	00	00	00	00	00	00	00	00	01	03	05	06	-16.6%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	00	01	01	00	01	00	00	00	03	05	20	18	11.1 %
Measles	00	00	00	00	00	00	00	00	00	00	20	04	92	-95.6 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	01	-100%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	01	00	0 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Enceph-alitis	01	00	00	00	00	00	00	00	00	01	00	03	01	200 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	03	00	0 %

Key to Table 1 & 2

Provinces: **W**: Western, **C**: Central, **S**: Southern, **N**: North, **E**: East, **NC**: North Central, **NW**: North Western, **U**: Uva, **Sab**: Sabaragamuwa.

RDHS Divisions: **CB**: Colombo, **GM**: Gampaha, **KL**: Kalutara, **KD**: Kandy, **ML**: Matale, **NE**: Nuwara Eliya, **GL**: Galle, **HB**: Hambantota, **MT**: Matara, **JF**: Jaffna, **KN**: Killinochchi, **MN**: Mannar, **VA**: Vavuniya, **MU**: Mullaitivu, **BT**: Batticaloa, **AM**: Ampara, **TR**: Trincomalee, **KM**: Kalmunai, **KR**: Kurunegala, **PU**: Puttalam, **AP**: Anuradhapura, **PO**: Polonnaruwa, **BD**: Badulla, **MO**: Moneragala, **RP**: Ratnapura, **KG**: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS =**Congenital Rubella Syndrome

NA = Not Available

Number of Malaria Cases Up to End of January 2025,

05

All are Imported!!!

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to **chepid@sltnet.lk. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

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