



# INTERFACE

## One Health Newsletter

Unified Voices for Global Health Security

AUGUST 2025 TO JANUARY 2026 ISSUE

**One Health**  
Secretariat



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# I : SPOTLIGHT

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## High Level Meeting on One Health: When Sectors Spoke with One Voice to Reaffirm Commitment for One Health

On a winter afternoon in Dhaka, policy makers and implementers across Bangladesh’s health, livestock, environment, and agriculture sectors gathered with a shared realization that the country’s future health security depends on protecting people, animals, and nature together. The high-level consultation titled *“One Health in Bangladesh: Opportunities, Challenges, and Future Strategies”* was convened by the Ministry of Fisheries and Livestock (MoFL) on 17 December 2025 at the Intercontinental Hotel, Dhaka. Honorable Advisers, Secretaries, Director Generals, and senior officials from all core One Health sectors came together to strengthen political commitment, improve multisectoral alignment, and chart a clear and actionable path forward for One Health in Bangladesh.

The consultation began on a solemn note, with a minute of silence honoring the martyrs of the July Uprising of 2024. Ms. Farida Akhter, Honorable Adviser, MoFL chaired the meeting and emphasized that One Health is no longer optional, it is essential for achieving optimal and sustainable health outcomes for people, animals, and the environment.

The meeting, graced by Ms. Syeda Rizwana Hasan, Honorable Adviser, Ministry of Environment, Forest and Climate Change (MoEFCC), as Chief Guest, and Professor Dr. Md. Sayedur Rahman, Honorable Special Assistant, Ministry of Health and Family Welfare (MoHFW), as Special Guest, reflected growing recognition of One Health at the highest levels of government.

A joint keynote presentation by Prof. Dr. Tahmina Shirin, Director, Institute of Epidemiology, Disease Control and Research (IEDCR); Md. Zahidul Kabir, Deputy Chief Conservator of Forests, Bangladesh Forest Department (BFD), and Dr. Md. Abu Sufian, Director General (DG), Department of Livestock Services (DLS) set the stage for discussion. The presenters traced Bangladesh's One Health journey against a global backdrop of emerging infectious diseases, pandemics, antimicrobial resistance (AMR), unsafe food, and climate-driven threats. They highlighted how environmental degradation, food insecurity, zoonotic and vector-borne diseases are increasingly intertwined, reinforcing the environment's central role in the One Health framework. Bangladesh's achievements were clearly acknowledged in the keynote, including the establishment of the One Health Secretariat which is a government-led coordination body responsible for inter-ministerial collaboration, progress in workforce development, coordinated outbreak investigations, stronger laboratories, and strategic risk communication initiatives. At the same time, existing gaps, including weak resource mobilization, limited community-level outreach, the absence of a structured field-level One Health mechanism, and insufficient policy integration, were highlighted.



The keynote also introduced the Third One Health Strategic Framework, which envisions a more balanced and optimized health for humans, animals, plants, and ecosystems. Ongoing investments, such as the Pandemic Fund supported early warning and surveillance system project and the World Bank-funded Health Emergencies Prevention, Preparedness, Response, and Resilience (PPRR) project were highlighted as major opportunities to strengthen national health security architecture.

During open discussion, moderated by the MoHFW Secretary, participants emphasized the importance of engaging NGOs working in hard-to-reach areas, strengthening primary healthcare systems for both humans and animals, expanding One Health governance to the field level, and aligning national strategies with global instruments such as the Pandemic Agreement. Greater attention to aquatic health, food safety, and plant health also featured prominently in the dialogue.



Senior officials from the Planning Commission assured that the World Bank-funded One Health project would be fast-tracked. The MoEFCC Secretary stressed that without functional multisectoral coordination, progress would remain slow, an observation echoed across the room. Reflecting candidly, the Special Assistant to the Chief Adviser, MoHFW noted that despite decades of effort, One Health still has a limited footprint. He called for renewed focus on people-centered approaches and greater orientation of frontline health professionals.

In her remarks, Ms. Syeda Rizwana Hasan firmly reasserted that the environment must sit at the core of development planning and requested relevant entities for swift approval of the National One Health Strategic Framework and the associated advisory committees to unlock coordinated action. As the meeting drew to a close, the Chair reaffirmed strong political commitment and praised the rotational leadership model for fostering shared ownership. With a vote of thanks from the MoFL Secretary, the consultation concluded with a clear message, Bangladesh is ready to move from commitment to action, together.

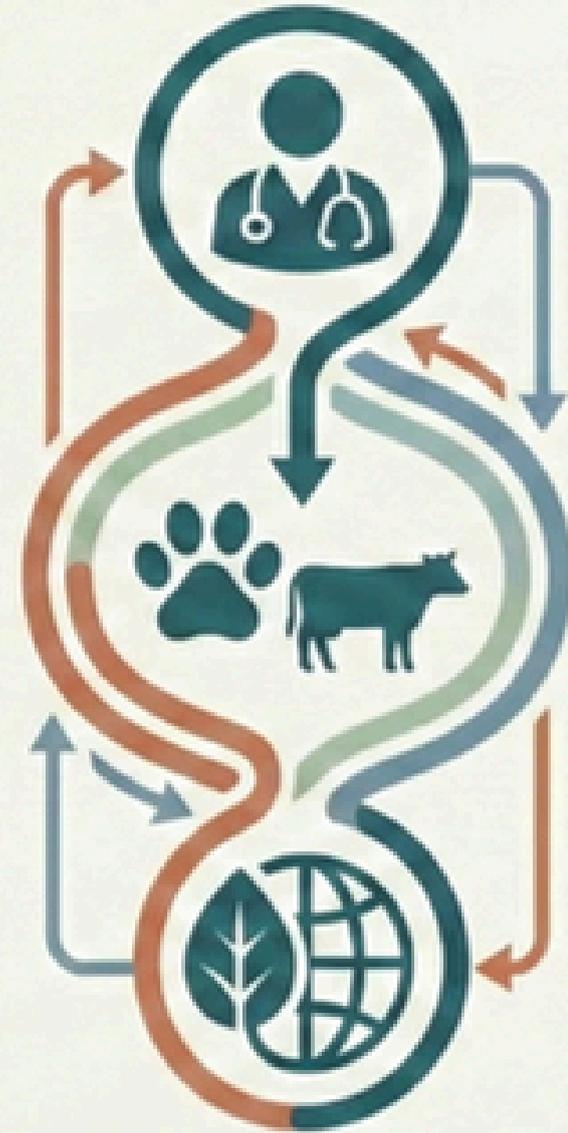
# Bangladesh Celebrates World One Health Day 2025

Bangladesh joined countries around the world in observing World One Health Day 2025, highlighting the country's growing commitment to a safer, healthier, and more sustainable future. The event was organized by One Health Secretariat in collaboration with One Health Bangladesh, a civil society-led One Health network, and icddr,b, bringing together around 200 participants at icddr,b's Sasakawa Auditorium.

This year's theme, "One Health: Together for a Safer World," captured the importance of coordinated action across human, animal, and environmental sectors. The program featured a keynote address on the One Health approach, a panel discussion titled "One Health in Action," and a poster exhibition showcasing student research. Speakers highlighted how cross-sector collaboration is helping Bangladesh address critical challenges such as zoonotic diseases, food safety, environmental degradation, and AMR.

Welcoming the participants, Dr. Tahmeed Ahmed, Executive Director of icddr,b, stressed the importance of One Health for global health security and encouraged practical, actionable steps for the future.

Guest of honour, Md Amir Hosain Chowdhury, Chief Conservator of Forests, BFD, called for stronger cross-sector coordination, greater awareness at community level, and sustained attention to biodiversity conservation. Dr. Abu Sufian, DG of DLS, reiterated his department's firm commitment to advancing the One Health agenda for a balanced health of animals, humans and ecosystems. He noted that DLS has been working steadfastly with other partners for developing a sustainable global health security architecture to prevent, detect and respond to epidemics, pandemics, AMR and food-borne illness, while reducing social and economic disruptions.





(Top) Participants exploring the exhibited posters.  
(Bottom) Award winners with honorable guests.



Photo Credit: icddr,b

The session was chaired by Dr. Tahmina Shirin, Director of IEDCR, who reaffirmed Bangladesh's commitment to building a healthier and safer nation through coordinated One Health action.

Eminent One Health expert Prof. Dr. Nitish Chandra Debnath presented a keynote and took the audience through the evolution of the One Health movement in Bangladesh, underscoring that interconnected threats, from zoonotic diseases to climate change, and AMR, cannot be solved in isolation.

The panel discussion focused on the growing challenges of anthrax, avian influenza and AMR. Panelists highlighted the recent re-emergence of H5N1 avian influenza, and stressed the importance of biosecurity, vaccination strategies, animal welfare, and sustained partnerships. They also called for increased domestic investment, coordinated surveillance, strategic communication, transparency of reporting, and stronger accountability mechanisms to build effective and resilient systems.

The poster competition that aimed to promote youth engagement drew an overwhelming turn out. About 100 student teams submitted posters which were rigorously reviewed by a jury of eminent professionals led by Prof. Dr. Sabrina Flora. The top ten teams displayed their posters at the venue, with awards presented to the top three posters selected by the jury and one chosen through a popular vote.

Observed globally on 3 November, World One Health Day serves as a reminder that protecting human health depends on protecting animals and the environment, and that the best solutions come when everyone works together.

# Communication, Collaboration, and Convergence through Transdisciplinary Excellence: Reflection of CVASU's 17th International Scientific Conference

Chattogram Veterinary and Animal Sciences University (CVASU) hosted its 17th International Scientific Conference from 26–28 October 2025, its first major international scientific gathering since the COVID-19 pandemic. Held under the theme “Transdisciplinary Integration of Terrestrial and Aquatic Ecosystems for Advancing Health, Food Security and Nutrition,” the conference marked a vibrant return to in-person global collaboration.

Eminent scientists from the UK, India, Vietnam, and Thailand joined national experts, early-career researchers, and students at this 3-day event. Across 14 technical sessions, 97 oral presentations and 63 posters showcased the growing momentum of transdisciplinary One Health research. Outstanding presenters were recognized with awards. A plenary session chaired by Prof. Dr. Nitish Chandra Debnath, Founder Vice Chancellor of CVASU, emphasized the urgency of cross-disciplinary collaboration and context-appropriate innovation.

During the inauguration, Prof. Chowdhury Rafiqul Abrar, Honorable Advisor, Ministry of Education, highlighted CVASU's role in bridging science, policy and practice. The conference concluded in the presence of Ms. Farida Akhter, Honorable Advisor, MoFL who applauded CVASU for creating a strong platform for young researchers.

A key highlight of this event was a pre-conference workshop on “Qualitative and Quantitative Analysis,” jointly organized by the One Health Institute (OHI) which is a One Health-related education, research and training institution housed at CVASU, CVASU and the CVASU Epi-Alumni team, alongside the launch of the Epidemiology Workbook, a milestone in strengthening research capacity. Post-conference training on dairy health, youth engagement in One Health, bird ecology, and udder health further enriched learning for future professionals.



Reflecting on the conference, Prof. Dr. Mohammad Lutfur Rahman, Vice Chancellor of CVASU and Conference Chair, reaffirmed the university's commitment to fostering a science- and technology-driven culture. Prof. Dr. Md. Ahasanul Hoque, Director of OHI and Conference Convener, thanked participants and organizers for their collective efforts in making the event a resounding success.



Photo Credit: CVASU

(Left) Panel discussion; (Middle) Interaction session; (Right) Award giving ceremony.

# Bangladesh Marks World Rabies Day 2025

Bangladesh marked World Rabies Day 2025 with rallies and a national seminar organized by the DLS. Ms. Farida Akhter, Honorable Advisor, MoFL, attended as Chief guest, while Professor Dr. Abu Jafor, Director General of Health Services (DGHS), joined as Special guest. The seminar was chaired by Dr. Abu Sufian, DG of DLS, and attended by veterinarians, physicians, journalists, animal welfare advocates.

Chief guest Ms. Farida Akhter called for a coherent, multipronged approach to achieve dog-mediated rabies elimination goals by 2030, emphasizing sustained mass dog vaccination, humane dog management to prevent bites, and tackling myths and misinformation. Dr. Abu Jafor highlighted the need to sustain current gains expanded access to life-saving measures, including post-exposure prophylaxis and immunoglobulin therapy, led by the DGHS in close collaboration with DLS and local government institutions.

These efforts have delivered remarkable results. Since 2013, Bangladesh has reported only 875 rabies deaths, saving more than 28,000 lives through vaccinating over 3 million free-roaming dogs and providing post-exposure treatment to more than 4 million bite victims via nearly 400 Integrated Bite Management Centers nationwide.

The keynote reinforced the importance of One Health approach to rabies elimination, emphasizing Bangladesh's strong cross-sectoral collaboration as a model for other countries. The panel called for greater community awareness, and effective use of modern communication tools to counter stigma and misinformation. In closing, the Chair reaffirmed DLS's firm commitment to eliminating rabies and supporting all collaborative efforts.



Audience at the event



Photo Credit: Department of Livestock Services



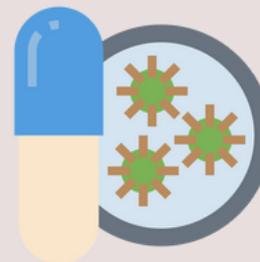


Speakers and audience at the event



Photo Credit: Department of Livestock Services

# Bangladesh Marks World Antimicrobial Awareness Week with Call for Collective Action



Bangladesh observed World Antimicrobial Awareness Week with a national seminar organized by the DLS on November 23, 2025. The event aimed to raise awareness and mobilize coordinated action to prevent AMR through the rational use of antimicrobials, with support from the Fleming Fund Country Grant and the World Organisation for Animal Health.

Policymakers, researchers, development partners, and sectoral stakeholders from human, animal, and aquatic health came together to address the growing AMR challenge through a One Health lens. Technical presentations highlighted alarming resistance trends in pathogens, overuse of antibiotics for treatment and growth promotion, limited access to diagnostic, weak farm biosecurity, irrational prescribing practices, widescale over-the-counter availability and misuse of antimicrobials, and inadequate measures to prevent environmental contamination.

Serving as the Chief Guest, Ms. Farida Akhter, Honorable Advisor, emphasized the far-reaching socioeconomic risks of AMR and called for immediate, evidence-based actions to ensure food safety, livestock productivity, and public health security.

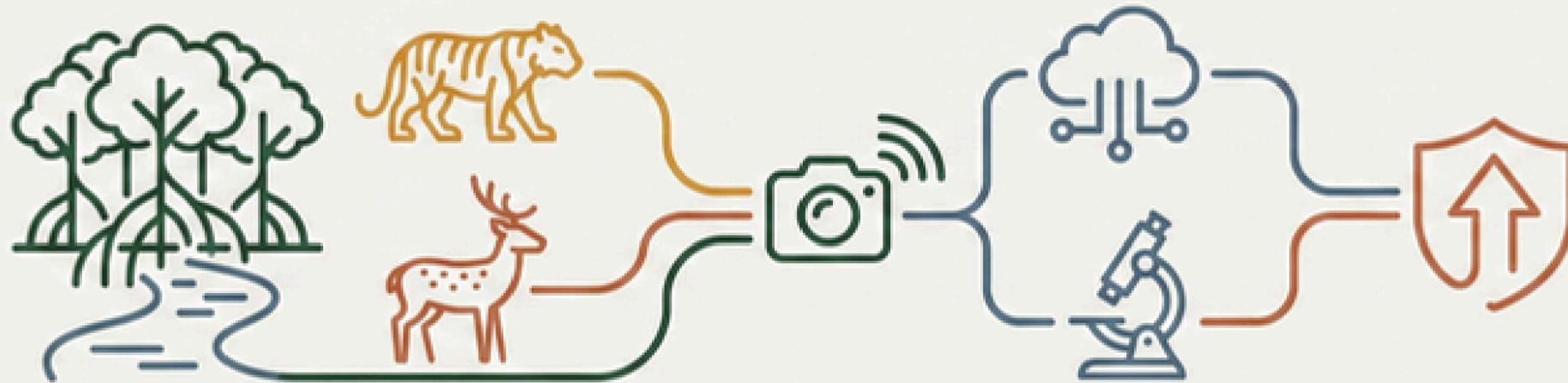
# II: TRACKING THE THREAT

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# Strengthening Wildlife Disease Surveillance in the Sundarbans

A wildlife disease investigation program supported by the Sundarban Tiger Conservation Project (STCP) is providing new insights into parasitic and infectious diseases affecting Bengal tigers and their prey, mainly Deer, Pig, & Monkey, within the Sundarban ecosystem. Implemented under Bangladesh Forest Department, the study analyzed fecal samples collected from wild animals across the Sundarbans through parasitological and microbiological examinations. The findings point to significant gaps in current wildlife disease surveillance systems. These results were shared at a recent progress meeting at Ban Bhaban, Agargaon, Dhaka, chaired by Md. Amir Hosain Chowdhury, Chief Conservator of Forests.

The program underscores the urgent need for One health approach to wildlife disease surveillance, integrating improved diagnostics, stronger inter-departmental coordination, community engagement, and enhanced capacity for disease management, to better prevent and control infectious diseases among wildlife, including the iconic Bengal Tiger,



Surveillance in action at the Sundarbans



Photo Credit: Bangladesh Forest Department

# A New Approach to Nipah Surveillance in Bangladesh

Nipah virus remains a serious public health threat in Bangladesh. The virus is transmitted by bats which are the natural reservoir hosts, and it can spread both between people and from animals to humans. With no specific treatment or vaccine available, early detection and rapid response are critical to prevent outbreaks and save lives.

For nearly two decades, Bangladesh has relied on hospital-based surveillance to detect Nipah cases. However, this system missed patients who died before they could be assessed or tested, leaving some infections underdetected and delaying public health action. To address this gap, researchers and public health authorities introduced an innovative approach called post-mortem surveillance. Between December 2023 and April 2024, three sentinel hospitals collected oral swab samples from deceased patients whose symptoms matched Nipah infection. Consent was obtained from families, and trained staff followed strict safety and cultural protocols.

The results were promising. Out of 246 deceased individuals screened, 10 met the criteria for suspected Nipah infection and were tested. One previously undetected Nipah case was confirmed through this method, triggering immediate contact tracing and community investigations, and helping ensure that no further infections occurred.

This pilot demonstrated that post-mortem surveillance is feasible, respectful, and effective. It fits smoothly into existing hospital systems, requires minimal additional resources, and can be carried out quickly, often within hours of death. Most importantly, it closes a critical blind spot in disease detection. By improving detection of zoonotic diseases like Nipah, post-mortem surveillance can strengthen protection for families, healthcare workers, and communities, while boosting national preparedness for future outbreaks.



# Human Anthrax Outbreak in Rangpur in 2025

In mid-September 2025, the Civil Surgeon of Rangpur reported several people in Pirgacha Upazila with unusual skin lesions after anthrax was confirmed in local cattle. With a clear human–animal link, IEDCR moved fast and sent an outbreak investigation team to the area.

From 13-17 September, the team worked in Pirgacha and identified 23 suspected human cases, of which 8 were confirmed by PCR. About 60% of the affected were men, and most were farmers and homemakers, groups most involved in meat processing. Cases were clustered in three villages, Nagorjitpur, Anondi Dhoniram, and Birahim, with illnesses occurring between July and September 2025. When investigators sat down with families and traced exposures, a consistent pattern emerged: every case reported contact with a sick animal, and almost all had handled cows (95.7%) within 15 days before symptoms started. The riskiest activities were the most familiar ones- slaughtering (13%), post-slaughter handling/processing (69.6%), and pre-cooking preparation (30.4%). Clinically, most patients showed classic cutaneous anthrax symptoms, including localized skin lesions, often on the fingers or hands. The average incubation period was 3.2 days. Encouragingly, most patients received antibiotics and no deaths occurred among confirmed cases.

The response went beyond case counting. The field team conducted community awareness sessions and distributed educational materials on safe handling of sick animals and meat, early careseeking, and the dangers of slaughtering or processing animals when ill.



Field team investigating in the community and building awareness



Photo Credit: IEDCR

The investigation made one thing clear that anthrax control is a One Health issue, and rapid response depends on strong cross-sector coordination. Real-time communication and data sharing between human and animal health services, both locally and centrally, can significantly speed response time. The team recommended routine surveillance for cutaneous anthrax, training local health practitioners on diagnosis and case management, and better logistics for specimen collection.

Most importantly, this event reaffirmed a simple truth that the best way to protect people is to stop anthrax at its source. Systematic livestock vaccination remains the single most effective measure to contain the disease, while reliable access to essential antibiotics, especially ciprofloxacin, ensures timely treatment. With quick detection, good field epidemiology, and strong coordinated One Health action, cutaneous anthrax can be contained and sufferings can be reduced.

# Protecting Lives Together: One Health Leads a Nationwide Rabies Initiative



In late September, something hopeful unfolded across Bangladesh, a nationwide effort to protect both people and animals from one of the deadliest yet preventable diseases.

From 28 September to 3 October 2025, the One Health Secretariat, in collaboration with the DGHS, DLS, IEDCR, and One Health Bangladesh, led a free rabies vaccination and awareness campaign across the country.

More than 20,000 doses of rabies vaccine, provided by the Communicable Disease Control of DGHS, were distributed to 49 private pet clinics and Upazila Veterinary Hospitals, ensuring wider access for pet owners. Alongside vaccination, the campaign focused on education from bite management and post-exposure prophylaxis to responsible pet care and myths versus facts about rabies. For many participants, the learning was eye-opening.

*Reflecting on the initiative, beneficiaries shared:*

*“Private clinics are often too costly. This campaign made it possible for me to vaccinate all my cats.”*

*“I used to think rabies only affects dogs, today I learned cats need the same protection.”*

*“We hope such programs continue, especially for stray dogs.”*

Volunteers from DGHS, DLS, One Health Bangladesh, One Health Young Voice, and the One Health Institute supported the effort led by animal health focal point of One Health Secretariat, distributing information, education, and communication materials, bite-response guides, and even thalassemia awareness leaflets.

Rabies prevention works best when communities, sectors, and compassion come together, this is the One Health way.

Vaccination in action



Photo Credit: One Health Secretariat

# III: SETTING THE COURSE

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# Second Joint External Evaluation (JEE): Where Bangladesh Stands on Health Security

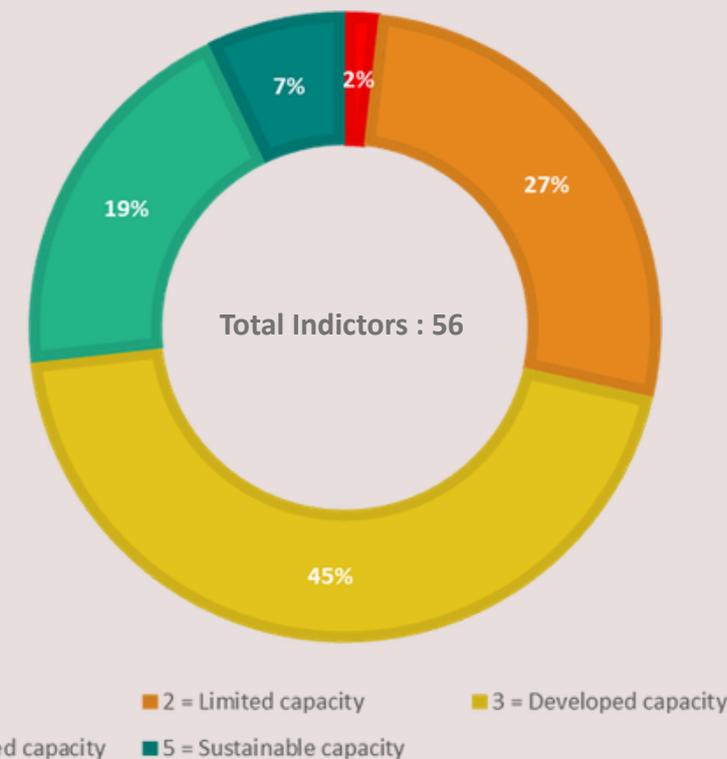
Bangladesh conducted its [second JEE from 7-11 July 2025](#) to assess the national capacity to detect, assess, notify, report, and respond effectively to public health threats that may cross borders, according to the International Health Regulations (IHR). The World Health Organization (WHO) member states adopted IHR in 2005. To support this, WHO introduced the IHR Monitoring and Evaluation Framework, combining annual self-reporting with peer review and independent external assessments. The JEE moves beyond self-assessment by bringing together national and international experts to provide an objective picture of a country's preparedness.



JEE indicators use a 1–5 scoring scale, with 1 meaning no capacity in place and 5 indicating a fully implemented, tested, exercised, and sustainable system. Eight years after completing its first JEE in 2016, Bangladesh is among a small group of countries worldwide to undergo a second review, signaling strong commitment to health security. The report commends Bangladesh for its strong immunization program and effective COVID -19 response, especially the contribution of animal health laboratories to case detection which was an important example of One Health collaboration.

## What the Assessment Found

Overall, the assessment presents a balanced picture of Bangladesh's strengths and weaknesses in meeting the IHR core capacities. About 7% of indicators show very strong and long-lasting capacity, while 20% demonstrate strong capacity that can last for a few years. Nearly half of all indicators (46%) show capacity is mostly developed but remain vulnerable due to limited or lack of funding. In 25% of the indicators, capacity is only partially in place, and 1% show no functional capacity yet.



## Areas of Strong Performance

Bangladesh performs exceptionally well in immunization, with all indicators receiving the highest possible scores. A competent workforce for IHR implementation is available and a strong system is in place for training of human resources. The country has also built strong AMR surveillance capacity, along with solid laboratory testing capacity and analysis and information sharing systems. Community engagement is another clear strength, supporting public health actions at the grassroots level. Case management systems are strong and sustainable, and public health responses at points of entry (POE) are well established.



## *Areas That Need Strengthening*

Several critical areas are functional but fragile. Zoonotic disease surveillance, early warning surveillance functions, event verification and investigation are in place but not yet supported by stable, long-term funding. Foodborne disease surveillance and response remain limited and require greater investment. The laboratory quality assurance, specimen referral and transport system, and diagnostic network are mostly developed but reliance on short-term funding threatens their sustainability.

The Emergency Operation Center is operational with a strong logistic and supply chain management system but lacks secure financing. A major gap exists in the activation and coordination of health personnel during public health emergencies, which requires urgent policy attention. Emergency risk assessment and preparedness planning are also underdeveloped. Although response capacity for zoonotic diseases is improving, coordination challenges persist. Food safety response systems, and are only partially developed and need substantial investment. Research and innovation for health emergency management is mostly developed despite sustainability issues.

Maintaining essential health services during emergencies remains a significant challenge, despite strong case management systems. Infection prevention and control measures in health facilities are only partially in place. Biosafety and biosecurity systems exist across sectors but lack sustained funding. Other gaps include limited progress in sanitary production practices, lack of risk-based approach to international travel-related measures, inadequate surge capacity of human resources as well as uneven risk communication and community engagement during emergencies. While chemical, radiological, and nuclear emergency management capacities are largely developed, long-term sustainability remains a concern.

The assessment also points to weaknesses in gender equity, incomplete enforcement of legal frameworks, and insufficient financing for IHR implementation and emergency response. In addition, while public health and security authorities are currently well linked, these linkages are not yet sustained through an established institutional system. Taken together, these cross-cutting gaps require urgent attention to ensure that preparedness efforts are equitable, enforceable, sustainable, and supported by formalized coordination mechanisms.

# Key Recommendations

*The JEE report recommends priority actions to strengthen preparedness and sustainability, including:*

Conducting a rapid legal review and strengthening accountability mechanisms

Increasing and stabilizing financing for health security

Ensuring a skilled, motivated, and well-balanced One Health workforce

Reviewing One Health service delivery and referral pathways

Moving toward integrated, multi-source surveillance systems that leverage digital tools for faster decision-making

# Looking Ahead



The next critical step is to conduct a Strategic Multihazard Risk Assessment. This will provide a detailed understanding of the broader risk landscape, covering both infectious and non-infectious threats, and guide the development of Bangladesh's next National Action Plan for Health Security (NAPHS), as well as inform a rapid legal review and the strengthening of accountability mechanisms. Together, these actions will help ensure a more resilient, responsive, and sustainable health security system for the country.

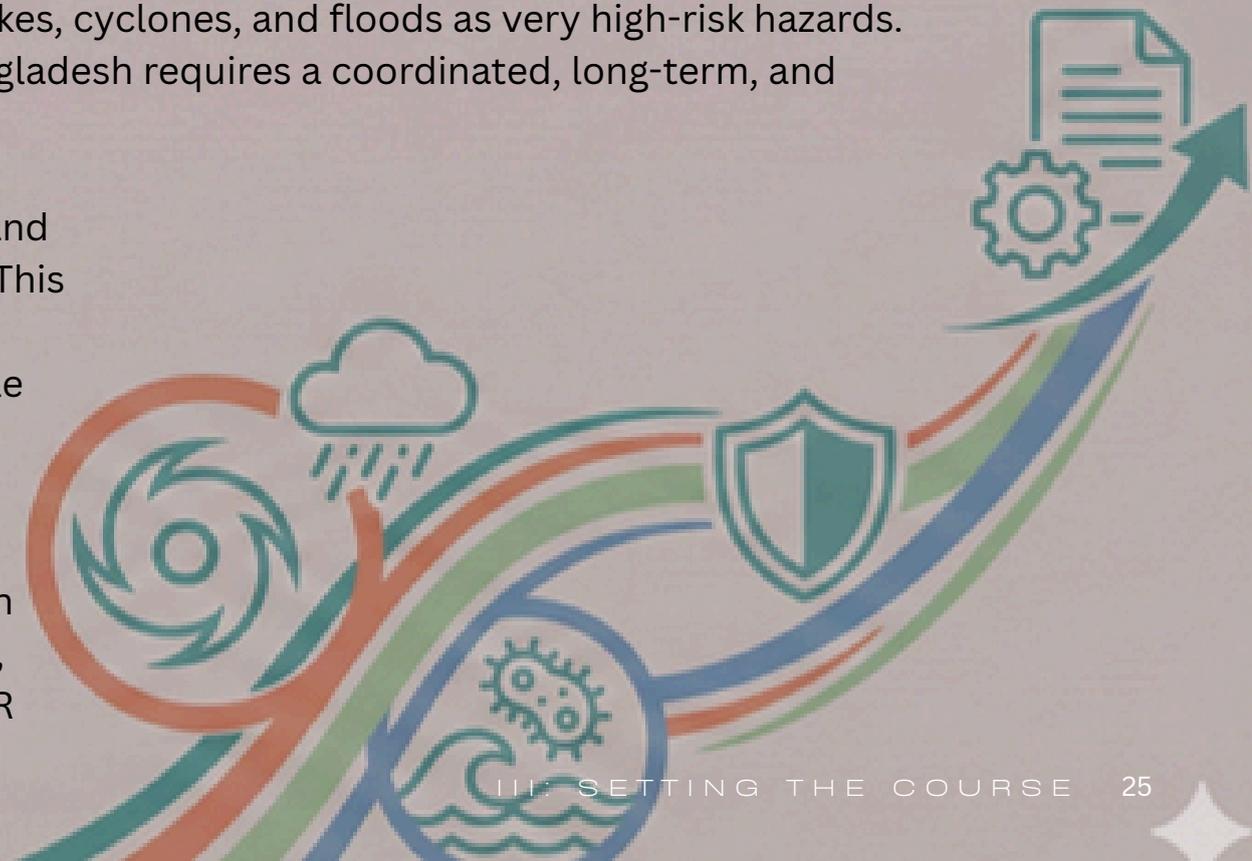
# From Risk to Readiness: Bangladesh Charts Its Path to Stronger Health Security

In Bangladesh, health emergencies rarely arrive one at a time. Cyclones, floods, disease outbreaks, and emerging threats often overlap, testing the country's resilience again and again. Recognizing this reality, Bangladesh has taken a decisive step forward by drafting its National Action Plan for Health Security (NAPHS) 2026–2030, a roadmap designed to turn vulnerability into preparedness.

Recent assessments, including the JEE 2024, States Parties Self-Assessment Annual Reporting (SPAR) 2024 which is a self-assessment tool used by countries for their annual reporting to IHR, identified both progress and gaps across preparedness, surveillance, financing, and workforce capacity. The Strategic Tool for Assessing Risks (STAR) workshop held in April 2025 further underscored the urgency flagging cholera, dengue, Nipah, antimicrobial resistance, earthquakes, cyclones, and floods as very high-risk hazards. These findings sent a strong message that improving health security in Bangladesh requires a coordinated, long-term, and multisectoral response. In response, the country has launched the NAPHS.

The vision is ambitious yet clear that by 2030, Bangladesh aims to achieve and sustain demonstrated IHR capacity (JEE score 4) across all technical areas. This includes a fully operational and robust One Health and all-hazards system, stronger early warning and surveillance, rapid response capacity, sustainable financing, a skilled workforce, uninterrupted essential health services, and reinforced points of entry and border health security.

The journey to NAPHS began in June 2025, led by the Planning and Research Division of DGHS. Through consultations, workshops, and technical reviews, a Core Working Group and multiple Technical Working Groups translated IHR assessments into practical actions. The process was fully country-owned, with technical and financial support from WHO.



The result is a two-part plan that turns assessment into action. The Strategic NAPHS lays out a clear pathway across all 19 IHR technical areas, organized under the familiar pillars of Prevent, Detect, and Respond, with strategic actions mapped to each of the 56 JEE indicators. The Operational NAPHS brings the strategy to life mapping out 267 time-bound activities covering all indicators and additional priority areas.



(Left) Director, Planning & Research, DGHS speaking at the event; (Middle) Honorable guests at the podium; (Right) Working group in action

Photo Credit: Planning & Research, DGHS

Beyond planning, NAPHS offers something equally important, i.e. structure. It provides a framework for advocacy, domestic and international resource mobilization, and coordinated multisectoral action. Progress will be tracked through established governance mechanisms, supported by risk mitigation strategies and regular monitoring.

To keep the momentum strong, both plans will be uploaded to the WHO e-NAPHS platform, enabling real-time tracking through an interactive dashboard. Newly formed IHR committees will oversee implementation, and an annual DGHS-led review workshop will support ongoing improvement.

With NAPHS 2026–2030, Bangladesh is moving forward with a whole of society approach, greater coordination, accountability, and resilience to meet future health threats.

# IV: ONE HEALTH ALLIES

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# South Asia One Health Project for Pandemic Kicks Off



In January, Colombo became a meeting point for a shared regional goal preparing better for the next pandemic. The South Asia Regional Capacity Building for Pandemic Prevention, Preparedness, and Response (PPR) through a One Health Approach was officially launched on 22 January 2026 in a kickoff meeting. This USD 4 million World Bank supported two years' project aimed at strengthening collaboration and capacity across South Asia.

Representatives from Bangladesh, Bhutan, and Sri Lanka met with partners from the Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation (BIMSTEC) Secretariat, the Food and Agriculture Organization of the United Nations (FAO), WHO, the World Organisation for Animal Health (WOAH), and the United Nations Environment Programme (UNEP).

Beyond formal sessions, what stood out were the exchanges among professionals in human, animal, and environmental health all committed to translating One Health into action and building durable regional systems for early warning, surveillance, and response.

By aligning national priorities with shared regional planning, the project aims to make South Asia more resilient to future pandemic threats.

V : A R O U N D T H E G L O B E

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Panel discussion featuring key initiatives on KMGBF implementation support for countries



Speaker delivering a session of analysis on nature-climate nexus and policy coherence

## What Bangkok Made Clear: Turning Biodiversity Promises into Practice

By the time the Asia-Pacific workshop on the Kunming–Montreal Global Biodiversity Framework (KMGBF) concluded in Bangkok, the conversation had clearly shifted. The question was no longer why biodiversity matters, but how countries can move faster from commitment to action.

Across the region, most countries are already revising or implementing their National Biodiversity Strategies and Action Plans (NBSAPs). Though progress varies, the challenges remain strikingly similar. Countries struggle to translate global targets into national indicators, fill data gaps, coordinate across ministries, and secure sustained financing beyond donor cycles. The ambition is there, but delivery systems have yet to fully catch up.

What stood out in Bangkok was a growing convergence around solutions. Participants agreed that institutional coordination is the main accelerator. Where biodiversity, climate, food systems, and health remain siloed, implementation slows. Where coordination mechanisms exist, even if imperfect, momentum builds. Clear mandates, high-level oversight, and routine inter-ministerial collaboration were seen as essential foundations.

Data and monitoring emerged as both a constraint and an opportunity. Fragmented datasets and complex indicators continue to burden countries, especially those with limited capacity. At the same time, there is strong appetite for simplified indicators, interoperable digital platforms, and regional data systems that reduce duplication and make progress measurable.

Despite growing ambition, financing remains a persistent bottleneck. While global initiatives like BIOFIN led by United Nations program have helped, countries called for more integrated and flexible approaches, linking biodiversity with climate and health finance, mobilizing private investment, and avoiding long delays between approval and disbursement. Regional pooled financing and blended mechanisms gained particular traction.

A unifying thread throughout the discussions was integration. Biodiversity is increasingly being framed through One Health, food systems, and climate resilience lenses. Nexus approaches linking biodiversity with climate, health, food systems are no longer theoretical. Countries now want practical tools, joint action plans, and shared monitoring frameworks.

Perhaps most encouraging was the renewed commitment to regional cooperation. Peer learning, shared indicators, and coordinated regional inputs into global processes such as the 17th Conference of the Parties to the UN Convention on Biological Diversity (CBD COP-17) were seen as practical ways to move forward together.

Bangkok did not deliver a single roadmap, but it delivered clarity. The region knows what needs fixing, where collaboration matters, and how biodiversity can anchor healthier, more resilient societies. The next step is turning that shared clarity into action, country by country, but never alone.



Photo Credit: UNEP

CBD regional dialogue for monitoring and reporting



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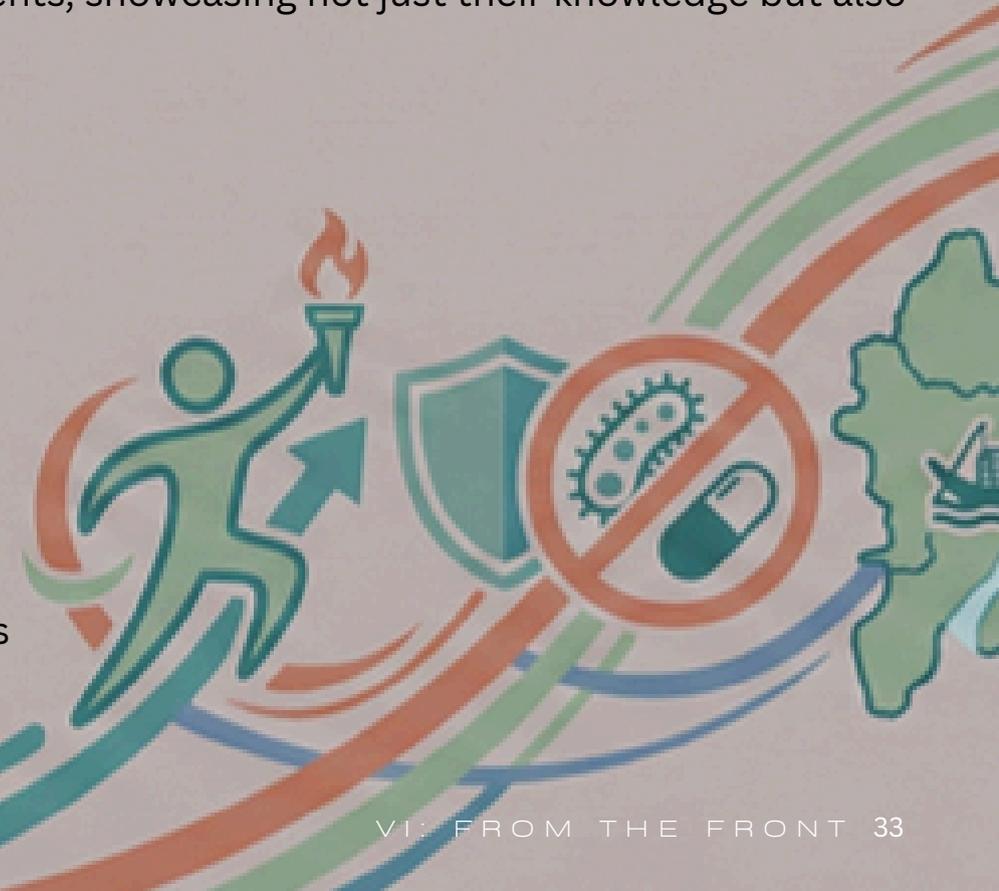
# Youth Power Takes the Lead Against AMR in Barishal

Barishal, a major city in southern Bangladesh, recently witnessed an inspiring push against AMR, led by a group of young health professionals. Supported by the UK Fleming Fund, FAO and the Bangladesh AMR Response Alliance (BARA) brought together veterinary and medical interns and students from Sher-E-Bangla Medical College and Patuakhali Science and Technology University for a lively One Health sensitization workshop. Right from the start, the workshop highlighted a crucial message that AMR is not just a medical or veterinary issue, it is a One Health challenge connecting human, animal, and environmental health. By engaging future prescribers early in their careers, the workshop aimed to build a generation of informed, responsible antimicrobial users who can champion AMR prevention nationwide.

The event kicked off with an energetic awareness rally from the Sher-E-Bangla campus to the hospital, followed by interactive discussions, awareness sessions, and the distribution of posters and banners to promote rational prescribing. Faculty members joined the students, reinforcing the message that combating AMR is a shared responsibility. This energy carried into a spirited AMR quiz competition that quickly became a program highlight. Medical and veterinary interns, working in mixed One Health teams, competed with enthusiasm, combining quick thinking and collaboration. The momentum continued with a fiery debate on whether responsible prescribing is more effective than law enforcement in fighting AMR in Bangladesh. Participants delivered sharp, thoughtful arguments, showcasing not just their knowledge but also their creativity and commitment to the cause.

The event wrapped up with an uplifting prize-giving ceremony, attended by Prof. Dr. Kazi Rafiqul Islam, Vice Chancellor of Patuakhali Science and Technology University, and Brig. Gen. AKM Moshiul Munir, Director of Sher-E-Bangla Medical College, and was chaired by Prof. Dr. Md. Faizul Bashar, Principal of Sher-E-Bangla Medical College. Winners of the quiz and debate competitions were honoured for their outstanding performances. To seal the day's learning, participants took symbolic "Oaths" on the colistin ban in animals, appropriate use of antibiotics based on WHO guidance, and prudent use of meropenem, marking their personal commitment to responsible antimicrobial practices.

By sparking awareness, building skills, and igniting motivation among students, this initiative is nurturing a new generation of AMR champions. Their leadership will be crucial in building a safer, healthier future for Bangladesh, guided by the One Health approach and a shared resolve to tackle AMR head-on.





Community session and vaccination campaign ongoing



# Reaching the Unreached: Friendship's 23-Year Journey of Impact

Twenty-three years ago, Friendship, an international social purpose organization, set sail with a single floating hospital, determined to serve people living in the most remote northern river islands (chars) and the southern coastal belt of Bangladesh. What began as a bold idea has since grown into a comprehensive, community-centered movement working hand in hand with marginalized populations to save lives, break cycles of poverty, and build resilience in the face of climate change. At the core of Friendship's work is a deep belief in community empowerment.

Rather than fragmented, siloed interventions, the organization champions integrated, community-led development. Through culturally appropriate health services delivered through hospitals, satellite clinics, and community health workers, Friendship has helped unlock the potential of communities too often labeled as "destitute," bringing quality care to places others rarely reach.

Primary health care forms the backbone of Friendship's health and nutrition programming, with a strong focus on disease prevention, nutrition, and maternal and child health. These efforts are designed not only to treat illness, but to build resilient, self-sustaining communities.

Recognizing the vital links between human, animal, and environmental health, Friendship has expanded its work into animal health and livelihoods. Improved livestock husbandry practices promoted by Friendship help reduce the risk of zoonotic disease emergence and discourage the unnecessary and indiscriminate use of antimicrobials. A dedicated cohort of animal health workers works closely with farmers to promote rational antimicrobial use, while integrated pest management and chemical-free agricultural practices help protect ecosystems and ensure a safer food supply.

Strengthening community resilience remains central to Friendship's mission. Through a hub-based approach, the organization connects farmers to essential services and markets, enabling them to sell their products at fair prices. These hubs and farmers' clubs have become effective platforms for advancing One Health practices at the community level, turning shared knowledge into shared progress.

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Farmers club in courtyard session

Photo Credit: Friendship

# Barishal Moves to Establish a One Health Bangladesh Local Chapter

The idea of One Health that human, animal, and environmental health are deeply connected is no longer just a national policy conversation. In Barishal, it is increasingly becoming a practical reality, taking shape closer to the community. This September, the division took a decisive step toward forming its own One Health Bangladesh (OHB) Local Chapter, reflecting a growing recognition that effective disease prevention and health security depend on strong coordination at the local level, where risks emerge and responses begin.

To advance this local effort, Barishal convened a cross-sectoral discussion on 14 September 2025 at the Divisional Health Director's Office. Twenty participants took part, representing human and animal health, environment, fisheries, agriculture, academia, pharmaceutical regulation, and private veterinary practice. The discussion drew participation from key institutions including the Divisional Health Office, Field Disease Investigation Laboratory (FDIL); District Livestock Office, Sher-e-Bangla Medical College, Patuakhali Science and Technology University, and other government and private-sector partners.



The meeting was chaired by Dr. Shyamal Krishna Mondal, Director (Health), Barishal Division. Dr. Mahbubur Rahman, General Secretary of the National Coordination Committee of One Health Bangladesh, shared the journey of OHB and outlined the pathway for establishing a local chapter. Dr. Ibrahim Khalil from FDIL, Barishal highlighted divisional experiences, noting that Barishal has actively practiced the One Health approach for the past three years, including completion of four collaborative research projects with Sher-e-Bangla Medical College.

Participants unanimously endorsed the formation of the Barishal local chapter. To move the process forward, a four-member Search Committee was formed to propose a multi-sectoral Convening Committee and guide a structured development of the chapter.

As the meeting concluded, there was a shared sense of purpose that Barishal's initiative could serve as a model for other divisions, demonstrating how One Health grows strongest when it takes root locally.

# UPCOMING EVENTS

## Infectious Diseases Congress 2026

 April 23–25, 2026

 Paris, France

## ONE H Congress 2026

 June 3–5, 2026

 Saint-Quay-Portrieux, France

## Global Health Security Conference 2026

 June 9–12, 2026

 Kuala Lumpur, Malaysia

## ISAAR 2026 – International Symposium on Antimicrobial Agents and Resistance (ISAAR)

 June 12–14, 2026

 Hong Kong

## 10th World Congress on Infectious Diseases (INFECTION 2026)

 June 25–27, 2026

 Barcelona, Spain

## 5th Global High-Level Ministerial Conference on AMR

 June 29–30, 2026

 Abuja, Nigeria

## Global Public Health & Epidemiology Congress (G-PHEC 2026)

 August 17–19, 2026

 London, United Kingdom (Hybrid)

## 9th World One Health Congress

 September 4–7, 2026

 Lisbon, Portugal

# CAPACITY BUILDING & TRAINING

Opportunities to strengthen knowledge and skills in One Health, public health, and related areas.

## Fundamentals of One Health Practice (OHWA)



Self-paced



Online

## Public Health Emergency Management (IAPH)



Self-paced



Online

## Environmental Health (IAPH)



Self-paced



Online

## Towards an Integrated One Health Approach: Raising Awareness and Enhancing Competencies of Frontline

### Healthcare Workers in Laos (SEAOHWA)



Self-paced



Online

## One Health & Infectious Disease (Postgraduate)



Academic Year 2025–2026



University of Glasgow, UK

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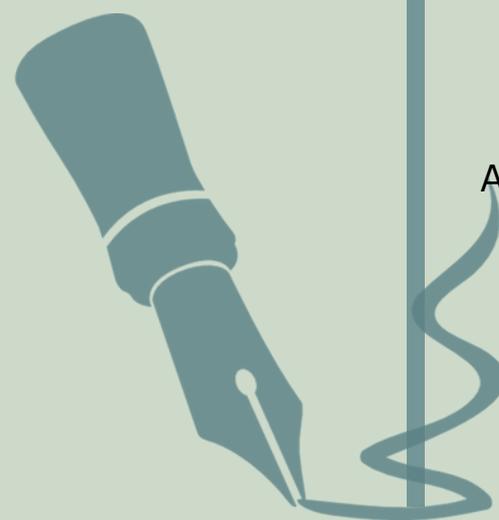
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# From Editors' Desk!

Warm greetings from the Editorial Board.

We are pleased to present the third issue of Interface: The One Health Newsletter.

The One Health journey in Bangladesh is no longer defined by plans alone; it is being shaped by action.

Over the past six months, we have seen growing commitment translated into real progress, from coordinated outbreak responses such as anthrax to innovative surveillance initiatives, including post-mortem Nipah monitoring and work in the Sundarbans. These efforts reflect a shared determination to detect risks early, protect communities, and strengthen national health security.

Guided by evidence from the Joint External Evaluation and the National Action Plan for Health Security, One Health is expanding beyond Dhaka, carried forward by civil society, youth leaders, and local champions across the country. Bangladesh is also contributing to regional partnerships that transform shared challenges into shared solutions.

As always, **this newsletter is of you, by you, and for you**. We invite you to share your stories, provide feedback, and help us continue to learn and grow together.

Please send us your ideas or completed pieces at [onehealthsecretariat@gmail.com](mailto:onehealthsecretariat@gmail.com).

# INTERFACE

One Health Newsletter

