

From response to prevention: Beyond commitments toward sustained financing

On September 5, 2026, during the 9th World One Health Congress in Lisbon, PREZODE and the World Bank Group co-organized a joint session. Under the title “From Response to Prevention: Financing and Partnerships for Sustainable One Health Impact.

Prevention is not a cost—it is an investment that protects health, economies, food systems, and ecosystems. Achieving sustainable impact requires moving beyond commitments toward sustained financing, stronger partnerships, and country-led implementation of One Health approaches at national and local levels.

Co-chairs: André Carletto (World Bank) · Dr. Marisa Peyre (PREZODE) **Moderator:** Dr Chadia Wannous (World Organisation for Animal Health, WOAH)

Panellists:

- H.E. Prof. Abderahim Awat Atteib — Minister of Livestock and Animal Production, Chad
- Elisabeth Betsi Dibongue — Secretary General, PREZODE (Cameroon)
- Cláudia Fernandes de Brito — Ministry of Environment, Climate Action and Energy, Cabo Verde
- Dr Salvador Ngoande — CEBEVIRHA (Livestock, Meat and Fisheries Resources Community) for CEMAC, Chad
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Closing remarks: Dr. Soawapak Hinjoy — President of the General Assembly of PREZODE (Thailand)

Opening

André Carletto (co-chair, World Bank):

Thank you very much for being here. Thank you very much for hosting us. My name is André Carletto. It's a pleasure to be here. I'm a senior economist at the World Bank. I'm leading their health security program for Central Africa and, among many other things, trying to push the One Health agenda forward. We have an excellent panel, and then we're going to go after that.

But just as a introduction words, I'd like to bring to some elements. **It's no stranger for us the enormous human economic cost corresponding to crisis of Ebola, crisis of COVID-19, and avian flu, and other emergencies. These events have shown how health security is key for us, as a world, as a community, to move forward and find solutions that help us to prevent these crises and clearly the economic cost associated with these.**

We have paired with organizations locally, also regionally, international. For example, there were WOAH and PREZODE, which recently signed an MOU cooperation with our partner, CEMAC, the Economic and Monetary Commission for Central Africa, for implementing our health security project, which has built on a program that started way back after Ebola. So the lessons from the REDISSE program, this ancient program, and the COVID response paved way for what we're doing now. And today, we want to look **for sharing with you some of those lessons and some of what we've been doing in the countries.** Prevention today is something that we are trying to raise to the attention of the largest public. We've been focused on preparedness and response. Now it's time to talk about prevention. Now let's save some money.

And talking about money, **with today's landscape of financing, it's becoming harder and harder to fund these responses. So then let's do it from what we do in the health system. Let's prevent the disease instead of cure the disease.** That comes cheaper, by the way.

And maybe I'm going to make a call to what Dr. Neves said about the silos. **Let's try to figure out how we can connect our financing sources to better use our limited resources that are always there.** And with that, I'm delighted to pass the mic to my dear colleague, Marisa, from PREZODE, to continue with this wonderful.

Marisa Peyre (co-chair, CIRAD): Thank you very much. Thank you, André. Good afternoon, ladies and gentlemen, distinguished guests, dear co-chair, dear colleagues, dear friends. It's a pleasure for me to co-chair this session with André and our partner from the World Bank. I will give some words on the current situation to set the scene a little bit. But before that, we would like to show you a short video that summarize a little bit our messages today.

Video

[Video narration]: Every health crisis tells the same story. By the time emergency systems are activated, the damage is already done, lives lost, economies disrupted, budgets stretched. For years, investments have focused on crisis response, emergency centers, specialized teams, stockpiling of protective equipments and drugs, and scale-up capacity. These are needed, but not sufficient, as they are costly, difficult to maintain, products expire, and financially unsustainable when crises multiply. Prevention starts upstream at the interface between humans, animals, and the environment. It relies on low-cost and high-impact solutions, training local actors, reducing risk practices, community-based surveillance, early reporting, coordination across sectors. These investments are affordable, scalable, and sustainable. They build long-term local capacity and empowerment instead of temporary response. They reduce the frequency, scale, and cost of crises.

PREZODE shows that One Health prevention can start with a limited investment of just \$10 million per country and be maintained over time at even lower costs. Health risks are systemic, and fragmented solutions are inefficient. Prevention does not eliminate the need for crisis response, but when prevention works, emergencies become rare, manageable, and less expensive.

We know the limits: governance, coordination, sustained financing. We also know the solutions: cross-sectoral investment, long-term commitment, and community engagement. The economic case is clear. The scientific case is proven. The window for action is now.

The best time to invest in prevention was 10 years ago. The second-best time is now. Prevention is not a cost. It is the highest return investment in global health security. Support science-based solutions and the PREZODE initiative. Prevention pays off.

Marisa Peyre (co-chair, CIRAD): Today we are here to talk a little bit more about why it is critical to implement prevention in a One Health approach and to financially sustain it. And it's very simple, and you've seen it in the video. Prevention works. Prevention protects lives, preserves livelihoods, limits disruptions of economies, and reduces resources spent on emergency response and recovery. But, yet, we are facing a reality that prevention is still not a priority, even though everybody agrees that prevention is important. We all use it in our high-level strategies, in our declarations, in our speeches. But there is a difference between saying something is a priority and acting for it and treating it really as a priority.

In French, we say that "Love is not something you simply declare. You prove it through your actions." And the same applies to prevention. If **prevention is really a priority, we should see it in the field, in actions, in what we implement on the ground, and importantly, we should see it in where we put our money. And today, there is still a major disconnect.**

For decades, we have invested massively in preparedness and response, which is important and essential: laboratories, surveillance systems, infrastructure, emergency systems, response teams, medical countermeasures, and stockpiling of equipment and vaccines. But preparedness and prevention are not synonyms. Preparedness asks the question: if a threat emerges, are we ready for it? Do we have systems, plans, people, and resources to detect it rapidly and respond effectively?

Prevention asks different questions: “Can we make sure that this threat never emerges? Can we ensure that it will never happen? And how do we do that? And this is addressing the cause instead of the consequences. And that distinction is very important because it changes where and how we act.

So, preparedness is largely about building capacities and organizing systems to manage threats, but prevention goes upstream before that. It reaches the places where risks are actually generated and can be reduced. The farm, the forest, the markets, the food systems, the villages, the interaction between humans, animals, and environments, and at the community level, at the individual level. So prevention cannot just sit as a word in a strategic plan. It has to be grounded in field realities. It has to engage local actors and communities, not simply as beneficiaries, as we hear often, but as partners, as co-designing partners, to be able to identify risk and design feasible and relevant solutions for them.

And this is precisely why prevention and the One Health approach are interlinked and require each other. **One Health is not an objective in itself. It's a way of thinking. It's a way of working differently. It enables us to really take into consideration the impact of the actions that we are doing on other sectors, other environments, other living beings, and other people. And it allows us to assess both the benefits and the trade-offs of what we are doing.**

And communities do not live in silos. People raise animals, farm the land, care for their health, and drink water. They depend on healthy forests, soils, and ecosystems. They experience all these dimensions as a whole, and we are experiencing all these dimensions as a world because when there is a change in them, that affects our health directly, and we've seen it with the heat in Europe this summer, livelihood, and well-being.

If we take a simple example, very quickly, banning wild meat consumption may appear to be an effective measure to reduce this risk and also preserve conservation of species. But what if wild meat is also a critical source of protein, income, and food security for a community? And this is the case in the Congo Basin for 90 million people. So there is a need to take this approach globally and find alternative and acceptable solutions for them, by them, and with them.

If our intervention reduces a risk but increases others, such as malnutrition or poverty, or simply just hide the activity and put them underground, then are we really improving the situation? So effective prevention really requires this whole-of-society One Health thinking, understanding the system, working with the people concerned, and identifying solutions to reduce the risk without creating greater problems elsewhere.

The good news is that it is feasible. We know how to do this. And with **PREZODE, with our strong partners, such as the World Bank, we support prevention actions, which are relatively simple interventions. Training local actors, engaging them, reducing risk practices, co-designing solutions with them, and also community-based surveillance for early reporting, early action, improving coordination, communication between people, between sectors, learning how to talk together. These interventions are affordable, scalable, and sustainable. They create local capacities and, more importantly, empowerment that remains between crises. This is sustainable. So our message here is very simple, and we will discuss it through examples, that prevention is not a cost. One Health is not a cost, it's an investment.**

And yet, as we see it for climate change mitigation, we face a paradox. Everybody agrees that acting on the driver is essential, but investment still remains much easier to mobilize once the crisis has emerged. Recently, at the Global Health Security Agenda Congress in April, Maria Van Kerkhove from WHO stated, talking about the Ebola crisis in RDC, that we have hundreds of millions to tackle Ebola epidemics. We've got \$0 for prevention. Zero.

And we have an important opportunity to change this altogether. There is an international **momentum with the Pandemic Agreement** that has put prevention and One Health more firmly into the global health architecture. And later this month, the world leaders are meeting again at the United Nations high-level meeting on pandemic prevention, preparedness, and response, and we will be there supporting those messages.

But **international agreements and political declarations will only make a difference if they translate into implementation and sustained financing in countries**, and that has been mentioned this morning also. So today, I suggest that we really discuss not if prevention is important, we all agree on that- but more on questions such as: are we ready? Are we prepared to invest in prevention? Can we demonstrate the economic and societal returns of doing so? Can we prove that it is beneficial? Can we finance interventions whose benefits will fall across many sectors and not only one? That means that you might pay for an intervention in the Ministry of Health that will only benefit the Ministry of Environment. Are we ready for that? Can we work together for that? Because ultimately, our commitment to prevention will not be measured by how often the words appear in our declaration and in our conferences. It will be measured by what we implement, what we sustain, and what we finance. And our panelists today are going to showcase this. And I'm very happy to give the floor to Chadia Wannous to moderate the session from the World Organisation for Animal Health. Thank you.

Panel introduction

Dr Chadia Wannous (moderator, WOA): Thank you so much, Marisa and André, for setting the scene for this session. We have heard why prevention needs to become a much stronger focus of One Health investment. **We also know that this is not simply about finding more resources. It's also about changing where and how we invest, and making sure that investment reflects the multi-sectoral nature of the risk that we are trying to prevent.**

So this panel will now bring together **perspectives from national level, from regional level, and from international, to explore how we can translate this ambition into practice. How do we demonstrate the value of prevention? How do we finance it? And how partnerships can help us to move from individual projects to sustainable country action?** So let's start with the political perspective first. And before, I would like to introduce the panelists with us. We are very happy that we have with us His Excellency Professor Abderahim Awat Atteib, the Minister of Livestock from Chad. We also have Cláudia Fernandes de Brito, the Chief of Staff from the Ministry of Environment in Cabo Verde. We also have Dr Salvador Ngoande, the Executive Secretary of CEBEVIRHA, the Animal Health Agency of CEMAC, which is the economic organization of the Central African bloc. And finally, we have with us Elisabeth Betsi Dibongue, the Secretary General of PREZODE. So thank you so much for joining the panel to help us explore this issue of financing prevention.

Question 1 — Prevention as an objective

Dr Chadia Wannous (moderator, WOA): So we start now with the first question. It's about prevention as objective. And we start with you, Minister. From a national and political perspective, why should prevention be considered a central objective and benefit of One Health implementation? And what can you share with us about prevention priorities from Chad's experience?

H.E. Minister Awat Atteib

Regarding the question I was asked—which concerns policy, governance, and national perspectives and priorities—I'll try to begin with a brief historical overview. Chad is among the countries that adopted the One Health approach relatively early. As early as 2000, with support from the Swiss Tropical Institute, the country implemented joint human and animal vaccination campaigns. We organized joint campaigns for both humans and animals. We found this approach to be very beneficial because it allows us to pool resources—for example, logistics, whether it's transportation or cold chains. It's very beneficial for our health system.

This also allowed us to pool services in human, animal, and environmental health. And it enabled us to reach nomadic herders as well. Our herders move up and down the mountains in search of water and pastures. The country is very vast, so this has allowed us to reach as many of these nomads as possible. It also demonstrates the effectiveness of this One Health approach.

On the other hand, we have also organized a broader campaign—for example, to combat rabies, which is also a zoonosis—to prevent transmission from animals to humans.

The One Health approach has also enabled us to effectively combat avian influenza and COVID-19.

This mobilized the Ministry of Livestock, Health, and the Environment. A mechanism was established for interministerial governance to coordinate prevention, surveillance, and response.

To answer the question posed to me—at least as far as governance policy, national perspectives, and priorities are concerned—Chad has developed a national One Health strategy in which the major policy guidelines have been defined. In terms of governance, a multisectoral platform has been established under the Prime Minister's Office, structured into four levels :

The interministerial committee, which brings together all sectoral ministries, meets twice a year under the chairmanship of the Prime Minister himself. The coordinating committee comprises the secretaries-general of the relevant sectors—including all secretaries-general—and meets every three months. There is also a permanent secretariat that coordinates the platform's activities and is supported by technical working groups.

Looking ahead, we will work to strengthen the resilience of livestock systems, which must go hand in hand with disease prevention, surveillance, and early detection, while taking into account their impact on human health, the environment, livelihoods, and food security.

Strengthening the resilience of the livestock system must go hand in hand with prevention.

Surveillance and early detection of diseases, while taking into account their consequences for human health, the environment, livelihoods, and food security.

Regional cooperation is truly essential. The movement of people, populations, and livestock does not stop at borders. To this end, sharing epidemiological information, monitoring zoonoses and transboundary diseases, and coordinating responses with neighboring countries are key drivers of prevention. Therefore, to prioritize these efforts, we will build on the achievements of joint activities and information-sharing initiatives, particularly combined vaccination programs for both people and animals, canine rabies vaccination, and integrated surveillance of zoonoses and transboundary diseases. These can also be supplemented with screening among humans, screening for malnutrition, deworming, and vitamin A supplementation.

In addition, monitoring environmental risks, as well as strengthening biosecurity, raising awareness, and fostering community engagement.

Dr Chadia Wannous (moderator, WOA): Thank you so much for sharing your experience from the national level and highlighting examples where prevention investment made a lot of difference, like in the case of rabies or even influenza. And also the fact that you started this work very early, like in 2000. And just recently you created the One Health platform in 2022 under the Prime Minister's Office. So this also highlights the issue of One Health governance. So thank you so much for sharing this with us.

Now, the same question for you, Elsa. Why should prevention be considered a central objective and benefit of One Health implementation from your PREZODE stand?

Elisabeth Betsi Dibongue (Secretary General, PREZODE): Thank you, Chadia. I will start with a simple idea, and this will be to emphasize what Marisa said at the beginning of this session. Prevention is not a side benefit of One Health. It is one of its main outcomes. One Health gives us a framework, a way to work across different sectors. As we mentioned here, human health, animal health, and the environment. But prevention is what this collaboration and coordination should ultimately deliver.

I will give you a simple example, a concrete one from PREZODE, through our PREACTs program on the ground, and I will focus on one of the projects, AFRICAM, that I had a chance to contribute to when I was still working at the Cameroon One Health platform. So AFRICAM is a project implemented in Cameroon, Guinea, Madagascar, Senegal, and Cambodia.

And the work with AFRICAM starts with local communities because they are the key stakeholder on the ground. They are trained to recognize early signs of disease in animals before diseases can spread

to people. This is prevention at source. It may sound simple, but it can make a real difference. If we act early, as Marisa said, and the minister, we can reduce the risk of outbreaks and protect people, animals, and livelihoods.

And the benefits go beyond health. And as you all know, when we prevent disease, farmers can protect their animals and their income. Food systems are more stable. Trade and economic activities are less likely to be disrupted. And we can also reduce the pressure on ecosystems.

This is one point. The second one is that there is another important benefit to that, that is trust. **Trust from the community. So when communities see that prevention protect them and their livelihoods, they are more likely to trust and to engage with the system that are designed to protect them.**

And you know, and I think this is what PREZODE believes: community engagement and resilience are the key. Every single emergency starts at the local level and ends at the local level. So, for me and obviously for PREZODE, prevention is what shows the real value of the One Health approach. It is the core component and should remain and should be repositioned as the core component of the public health emergency management continuum. Thank you.

Dr Chadia Wannous (moderator, WOA): Thank you so much, Elsa, for highlighting the importance of community engagement, building trust with the local community, because this is where the actual work is being done. So what I take from both perspective, that prevention should not be viewed as an additional activity that we can add to the One Health. It should be one of the outcomes that One Health approach should help us to achieve.

Question 2 — From value to investment

Dr Chadia Wannous (moderator, WOA): So for now, we turn to the second question. It's about the value, from the value to the investment. And I would like to ask Cláudia Fernandes de Brito from Cabo Verde to share with us, from your national experience, how countries can demonstrate the economic and societal value of prevention-oriented investment. And what financing mechanism can support the long-term multi-sectoral prevention programs? Thank you.

Cláudia Fernandes de Brito (Cabo Verde): Good afternoon. *Boa tarde.* To start, I want to highlight a little bit of our concrete experience with three sectors: health, environment, and agriculture. First of all, I want to say that it's my honor to be here, and today I want to talk a little bit about the Project Health Security Program in West and Central Africa, and specifically what this investment means for the people of Cabo Verde.

This is a project that has a concrete objective to increase regional collaboration and health system capacity to prevent death and respond to health emergencies in West and Central Africa. For Cabo Verde, especially, this translates into a structured effort to close the critical gap identified in 2019. Everybody remembers we came from COVID during that period. So joint external evaluation also, we gave the country an overall average score of 2.3 out of 5 in revealing a significant limitation in prevention, detection, real-time surveillance, and risk communication.

So these gaps are direct targets of this investment. And it was necessary to have different initiatives in these sectors, and this project was a good benefit we had during that period.

So, we started with One Health approach, and what distinguished this project from conventional health investment, it is explicit grounding in the One Health approach, the recognition that human health, animal health, and environment health are deeply interconnected and cannot be addressed in isolation.

Cabo Verde formalized this commitment in March 2003, when its National Institute of Public Health adopted a strategic plan for the One Health approach to be implemented by the Multi-Sectoral Coordination Commission, integrating human, animal, and environmental health sectors. So this project is directly operationalizes the national commitment.

Here, I want to highlight also the **environment-health nexus**. The project, therefore, integrates the **climate resilience, the measures in health facility construction, promotes green infrastructures and biomedical waste management, support not only Cabo Verde National Adaptation Plan for 2002–2030, and each revised national determined contribution, but also a national action plan for health security. These interventions reflect project's commitment to delivering a positive environmental**

footprint and its contribution to the security of Cabo Verde in a broader sense, given that the occurrence of public health crisis directly affects socioeconomic stability, public order, and national sovereignty.

Health Security Program represents for us as a transformative opportunity, but not merely to build a better health system for today, but to create the resilient, integrated, and climate adaptive health security architecture that this archipelago nation will need to face the health threats of the 21st century. By weaving together human health, animal health, and environmental health under a single coordinated framework, this project embodies the most forward-looking vision of what public health investment can achieve. Thank you so much.

Dr Chadia Wannous (moderator, WOA): Thank you for highlighting this. It's really great to see the progress that you shared about establishing the multi-coordination mechanisms and also using the tools to help us identify the gaps, like the joint external evaluations and others, and also the nexus between climate and health and how to make health services more climate resilient. And I hope we will do the same for animal health services as well, not just public health. So thank you so much for this.

I now turn to the minister of livestock from Chad with the same question about how to demonstrate the benefit beyond the health sector, the societal benefit, and the economic benefit of prevention.

H.E. Minister Awat Atteib (Chad):

Thank you very much for the question. There's a saying that goes, "Prevention is better than cure," in all matters. So when we take preventive measures, we should view them as an investment, not an expense. When it comes to prioritizing prevention—perhaps in our context—this generally refers to vaccinations against monitored diseases or diseases that have been eradicated. But still, if, for example, we neglect vaccination—that is, prevention—we'll end up with outbreaks of disease, and that will result in significant losses that will be, at least economically, unsustainable for livestock farmers, for example, and for the general population.

Even when it comes to zoonoses, generally speaking, prevention is the best approach, because if we do not take preventive measures—if we do not vaccinate, for example, against rabies, which I mentioned, or other diseases like anthrax and others—if we do not take preventive measures, and if these diseases are transmitted from animals to humans, they will also cause a great deal of damage and incur significant costs as well.

Dr Chadia Wannous (moderator, WOA): Thank you very much. Now back to you, Elsa, with the question about the evidence and sharing impact and economic evaluation to demonstrate how One Health added value can support investment decisions.

Elisabeth Betsi Dibongue (Secretary General, PREZODE): Thank you again, Chadia. I think we already have a lot of evidence that prevention is valuable. Mainly after COVID-19 outbreak, there is a lot of information about how to avoid it or why we need to invest in prevention to avoid such a crisis. But there is an important challenge I want to raise here. We still have global figures, and those global figures for us in PREZODE are not enough to convince the Minister of Finance, who has to put money on the table, or a prime minister who is running a One Health platform, or the Minister of Public Health, or even the Minister of Livestock.

So we think countries and decision-makers need evidence from their own context, evidence that are customized, that are really reflecting what is in their own context and countries. They want to know, and they need to know, what this investment prevents exactly. What does it save? What does it protect? For example, what are the outbreak costs avoided? Exactly what? How many agricultural losses can be avoided? What economic activity can continue because an outbreak did not happen? These are the questions that we have to answer, and this is where PREZODE and other prevention-oriented initiatives can bring value.

There are many examples around the world with different initiatives to illustrate that this is feasible. In Guinea and Chad, for example, through the World Bank Health Security Program, community-

based surveillance systems are being improved. Importantly, the focus is also looking at the impact and what this system can save in real terms. How can the scientific evidence be translated in decision-making language?

In Southeast Asia, we come back to PREZODE, mainly the PREACTs ASAMCO project in Laos and Thailand. This project is also looking at how risk reduction at source can be measured and documented so that the lesson can be shared with other countries.

So the evidence are important because prevention often reduce benefits across several sectors and over a long period of time. So we also need financing that reflect that reality. We need, and we'll close with that, long-term and more sustainable financing linked to measurable results rather than short project that finally ends before the full impact can be seen. Thank you, Chadia.

Dr Chadia Wannous (moderator, WOA): Thank you so much. And I take your point that global figures are good, but they are not enough. We need to have local, customized, and contextual figure about prevention and the cost avoided because of prevention, so we can convince our local policy makers to invest more in it. Thank you so much, Elsa.

Question 3 — Partnerships and sustainability

Dr Chadia Wannous (moderator, WOA): Now, we want to talk a little bit about partnerships and sustainability. So, I will turn to Dr. Salvador Ngoande to help us understand how can partnerships between governments, regional organizations, development bank, academia, private sectors can generate greater impact for prevention and One Health investment.

Dr Salvador Ngoande (CEBEVIRHA / CEMAC): Thank you very much, Chadia. First of all, I would like to thank the organizers for the opportunity given to us to share our experience in the Central African region at this ninth World One Health Congress. Sanitary challenges that our countries are facing do not respect borders, nor institutional mandates.

Regional coordination implies working together, learning from one another, sharing information, human, logistical, and even financial resources. Therefore, **the One Health approach is no longer an option, and nobody should be left behind as we depend on one another.**

Our region that comprise six countries, Cameroon, Central African Republic, Equatorial Guinea, Congo, Gabon, and indeed Chad, which is represented here in our panel by the minister, is under permanent sanitary threats, including Ebola outbreaks, mpox, Marburg, et cetera. In addition, as the minister said, we experience free movement of people and animals through our borders within and out of the region.

The Commission of CEMAC has played a critical role in bringing member states, regional institutions, and other partner to work together to achieve, at the political level, to achieve political leadership of the governments, and also we have our ministers in charge of public health that meet regularly at least once yearly to provide clear orientations and evaluate the implementation.

At the technical level, we have our institutions, the institutions of the Central African Community, CEMAC, that coordinate transboundary response from a One Health perspective. Regional institutions and universities provide data and scientific evidence, while consultant national expert NGOs contribute to the implementation of activities to achieve expected results.

We have our key partners, including the World Bank, CIRAD, the Global Initiative, PREZODE, WOA, WHO, and Africa CDC, that contribute to resource mobilization. Therefore, **under the leadership and coordination of the CEMAC Commission, different stakeholders have harmonized surveillance tools with all the member states, demonstrating the value of regional partnership through the Central African Regional Sanitary and Security Plan, the urgent regional plan to reinforce surveillance at the borders, and other public goods, including the sharing of data, information, laboratory and capacity building, and a roadmap to prevent Ebola spread in our region.**

Nevertheless, the coordination work of the Commission needs to be consolidated and strengthened, for example, by enlarging the annual meeting of health ministers to other fields of the One Health approach, including vets and environment, and mobilizing more technical and financial partners to sustain the results. Thank you very much.

Dr Chadia Wannous (moderator, WOA): Thank you so much. I would like to continue with you and ask a follow-up question. Based on this experience, what can be transferred or scaled up at the regional level?

Dr Salvador Ngoande (CEBEVIRHA / CEMAC): What can be scaled up is working together. I think, before elaborating our SECUSAN, which is our security plan, even within the commission, different institutions were working for their own. I think this initiative has brought us together to plan together, to implement together, and to evaluate together.

We have been able to support countries, to bring countries together to understand the dynamic, and first result that we can see is that Ebola is at our border, and ~~we see~~ Central Africa ~~being~~ is fully mobilized to really make the barrier preventing Ebola outbreaks from coming into our region. So, this is something that can be scaled up. Thank you.

Audience questions and closing statements

Dr Chadia Wannous (moderator, WOA): Thank you so much. I think for the interest of time now, I would like to open the floor for the audience for questions. So, if anyone has any questions or comments to our panelists, please come to the mic in either aisle. Yes. Okay. So, if no questions, I would like to ask our panelists one final statement by each one of you about what is the one change needed now to move prevention-oriented One Health from projects into sustainable country investment. One sentence. One sentence only. So maybe I start with you, Cláudia, if you're ready.

Cláudia Fernandes de Brito (Cabo Verde): I think it's multi-sectoral— [The mic. Yes, this one.] For me, it's multi-sectoral prevention. It's not one but two. Two words.

Dr Chadia Wannous (moderator, WOA): All right, thank you.

Elisabeth Betsi Dibongue (Secretary General, PREZODE): Thank you. For PREZODE, we must move from a temporary project to a sustainable one by engaging government and community so that prevention can be part of different national strategies and be more sustainable.

Dr Chadia Wannous (moderator, WOA): Thank you so much. Minister?

André Carletto (interpreting): All right, we try. One sentence. All of that in one sentence? To maintain what we achieved with the different investments, perhaps Pasteur and REDISSE, and then currently we're doing with HSSP, to mobilize the political attention to focus on the development of solutions, to mobilize also the private sector and education as well on their respective roles, and the financial partners

Dr Chadia Wannous (moderator, WOA): There we go. Very important. Okay. All right. Thank you so much. I would like to thank the panelists for their great contributions and insight at the different levels that they shared with us. And with that, I give the floor back to our co-chairs to close the session.

Marisa Peyre (co-chair, CIRAD): Yes, thank you very much, Chadia. Thanks a lot to our panelists. Thanks, my co-chair. I would like to invite Suwaphan Choj, who is the President of the General Assembly of PREZODE and from the Ministry of Thailand, to give the closing remarks, and I thank you all for your participation and attention.

Closing remarks

Soawapk Hinjoy (President, PREZODE General Assembly): Excellency, colleagues, partners, and friends, thank you very much to all our panelists for such an engaging discussion, and especially for bringing together perspectives from countries, regional organizations, science, and financing institutions. For me, one message is very clear today. Prevention must be at the heart of the One Health implementation.

The experiences from Chad and Cabo Verde, and the perspective from WOA, CEBEVIRHA, CEMAC, also remind us that we are not starting from zero. Countries already have a surveillance system, institution coordination mechanisms, and many dedicated people. The challenge is how we build on

this foundation and move further upstream, engaging communities, connecting sectors, identifying risk early, and acting where the risk actually emerges.

The challenge is how we build on this foundation and move further upstream, and we also have that in that we already have much of the knowledge and many of the tools we need. What remains difficult is turning that knowledge into sustainable investment, and perhaps we need to change the way we talk about finances. **Instead of asking only how much that prevention costs, we should also ask: what are the consequences if we do not prevent?**

Because prevention protects much more than health. It protects livelihoods, forest systems, trade economies, communities, animals, and ecosystems. That is why partnerships are so important. PREZODE can help connect certain countries, communities, and implementation. The World Bank can help translate these approaches into investment and scale, and regional organizations such as WOA and CEBEVIRHA, CEMAC, are essential for connecting countries, supporting cross-border action, and sharing what works.

Financing also needs to become smarter and more connected. Prevention creates value across many sectors, so we cannot continue to finance it only through separate sector budgets and short-term projects. We need financing approaches that recognize this shared value and support the collaboration over the longer term.

And I believe **our next challenge is not simply to ask for more money. We need to make prevention clear, practical, measurable, and investable.** Show the risk, show the intervention, show the impact. Then it becomes much easier to make the case for sustained investment.

So, I would like to leave you with one simple message. Prevention is not a cost; it's an investment. Thank you again to the World Bank, WOA, our panelists, regional partners, PREZODE, and all of you. We know prevention is possible. Now we need to make it happen together. Thank you very much.