Reviewer’s report

Title: One Health/EcoHealth Capacity Building Programs in South and South East Asia: A Mixed Method Rapid Systematic Review

Version: 0 Date: 05 May 2017

Reviewer: J.S Mckenzie

Reviewer's report:

This paper reviews and compares One Health and EcoHealth capacity building programs (OHEHCB) in South and Southeast Asia. The paper is well written and makes a valuable contribution to the body of knowledge on OHEHCB programs in the two regions.

I declare my personal involvement with the Massey University OH Capacity Building programs and hence understand the detail of these programs. I believe some bias has been introduced in the interpretation of the OH nature of the programs reviewed in the paper as a result of variability in the detail available in the documentation that was reviewed for this paper. The authors acknowledge this lack of detail at the end of their discussion. However, I think this could also be acknowledged at the point where results are presented to indicate where adequate detail was available to represent the information presented in the results and where there was inadequate detail to understand the details of the OH approach in the programs. The review has missed a relevant publication in the peer-reviewed literature (see comments below) which has influenced understanding of the Massey approach to OHCB in SA. As a result, it would appear that the OH aspects of the Massey programs may not be accurately captured in the review.

Comments to be addressed.

1. The following two relevant references have not been included and addressed in the paper:


The first paper provides the most recent review of OH Capacity Building programs in South Asia, which would be a useful reference in the Background section of the paper.

The second provides details of Massey University's One Health education approach comprising formal education (Master's degree) and applied training (collaborative investigation projects) within a OH framework (One Health Hubs). I recommend that aspects of the manuscript are revised after reading this paper to include reference to building research capacity in a OH framework in South Asia as described in this paper.

2. Line 58: replace the word "done" with "undertaken".

3. Line 60 - correct the typo "program,s"

4. Lines 62-64. Update this after inclusion of the Vink et al (2013) paper which describes collaborative investigation projects as the basis for strengthening research capacity in a OH framework.

5. Line 73 include reference to OH or transdisciplinary approaches.

6. Line 84 - delete "the".

7. Line 101 - a 1995 reference is cited in support of the statement in this sentence which refers to the current/recent situation. A more recent reference should be cited to support that this is still the case. Alternatively this sentence could be rewritten to state that while there have been a number of programs implemented in the past 25 years, there "has been a reticence about what needs to be done organisationally and policy-wise, in order to break out of sectoral interests and develop truly trans-sectoral training programs".

8. Line 116 - the word "interaction" could be removed to simplify this sentence.

9. Lack of distinction between objectives and methods in the Background and Methods sections of the paper.

The objective of the review is appropriately described in the last sentence of the Background (lines 125-127). However, the preceding sentences in this paragraph summarise the Methods used to achieve this objective. I recommend that these are moved from the Background to the Methods section.

It is unclear whether the first sentence of the Methods (lines 129 - 130) i.e. "building an informed, multi-stakeholder platform to enhance OHEHCB in the region." describes an objective or a part of the review process. Recommended action:

9.1. Move description of the methods (lines 122-124) from the Background to the Methods section.
9.2. Clarify how the "multi-stakeholder platform to enhance OHEHCB in the region" (lines 129-130) fits into the review process i.e. whether it is an objective of the review or a part of the Methods or both.

10. Line 127 - regions

11. Line 133 - remove the word "support" as this is reflected in the subsequent term, "supporting agencies"

12. Line 136 - provide some description about how the OH/EH projects or initiatives were identified and the timeframe over which projects were considered.

13. Line 145 - replace "hand" with "manual".

14. Line 147 - replace "width" with "breadth".

15. Line 155 - move "initially" to come before "included" i.e. "initially included".

16. Line 155 - insert "the" before the word "case".

17. Line 157 - replace "deduplication" with "duplicates were removed using reference management software".

18. Line 160 - describe the type of people included in the stakeholder meeting.

19. Line 167 - it would be more informative if a short description of how (e.g. what criteria were used) to assess "the extent of OH engagement"

20. Line 175 - replace "in identifying" with "identify".

21. Line 179 - remove "also".

22. Line 179 - replace "show" with "compare".

23. Line 183 - add "the" as follows: "in the course of which …".

24. Lines 182 - 185 - update figures after including the Vink et al reference described above.

25. Line 189 - the number of Massey programs in SA is 3 not 4 (see annotated Additional file), which may change these figures.

26. Line 194 - Suggest replacing the term "field-centric" with "had a field-level focus"

27. Line 201 - provide a reference for the OHCCs.

28. Line 202 - replace "of" with "or".
29. Lines 203-205. Suggest splitting this sentence into two separate sentences. It currently reads as if OH engagement is related to addressing OHCC. However, I think the two parts of this sentence aren't related and are describing the particular focus of the programs in each of the regions.

30. Line 206 - do the figures for SA reflect that the second Massey program included domestic animal and wildlife veterinarians and doctors who were from research institutes, university graduates, NGOs and government institutions, none of whom were program managers as such. This is in contrast to the first program which did have a strong focus on program managers who were selected by the national governments.

31. Lines 215-216 - give an indication of the period of time represented by 'short term' and 'long term'.

32. Lines 217-218 - does this statement take into consideration that both Massey programs had a strong applied research component, and the second program didn't target program managers?

33. Table 1 - again, give an indication of the timeframes associated with short, medium and long term.

34. Table 1 - do the figures take into consideration that both Massey programs had a strong applied research component, and the second program didn't target program managers?

35. Lines 228-229 Table 2 and Table 3. The OH approach appears to predominantly be represented by "inclusion of OH concepts". I think the interpretation of the OH approach in this review is possibly limited by the following points:

35.1. Without understanding the curricula for all the OHEHCB programs it is difficult to determine the extent to which OH concepts are being taught in the various programs. The results presented here may thus be strongly biased towards programs that have a description of the curriculum available. I recommend the statement in lines 228-229 and the summary presented in table 2 be revised to reflect this uncertainty. I can speak for the Massey program which had significant OH concepts taught in relation to outbreak investigation, disease surveillance, zoonotic disease control programs and policy making with respect to zoonotic diseases. However, this information is unlikely to have been gleaned through the documents that the authors gained access to through their search.

35.2. Building OH collaboration can be achieved through organising the program in such a way that participants from the multiple sectors work together in formal and applied aspects of the program. For example in addition to teaching OH approaches in a formal education program, a collaborative approach can be built through including group assignments that require participants from the different sectors to produce a combined
outcome that reflects integration of approaches across the sectors for things such as surveillance, investigation and control of zoonotic diseases. Likewise, conducting collaborative research projects together builds a transdisciplinary OH approach.

36. Line 229 - replace "the OH capacity building" with "to OH capacity building".

37. Table 2 title "...capacity building programs in SEA and SA"

38. Table 2 - OH networks were a part of the Massey programs in the form of One Health Hubs, as described in the Vink et al (2013) paper.

39. Table 2, row 3 - in the SA Massey program a collaborative OH approach was built through the way in which the components of the program were designed and implemented i.e. participants from the different sectors were engaged in implementing activities together e.g. completing assignments in the formal education and implementing collaborative investigation projects, workshops, etc in the applied program. I don't think the term "outcome oriented approach" sufficiently captures the collaborative building approach that was a key part of the design of the (Massey) SA programs.

40. Table 2, row 4. This row appears to be focused on the "curricula model". My comments are similar to the point above. While some of the OHCC were not directly taught in courses labelled as such in the curriculum, the curriculum and associated activities were designed to build most of the competencies, for example those that are listed in the SEAOHUN documentation (https://seaohunonehealth.files.wordpress.com/2013/11/introduction.docx):

- Collaboration and Partnership
- Communication and Informatics
- Culture, Beliefs, Values and Ethics
- Leadership
- Management
- Policy, Advocacy and Regulation
- Systems Thinking

41. Line 234 - add "between programs in each region" to the end of the sentence.

42. Line 235 - Begin the sentence "As an example, duration and field-experience levels ....".

43. The paper does not refer to the OH research capacity building component of the AHIF/World Bank funded OH capacity building program in South Asia, which is described in the Vink et al (2013) paper.
44. Lines 257-258 - the Avian and Human Influenza Fund (AHIF) via the World Bank and the European Union funded two significant OHEHCB programs in the SA region and should be referred to in addition to IDRC and USAID.

45. Line 264 - describe preparedness for …… ?minimising the impact of EIDs.

46. Lines 275-276 "In SA, the only comparative policy structure was the OH policy enunciated by Bangladesh." This sentence refers to "a comparative policy structure" that is compared with the focus of SEAOHUN program to "building capacity to respond to OH policy needs" in SEA. The two sentences are not comparing the same aspect of OH and I suggest rewording the sentence regarding the OH strategy that is being implemented in Bangladesh so it stands alone without a comparison with the OH approach in SEA programs.

47. Line 277 - "in which they found….."

48. Lines 278 - 280: The two components of this sentence do not fit well together and also don't fit well with the previous sentence. My interpretation is that the previous sentence reflects OH capacity building is still almost exclusively supported by international agencies and national governments have not adopted a One Health approach to policy making. The first part of the sentence in lines 278-280 is not correct - a number of OHEHCB programs have attempted to develop core OHCC in stakeholders (refer to my comments in #41 above). There is increased awareness and a very gradual adoption of One Health approaches amongst policy makers over time, which is accurately reflected in the second part of this sentence.

49. Lines 280-284: modify this sentence taking into consideration comments in #41 above.

50. Line 288 "in the region…"

51. Lines 291-293: I would argue that the design and collaborative nature of a number of the collaboration investigation projects in the Massey University program which were taken through to policy making level in the more recent program, do support at least an inter-disciplinary approach, and in some cases a transdisciplinary approach.

52. Additional file. The way in which OH/EH Projects/Initiatives and OHEH Capacity Building Programs are represented in Technical Appendix 2: One Health/EcoHealth Programs and Capacity Building Programs included in the review, is inconsistent and in many cases there is not a clear distinction between what is the Project and what is the Program within the Project and the institution that is delivering the project/programs. This table could be significantly improved so the projects/programs included in the review are more informative for readers who are not familiar with these programs.

I recommend the following:
52.1. More clarity and consistency in the description of Projects and Programs and the institutions delivering these. For example, the name of an institution should not be listed as a Project (e.g. Massey University, National Centre for Disease Control, India). The name of the project should be listed and the institution delivering the project can be included in brackets after the project.

See specific comments in the annotated Additional files document.

52.2. Add the source of information on the programs and projects in a third column of Appendix 2 of the Additional file.

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I have no competing financial interests.
I declare my involvement in delivering one of the OH capacity buildings projects included in the review which has influenced my reviewer comments. I have made this explicit in my reviewer feedback.

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