Nature for Health

Terms of Reference

Revised

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List of Acronyms

AA	Administrative Agent
BMUV	German Federal Ministry for the Environment, Nature Conservation, Nuclear Safety and Consumer Protection
COP	Conference of Parties
COP 15	Conference of Parties 15 (Convention on Biological Diversity)
FAO	Food and Agriculture Organization of the United Nations
GBF	Global Biodiversity Framework
HACT	Harmonised Approach to Cash Transfers
IKI	International Climate Initiative (Germany)
IPBES	Intergovernmental Panel on Biodiversity and Ecosystem Services
IUCN	International Union for Conservation of Nature
IPLC	Indigenous People and Local Communities
MPTF	Multi-Partner Trust Fund
MPTFO	Multi-Partner Trust Fund Office
M&E	Monitoring and Evaluation
MoU	Memorandum of Understanding
NCD	Non-Communicable Diseases
NTD	Neglected Tropical Diseases
EID	Emerging Infectious Diseases
NGO	Non-Governmental Organizations
NUNO	Non-UN Organisations
N4H	Nature for Health
OH	One Health
OHHLEP	One Health High Level Expert Panel
PUNO	Participating UN Organizations
SCBD	Secretariat of the Convention on Biological Diversity
SC	Steering Committee
SDGs	Sustainable Development Goals
TAG	Technical Advisory Group
UHC	Universal Health Coverage
UN	United Nations
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNEA	United Nations Environment Assembly
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WOAH	World Organisation for Animal Health

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Executive Summary

The health of humans, animals, plants and the environment have always been closely intertwined. However, human activities such as unsustainable agricultural production and intensification, large-scale deforestation, the destruction and fragmentation of natural habitats, other forms of land use change and the unsustainable exploitation of wildlife threaten ecosystem integrity and function, leading to multiple risks to human, animal and ecosystem health. These risks include zoonotic disease spillover, foodborne hazards, pollution, the antimicrobial resistance and the increased incidence of noncommunicable diseases. In view of the multiple health risks, there is an urgent need to tackle these risks at the source, in a systemic and preventative manner.

COVID-19 acted as a stark reminder of the interconnectedness between the health of humans, animals, and our natural environment. The prevention of disease emergence and spread requires strategically interlinked approaches across different sectors to contribute meaningfully and effectively to "One Health" (OH) outcomes. However, public health policies and programmes often focus on treatment for human diseases – leaving aside long-term prevention, which necessarily requires strengthening of biodiversity conservation and integrating animal and environmental health considerations into OH. Conversely, policymakers and other stakeholders in the broader environmental sector usually do not have the capacity or resources to integrate disease prevention into the planning, management and implementation of conservation and sustainable use policies and actions.

Nature for Health (N4H) is a unique partnership made up of leading international authorities in the fields of environment and health, together with pioneering country partners. N4H promotes preventative policies and investments in nature that help to reduce health risks. The overall focus of N4H is to address the environmental determinants of health and to strengthen the integration of the environment in the One Health approach.

Through an initial contribution of EUR 50 million from the German Federal Ministry for the Environment, Nature Conservation, Nuclear Safety and Consumer Protection (BMUV) via the International Climate Initiative (IKI), N4H assists low- and middle-income countries and regions to develop and implement coordinated policies and actions focused on prevention; generate and disseminate knowledge, evidence and learning on the links between biodiversity, climate and health; and support the strengthening of governance structures for effective collaboration and coordinated decision-making to reduce the risk of zoonotic disease emergence.

N4H adopts a systemic approach. This means acknowledging the complexity and unpredictability of evolving conditions and working collaboratively with stakeholders from different sectors to make sense of these complexities. It recognizes that no single entity, institution, government department, or discipline has a comprehensive understanding of the entire system nor can it solve global challenges alone. Based on context and need, N4H brings together implementation teams in priority countries including policy decision makers, technical experts, practitioners, local communities and other relevant stakeholders to deliver long term systemic change that tackles the causes of health risks, rather than treating the symptoms after they manifest themselves.

In its first phase of work, N4H is working collaboratively in up to 18 countries or regions to reduce the risk of zoonotic disease emergence, before the spillover from animals to humans occurs. N4H works in low- and middle-income countries which face high risk of emerging

and re-emerging infectious diseases, to tackle sources of risk in order to prevent outbreaks or spillover of zoonotic pathogens between species with local, national, regional and international impacts.

Country interest is already far outstripping N4H initial resources, and governments are ready to implement actions to protect and restore nature to reduce the risk of pandemics. N4H, therefore, aims to mobilise a further US$400 million to deepen impacts in the initial group of countries through implementation structures and partnerships and to broaden the reach of N4H actions.

N4H also aims to go beyond its initial focus on pandemic prevention towards implementing actions that safeguard the health of humans, animals and ecosystems across other environmentally determined health risks. This might include non-communicable diseases, vector-borne, infectious and emerging diseases beyond zoonoses and sustainable food systems that ensure food safety and security.

These Terms of Reference outline N4H's purpose, scope, deliverables and relationship between stakeholders.

- The "Context" section gives an overview of the drivers and issues. It provides background information on the role of the environment and makes the case for upstream prevention in the context of myriad and complex health risks facing the global community. This section also maps the current landscape and identifies gaps.

- The "Rationale" section proposes seven necessary elements to reduce health risks at the interface of ecosystem, animal and human health, and move towards achieving the Sustainable Development Goals.

- The "Nature for Health" section introduces the N4H Theory of Change and the governance structures underlying it, including the Steering Committee, Participating Organizations and Technical Advisory Group and the operational structures.

- The "Operations and Programming" section highlights N4H programming structures, takes note of identified risks and risk management strategies, as well as monitoring and evaluation, reporting and communication structures.

- "Current Work Program" details the scope and planned actions for the first phase of N4H including current resource commitments and the work that will be done in pandemic prevention to fulfil these commitments.

- The final "Growth Strategy" section addresses N4H's growth strategy, which includes information on its current work programme as well as future opportunities for investment and interventions and identifies opportunities for future N4H engagement.

These Terms of Reference are a revised version and replace the original version: "Biodiversity for Health and Pandemic Prevention Multi"-Partner Trust Fund, Terms of Reference, 10 November 2021. This revised version incorporates the Fund's name change from "Biodiversity and Health" to "Nature for Health". It also reflects the inception work, which was undertaken during 2022 – 2023.

Any further amendments of this document are subject to approval by the N4H Steering Committee.

Background

Triple planetary crisis

The science is clear – we are facing an unparalleled planetary emergency. We are putting extreme pressure on our planet resulting in a "triple planetary crisis" of nature and biodiversity loss, pollution and waste, and climate change.

The triple planetary crisis is a consequence of anthropogenic activities. Over the last 50 years, the world population has increased by a factor of two, to 8 billion people[1] - 55% of whom live in urban areas. The global economy has grown nearly fivefold, underpinned by a tripling in extraction of natural resources and energy that has fuelled growth in industrialized production and consumption[2]. The effects of these anthropogenic activities are undeniable, scientifically evidenced, and moving forward at a frightening pace.

Biodiversity loss

Overexploitation of natural resources (about 100 billion tons of raw material each year [3]) has profound impacts on ecosystems. The unsustainable use of land and resources – e.g., in agricultural expansion and intensification, large-scale deforestation and destruction of other natural habitats, and the unsustainable exploitation of wildlife are causing the degradation of terrestrial, inland water, and marine and coastal ecosystems. The resulting loss of biodiversity causes ecosystem function and integrity to fail, thereby leading to the loss of the essential goods and services that these ecosystems provide. In addition, these human activities result in increased use of polluting chemicals and carbon emissions, exacerbating pollution and climate change.

- The Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services (IPBES) has sounded the alarm on the rapid decline of nature. For example, one million of the world's estimated 8 million species of plants and animals are already threatened with extinction and this figure is expected to grow significantly by 2050[4].

- There has been a 416% increase in global fisheries catch in tonnes between 1950 and 2016 threatening marine biodiversity[5].

- 10 million hectares of forest are destroyed every year, with almost 90% of this deforestation being due to agricultural expansion[6].

Pollution

Industrialization, urbanization, use of pesticides and nitrogen-based fertilizers, carbon emissions from industry and agriculture, climate-change driven forest fires, and inadequate

[1] https://www.unfpa.org/swp2023

2 United Nations Environment Programme (2021). Making Peace with Nature: A scientific blueprint to tackle the climate, biodiversity and pollution emergencies. Nairobi. https://www.unep.org/resources/making-peace-nature

3 https://www.worldbank.org/en/topic/pollution

4 UNEP and ILRI (2020) Preventing the Next Pandemic https://wedocs.unep.org/bitstream/handle/20.500.11822/32316/ZP.pdf

[5] SDG_Brief_003_Biodiversity_201805.pdf (unep.org)

[6] https://www.undp.org/sites/g/files/zskgke326/files/2022-11/UNDP-Triple-Planetary-Crisis-Infographic_0.pdf

waste management have intensified, resulting in polluted ecosystems and negative effects on human, animal and ecosystem health.

- Plastic accounts for 85 per cent of all marine litter. By 2040, it will nearly triple, adding 23-37 million metric tons of waste into the ocean per year[7]. Marine litter costs 13 billion USD per year in damage to marine ecosystems[8].

- Global waste is expected to increase to 3.4 billion tonnes by 2050[9].

- Around 2.4 billion people worldwide cook using open fires or inefficient stoves fuelled by kerosene, biomass and coal, which generates harmful household air pollution[10].

Climate change

Climate change exacerbates and is exacerbated by environmental degradation. Climate change drives slow-and sudden onset disasters that severely damage ecosystem integrity, such as heatwaves, wildfires, desertification, drought, coastal erosion, coral bleaching, tropical storms and flash floods.

- The Intergovernmental Panel on Climate Change (IPCC) estimates that global warming is likely to reach 1.5°C around 2040 and we are heading for at least a 3°C temperature rise this century. Current warming of more than 1°C has already led to shifts in climate zones, changes in precipitation patterns, melting of ice sheets and glaciers, contributing to more frequent and more intense extreme weather events[11].

- Climate change driven sea level rise has accelerated from 1.7 mm/year throughout most of the 20th century to 3.2 mm/year since 1993[12].

Health impacts

There are no healthy people, animals or plants without a healthy environment. The pressures we exert on nature directly affect our health and wellbeing. From the air we breathe to the water we drink, from the animals we interact with, to the ecosystems we depend on, nature provides us with the foundation to live healthy lives.

Many of the links between nature and health remain poorly understood. However, numerous impacts on disease can be identified, including those described in the following sub-sections.

Non-communicable diseases

Non-communicable diseases (NCDs) are diseases that are not transmissible directly from one person or species to another. Of the 55 million global deaths in 2019, 41 million were due to NCDs[13]. Air, water and soil pollution are among the leading drivers of human NCD

[7] Plastic pollution on course to double by 2030 | UN News
[8] https://wedocs.unep.org/xmlui/bitstream/handle/20.500.11822/35892/pfpip.pdf
[9] https://www.worldbank.org/en/topic/pollution
10 Billions of people still breathe unhealthy air: new WHO data
11 United Nations Environment Programme (2021). Making Peace with Nature: A scientific blueprint to tackle the climate, biodiversity and pollution emergencies. Nairobi. https://www.unep.org/resources/making-peace-nature
[12] https://www.noaa.gov/education/resource-collections/climate/climate-change-impacts
[13] https://www.who.int/data/gho/data/themes/noncommunicable-diseases/GHO/noncommunicable-diseases

risks globally. For example, pollution accounts for 22% of human deaths from cardiovascular disease, 26% of ischaemic heart disease deaths, 25% of stroke deaths, 53% of deaths from chronic obstructive pulmonary disease, and 40% of deaths from lung cancer[14]. Almost the entire global population (99%) breathes air that exceeds World Health Organization (WHO) air quality limits with unhealthy levels of fine particulate matter and nitrogen dioxide[15]. Outdoor air pollution alone is responsible for around 3.7 million deaths annually[16]. Water and soil contamination with plastic, heavy metals, pesticides etc. contribute to the development of cardiovascular, neurodegenerative and metabolic diseases[17]. Light and noise pollution has significant impacts on the behaviour and migratory patterns and associated health of wild animals and on the mental health of people. NCDs are further exacerbated by climate change, amplifying cardiovascular and respiratory diseases due to, e.g., increasing extreme heat and wildfire episodes[18] and malnutrition or premature death related to extreme weather events.

Foodborne diseases

Foodborne diseases, caused by food contaminated with bacteria, viruses, parasites or chemical substances such as heavy metals, can result from several forms of environmental contamination as well as unsafe food production, processing or storage. Both plastic and soil pollution compromise food safety, and the contamination of animal or plant-based food is an increasing risk[19]. Intensive agricultural production systems have negative impacts on both biodiversity and farm animal wellbeing, as well as on human health. Insufficient food safety regulations and their inadequate implementation further exacerbate the risks of foodborne disease. Similarly, food security is threatened by weak ecosystems and biodiversity loss, which has a direct impact on morbidity, mortality, and livelihoods[20].

Waterborne diseases

Waterborne diseases are caused by water contaminated by microbes or pathogens. Worldwide, 2.2 billion people lack access to safe drinking water.[21] Diarrhoea, the second leading cause of death for children under five, is frequently caused by waterborne diseases which can be prevented by adequate access to safe water, sanitation and hygiene (WASH)[22]. Other waterborne diseases include typhoid fever, cholera, giardiasis, dysentery, colitis, hepatitis A, and salmonellosis. Additionally, climate change-driven extreme weather events and increased sea surface temperatures can affect water contamination. i.e., extreme rainfall or flooding may lead to contaminated runoff into streams and lakes, while increased demand for water due to low rainfall can cause water sources to run dry.

Antimicrobial resistance

Antimicrobial resistance (AMR), often referred to as the silent pandemic, is a growing threat. It occurs when bacteria and viruses mutate in ways that render medicines designed to combat them (antimicrobials) ineffective[23]. AMR is driven by poor regulation and over-use of

[14] https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196%2818%2930020-2/fulltext#:~:text=Yet%20air%2C%20soil%2C%20and%20water,16%25%20of%20all%20NCD%20mortality.
[15] Billions of people still breathe unhealthy air: new WHO data
[16] https://ncdalliance.org/why-ncds/ncds-and-sustainable-human-development/environment-and-climate
[17] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10064841/#:~:text=The%20many%20pollutants%20that%20contaminate,a%20dysregulation%20of%20circadian%20rhythms.
[18] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6348403/
[19] A health perspective on the role of the environment in One Health
[20] One Health Joint Plan of Action https://www.who.int/publications/i/item/9789240059139
[21] https://www.unicef.org/wash
[22] https://www.who.int/news-room/fact-sheets/detail/diarrhoeal-disease
[23] One Health Joint Plan of Action https://www.who.int/publications/i/item/9789240059139

antibiotics and antifungals in people, farm animals and crops, as well as from improper management of pharmaceutical manufacturing waste, such as pesticides, on plants or crops[24]. The leakage of antimicrobial-resistant pathogens into the environment promotes their spread.

Zoonotic, neglected tropical and vector-borne diseases

Zoonoses are infectious diseases that jump between animals and humans. They predominantly impact human populations living in close contact with animals, but also damage the health and welfare of domestic and wild animals, affecting poverty levels, livelihoods and food security[25]. Their incidence and burden are greatly underestimated. Many zoonoses exist in animal reservoirs, are transmitted by vectors such as mosquitoes, midges, sand flies, fleas and ticks, and are associated with complex transmission cycles. Neglected tropical diseases (NTDs) are a diverse group of about 20 conditions that are mainly prevalent in tropical areas, where they affect more than 1 billion people who live in impoverished communities[26]. Vector-borne diseases are caused by parasites, viruses and bacteria that are transmitted to another host by animal vectors, such as mosquitos and rats.

The epidemiology of vector-borne diseases is often influenced by environmental conditions, which are modified by climate change[27]. Changing weather patterns caused by climate change leads to the spread of vectors carrying diseases into previously disease-free zones. Over half of known human pathogenic diseases can be aggravated by climate change[28]. There has, for example, been a 12% increase in dengue transmission comparing 1951-60 with 2012-2021, and an increasing possibility of malaria remerging in southern Europe due to the expanding geographical range of the mosquito vector. The geographical range of sandflies carrying the parasite that causes Leishmaniasis is expanding, and its severity is growing. Schistosoma infection risk in East Africa is predicted to increase by 20% over the next 20-50 years[29].

Emerging infectious diseases

Emerging infectious diseases are infectious diseases that have either appeared for the first time or are rapidly spreading, either in the number of infections or in geographical range. The environmental barriers protecting us from the spillover of zoonotic diseases and the emergence of novel pathogens have been severely eroded. About 60% of known infectious diseases originate from animals, and the estimated proportion jumps to 75% for new and emerging infectious diseases[30].

The 21st century is marked by recurring epidemic and pandemic outbreaks, from SARS in 2002; Chikungunya in 2004; H1n1 in 2008; MERS in 2012; Ebola in 2013-2015; Zika in 2015; and in all likelihood, HIV/AIDS in 1977 and COVID-19 in 2019. Without significant efforts to

[24] CDC: Antimicrobial resistance https://www.cdc.gov/drugresistance/environment.html#:~:text=Human%20activity%20can%20contaminate%20the,pesticides%20on%20plants%20or%20crops

[25] One Health Joint Plan of Action https://www.who.int/publications/i/item/9789240059139

[26] https://www.who.int/news-room/questions-and-answers/item/neglected-tropical-diseases

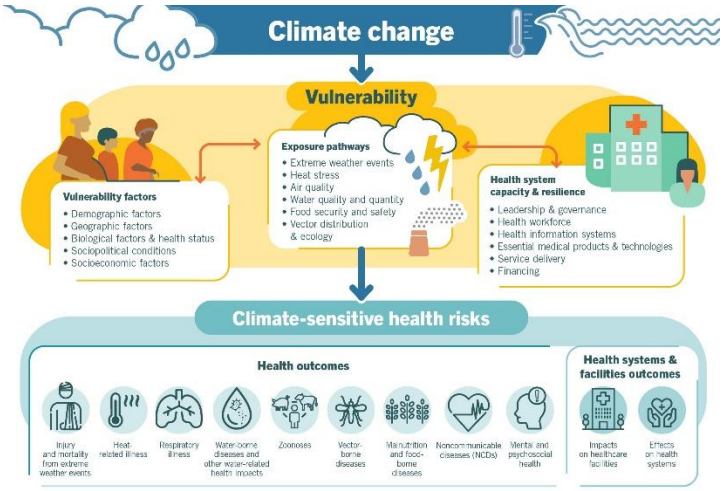
[27] One Health Joint Plan of Action https://www.who.int/publications/i/item/97892400591

[28] Nature https://www.nature.com/articles/s41558-022-01426-1

[29] The Lancet 2022 Twin threats: climate change and zoonoses https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(22)00817-9/fulltext

[30] United Nations Environment Programme and International Livestock Research Institute (2020). Preventing the Next Pandemic: Zoonotic diseases and how to break the chain of transmission. Nairobi, Kenya.

address disease spillover, research indicates that epidemics and pandemics will occur more often[31], spread more rapidly, and do further damage to human health.



As the interactions between people, animals, plants, and our environment have changed, so has the challenge to manage these interactions. Known health risks are multiple and there are still plenty of unknown impacts and consequences. The future is uncertain. What is certain, however, is the need to better understand and manage the health risks at the intersection of ecosystem, animal and human health.

Figure 1: climate change and health[32].

One Health concept

Whilst the recent global challenges are unprecedented, the relationship between the health of animals, humans and their environment has been recognised by both indigenous communities and human medicine since pre-modern times. By the late nineteenth century, epidemiological approaches were being expanded to overcome the traditional boundaries between the veterinary and human health fields[33].

A more formalised concept called One Health, emerged in the human health and animal health communities in early 2000. Various definitions of the One Health approach have been proposed, most recently by the advisory group to the Quadripartite, the One Health High-Level Expert Panel (OHHLEP). See Box 1 for the full definition.

To effectively implement the One Health approach, it is critical to acknowledge the complexity and unpredictability of the interactions between people, animals and environment. This includes understanding that there will be no magic bullet or single solution but multiple approaches and opportunities are needed to address the interactions, interconnections and patterns shaping our world.

One Health requires going beyond simple cause and effect and creating the conditions for truly transformative change. One Health also requires working collaboratively with others to make sense of complexities and ensuring an inclusive, participatory process, enabling stakeholders to co-create solutions, rather than simply observing from the outside.

As a consequence of the COVID-19 pandemic and a realisation of the shared health threats that exist at the intersection between people, animals, and the environment, One Health has become even more prominent. Along with this increased attention have come growing

31 OH JPA page 6, report available here
[32] Reference: WHO 2021(https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health)
[33] One Health: its origins and future – PubMed https://pubmed.ncbi.nlm.nih.gov/22527177/

calls for implementation at the regional and country level and a deeper interest in the environmental component of health.

Box 1

One Health Definition *(One Health High Level Expert Panel, OHHLEP)*

One Health is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems. It recognizes the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and inter-dependent. The approach mobilizes multiple sectors, disciplines and communities at varying levels of society to work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for clean water, energy and air, safe and nutritious food, taking action on climate change, and contributing to sustainable development. The approach mobilizes multiple sectors, disciplines and communities at varying levels of society to work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for clean water, energy and air, safe and nutritious food, taking action on climate change, and contributing to sustainable development[34].

One Health landscape

The One Health landscape is evolving at a fast pace. Traditionally dominated by the veterinary and medical professions, the interest in engaging and equitably including the environment sector in the One Health approach is comparatively new. Fresh evidence and new knowledge are emerging and, with it, new initiatives are proliferating. As a result, the OH landscape remains a relatively fragmented space with increasing competition for attention and resources.

Trends influencing the current One Health landscape can be considered on three levels: (i) the broad environment, health and climate sector, (ii) dedicated One Health initiatives and (iii) single topic initiatives and campaigns.

Environment, health and climate change

The One Health concept is relevant to all working in environment, health and climate change. In connection with international development cooperation, all three sectors are growing. In the environment sector, for example, the Kunming-Montreal Global Biodiversity Framework (GBF), adopted at the Conference of Parties 15 (COP15) has set out a pathway to living in harmony with nature by 2050, which will be supported by updated National Biodiversity Strategies and Action Plans, which Parties to the Convention on Biological Diversity are aligning to the GBF.

In the health sector, the Universal Health Coverage (UHC) agenda 2030 was set out in the Sustainable Development Goals (SDGs), with key targets and commitments outlined in the UHC political declaration of the UN High Level Meeting on UHC in 2019. The Conference of Parties (COP) to the United Nations Framework Convention on Climate Change (UNFCCC) has increasingly acknowledged the role of climate change on human health. In 2021, at UNFCCC COP26, a health programme was promoted for the first time in the negotiations, with over 60 countries committing to strengthening climate resilience and to lowering the carbon emissions caused by health systems.

[34]One Health: A new definition for a sustainable and healthy future https://doi.org/10.1371/journal.ppat.1010537

One Health institutions

A number of initiatives and collaborations on One Health have emerged over the past two decades. One important example is the Quadripartite Collaboration for One Health. Initially established in 2010 as a Tripartite between three intergovernmental agencies – the Food and Agriculture Organization of the United Nations (FAO), the World Health Organization and The World Organisation for Animal Health (WOAH, founded as OIE) – the focus of effort concentrated predominantly on the intersection of human and animal health. In 2021, the Tripartite began to place a greater emphasis on the environmental dimensions of One Health through engagement with the United Nations Environment Programme (UNEP). This culminated with the signing of an MoU that formally included UNEP in a new Quadripartite Collaboration for One Health. The Quadripartite MoU provides a legal and formal framework for the four organizations to tackle challenges at the human, animal, plant and ecosystem interface using an integrated and coordinated approach. The Quadripartite have developed a One Health Joint Plan of Action, intended to guide collaboration between the four entities and promote implementation of One Health approaches at national and regional levels.

In March 2022, the United Nations Environment Assembly (UNEA) adopted a resolution on Biodiversity and Health (UNEA 5.2/2). The Resolution acknowledges the interlinkages between biodiversity loss and the emergence and spread of diseases, and tasks UNEP with raising awareness of the environmental drivers of disease emergence and the importance of investing in nature and in ecosystem services. The resolution also encourages Member States to take actions that reduce the risk of health threats through the conservation and sustainable use of biodiversity.

The number of global initiatives targeting One Health and pandemic prevention, preparedness and response is also increasing. One significant example is The Pandemic Fund, established by the World Bank to provide a dedicated stream of additional, long-term financing to strengthen pandemic prevention, preparedness and response capabilities.

There has also been a notable increase of OH networks and collaborations established locally, nationally and regionally since the COVID-19 pandemic.[35] There are also a large number of established or emerging organisations, funds, plans, regulations and research efforts on individual OH issue areas (see Box 2).

Box 2 Impact area	Selection of existing issue-based organisations and initiatives
Non-communicable diseases	Global Action Plan for the Prevention and Control of NCDs 2013-2020; Global NCD Compact 2020–2030; Global Noncommunicable Diseases Platform; NCD Multi-Partner Trust Fund (MPTF) (Healt4Life Fund); NCD Alliance
Antimicrobial resistance	AMR MPTF, Global Action Plan on AMR, Quadripartite joint secretariat on AMR; Global Antimicrobial Resistance and Use Surveillance System; Global Antibiotic Research and Development Partnership

[35] A., Mwatondo, Ja 2023 et. Al., A global analysis of One Health Networks and proliferation of One Health collaborations, The Lancet

Foodborne diseases	Food Systems 2030; Codex Alimentarius; FAO/WHO food control systems assessment tool; FAO/WHO International Food Safety Authorities Network; International Health Regulations; WHO Global Strategy for Food Safety;
Waterborne diseases	UNICEF strategy for water, sanitation and hygiene 2016-2030; UNICEF and WHO Joint Monitoring Programme or Water Supply, Sanitation and Hygiene; Global Framework for Urban Water, Sanitation and Hygiene; Sustainable Sanitation Alliance; USAID WASH Finance Fund; Sanitation and Water for All Partnership; CDC global WASH program.
Zoonotic, neglected tropical and vector-borne diseases	Wellcome Trust rabies: Gavi Vaccine Alliance, Global Alliance for Rabies Control neglected diseases initiative; Drugs for Neglected Diseases Initiative; Global Fund to Fight AIDS, Tuberculosis and Malaria; the END Fund on NTDs; WHO Road Map for NTDs 2021-2030;
Emerging infectious disease	Preventing pandemics at the source PREZODE; CDC National Centre for Emerging and Zoonotic Infectious Diseases; French National Agency for Research on AIDS and Viral Hepatitis: Emerging Infectious Diseases research agency

Challenges and opportunities

The heightened attention on OH and recent emergence of new OH initiatives highlight the importance of the topics it seeks to address. While much progress has been made, particularly in developing and emerging economies, much work remains to be done.

There is a need to clearly define One Health boundaries and priorities. Areas that have been neglected in the implementation of One Health need to be more strongly engaged. And certainly, the return on investment, risks and benefits of the One Health approach need to be clearly demonstrated in order to incentivise future action.

Many OH initiatives focus on human health, aimed at reaction and response, rather than prevention. For example, initiatives often tend to concentrate on developing tools to contain human disease outbreaks through emergency management and response or mass medical interventions such as drug and vaccines drives in the veterinary and public health sectors [16].

Public health policies and programmes often focus on emergency response and treatment for human diseases – leaving aside long-term prevention, which necessarily requires integrating animal and environmental health considerations, as well as strengthening biodiversity conservation. There has been limited attention given to the environmental dimension. To date, stakeholders in the broader environmental sector have typically lacked the capacity or resources to integrate disease prevention into the planning, management and implementation of conservation and sustainable-use actions. The case for investment in prevention and integration of the environment has not been clearly made, which does not incentivize action in this area.

A broad range of stakeholders must be engaged to fully understand crucial connections and find viable solutions that go beyond single cause problems. Rather than making incremental or piecemeal changes to the system, OH supports transformational change by

looking at issues in a different way, challenging existing assumptions and bringing in multiple perspectives through a systems approach.

Box 3 One Health Implementation Challenges and Opportunities	
Lack of systemic approaches	OH initiatives and interventions often fail to incorporate wider structural and socio-economic factors and do not address all three components of the health risk nexus, integrating the health of humans, animals, plants and the environment[36]. Typically, there is also a lack of integration and consolidation of indigenous knowledge and expertise from integral stakeholders.
Poor information and awareness	Key terminology in the international discourse around One Health are not clearly defined or shared; there remains an overall lack of awareness of the interconnectedness between biodiversity, climate change and health risks; there is inconsistent understanding of the role of upstream prevention in reducing health risks present across sectors, institutions and communities.
Fragmented institutional landscapes	Effective cross-sectoral collaboration and accountability frameworks for implementation of prevention are limited by diverse institutional decision-making processes with difference in values, incentives and cultures. There are often inconsistent, ineffective or insufficient communication channels and coordination mechanisms at play, and institutions are not always clear on their roles or responsibilities.
Lack of policy integration	There are a limited number of frameworks and policies that link environment and health. Existing global normative frameworks such as the Quadripartite OH Joint Plan of Action are yet to be translated into national level framework legislation. There remains an overall lack of integration of environmental data and how it links to health risks for decision-making, including into national biodiversity strategies and action plans.
Lack of investment and capacities	There are significant challenges in accessing sustainable finance for prevention activities. Existing resource allocation and distribution patterns are unequal and often do not encompass the breadth of One Health issues[37], notably with respect to the environment sector. Within individual sectors, necessary infrastructure, capacities and resources needed to enable intersectoral collaboration and coordination are missing.
Siloes	Many stakeholders involved in fields relevant to One Health have limited experience of working together. This limits collaboration and coordination as well as intersectoral science-based knowledge sharing, intelligence gathering and response planning. The lack of integrated action spanning both local and global scales also limit sharing lessons learned across geographies and activities.

[36] One health joint plan of action (2022–2026): working together for the health of humans, animals, plants and the environment

[37] A., Mwatondo, Jan2023, A global analysis of One Health Networks and proliferation of One Health collaborations, The Lancet

Rationale

Call to action

There is an urgent need to better understand and manage the interactions between humans, animals, plants and the environment. Such effective management will help to reduce health risks at the interface of ecosystem, animal and human health and move towards social, economic and environmental sustainability and achievement of the Sustainable Development Goals.

The issues are multiple, complex and evolving and any solutions will need to focus on collaborative and systemic approaches. N4H believes a new partnership is needed to bring government hosts together with technical experts to design systemic solutions to OH issues. Solutions should bridge existing knowledge gaps around upstream prevention and include traditional knowledge and expertise from a wide group of stakeholders, take into account structural and socio-economic factors, and empower the environment sector to play a more pronounced role within the health field.

This section highlights the rationale for a new N4H MPTF as the most effective mechanism to respond to these gaps.

Addressing the environmental dimension of OH through upstream prevention and implementing OH principles

There is an unfilled niche in upstream prevention, which looks to reduce disease prevalence at the source, and in particular in consideration of the environment component. Upstream prevention of disease and health risk reduction necessarily requires the strengthening of biodiversity conservation and the integration of animal and ecosystem health measures into public health considerations. The few initiatives which do exist in this space tend to be highly scientific, conducting surveillance and risk mapping of pathogens, rather than concrete interventions to tackle the root causes of disease emergence at the environment-health interface. There is an urgent need to address the environmental drivers of disease risk, and the socio-economic, political and legal "blind spots" in detection of and response to disease threats and epidemic/pandemic emergence.

Fostering action on the ground through tailor-made strategies to assess, build, enable & sustain OH at a local / national / regional level

There is a need to promote integrated policymaking, evidence-based actions on the ground, and capacity building across various sectors such as health, environment, and sustainable development. Operationalization may include increased integrated surveillance, detection and reporting of environmental drivers of health risks or zoonotic disease. Policies may be integrated or informed towards results-based planning and decision-making. Civil society sectors, for instance, women, youth, and indigenous populations and local communities, will be meaningfully engaged towards cross-sectoral outbreak prevention measures. Enabling conditions will be built, likely to include training technical and field staff and developing digital and IT systems, while integrating traditional knowledge holders. Sustaining impacts will necessitate cross-sectoral engagement, information sharing and integrated decision making, along with successful internal and external outreach to secure One Health financing.

Collaborating between intersectoral and multidisciplinary partners to overcome silos and advance OH impacts

OH recognizes that no single entity, institution, government department, or discipline has a comprehensive understanding of the entire system. Reducing siloes and promoting collaboration and coordination of stakeholders will enable action – a prerequisite to approach the complexity of the risks at the ecosystem-animal-human interface. Any OH initiative requires representation from animal health, human health and from the environmental sector. It also requires ownership emanating from the location where the work is being undertaken – in this case, local, national or regional governmental representation. Advancing OH impacts will also require leveraging existing knowledge and technical expertise.

Supporting projects that utilise a participatory, demand-led approach based on systems principles

Traditional ways of managing risk have served well in the past but are no match for the complexity and unpredictability of emerging conditions. A "systematic approach" means acknowledging the complexity and unpredictability of emerging conditions and working collaboratively with others to make sense of the complexities. Building on a OH approach, systems practice requires that stakeholders engage with the system, rather than merely observing it from the outside, in order to bring about effective change. This will have an impact on the timeline. Implementing OH systemically and sustainably takes time and patience.

Pooling and integrating multiple donor contributions efficiently and transparently

OH encompasses complex, potentially global issues, that must be addressed at scale by multiple partners. An MPTF, which is a pooled resource mechanism, ensures that all contributions will be collected in a trust fund and allocated through a process of collective expert determination. Contributions are administered by the MPTF Office and pooled with other partner resources to achieve greater impact in order to leverage the SDGs. This type of vehicle is important for OH as it ensures financial viability, and innovative sources of financing and governance arrangements. Critically, fund administration covers the receipt and deposit of financial contributions from donors, as well as treasury and investment management, disbursement of funds, production of annual and certified financial reports, and the timely closure of projects and funds.

Learning and sharing insights and integration into global policy and knowledge networks

There is a need to support the development of national, regional and global frameworks to underpin the policy foundation that can enable prevention interventions at scale and provide a clear pathway for institutional and cross-sectoral collaboration. N4H will promote continuous and systematic learning. This includes identifying best practices and documenting learning through knowledge management systems. This will likely include increased awareness on and media coverage of the linkages between biodiversity, climate change and health.

Operating on the basis of accountability, social equity, transparency, transformation and value-creation

Any OH collaborative approach will involve working with different types of organisations with different incentives, business models and approaches. These differences need to be recognised and respected, but there will need to be a shared OH vision and agreement that a combined effort is the only way to solve the complex challenges we are facing. This will require clarity about the kind of relationships and partners that underpin the work and what each partner is bringing to the table. It will require discussion on what N4H is trying to achieve and what it can be held accountable for. Fundamental to this is trust, which will grow over time as relationships are forged and outcomes are realised. A set of principles should help develop mutually empowering relationships and establish ways to ensure accountability, equity, transparency and to address issues around power imbalance and value creation.

Nature for Health

N4H is a global initiative, working nationally to reduce health risks by strengthening the environmental aspects of OH using systemic practice. **Systemic practice helps to explore highly complex and uncertain situations such as One Health by exploring inter-relationships, perspectives and boundaries in order to generate change that is feasible, desirable and sustainable.** Through an initial seed funding contribution (EUR 50 million) from the BMUV-IKI, N4H will assist countries and regions to develop coordinated policies, generate and disseminate evidence on the links between biodiversity, climate and health and support decision makers and other relevant actors to take measures focused on prevention.

With eight initial Partners, N4H brings together leading UN agencies, governments, intergovernmental organizations and civil society groups in the field of environment and health, each of which leverages extensive, multisectoral and diverse One Health practical experience. These Partners include: the International Climate Initiative (IKI) of the BMUV-IKI, Secretariat of the Convention on Biological Diversity (CBD Secretariat), United Nations Development Programme (UNDP), UNEP, WHO, WOAH, EcoHealth Alliance (EHA) and International Union for Conservation of Nature (IUCN).

With a Secretariat based at UNEP headquarters in Nairobi, Kenya, the N4H governance structures include a Steering Committee and an independent Technical Advisory Group. The Fund is administered by the United Nations Multi-Partner Trust Fund Office (MPTFO) based in New York, United States of America.

Theory of Change

The Nature for Health Theory of Change (ToC) posits that by implementing preventative OH approaches in selected jurisdictions by 2050, the risk and impact of future health risks, including zoonotic epidemics and pandemics, emanating from environmental degradation, climate change, land use changes, biodiversity loss, animal husbandry and wildlife trade and consumption, will be reduced.

As a systemic initiative, N4H will promote a widespread understanding of the importance of biodiversity and environmental conservation and position long-term preventative action firmly in human health policies and programmes. N4H will catalyse integrated policymaking, evidence-based action on the ground and capacity development across sectors (e.g., health, environment, development) at the local, national, regional and international levels to foster OH approaches that fully integrate environmental dimensions to prevent health risks, with an initial focus on potential zoonotic epidemics and pandemics.

N4H aims to achieve more holistic policymaking by creating further evidence for the links between biodiversity, pollution, climate and health, as well as by working with actors on the ground to demonstrate how cross-sectoral approaches can be integrated into measures to address health risks and reduce pandemic risk through work on preventative OH approaches in key jurisdictions. N4H supports decision makers and relevant actors to implement actions at the ecosystem, animal and human health interface.

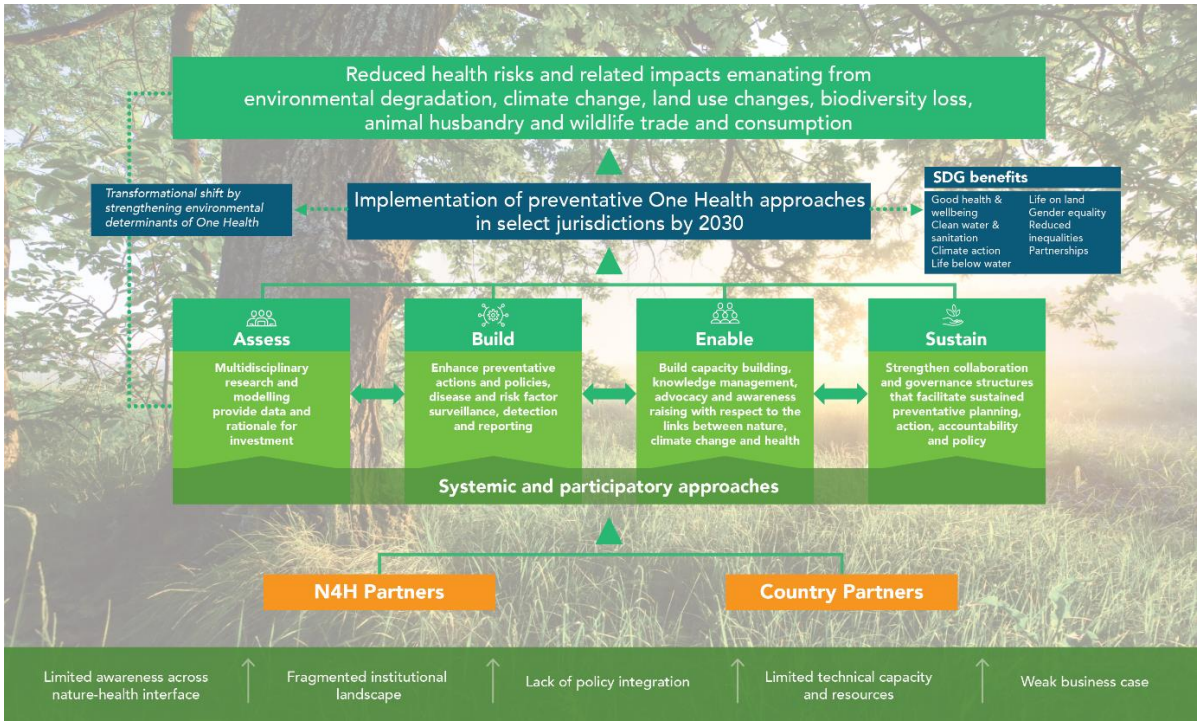


Figure 2: N4H Theory of Change

N4H aligns with, and will contribute towards existing OH initiatives, policies and frameworks. These include implementation of the Kunming-Montreal Global Biodiversity Framework (GBF) as well as the Quadripartite's Joint Plan of Action, most specifically Action Track 6. Another important component is the strengthening of existing (and, where necessary, creation of new) OH governance and coordination mechanisms at regional and national levels, linked into efficient networks bound through the OH approach. These efforts will foster sustainable and effective cross-sectoral collaboration.

Work areas

The impact of N4H is to achieve reduced health risks and related impacts emanating from environmental degradation, climate change, land use changes, biodiversity loss, animal husbandry and wildlife trade and consumption. The goal of N4H is the implementation of OH approaches in select jurisdictions by 2030 which will be achieved through four Fund Outcomes:

- Assess: multidisciplinary research and modelling data and rationale for investment
- Build: preventative actions and policies through legal environments, disease and risk factor surveillance, detection and reporting
- Enable: capacity building, knowledge management, advocacy and awareness raising with respect to the links between nature, climate change and health
- Sustain: collaboration and governance structures that facilitate sustained and strengthened preventative planning, action, accountability and policy

The Work Areas are not tackled sequentially but run in parallel to allow for adjustment based on context and need. For example, the implementation of OH initiatives on the

ground may inform the enhancement of evidence. Similarly, a strengthened or newly established OH structure will facilitate outreach activities and capacity building. Lessons learned from the country selection processes, the scoping / design phases, and the implementations in-country are archived in an interactive learning network, which increases operationalisation and sustainability while sharing collective knowledge amongst partners and more broadly to include countries where N4H has yet to work.

All four Work Areas are complementary and interlinked. Keeping in mind two key components of the ultimate outcome, cross-sectoral and scale (global, regional, national and subnational levels), it is important to note that each Work Area will require both action by different Partners, so that cross-sector collaboration and mutual learning is ensured, and also action on different levels, involving target groups from regional or national, down to and including, community level.

Contribution to the Sustainable Development Goals

Health is a fundamental human right and the third SDG calls on all stakeholders to ensure healthy lives and promote wellbeing for all at all ages. N4H aims to directly contribute to SDG3 by strengthening the capacity of countries in risk reduction and the management of national and global health risks.

Health challenges are complex, integrated and interlinked and go far beyond SDG 3. The OH concept reinforces the ambitions of the SDGs — to anchor health in development, recognizing that good health depends on and contributes to other development goals, underpinning social justice, economic prosperity and environmental protection[38]. In this vein, N4H will have impacts across multiple SDGs, including SDG 13 Climate action, SDG15 Life on Land, SDG 16 Peace, justice, and strong institutions, and SDG 17 on partnerships.

The impact on individual SDGS will depend on the specific country's context and will be further described in jurisdictional action plans, but broadly speaking, the Fund will contribute to the attainment of the following SDGs:

	**SDG 3.** Good health and wellbeing – Targets contributed to may include 3.3 (epidemics), 3.d (capacity strengthening for early warning, risk reduction, management of national and global health risks).
	**SDG 10.** Reduced inequalities – Targets contributed to may include 10.6 (enhanced representation and voice for developing countries).
	**SDG 13.** Climate action – Targets contributed to may include 13.1 (strengthen resilience and adaptive capacity), 13.3 (improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction)
	**SDG 14.** Life below water –Targets contributed to may include 14.1 (prevention of marine pollution), 14.2 (sustainable management of marine and coastal ecosystems)

[38] Dye, C. One Health as a catalyst for sustainable development. Nat Microbiol 7, 467–468 (2022). https://doi.org/10.1038/s41564-022-01076-1

	SDG 15. Life on land – Targets contributed to may include: 15.1 (conservation, restoration, sustainable use of ecosystems), 15.2 (sustainable forest management), 15.5 (reduction of degradation of natural habitats), 15.6 (fair and equitable sharing of the benefits from genetic resources), 15.c (combating poaching provision of sustainable livelihoods to local communities)
	SDG 16. Peace, justice, and strong institutions –Targets contributed to may include: 16.6 (effective, accountable, transparent institutions), 16.7 (inclusive, participatory, and representative decision-making), 16.8 (participation of developing countries in institutions of global governance)
	SDG 17. Partnerships for the goals –Targets contributed to may include: 17.6 (North-South, South-South, triangular cooperation), 17.7 (development, transfer of technologies), 17.9 (capacity-building in developing countries)

Governance

N4H relies on an efficient and effective decision-making and oversight framework that ensures streamlined allocation processes and clear lines of accountability. The governance structure (Figure 3) consists of five bodies: the Steering Committee, the Technical Advisory Group, the Secretariat, PO and the MPTFO. The governance structure has three key functions, namely guidance and decision making, operations and implementation.

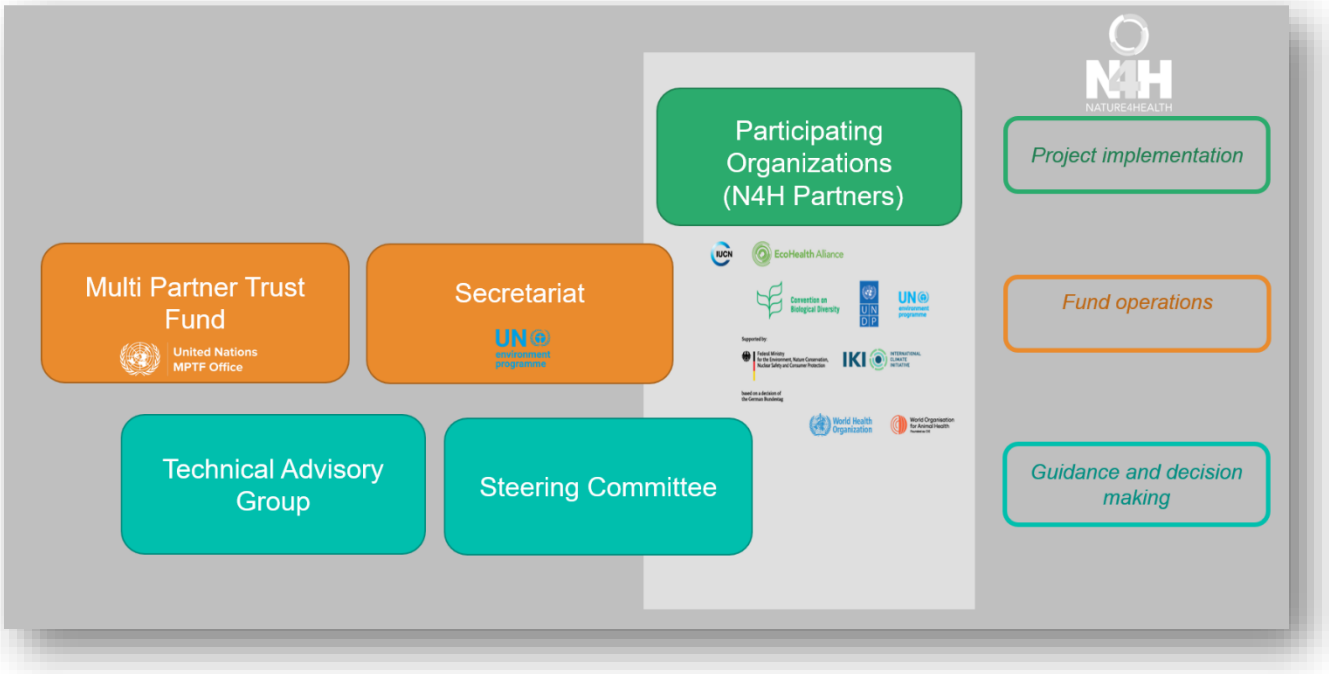


Figure 3: N4H Governance Structure

Steering Committee

The Steering Committee (SC) is responsible for N4H's strategic direction, developing and approving the global work plan and strategic priorities, and programmatic and financial allocations. The SC is also responsible for mobilizing additional resources for N4H. The SC must:

- Provide general oversight and exercise overall accountability of N4H in accordance with the N4H ToR and associated Operations Manual;
- Provide strategic direction consistent with the objective and scope of N4H, taking into account recommendations from N4H TAG (see section below on the TAG for more information), and review and endorse strategic documents;
- Guide the overall development and resource mobilization of N4H.

The SC is composed of a senior representative from N4H Participating Organisations and a senior representative from the MPTFO serving as an ex-officio member. A maximum of 12 members may serve on the SC at any one time. Potential SC members including donors are invited to submit a letter of interest to the SC outlining their commitment and contribution to preventative OH.

The initial members of the SC are BMUV/Germany, the SCBD, UNDP, UNEP, WHO, WOAH, IUCN, and EcoHealth Alliance. As N4H grows, additional seats may be provided to donors, governments, Non-Governmental Organizations (NGOs) or private sector actors, provided the limit of 12 SC members is not exceeded. In order to maintain this number, some seats may be held on a rotational basis, as determined by the SC. New members are agreed by the SC.

Decisions of the SC are taken by consensus. The SC is chaired by one of the UN Organizations, on a biennially rotational basis, in a manner to be determined by the SC, with the inaugural Chair held by UNEP. The representative of the participating organization that is serving as SC Chair will also designate an alternate Chair. The minimum number required to be present to make decisions (quorum) is two-thirds of the SC Members. If any SC Member or its affiliate or employee is engaging in direct support to the preparation and/or implementation of the funding request which is under consideration by the SC, the Member shall disclose such involvement to the Secretariat through a Conflict-of-Interest mechanism.

Criteria and procedures for new members are agreed by the SC. SC membership may expand in the future to include representatives of organizations that are not Participating Organisations. Donors who contribute more than US$10 million are eligible to fill an available seat on the SC. The composition and rules of procedure of the SC are outlined in the Steering Committee Terms of Reference in the Operations Manual.

Technical Advisory Group

The Technical Advisory Group (TAG) brings independence, expertise and diversity to N4H. The TAG is composed of a maximum of 12 experts and practitioners from relevant sectors and disciplines in academia, private sector and civil society. Members represent the broad range of disciplines relevant to One Health, including science, policy and governance related sectors and are selected by the SC. The TAG plays an important role in guiding the development and implementation of the N4H initiative, but it does not have any formal

decision-making authority or fiduciary duties. Any advice provided by the TAG is non-binding.

TAG members serve in their personal capacity and convene 3-4 times a year to support the SC on technical matters. Themes covered by the TAG may include inter alia: monitoring, knowledge management, science and best practice, and finance. As a group, the TAG acts together, through the combined strengths of their individual professional contributions, to ensure the technical integrity, relevance and complementarity of N4H to:

- help ensure scientific robustness in the development and implementation of N4H;
- review relevant N4H reports and other materials for technical correctness and broad applicability; and
- advise on the research, analysis and knowledge management of the initiative.

Each TAG member is entitled to actively participate by providing technical inputs on specific or general issues concerning the N4H as requested; reviewing proposals, expressions of interest, policy documents, reports, capacity-building materials and other documents to ensure technical quality, consistency and appropriateness; and providing written advice to the SC on N4H technical matters.

The Technical Advisory Group Terms of Reference in the Operations Manual detail the scope, role and function of the TAG.

Participating Organisations

Participating Organisations (PO) are leading environmental and health organizations who join N4H to apply their unique knowledge and skill sets to strengthen the environmental aspects of preventative OH. POs shape the operational and technical aspects of N4H. By joining N4H, POs demonstrate leadership in preventative OH and agree to fully participate in regular virtual meetings and one annual face to face meeting; share knowledge, networks and experience; and collaborate with others. All POs commit specific financial or in-kind resources and gain the possibility (not the guarantee) to access funding. These commitments, made during the N4H conception phase, have been included in Annex II and will be revisited as PO responsibilities are further defined and country needs are more firmly established.

POs nominate focal points to regularly participate in ad hoc working groups focusing on key operational topics. They function as the main conduits to their organization and identify and link other relevant technical personnel within their organization with the PO and the Secretariat as needed. New POs might include UN organizations, governments, inter-governmental organizations, non-governmental organizations, private sector and donors following invitation from the SC and agreement to support N4H objectives and actions.

UN entities are eligible to be POs upon invitation by the SC and following completion of the Memorandum of Understanding (MoU) that governs the establishment of the fund. The Fund MOU is based on standard UN procedures, recalling operational arrangement such as receiving contributions from donors, programmatic and financial accountability of implementers, transfer funds and reporting of projects/activities.

Non-UN Organisations (NUNOs) are also eligible to be POs. A Non-UN Partner who wishes to receive funds to convene and implement a project must undertake a due diligence

review with guidance from the Secretariat and the MPTFO and sign the Framework Agreement.

The Partners may also take on additional roles in a decision-making function as an SC Member in line with SC policies and procedures and/or in an implementing role. Additional agreements may be required if POs receive funds for implementation activities.

Secretariat

The Secretariat takes the lead in planning and implementation of N4H, coordination and day-to-day management, with responsibilities for governance, operations and programming, financing, monitoring and evaluating, communications and resource mobilization. The Secretariat provides coordination support to the SC, TAG, POs and MPTFO for administration, reporting, monitoring and evaluation (M&E), communications, resource mobilization, and other relevant functions.

All Secretariat staff report to the Head of the Secretariat, who is under overall guidance of the Coordinator of the Biodiversity and Land Branch, at UNEP's Ecosystems Division. The Head of the Secretariat is in charge of advising and supporting the SC, managing the Fund Secretariat, identifying and developing strategic partnerships, and overseeing resource mobilization and relevant advocacy activities. They are supported by three Programme Management Officers with one holding oversight and management, one focussed on M&E and one on communications and knowledge management. There are also two support positions.

The Secretariat Terms of Reference in the Operations Manual detail the scope, role and function of the Secretariat.

Multi Partner Trust Fund Office

N4H is structured as a MPTF to facilitate pooled funding and to reduce transaction costs for donors, governments and the UN. The MPTFO in New York has a broad portfolio of pooled financing instruments that address humanitarian, transition, development, and environmental challenges and is a partner to donors, UN organizations, national governments, NGOs, international finance institutions, and the private sector.

The MPTF vehicle provides a high level of visibility for donors at the global level as a result of a robust communication strategy and clear rules for each donor/contributor. Effective coordination and harmonization allow for multiple partners and constitutes a joint funding mechanism for donors. The MPTFO is a UN centre of expertise in pooled funding, dedicated to the design and administration of multi-stakeholder pooled financing instruments. The MPTFO manages over 244 trust funds and have received over 18 billion USD in deposits and invested in programmes overseen by 46 participating UN organizations.

The MPTFO serves as the Administrative Agent (AA) for the N4H initiative, with responsibility for fund design, establishment, and administration. The AA function is performed by the MPTFO in New York under the pass-through management modality. The Fund is administered in US Dollars and administration services include[39]:

[39] Described in section III and VI of the Participating UN Organization (PUNO) Memorandum of Understanding.

- Fund set-up: support to the Fund's design (Terms of Reference and Operation Manual) and development of legal instruments; and

- Fund administration: receipt, administration and release of funds to implementing entities in accordance with decisions from the SC and financial report consolidation.

The MPTFO, through its online portal GATEWAY[40], provides real-time financial data generated directly from its accounting system, which gives partners and the public the ability to track contributions, transfers, and expenditures. The MPTFO charges an overhead cost for performing the N4H AA functions in line with UNSDG policies and contribution agreements at 1% of N4H contract value.

The appointment of the Fund Administrator is legally formalized by signing the N4H MOU between at least two of the Participating UN Organizations (PUNOs), UNEP, UNDP, WHO, SCBD, and the MPTFO. The MoU provides the foundation for the MPTF and describes the pass-through financial set-up. The MPTFO responsibilities are further described in the Operations Manual.

Participating Organisation Principles

POs must comply with the N4H set of principles that include accountability, social equity, transparency, transformation and value addition.

Accountability is the obligation to answer for results and the way in which responsibilities are discharged. N4H will be accountable to its partners through defining expectations, monitoring and reporting on its performance robustly, and adjusting management decisions as necessary in view of achieved results.

Social Equity is at the centre of N4H's philosophy and actions, which dictates mainstreaming social inclusion, gender and equity, including for indigenous people and local communities (IPLCs). POs endeavour to align local interests with wider public health goals. Equity amongst partners necessitates fair distribution of resources and unbiased inclusive treatment of all parties, regardless of size or reach.

Transparency in availability and honest accounting and exchange of information plays a key role in building trust, allowing for effective collaboration which benefits all involved parties. Partners will practice open communication by ensuring consistent channels are maintained. An open shared space will be available for knowledge sharing and exchange on areas of concern, doubt or disagreement. All partners will demonstrate tolerance and respect for

[40] http://mptf.undp.org

diverse viewpoints, by engaging in honest conversation, active listening and avoiding discriminatory speech.

Transformation as a result of growth at the level of personal and collective consciousness comes from being bold and embracing uncertainty. POs utilize an ambitious integrated approach which challenges limits in order to share, adopt and scale up best practices to maximize impact. Creative problem solving, flexibility and adaptability allow for evolution in ideas, thought processes and implemented actions.

Value Addition results when partners contribute their diverse range of skills and work collaboratively to build on each other's strengths. Intelligent cooperation stems from understanding the interrelationships of partners and working according to areas of expertise across sectors for holistic benefit.

Stakeholders

Stakeholder participation lies at the heart of N4H. Information on the specifics of local contexts and key barriers to up-scaling OH practices and approaches are integrated when developing in-country initiatives. Extensive stakeholder consultations, with a particular emphasis on indigenous peoples and local communities, as well as vulnerable groups within those communities, are key and are followed by co-creation processes with these stakeholders in developing solutions that create health, environmental, social and economic benefits.

This section identifies groups that either contribute to or are impacted by the OH approach in N4H. They are interconnected, as they are bonded by the N4H prevention approach, with the aim to reduce trade-offs, which favours a "working together" approach to create further synergies amongst them and achieve the best health outcomes for animals, people, plants and the environment.

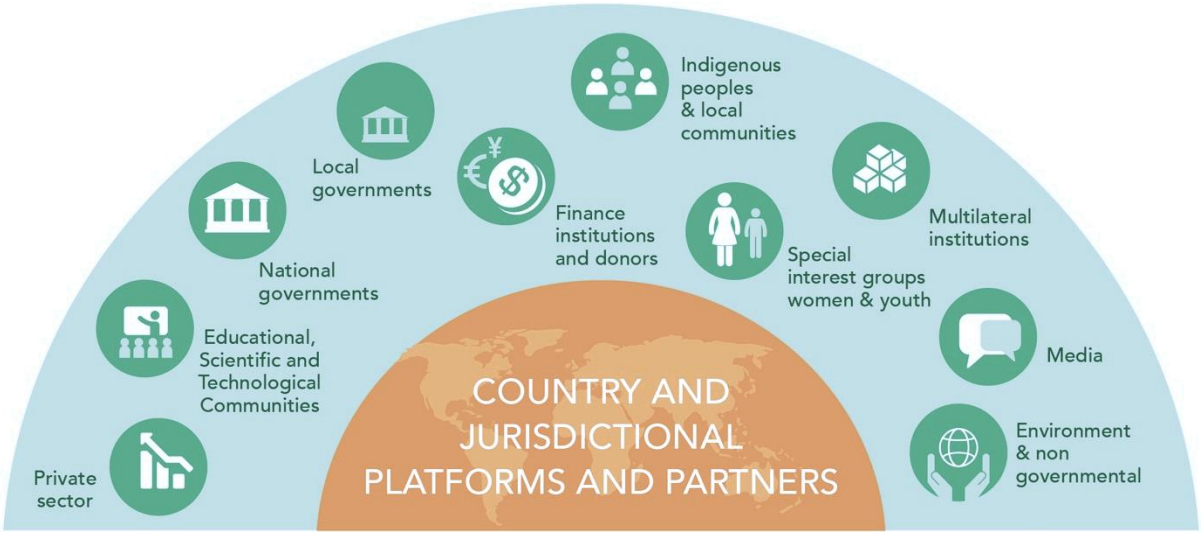


Figure 4: N4H country-based stakeholder groups

Government

Governments are public bodies with responsibility for providing a stable, regulated environment and public services, and play a critical role in driving change and facilitating

OH at scale. Since the COVID-19 pandemic, health promotion and the avoidance of pandemics is at the top of many government agendas. As the global community strives to find appropriate health risk prevention mechanisms, national governments play a vital role in mainstreaming biodiversity preservation into health policies, laws and regulations through a variety of ministries including health, agriculture and environment. Local governments have direct experience in providing public services and finding solutions to biodiversity, energy, waste, water, sanitation, land use, and health issues.

Non-Governmental Organizations

NGOs play an important role in holding governments to account, ensuring proper representation and upholding the rights of people and the environment. NGOs include a huge variety of organization type, size and capacity, and may focus on human health, animal health and/or the environment, operating locally, nationally or internationally. NGOs often act as guardians of the environment with technical knowledge and strong advocacy skills, with the ability and legitimacy to organize, mobilize and implement. The strength of NGOs is highly country-specific and can be highly relevant for preventative OH.

Indigenous Peoples and Local Communities

Comprising less than 5% of the world's population, IPLCs protect 80% of the global biodiversity. As custodians of nature and holders of traditional knowledge, indigenous peoples' identity, culture, languages, heritage and livelihoods are naturally rooted in whole-system approaches and bring effective solutions for preventive OH. There is a unique opportunity to place IPLCs at the heart of N4H and ensure that their traditional knowledge and expertise is truly heard and integrated into preventative OH solutions.

Educational, Scientific and Technological Communities

Educational, scientific and technological communities play an important role in preventative OH solutions by providing a convening role, undertaking whole-system approaches and research, ensuring academic rigor, undertaking M&E and helping to draw out learning and experience. Many have open data collection and sharing approaches and are important in both identifying gaps but also for implementation and education. Educational communities may be engaged in order to better embed biodiversity and climate aspects in the definition and practice of healthy lifestyles.

Women and Girls Groups

Girls and women both substantially affect and are affected by preventative OH approaches. Women typically represent half of the agriculture workforce in developing countries. Women play a labour-intensive role in livestock management and are often responsible for selling wild animals in markets. Women and girls are usually the first to experience the impacts of health risks at the environment-health intersection, as biodiversity loss compels them to travel greater distances for wood, water, plants and animals for food necessities. This frontline role disproportionally exposes them to the risk of disease, including zoonotic disease spillover events. Women and girls' groups will be consulted to raise awareness and apply the dual lens of gender empowerment and biodiversity linkages within the OH approach.

Private Sector

Business (e.g., industrial, finance, agriculture) and the corporate philanthropic sector play a role in advancing technological (e.g. laboratories, devices,) and risk management (e.g. insurance) solutions, as well as with respect to resource mobilization for sustainable long-term financing of biodiversity conservation and climate change mitigation and adaptation. Their contribution, support and further engagement in pandemic prevention through the enhanced integration of biodiversity and climate considerations in OH approaches will be important as N4H evolves.

Children and Youth

Children and youth are active players in protection and management of the environment and natural resources, as well as in the promotion of human and animal health and well-being, economic and social development. Their engagement is important so that their concerns and priorities are integrated as N4H evolves.

Operations and programming

The N4H Operations Manual sets out the procedures for managing the day-to-day technical, administrative and financial components. It codifies policies, rules of procedure and guidance in accordance with the signed legal agreements to ensure compliance with the overall strategy of the N4H Initiative and is issued by the Secretariat, the MPTFO and the SC. To avoid repetition of the N4H Operations Manual, only the mains sections are headlined below.

Funding modalities

There are two funding modalities available to N4H. Under the first modality, the Secretariat may issue a call for proposals under terms and conditions as determined by the SC. POs and non-partner organizations are eligible to submit proposals under this modality. The second modality is direct funding allocations to PO to gain access to this modality.

Funding windows

There are two funding windows available. A targeted support window is for short term interventions with a budget between USD 150,000 to 250,000 and can be approved by the Head of Secretariat based on an agreed Scoping Project Document. Non-United Nations Organisations are required to sign a Financing Agreement. An implementation support window is for longer term interventions, with a budget of approximately USD 2 million and must be approved by the SC based on completion of an Implementation Project Document. Additional funding windows or changes to the window allocations can be made with agreement by the SC.

Project financial management

The AA makes disbursements from the Fund Account, in accordance with decisions from the SC, in line with the approved programmatic documents, i.e., Annual workplan or Project Document. Funds are disbursed in USD and reported back in USD using the UN operational rate of exchange at the date of the transaction. Implementing Partners may request extensions or revisions by submitting a justification to the SC through the Secretariat no later than 6 months before the operational end date of the project. Potential scenarios envisaged for budget revisions are outlined in the Operations Manual.

Risk Management

A risk management strategy developed by the Secretariat considers the nature of risks in relation to implementation of the Nature for Health global workplan, as well as the Green Climate Fund Safeguards. It defines N4H's risk tolerance, establishes policies in relation to identified risks, and determines the type of risk management required through risk mitigation measures or adaptation. Risk monitoring is done by the Secretariat as part of their regular reporting duties and responsibilities. Key mitigation or adaptation measures taken, in accordance with the risk management strategy, and their influence on achieving the expected results, are highlighted. A further risk assessment per selected country may be realized in the operational phase.

Monitoring and Evaluation

The M&E process is conducted to provide guidance to the PO and others. The M&E process is based on performance indicators and methods of data collection and analysis. It is credible, independent, impartial, and transparent. It assesses the progress, efficiency, effectiveness and sustainability of N4H results and its contribution to achieving national priorities, informed decision-making, and knowledge generation. POs share M&E reports with the N4H Secretariat and the SC is responsible for final approval.

The Fund will carry out one terminal evaluation to assess N4H project progress at the end of each project in each phase, as part of the project budget. In addition, the SC may commission periodic independent learning and review exercises relating to the programmatic aspects in accordance with agreed evaluation guidelines.

Reporting

POs provide the AA with annual financial statements prepared in accordance with their accounting and reporting procedures, as agreed upon in the legal agreement (MOU / Framework Agreement). The Secretariat provides financial reporting on Secretariat activities. Narrative reports are submitted by the POs to the Secretariat summarizing results and evidence-based achievements compared to the expected outcomes, outputs and indicators in the global logframe. The Secretariat consolidates the narrative reports and shares with the AA. On 31st May, a consolidated annual narrative and financial progress report is provided by the AA to the Donors for the previous year depicting the narrative and financial expenditures.

N4H, including its PO and the AA ensures that its operations are disseminated on the website of the AA[41]. Information posted on the website may include contributions received and from whom, SC decisions, funds transferred, annual expenditures, strategic documents and any other information as agreed between N4H Secretariat and the AA. In particular, the AA ensures that the role of the contributors and National Governments is fully acknowledged in all external communications related to N4H.

The AA and the UN implementing bodies are audited according to their own financial rules and regulations, in line with Framework for Joint Internal Audits of UN Joint Activities as agreed by the Internal Audit Services of PUNOs and endorsed by the UN Development Group in 2014.

Communications

N4H positions itself as a leading initiative in the environmental aspects of OH, provides a positive example to promote systemic and multi-sectoral approaches, shares knowledge among relevant stakeholders, and attracts further donors.

The SC is responsible for approving and reviewing implementation of the communication strategy. The N4H secretariat is located at UNEP, but N4H benefits from an independent identity and its own branded website to reflect the shared interests of the POs. Participating Organisations work at the forefront of the OH community and create novel content and

[41] http://mptf.undp.org

publications, and this capacity is leveraged for N4H communication and knowledge management products.

Concepts for shared communications content are agreed by POs and where possible co-developed, with roles, responsibilities and review processes developed to help the Secretariat remain flexible and responsive to communication needs whilst ensuring they reflect the interests of the POs. All outputs communicated by N4H are made publicly accessible. Inclusivity also means avoiding the use of technical jargon and using language that is inclusive in terms of region, gender, sexuality, race and ethnicity, and religion and belief.

To uphold the integrity of the N4H brand, external communications are consistent in language, format and style as outlined in the N4H style guidelines. Use of logos is consistent with necessary approvals.

Knowledge Management

Contributing to the growing body of knowledge on OH, including best practices, adds value and creates an important legacy for N4H. As an innovative initiative in an underserved niche, it is anticipated that new information and knowledge will be generated through the design, preparation and implementation of N4H actions. The N4H Knowledge Management Strategy guides knowledge management initiatives and aims to analyse, cultivate, document and disseminate knowledge, lessons learned, and innovations generated from implementation of the N4H initiative as a knowledge platform. Respect for and inclusion of indigenous and traditional forms of knowledge is central to the approach. Knowledge management activities are based on three areas:

(i) knowledge generation, learning and innovation;
(ii) knowledge sharing and dissemination; and
(iii) uptake and capacity development.

Resource Mobilisation

N4H seeks to build a horizontal resource mobilisation structure, where donors, mobilisers and recipients of resources have the opportunity to participate meaningfully in the design and implementation of N4H. Resources are mobilized at three levels: Contributions to N4H may be accepted from Governments of Member States of the United Nations or from inter-governmental or non-governmental organizations, and/or from private sources.

Financial donations should be non-earmarked and are pooled in the MPTF. Once the amount has been determined, the Secretariat introduces the contributor to the AA to finalize the contribution through a Standard Administrative Agreement. Exceptionally, earmarking at the thematic or regional level will be discussed with the Secretariat, AA and SC.

Acceptance of funds from the private sector is guided by criteria stipulated in the UN system-wide guidelines on cooperation between the UN and the business community. Acceptance of funds from the private sector is guided by criteria stipulated in the UN system-wide guidelines on cooperation between the UN and the Business Community, according to the Common Management Feature 6 of the MPTFO. Resources are not accepted from industries or institutions whose objectives and activities conflict with the objectives and values of N4H.

Contributions from the private sector are subject to a due diligence process. The Secretariat requests the contributor to complete the Risk Assessment Tool and submits it to the AA who commissions an independent review. If the contribution is deemed within acceptable risk, then the Secretariat submits the Risk Assessment Tool to the SC with a recommendation.

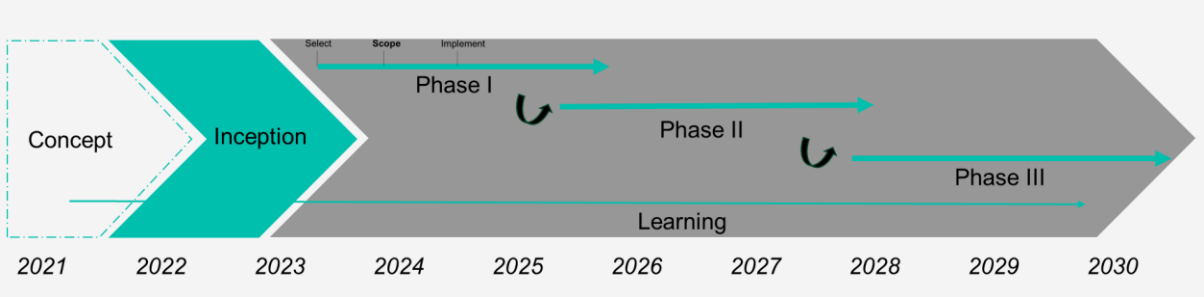
MPTFO supports N4H resource mobilisation efforts.

Current work program

Phased approach

Through an initial contribution of EUR 50 million from the German Federal Ministry for the Environment, Nature Conservation, Nuclear Safety and Consumer Protection (BMUV) via Germany's International Climate Initiative (IKI), N4H assists countries and regions to develop holistic and coordinated policies, generate and disseminate evidence on the links between biodiversity, climate and health and support decision makers and other relevant actors.

This initial seed funding enabled N4H to develop the foundational governance structures and operational processes and allows for N4H to work with up to 18 low- and middle-income countries (or states or regions), focusing on activities targeted towards reducing the risk of zoonotic diseases, in jurisdictions where there are high risks of zoonotic disease spillover and challenges in managing them. N4Hs current programming cycle is divided into a concept, inception and three phases of operational work as illustrated below:



N4H will work in these 18 countries over an 8-year period and will operate in three overlapping phases, with each phase lasting approximately 3 years. In each phase it is anticipated there will be interventions conducted in 6 different jurisdictions, with 2 million USD dedicated to each jurisdiction, balancing key criteria as developed by N4H. In Phase 1, jurisdictions were selected through an open call for "Expression of Interest" from governments. The SC may decide to use different approaches for later phases.

Focus on pandemics

The need for a broader perspective on disease risk, moving away from reaction and response, towards prevention and foresight that includes a focus on the environment, is especially clear, necessary, and feasible when addressing the risk of zoonotic disease spillover. By tackling the upstream drivers of zoonotic pandemics, there is a unique opportunity to go beyond managing disease outbreaks and stop potential epidemics and pandemics before they spill over from animals to humans. This means understanding the activities which bring humans, livestock and wildlife into close contact such as livestock rearing, wildlife trade and consumption, deforestation and urban expansion.

The costs of preventing pandemics are far less than the costs of managing global outbreaks. Zoonotic disease spillover and the epidemics and pandemics they can cause come at a high cost. An example is the 2013-2015 Ebola outbreak in West Africa which took over 11,000 lives and caused USD 2.8 billion in economic losses according to the World

Bank[42], with some estimates as high as USD 53 billion[43]. Similarly, highly pathogenic avian influenza viruses result in vast animal morbidity and mortality, threaten wild bird populations, cause losses of livelihoods and can be fatal to humans. By 2022, COVID-19 caused over 6.5 million deaths and cost the global economy an estimated US$12.5 trillion.

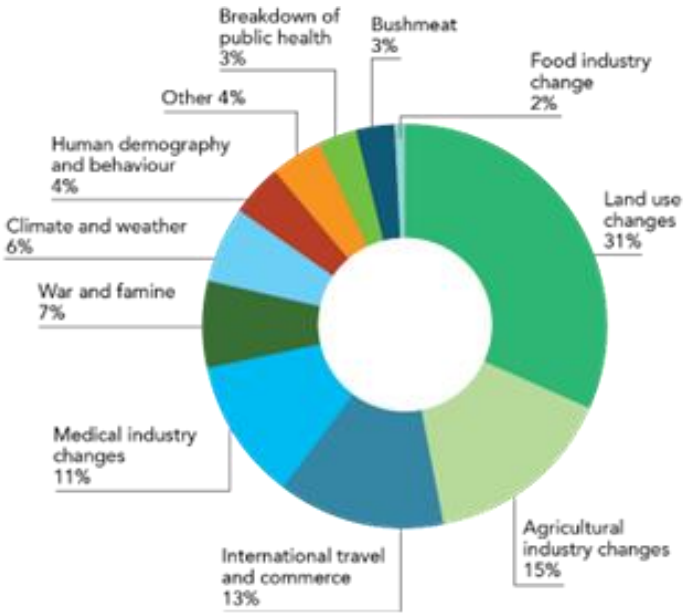


Figure 5: Drivers of Zoonotic Emergence[44]

N4H objectives on pandemic prevention

- Engaging decision makers to mainstream public policies, thereby contributing to the global effort by tackling the earliest stages of disease emergence and reducing the risk of zoonotic disease spillover
- Strengthening systemic and intersectoral approaches to disease risk monitoring and addressing environmental drivers of risk, as well as socio-economic, political and legal "blind spots" in the detection of and response to disease threats and pandemic emergence
- Creating and promoting evidence and awareness of the value of inter-sectoral upstream prevention, particularly economically but also including through creating shared definitions, understanding and approaches
- Catalysing change by helping decision makers and relevant actors make use of key evidence in order to help prevent future pandemics and enhance planetary health

[42] Centers for Disease Controland Prevention, 2016. Cost of the Ebola Epidemic. Cost of the Ebola Epidemic | History | Ebola (Ebola Virus Disease) | CDC. World Bank, 2016. 2014-2015 West Africa Ebola Crisis: Impact Update. 2014-2015 West Africa Ebola Crisis: Impact Update (worldbank.org)
[43] Huber, Caroline, Lynn Finelliand Warren Stevens, 2018. The Economic and Social Burden of the 2014 Ebola Outbreak in West Africa. The Journal of Infectious Diseases, Volume 218, Issue Supplement_5, 15 December 2018, Pages S698–S704
[44] UNEP Frontiers 2016 Report Loh et al. 2015: https://wesr.unep.org/media/docs/assessments/UNEP_Frontiers_2016_report_emerging_issues_of_environmental_concern.pdf

Inception phase

N4H was conceptualized at the end of 2021 and an Inception Phase followed through 2022. During the inception phase, the initiative was detailed, and the implementation context was better understood as all aspects of implementation were discussed, agreed and documented in an Operations Manual. A key take-away from this stage was the importance of stakeholder involvement and commitment so that constructive activities are built in the programming phase. The full programming cycle is outlined in the Operations Manual, which is fine-tuned to meet the scale, scope and needs of the initiative.

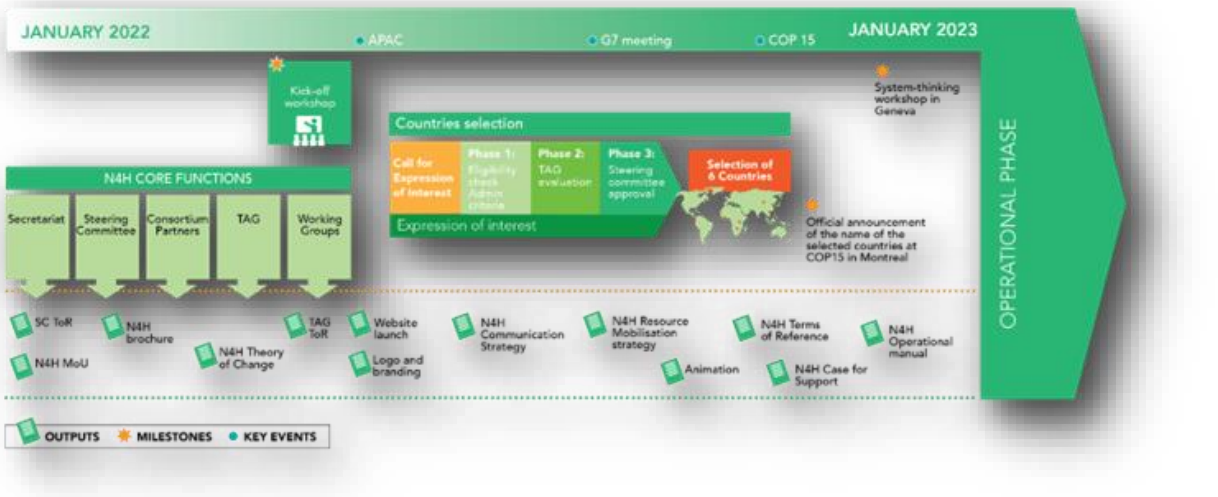


Figure 6: N4H Inception Phase

The inception phase supported the preparatory work necessary to frame the operational phase by defining project scope, risks and feasibility issues and carried out preparatory work including the global work plan. A series of foundational activities was undertaken, including communications, outreach, research and situational analysis. The most important achievements included:

Governance and set up: A key priority was defining the N4H governance and implementation structure. Governance bodies are now established with relevant Terms of Reference in place and are working well under rules and policies in line with MPTFO. The N4H governance structure has 5 key components, each of which was a key development area including the SC, PO, TAG, Secretariat and the MPTFO. Evaluating the evolving OH landscape and the key partners working in this area was also a clear priority.

Global work plan: By the end of the Inception Phase, N4H was ready to start its implementation work. A major focus was on program design including agreement on the programming cycle, global work plan and a joint review of the Theory of Change. The geographic focus was identified through an open call Expression of Interest, definition of the regional scope and selection criteria and engagement with country representatives. Finally, a growth mindset was established across the Partners and initial resource mobilization steps taken.

N4H Launch: With the support of its Partners, N4H was publicly launched at a select number of events in 2022, starting with an initial announcement on World Wildlife Day in March and culminating in December at the CBD COP 15 in Montreal to welcome the first

round of Country Partners. These key events were supported by development of a visually attractive and independent logo and brand image, select online and social media tools (website, LinkedIn, Trello) and a broad suite of communication materials (brochures, animation, blog, reports, PowerPoint materials) designed to introduce N4H, establish the case for primary prevention and attract new partners and funders.

Inception Phase		
Events	UNEA 5.2	N4H launch
	CBD / SBSTTA	Consultation
	Geneva Health Forum	Keynote address
	Africa Protected Areas Congress	Hosted N4H side event to attract partner countries
	G7 roundtable	Consultation
	CBD COP 15	Partner announcement & stakeholder roundtable
Products	N4H brochure	Publication with N4H overview, governance, approach
	N4H website	Website with N4H overview, governance, approach
	Case for Support	Publication on the business case for investment
	Animation	Animated video introducing prevention and N4H
	LinkedIn page	Low key social media presence
	Partner video	Video of Partners introducing and explaining N4H

Phase I

Phase I consists of three stages: country selection, scoping, and implementation.

Country selection

For its first phase of work, N4H employed an open call for "Expressions of Interest" to decide on its geographical scope and coverage. The Country Partner governments were invited to express their interest to engage with N4H to ensure demand driven interventions.

Broadly disseminated through formal and informal channels, more than 60 applicants from 49 jurisdictions (countries, sub-national entities and regions) in low- and middle-income countries and regions where biodiversity is threatened and risk of animal-to-human disease transmission is high, with endorsements from agriculture, health and environment ministries, expressed their interest in a systemic process to implement preventative One Health approaches with technical support from the POs. This response rate amounts to over a quarter of the world's countries.

All Expressions of Interest were initially assessed for eligibility before being reviewed by the N4H TAG. Selection criteria centred on 1) the risk of zoonotic disease spillover, 2) a commitment to collaboration and OH, and 3) potential as an N4H Partner. The Expressions that met or exceeded the TAG expectations were put forward to the SC who made the final selection based on responses to questions posed in the EoIs, geographic and representational balance, and selection for countries at different stages in their preventative

One Health journey. Six countries were selected for Phase I: Ecuador, Ghana, Mongolia, Rwanda, Vietnam and Zambia.

The geographic scope of future phases will be decided based on further analysis of Phase I. Much of the information on priorities in target countries and regions will come from further analysis conducted in the scoping / design phase. The analysis will build on existing and new evidence on the links between environment, pollution, climate and health, as well as on best practices and work carried out.

N4H seeks to leverage the performance of existing OH approaches that have a particularly strong environmental and climate connection. This will enable countries, stakeholders and communities to increase trust in, and hence the uptake of such approaches in the target countries and regions.

Scoping

During the 3–6-month scoping stage, country teams undertake a series of consultations and ultimately develop an Implementation Project Document, which will outline how the country's N4H intervention will reduce the risk of spillover through One Health actions. The objective of the scoping stage is to design a systemic inquiry and generate a common understanding among stakeholders. The result of the scoping exercise is an agreement to guide the implementation phase in which partners undertake specifically identified and prioritised activities agreed by stakeholders. The scoping stage concludes when a feasible, desirable and sustainable Implementation Project Document is co-developed by partners and approved by the N4H Steering Committee. The scoping stage is a limited exercise estimated to last 3-6 months and be completed by the end of 2023 / early 2024.

Implementation

The implementation stage is expected to last 2 to 3 years and be based on country interests and priorities, as agreed in the scoping stage, which support the N4H overall outcome areas as illustrated in the N4H Theory of Change diagram (see Figure 2).

Growth strategy

N4H comparative advantage

N4H offers an unprecedented opportunity to different, like-minded and motivated partners to come together to collaboratively tackle global problems at their root. While the goal of implementing deep prevention and risk reduction in the OH space is a challenging one, we are confident in the comparative advantage of the N4H agenda and its ability to provide a pathway for partnership capable of facing these challenges.

N4H has a growth strategy to fulfil its objectives. The initiative has secured initial seed funding of EUR 50 million from Germany but needs to go beyond 15-18 countries to include all countries at high risk for zoonotic disease spillover. N4H also intends to go beyond pandemic prevention to address the environmental determinants of a broader range of OH issues through its systemic, participatory approach. There is a clear interest from countries in the N4H offer to:

1. Address the environmental dimension of OH through upstream prevention and implementing OH principles

2. Foster action on the ground through tailor-made strategies to assess, build, enable & sustain OH at a local / national / regional level

3. Collaborate in an intersectoral multidisciplinary way amongst key partners to advance OH impacts

4. Support projects that utilise a participatory, demand-led approach based on systemic practice

5. Pool and integrate multiple donor contributions efficiently and transparently

6. Learn and share insights and integrate into global policy and knowledge networks

7. Operate on the basis of accountability, social equity, transparency, transformation and value-creation

The future growth of N4H will be key to its success and impact. Growing N4H over the long term will enable N4H to continue to offer opportunities for creating pathways towards the implementation of a systemic, participatory approach to prevent health risks at the source.

Using this funding effectively is essential, as the results generated during this period will have a significant impact on N4H's longer term prospect to raise additional funds. In addition to attaining additional anchor funding, where possible, N4H will also support resource mobilisation efforts in the broader OH space, including resources which do not pass through the MPTF but go directly to the countries where N4H is working. This might include joint fundraising efforts with like-minded organisations or advocacy events to ensure OH remains high on the agenda of decision makers globally.

This requires N4H to position itself in the environmental preventative niche within the broader OH space and strengthen working relationships with organizations such as the

Quadripartite and its Joint Plan of Action, as well as with regard to operationalizing approaches by Member States and the World Bank's Pandemic Fund (FIF).

N4H growth strategy

N4H aims to leverage future investments to achieve three core objectives: to deepen its investment in pandemic prevention in the countries it initially invested in, to broaden its impact to 50 countries in pandemic prevention and to invest in new OH issues.

The role of additional partners will be critical to scaling up this work. Such partners will be pioneers in One Health, strengthening the growing international recognition of its vital importance and investing to bring benefits to people and the planet.

In the short term, N4H aims to attract additional anchor funders. Increasing N4H seed funding and the number of contributors in the short term will send a signal that the international community recognizes the importance of N4H's objectives and its ability to address them. A long term, fully resourced initiative is needed to overcome barriers around short-termism and insufficient investment in this space.

Sustain initial N4H projects

In the first phase, N4H will work with up to 18 low- and middle-income countries (states or regions) in 8 years, focusing on activities targeted towards reducing the risk of zoonotic diseases, in jurisdictions where there are high risks of zoonotic disease spillover and challenges in managing them.

A key opportunity for new partners to join the initiative is to support this initial investment and match funding in these countries to deepen the impact of N4Hs initial catalytic investment.

Initial investment into each jurisdiction totals US$2 million per country. N4H will seek to secure further resources to deepen impact in each of those countries with further investments of approximately US$10 million per country, depending on need (US 8 million x 18 =US 144 million to sustain the initial N4H projects).

Secure further investment in pandemic prevention

While potential zoonosis spillover hotspots can be found on all continents, high risk areas are in some 50 countries concentrated in developing countries which are experiencing land-use change and livestock intensification along with the growing human population and the economy, and where disease outbreak management capacities are limited[45]. This cross-continental swathe of land comprises three times as many countries as N4H is currently able to support with existing funding.

Given the rapid transmissibility of new pathogens, neglecting even one of these high-risk countries could raise the potential for epidemic or pandemic zoonotic disease outbreak. N4H, in the medium term, therefore aims to broaden impact and work to address pandemic prevention in all 50 countries identified as high risk.

[45] Allen et al. (2017), Global hotspots and correlates of emerging zoonotic diseases, Nature Communications volume 8, Article number: 1124

The further investment needed to implement action in all 50 high-risk countries totals to an estimated US$450 million over 15 years.

Expand work across other health issues

Acknowledging the broad set of health risks at the ecosystem-animal-human nexus, the long-term goal of N4H is to expand its structural and thematic reach to include all health risks. Beyond zoonotic diseases, this could include food- and waterborne diseases; neglected tropical, vector-borne and emerging infectious diseases; non-communicable diseases; and AMR. N4H aims to leverage the work it has conducted on pandemic prevention activities to expand its remit. For example, strengthened intersectoral collaborations in its current jurisdictions could be utilized to work on a host of other interconnected health risks, from water resources management and WASH activities to reduced drought vulnerability and waterborne disease risk, to nature based green and blue solutions to combat heat island effects in cities.

Activities around disease risk monitoring can be repurposed for monitoring health risks beyond zoonoses – for example evidence on changing weather patterns can be instrumental in adapting agricultural practices to mitigate the impacts of climate change-driven food insecurity, while knowledge about the distribution of wildlife can inform human-wildlife conflict mitigation measures. Awareness around the benefits of prevention created by the initial N4H projects can be utilised to enhance support for further activity development with a focus on the environmental dimension of health. Already conducted capacity development can be built on to implement future projects more efficiently and effectively.

Many pandemic prevention activities conducted by N4H in the short- and medium-term will significantly contribute to laying the groundwork for future work across other health issues. An estimated cost for the future activities of such an expanded remit has not yet been calculated, as it will be determined by the outputs of current pandemic prevention activities.

Value of the MPTFO

Due to the MPTF structure, contributors are strongly encouraged to provide multi-year, non-earmarked donations. if specific resource partner policies require earmarked contributions for thematic work areas, N4H will try to find creative solutions however the objectives is to avoid earmarking. As an MPTF, N4H has the benefit of:

1) facilitating pooled funding from multiple sources, offering contributors efficiencies, shared risk and overall funding coherence, and
2) allowing for contributions to be allocated through a process of collective expert determination.

Partnerships

In seeking partners, N4H will invite those who align with its ethos, mission, values and systemic approach. Resource partners will have the opportunity to become POs, and additionally potentially have a seat at the SC, if they meet the necessary requirements.

Appropriate donors and resources will be targeted while N4H remains flexible and open to following opportunities that may arise. N4H intends to flatten the traditional donor-

implementer-beneficiary relationship and ensure fund recipients are active participants in the design and implementation of activities. In line with its inclusive ethos, N4H aims to draw resources from a wide range of donors, collaborators and partners. N4H anticipates welcoming different types of partnership including resource partners, support partners and technical partners. This is central to help avoid duplicative efforts, build capacity and to maximize impact. In the Operations Manual, partnership criteria communicate the different partnership types and purpose and how they overlap, intersect with and/or complement N4H's work. These will be largely but not exclusively in the OH space.

Annex I

Provisions applicable to all funding provided through N4H

Nature for Health MPTF Safeguards

All implementing organizations adhere to the MPTF on N4H Safeguards. These safeguards, which correspond to the seed funder's (IKI) safeguards and are in line with safeguards applied by UN Organizations, will be observed by all projects and funding provided through the Fund, regardless of its source.

Reporting on Performance Standards:

In the table below, please do the following:

Elaborate on the **environmental and social risks** potentially caused **by project or project-related activities** for every Performance Standard. Justify, where you expect no risks to occur.

Determine the **significance of risk** and **rate it A to C** (see below) for every Performance Standard.

Identify appropriate **risk mitigation measures** for each Performance Standard rated A to C.

The **guiding questions** provide orientation on the respective Performance Standards. Please refer to the IFC Performance Standards on Environmental and Social Sustainability for comprehensive guidance about how to assess potential risks. Performance Standard 1 does not apply in the IKI context.

Determining the significance of risks:

The significance of risks is based on the following aspects:

Scale (i.e. number of affected people, hectare) and **intensity** (i.e. degree of marginalization of vulnerable groups, degree of restriction of water access) of the (potential) impacts/disturbances

Frequency/recurrence of the (potential) impacts/disturbances (place, duration, timing) **Sensibility/vulnerability** of affected people, groups, species or habitats (in light of their adaptation capacities) **Irreversibility** of changes (in light of the potential to restore/regenerate the original conditions, after the (potential) impacts/disturbances have materialized) Determining the risk category for each Performance Standard: As a result of the screening for significance, each Performance Standard should be rated as follows: A – Activities with **high** adverse environmental or social risks and/or impacts that are diverse, irreversible, or unprecedented. B – Activities with **moderate** adverse environmental or social risks and/or impacts that are few in number, largely reversible, and generally site-specific. C – Activities with **low** adverse environmental or social risks and/or impacts. N/A – Activities with **no** adverse environmental or social risk and/or impact. Determining the overall risk category of the Project: The **overall risk category** corresponds to the **highest risk category** identified based on a **screening of all Performance Standards.** For projects **with an overall risk category A or B,** please integrate the most relevant **safeguards measures** and at least one safeguards-related output indicator into the overall project management and monitoring.

Overall risk category (A-C)	*C (final assessment to be conducted during the inception phase when individual countries and projects have been determined)*

Annex II

List of Participating Organisations potential contributions to N4H, see pages 51-69 in orginial N4H ToR here.