



Strengthening One Health Governance in States and Union Territories



अजय के. सूद

भारत सरकार के प्रमुख वैज्ञानिक सलाहकार

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FOREWORD

The interconnectedness of human, animal, and environmental health has never been more evident than in recent years. Rapid environmental change, evolving disease ecologies, antimicrobial resistance, and increasing human-animal interactions have underscored the need for integrated approaches that transcend traditional sectoral boundaries. The One Health approach provides a unifying framework essential for strengthening prevention, preparedness, and response to emerging health challenges.

The Government of India, through the National One Health Mission, has articulated a clear commitment to institutionalising this approach at the national level. However, the effective operationalisation of One Health ultimately rests on strong, coordinated action at the State and Union Territory levels, where policies translate into implementation and outcomes on the ground.

This model governance document emphasises on operational feasibility encouraging the use of existing platforms, institutions, and capacities while fostering convergence across sectors. It also recognises the critical role of community-level engagement and bottom-up reporting in enabling early detection, timely response, and sustained prevention.

I am confident that this framework will assist States and Union Territories in building resilient, adaptive, and collaborative health systems that can effectively address current and future challenges at the human-animal-environment interface. I encourage all stakeholders to engage actively with this framework and take it forward in the spirit of cooperative federalism and shared responsibility.



(Ajay K Sood)

Date: 17th December 2025

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Message

The National One Health Mission represents an important step towards strengthening India's preparedness and response capabilities through integrated, evidence-based, and multisectoral action. As implementation advances, the need for clear governance arrangements and well-defined coordination mechanisms at the State and Union Territory levels has been consistently highlighted by stakeholders.

This governance framework has been developed to respond to that need. It provides a practical and adaptable guide for States and Union Territories to structure One Health coordination in alignment with their administrative systems, epidemiological priorities, and institutional capacities. By outlining roles, reporting pathways, and coordination mechanisms across State/UT, district, block, and Local Self Government levels, the framework seeks to promote coherence, accountability, and effective information flow.

This document presents a suggestive, flexible governance framework to support States and Union Territories in strengthening One Health coordination across administrative tiers from State/UT to district, block, and Local Self Government levels. The framework has been developed through extensive inter-ministerial consultations and incorporates insights from States/UTs and domain experts. It is designed to complement existing systems, leverage institutional strengths, and enable context-specific adaptation rather than prescribe a uniform model.

I am sure this framework will serve as a useful reference for policymakers, administrators, and technical teams in the State/UTs as they work together to embed the One Health approach within routine governance and health practice. The Office of the Principal Scientific Adviser remains committed to supporting States and Union Territories in this endeavour through continued engagement, technical support, and collaborative learning.


(Parvinder Maini)

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- Ministry of Health & Family Welfare
- Department of Animal Husbandry & Dairying
- Ministry of Environment, Forest & Climate Change
- Department of Health Research and the Indian Council of Medical Research
- National Centre for Disease Control
- Department of Biotechnology
- Department of Science & Technology
- Indian Council of Agricultural Research & Education
- Council for Scientific & Industrial Research
- Department of Pharmaceuticals
- Ministry of AYUSH
- Defence Research & Development Organisation
- Ministry of Home Affairs
- National Disaster Management Authority
- Department of Fisheries
- Department of Space
- Ministry of Earth Sciences
- National Institute for One Health

Their collective engagement spanning research, surveillance, diagnostics, capacity building, and policy support has been instrumental in shaping and strengthening this framework in line with the One Health approach.

We further acknowledge the expertise and perspectives shared by the chairs of the four advisory and review committees under NOHM viz. Dr Renu Swarup (R&D on Medical Countermeasures), Lt. Gen (Rtd.) Dr. Madhuri Kanitkar (BSL Network), Dr N.K Arora (Integrated Surveillance), and Dr Vijay Chandru (Integration for Data Integration and Sharing) whose contributions have strengthened the framework significantly.

Finally, we acknowledge the valuable participation and inputs of the State and Union Territory Governments, and their continued commitment to advancing the One Health approach across the country. We are positive that this framework will serve as a useful reference for States and Union Territories in strengthening and institutionalising governance mechanisms that support the effective implementation of the One Health approach.

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Abbreviation Expansion

UT	Union Territory
NOHM	National One Health Mission
PSA	Principal Scientific Adviser
NIOH	National Institute for One Health
AMR	Antimicrobial Resistance
SOP	Standard Operating Procedure
KPI	Key Performance Indicators
IDSP	Integrated Disease Surveillance Program
IDSP-OH	Integrated Disease Surveillance Program for One Health
NDLM	National Digital Livestock Mission
NADRES	National Animal Disease Referral Expert System
NRC-W	National Referral Centre-Wildlife
RRSC	Regional Remote Sensing Centres
SHSRC	State Health Systems Resource Centre
CDHO	Chief District Health Officer
BDO	Block Development Officer
LSG	Local Self Government
KVK	Krishi Vigyan Kendra
ASHA	Accredited Social Health Activist
A-HELP	Animal Husbandry Extension of Livestock Production
NJORT	National Joint Outbreak Response Team
BSL-3	Bio-Safety Level 3

One Health Governance Structure for State/Union Territory: A Model Framework

1. Introduction

One Health is an integrated and unifying approach that recognizes the interdependence of human, animal (domestic and wildlife), plant, and environmental health, as well as the ecosystems they inhabit. Climate change, ecological degradation, land-use shifts, and increasing human–animal–environment interactions are amplifying the frequency and complexity of health risks. These growing challenges demand coordinated and multisectoral mechanisms that enable timely detection, prevention, and management of emerging threats.

In the context of India's decentralized healthcare system, States and Union Territory (UT) governments play a pivotal role in advancing the One Health agenda. Their responsibilities include contextualizing national policies, facilitating interdepartmental coordination, and implementing programs at the grassroots level, tailored to the specific priorities and circumstances of each State/UT.

At present, only a small proportion of States and Union Territories have operational dedicated One Health action plans or institutional mechanisms¹ and several others are working towards establishing them. Initial experiences from these efforts indicate that structured governance can play a significant role in strengthening responses to complex and interconnected health challenges.

To build on this momentum and enhance preparedness and response capacities, States and Union Territories may consider integrating the One Health approach within their governance frameworks. This integration could be supported by a robust, multi-tiered mechanism extending from the State/UT level to districts including Local self-governments like corporation, municipalities and panchayats, enabling timely, well-coordinated, and comprehensive implementation across sectors.

2. Background

The Government of India has launched the National One Health Mission (NOHM) with the objective of fostering coordinated action across sectors to strengthen disease surveillance, enhance pandemic preparedness, and ensure integrated health for humans, animals, and the environment. The mission is guided by a two-tier governance framework. At the apex, is the Executive Steering Committee, chaired by the Hon'ble Health Minister with the Principal Scientific Adviser to Government of India (PSA) as the vice chair and comprising Secretaries of key ministries. This committee provides policy direction, strategic vision, and inter-ministerial oversight. Complementing this, is the Scientific Steering Committee, chaired by the PSA which provides scientific guidance, facilitates interdepartmental collaboration and ensures that policy decisions are guided by evidence and emerging research.

¹ Kerala Health Department. (2022). *One Health Guidelines (GO(Rt) No. 399/2022/Health)*. Government of Kerala. Retrieved from <https://dhs.kerala.gov.in/wp-content/uploads/2022/06/One-Health-Guidelines-GO-Rt-399-2022-Health.pdf>

Together, these mechanisms ensure alignment between high-level policy leadership and technical coordination, enabling a unified and integrated national approach to One Health. Further, the establishment of the National Institute for One Health (NIOH) in Nagpur will strengthen operational capacities by serving as the national anchor institution for implementing OH initiatives.

In the first NOHM State/UT Engagement Workshop, States/UTs deliberated on implementation challenges particularly governance fragmentation, data sharing constraints, surveillance gaps, and capacity needs and identified pathways for strengthening coordinated action. These insights reaffirm the importance of establishing clear, sustainable governance structures at the State/UT level.

3. Objective

To provide a flexible and suggestive governance framework that enables States/UTs to adopt and operationalize effective One Health coordination mechanisms. States/UTs may choose to:

- (a) Adapt and strengthen existing structures (e.g., NOHPCZ zoonoses committees), ensuring rapid activation and efficient use of personnel; or
- (b) Establish new mechanisms, aligned with their administrative, ecological, epidemiological, and institutional realities.

This framework seeks to support multisectoral convergence, enhance preparedness, and ensure coordinated implementation down to the grassroots.

4. Priority areas for States and Union Territories

Based on local vulnerabilities and sectoral priorities, States/UTs may consider focusing on the following thematic domains:

- 1) Thematic Prioritization and Policy Alignment: States/UTs may consider identifying locally relevant One Health priorities, including emerging zoonoses, antimicrobial resistance (AMR), and climate-linked health risks, and may facilitate cross-sectoral policy dialogue to promote harmonized regulations and secure, streamlined data sharing.
- 2) Strengthening Collaboration and Joint Research & Development: States/UTs may encourage multidisciplinary collaboration and joint research efforts, facilitate coordinated problem-solving across sectors, and document mutually agreed roles and responsibilities supported by appropriate monitoring mechanisms to enhance institutional accountability.
- 3) Enhancing Digital Surveillance and Early Warning: States/UTs may consider strengthening digital surveillance and early warning capabilities by developing interoperable systems and integrated dashboards that draw on data from human, animal, and environmental sectors. The use of technologies such as remote sensing, geospatial analytics, and wastewater surveillance may be explored to support timely identification of potential hotspots and emerging risks.

- 4) Optimizing Resource Sharing and Interoperability: States/UTs may explore opportunities to strengthen coordinated response capacities by facilitating the sharing of laboratories, diagnostics, personnel, and IT systems across relevant departments, supported by standardized SOPs to ensure operational consistency and efficiency.
- 5) Unified Capacity Building and Training: States/UTs may consider developing joint training initiatives for human, veterinary, forest, para-professional, and community-level workers, with an emphasis on common protocols, zoonotic disease recognition, and coordinated multisectoral response.
- 6) Institutionalizing Community Engagement: States/UTs may strengthen community engagement through Behaviour Change Communication (BCC) initiatives, community-based surveillance efforts, and targeted awareness activities for high-risk groups, schools, and rural communities to support early detection and prevention.

To operationalise these priority areas effectively, a structured, multi-tier governance mechanism is required that supports coordination, timely action, and continuity from State/UT to the grassroots level.

5. Proposed State and Union Territory Level Governance Structure for implementing the One Health approach

States/UTs may adopt a **multi-tiered governance model** that aligns with their administrative hierarchy and fosters seamless convergence from State/UT to district, block, and LSG levels.

States and UTs have the flexibility to build upon existing One Health mechanisms, using the suggested multi-tiered governance model as a framework to further strengthen and formalize intersectoral coordination.

Accordingly, the following multi-tier governance structure provides a suggestive framework that States/UTs may adapt based on their administrative context.

This model is intended to be flexible and may be adapted based on factors such as:

- the administrative scale of the State/UT,
- institutional complexity,
- existing coordination mechanisms, and
- local epidemiological priorities.

States with existing Zoonosis Committees may expand or reconfigure them to align with core One Health principles.

States/UTs may also consider:

- Developing Key Performance Indicators (KPIs) to measure committee effectiveness; and
- exploring modest cross-departmental budgetary allocations for One Health activities until dedicated State-level provisions are established.



The tiered governance framework is intended as a suggestive model and should be flexibly adapted based on the administrative scale, institutional complexity, and operational realities of each State/UTs.

The constitution and functional configuration of One Health Committees at the District, Block, and Local Self Government (LSG) levels may be proportionate to the number and size of administrative units within the State/UT. For example, in cases where only a single district exists but multiple blocks are present, Block-level Committees may serve as the primary operational tier to support effective ground-level implementation.

6. State/UT-Level Committee Structure:

The suggestive model envisions a three-tiered State/UT-level governance framework to anchor the implementation of One Health in States/UTs that have multiple departments, complex administrative structures, and extensive intersectoral linkages. However, the states may adapt the framework as per the administrative structure in the respective state. This framework is designed to seamlessly cascade into corresponding governance mechanisms at the district, block, and local self-government levels, thereby ensuring continuity, coordination, and decentralised implementation across all tiers.

6.1 One Health State/UT Executive Committee:

The Executive Committee shall serve as the apex decision-making body for One Health within the State/UT, responsible for providing overarching policy guidance, approving strategic directions, and ensuring effective interdepartmental coordination for the implementation of One Health initiatives. States/UTs may expand or modify Committee composition to reflect local administrative arrangements and sectoral priorities.

The Committee shall be chaired by the Chief Secretary or an officer of equivalent rank, as deemed appropriate by the respective State/UT. The Chair of the Intersectoral Committee will serve as the Vice-Chair of the Executive Committee.

The Committee shall include Principal Secretaries/Secretaries or equivalent-level officials from departments relevant to the One Health agenda. These may include, but are not limited to, Animal Husbandry, Health and Family Welfare, Ayush, Medical Education and Research, Environment, Forest and Wildlife, Agriculture, Urban Development, Panchayati Raj, the State Food Safety Department, State disaster management authority, Regional Directors of Regional

Remote Sensing Centres (RRSC)² and the State Pollution Control Board. States/UTs may consider including additional stakeholders based on their administrative context, institutional landscape, and sectoral priorities. The list of suggestive One Health stakeholders are placed at the Appendix II.

Terms of Reference

- *Policy Guidance & Strategic Vision:* To provide overarching policy direction and define the strategic vision for One Health initiatives within the State/UT, ensuring coherence with national objectives and priorities.
- *Policy Decisions & Resource Allocation:* To facilitate informed policy decisions on the planning, resourcing, and administration of One Health programmes, including interdepartmental coordination, and operational frameworks.
- *Integrated Monitoring and Surveillance for prevention of disease outbreak:* To Strengthen multisectoral surveillance by guiding and endorsing the use of integrated platforms such as an Integrated Disease Surveillance Program (IDSP) for One Health (IDSP-OH), National Digital Livestock Mission (NDLM), NADRES, and National Referral Centre-Wildlife (NRC-W) as the basis for a coordinated, collaborative system.
- *Collaborative Governance & Accountability:* To promote effective mechanisms for collaborative governance, supporting intersectoral ownership, clarity of roles, and accountability across all participating departments and institutions.
- *Report and Progress Monitoring:* To review and monitor the progress of the Intersectoral Steering Committee and to review and endorse the Annual or Biennial State/UT One Health Report.
- *Regional Collaboration:* To facilitate the establishment of inter-state linkages with neighbouring States/UTs to support coordinated management of One Health challenges across the region.
- The Chair retains the authority to co-opt additional domain or field experts and consultants in areas such as biosecurity, epidemiology, infectious disease, and general One Health principles as Special Invitees to the Committee. The Chair may designate the Member Secretary from any of the core One Health stakeholder departments on rotational basis.
- The Committee is suggested to convene annually or biannually; however, the frequency of meetings may be increased as needed, particularly during public health emergencies, cross-border threats, or situations requiring strengthened intersectoral coordination.

6.2 State/UT Intersectoral Steering Committee:

The State/UT Intersectoral Steering Committee shall be responsible for providing strategic oversight of One Health initiatives within the State/UT, including reviewing progress, guiding intersectoral collaboration, and examining recommendations submitted by the State/UT One Health Unit. It shall also consider relevant inputs and directives from the National One Health Mission to ensure alignment with national priorities.

² Refer Appendix III for detailed list

This Committee shall function under the strategic guidance of the State/UT Executive Committee. It may be chaired by a senior administrative official from any of the core One Health stakeholder departments, with the aim of ensuring effective cross-sectoral coordination. States/UTs may designate the Chair based on their internal administrative structure and contextual governance requirements, with the objective of facilitating strong interdepartmental convergence.

The Committee may comprise Principal Secretaries/Secretaries or equivalent-level officers from departments represented in the Executive Committee and other departments relevant to the State/UT's One Health priorities.

Terms of Reference

- *Strategic Oversight:* To monitor the overall progress of One Health-related activities across the State/UT and to define the roles and responsibilities of essential and supportive government departments involved in the implementation process.
- *Facilitating Collaboration:* To lead and promote effective coordination and convergence among all relevant departments for the implementation of One Health initiatives, ensuring alignment with national and State/UT-level priorities.
- *Integrated Surveillance:* Provide operational direction for establishing and strengthening integrated surveillance systems across sectors. This includes facilitating the adoption of platforms for coordinated data collection, validation, and joint analysis, thereby enabling timely detection of hotspots and evidence-based response.
- *Data Integration:* To identify key scientific focus areas and use a state dashboard supported data-driven approach that brings together information from different sectors to enable a coordinated response to health threats ensuring cyber security norms.
- *Integrated Reporting & Review:* To finalize the annual Integrated One Health Surveillance Reports submitted by the State/UT One Health Unit, including State/UT-specific priority lists of identified health conditions of concern. To review and monitor by providing directions to the state one health unit for the implementation of one health related activities in the state.
- *Action & Outcome Monitoring:* To assess departmental inputs, recommend evidence-based actions including research collaborations and to monitor implementation outcomes and impacts across sectors.
- *Initiate and organize inter-state workshops:* To support the exchange of knowledge and strategies, thereby promoting harmonized and effective implementation of the One Health approach across the region.
- The Chair may, as deemed appropriate, co-opt domain experts or consultant field specialists as Special Invitees to the Committee. The Chair may designate the Member Secretary from any of the core One Health stakeholder departments on rotational basis. The Committee is suggested to convene at a quarterly frequency, or more often if required, to ensure timely review and decision-making.
- The Director of the State One Health Unit shall serve as the Member Secretary of the Intersectoral Committee and will be responsible for supporting the evaluation of One Health strategies and guiding their implementation at the State/UT level in accordance with the Committee's directions.

6.3 State/UT One Health Unit:

A dedicated State/UT One Health Unit may be established as a high-priority, time-bound initiative to serve as the nodal body for coordinating, facilitating, and overseeing all One Health-related activities within the State/UT. This Unit shall function as the operational backbone for One Health implementation, translating policy guidance into coordinated action across sectors and administrative levels. Its core functions may include facilitating interdepartmental communication, supporting the implementation of technical programmes, monitoring progress against approved action plans, and compiling periodic reports for review by the State/UT Executive and Intersectoral Committees. The Unit may function as a full-time operational entity and may be headed by a senior administrator designated as the State Mission Director to ensure administrative leadership, interdepartmental coordination, and policy-level engagement.

The design and scale of the Unit may be proportionate to the size, complexity, and administrative hierarchy of the State/UT, allowing for operational flexibility. The Unit may include officers of Deputy Director or equivalent rank, drawn on deputation from key departments. Nodal officers from other relevant or supportive departments may also be co-opted based on regional priorities and operational needs, ensuring comprehensive representation and sectoral responsiveness. The State/UT One Health Unit may additionally engage domain experts in areas such as biosecurity, epidemiology, infectious diseases, and general One Health principles, along with consultant specialists as required.

The Unit shall support the Intersectoral Steering Committee in the coordination and management of One Health initiatives. To strengthen linkages with neighbouring States/UTs and facilitate the management of cross-border One Health challenges, inter-State meetings may be convened at least twice annually, with additional meetings organized as necessary in response to disease outbreaks or other emergent situations.

The Unit will also play a central role in guiding and supporting the implementation of One Health activities at the district level. It may provide technical assistance, implementation support, and standardized reporting formats to District One Health Committees, and coordinate the consolidation of district-level inputs into integrated State/UT-level reports to support planning, accountability, and effective local-level execution aligned with emerging risks and region-specific priorities.

To ensure the smooth functioning and operational efficiency of the State/UT-level One Health Committees, a dedicated Secretariat may be established within or linked to the Unit. This Secretariat may be responsible for coordinating and streamlining key functions, including maintaining and analysing the State One Health dashboard, preparing and consolidating technical inputs, facilitating timely submission of State One Health reports, conducting situational assessments, and managing meeting agendas and follow-up actions. These functions will support informed decision-making and structured deliberation within the Committees.

The composition, scale, and institutional placement of the Secretariat may be adapted based on the administrative complexity and operational requirements of the State/UT. In larger States/UTs, the Secretariat may comprise a dedicated team of technical and administrative personnel, while in smaller States/UTs a leaner structure may suffice while maintaining essential functional capabilities. As an operationally efficient measure, States/UTs may

consider leveraging the institutional infrastructure of the State Directorate of Health Services, [State Health Systems Resource Centre \(SHSRC\)](#)³, or a comparable State/UT-level technical agency to host the Secretariat.

Integrating the Secretariat within an established institution may support resource optimization and reinforce the collaborative and cross-sectoral ethos of the One Health approach.

Terms of Reference

- *Expert Guidance and Committee Adherence:* To provide technical inputs and guidance in alignment with the agreed roles and responsibilities of the respective departments, and to support the implementation of activities in accordance with directions issued by the Executive and Intersectoral Committees. The Unit shall also be responsible for tracking One Health-related compliance across administrative tiers.
- *Implementation and Review:* To facilitate effective communication and coordination across departments, support the operationalization of defined departmental responsibilities, and oversee the implementation of One Health activities at the district level in collaboration with relevant authorities.
- *Annual One Health Reporting:* To compile and submit an Annual Integrated One Health Surveillance Report detailing the status of State/UT-prioritized health conditions (e.g., zoonotic diseases, antimicrobial resistance), and to prepare a broader State/UT One Health Report summarizing major achievements, challenges, and emerging priorities for review and endorsement by the State/UT Executive and Intersectoral Committees.
- *Secretariat Support:* To serve as the Secretariat to the State/UT Executive and Intersectoral Committees, including preparing and submitting meeting agendas, technical assessments, reports, and follow-up documentation required for effective functioning.

6.4 District Level One Health Committee:

In alignment with the guidance and technical direction provided by the State/UT One Health Unit, a corresponding governance mechanism may be established at the district level. This Committee shall function in coordination with the State/UT One Health Unit to ensure that local implementation aligns with State/UT-level priorities. It may be chaired by the District Commissioner or an equivalent senior administrative official, depending on the governance structure of the State/UT.

To support the operational functioning of the Committee, secretariat responsibilities may be assigned to a district-level One Health management unit, the Chief District Health Officer (CDHO) office, or another suitable district-level agency, based on local administrative arrangements and institutional capacities. To ensure balanced operational leadership, officers from the district medical, veterinary, and forest departments may be designated as Convenors on a rotational basis. The Committee's composition may include representatives from relevant

³ State Health Systems Resource Centre (SHSRC). *State Health Systems Resource Centre Framework*. 2024. National Health Systems Resource Centre, New Delhi. Available at: [https://nhsrindia.org/sites/default/files/SHSRC%20\(Webview\).pdf](https://nhsrindia.org/sites/default/files/SHSRC%20(Webview).pdf)

departments such as animal husbandry, public health, Ayush, forest, agriculture, and local governance, with flexibility to include private practitioners or thematic representatives based on district-specific priorities. The District Committee may also include at least one member or Chair from each Block-level Committee to support coordinated decision-making.

The Chair may, as required, co-opt domain experts, local specialists, or technical personnel as Special Invitees to ensure deliberations are informed by relevant scientific and field-level expertise.

States/UTs may determine the Committee's structure and meeting schedule in accordance with contextual needs, while ensuring regularity, responsiveness, and effective coordination. The design may take into account the administrative size, number of blocks, and institutional complexity of each district, ensuring adaptability while maintaining the overarching objectives of multisectoral convergence and evidence-based decision-making.

Districts may maintain a digital dashboard to keep all One Health work visible and up to date, helping teams understand what has been done, what is pending, and where action is needed thereby supporting transparency, monitoring, and timely action.

The District One Health Committee shall oversee the effective implementation of One Health activities at the district level and facilitate coordination across the human, animal, and environmental sectors. It shall report to the State/UT Intersectoral Steering Committee through the State/UT One Health Unit, ensuring alignment with State/UT-level priorities and directions. The Committee may convene monthly, or more frequently as required, particularly during health emergencies or emerging situations.

Terms of Reference

- *Local Implementation and Coordination:* To ensure effective implementation of One Health activities at the district level and facilitate coordination across the human, animal, and environmental sectors.
- *Action Plan Implementation:* To oversee and monitor the timely and effective implementation of the State/UT One Health Action Plan within the district.
- *Resource Convergence:* To facilitate convergence and optimal utilization of departmental resources and budgets allocated for One Health activities within the district.
- *District One Health Reporting:* To consolidate departmental inputs and performance data into a unified District One Health Report for submission to the State/UT One Health Unit.
- *Strengthening Bottom-Up Mechanisms:* To establish and maintain robust reporting, review, and monitoring mechanisms originating from Block-level and Local Self Government (LSG) Committees.
- *Data Sharing and Surveillance:* To ensure the immediate and seamless sharing of critical surveillance data among district health, animal husbandry, and forest authorities, particularly during outbreak investigations.
- *Local Risk Assessment:* To review and prioritize local health risks using available surveillance data and ecological vulnerability information (e.g., flood-prone areas, regions with intensive livestock production).

- *Rapid Response Coordination:* To coordinate the deployment of District-level Rapid Response Teams—comprising human, animal, and environmental health experts—for integrated field investigation of suspected outbreaks.
- *Risk Communication:* To oversee public risk communication efforts within the district, ensuring accurate, consistent messaging across all sectors to prevent panic and promote appropriate community action.

6.5 Block Level One Health Committee:

To ensure continuity and coherence of One Health implementation across administrative tiers, a corresponding governance mechanism may be established at the block level. The Block One Health Committee shall support coordinated implementation of One Health activities within the block and report to the District One Health Committee. The Committee may convene monthly, or more frequently if required, to review progress, coordinate departmental actions, and respond to emerging or localised One Health priorities.

This Committee may be chaired by the Tahsildar, Block Development Officer, Assistant Commissioner, or an officer of equivalent rank, depending on the administrative structure and nomenclature of the respective State/UT.

Secretariat support may be provided by the Block-level One Health management unit, the Public Health Department, or another suitable block-level agency, based on institutional capacity and existing coordination mechanisms.

To ensure balanced operational leadership, officers from the medical, veterinary, and forest departments may serve as Member Secretary on a rotational basis. The Committee may include representatives from key line departments operating at the block level such as Health, Ayush, Animal Husbandry, Agriculture, and Forest to ensure functional integration and timely execution of defined responsibilities.

The Committee may include at least one member or Chair from each Local Self Government (LSG) Committee to ensure a regular flow of information to higher-level committees.

The Chair may, as deemed necessary, co-opt domain experts, local specialists, or field-level functionaries as Special Invitees, particularly when technical guidance or context-specific expertise is required.

States/UTs are encouraged to adopt a flexible and context-appropriate approach while establishing Block-level One Health Committees, particularly in areas with high disease burden, ecological vulnerability, or strong intersectoral operational linkages.

Terms of Reference

- *Local Implementation and Coordination:* To ensure effective implementation of One Health activities at the block level and facilitate coordination across human, animal, and environmental sectors.
- *Reporting Structure:* To report to the District One Health Committee and ensure alignment with district-level priorities and directions.

- *Action Plan Implementation:* To oversee and monitor the timely and effective implementation of the State/UT One Health Action Plan within the block.
- *Resource Convergence:* To facilitate convergence and optimal utilization of departmental resources and budgets allocated for One Health activities within the block.
- *Block One Health Reporting:* To consolidate departmental inputs and performance data into a unified Block One Health Report for submission to the District One Health Committee.
- *Strengthening Bottom-Up Mechanisms:* To establish and maintain robust reporting, review, and monitoring mechanisms originating from Local Self Government (LSG) Committees.
- *Risk Communication:* To oversee block-level public risk communication efforts, ensuring accurate and consistent messaging across sectors to support appropriate community action and prevent misinformation.

6.6 Local Self Government (LSG) One Health Committee:

Strengthening the National One Health Mission at the grassroots level depends on building the capacity of Local Self Government (LSG) institutions to collaborate effectively across sectors. To support this, an LSG-level One Health Committee may be constituted in Corporations, Municipalities, or Gram Panchayats to anchor community-level coordination and response. The Committee shall facilitate local implementation of One Health activities and report to the Block One Health Committee.

The Committee may convene bi-monthly, or more frequently if required, to identify, prioritize, and address local One Health challenges.

The Committee may be chaired by the elected head of the respective LSG (e.g., Mayor, Chairperson, or President), ensuring local ownership and accountability in the implementation of One Health initiatives.

The Convener may be the Commissioner, Chief Officer, or Panchayat Development Officer, depending on the local governance structure. Technical and secretariat support may be provided on a rotational basis by the local head of the Medical, Ayush, Veterinary, or Forest Department, aligned with the nature and sectoral relevance of the issue being addressed.

The Committee may include a diverse group of members who reflect community priorities and on-ground realities. Suggested members include representatives from the Health Standing Committee, Krishi Vigyan Kendras (KVKs), ASHA workers, Pashu Sakhis, A-HELP workers, Jal Mitras, Panchayat members, heads of local educational institutions, youth representatives, and other locally relevant stakeholders. The Chair may co-opt subject matter experts or field practitioners as Special Invitees, based on local technical requirements.

To support effective functioning, the roles and responsibilities of all participating stakeholders may be clearly defined, documented, and communicated in advance.

Terms of Reference

Local Prioritization and Action: To identify, prioritize, and address One Health challenges specific to the local context (e.g., solid waste management issues, vector proliferation, stray animal concerns, high-risk human–animal interactions).

Community Awareness and Capacity Building: To anchor community-level awareness activities and coordinate training efforts for grassroots stakeholders—such as ASHA, A-HELP, and other community workers to build capacity in basic disease recognition, hygiene promotion, and early reporting.

Early Detection and Reporting: To facilitate the timely identification and bottom-up reporting of unusual health events in humans or animals to the Block or District One Health Committees.

Local Intersectoral Solutions: To develop and implement micro-level, intersectoral solutions for locally identified challenges, such as coordinating municipal clean-up efforts with animal vaccination campaigns or environmental health interventions.

Stakeholder Coordination: To ensure the roles and responsibilities of all participating stakeholders are clearly defined, documented, and communicated to foster transparency, coordination, and accountability at the grassroots level.

Annual Review: To conduct an annual review of identified issues and actions taken, and revise focus areas as needed based on emerging risks and evolving community needs.

7. Conclusion

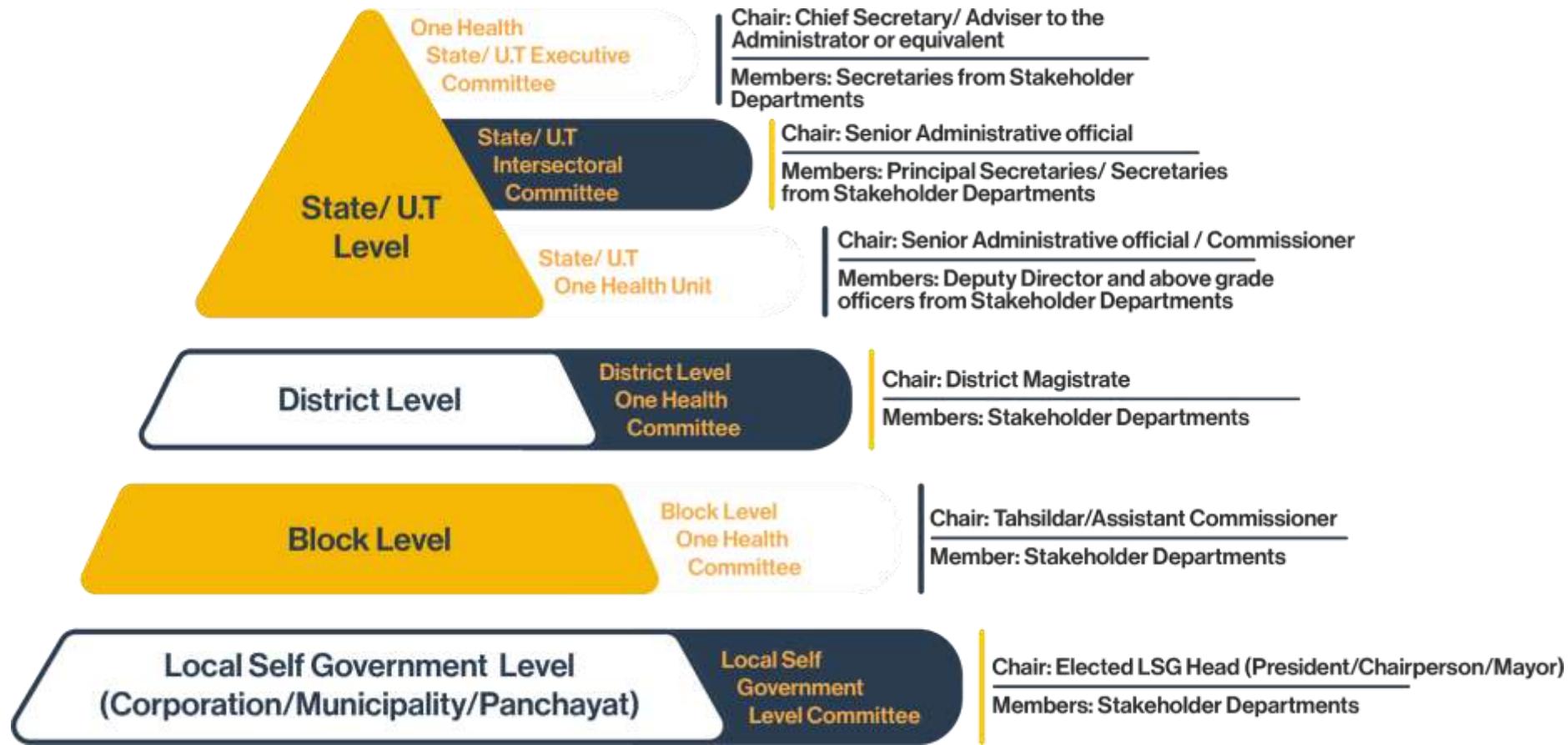
Building on the institutional arrangements and operational pathways outlined in this document, additional measures may further strengthen alignment with national guidance and facilitate enhanced inter-State collaboration. To support vertical coordination with the National One Health Mission, States/UTs may consider approaches such as establishing joint outbreak response teams, modelled on the National Joint Outbreak Response Team (NJORT), and making appropriate use of the Bio-Safety Level (BSL)-3 laboratory network for outbreak-related sample testing and confirmation. States/UTs may also share periodic updates on One Health activities following meetings of the Executive and Intersectoral Committees, helping to maintain a continuous feedback loop with the national mission and to promote smoother data exchange and coordinated monitoring.

States/UTs may additionally explore the convening of inter-State regional meetings, in coordination with the national mission, to discuss region-specific One Health issues and encourage cross-learning among neighbouring States/UTs.

Together, these measures offer a flexible yet structured governance pathway to enable States/UTs to operationalise the One Health vision within their existing administrative and institutional systems. By leveraging available capacities and fostering intersectoral collaboration across all tiers of governance, States/UTs may strengthen resilient and adaptive health systems capable of addressing current and emerging health challenges through a One Health lens.

Administrative Tier	Key Leadership	Core Responsibilities	Suggested Frequency	Meeting
State/UT Executive Committee	Chief Secretary/ Advisor to the Administrator or equivalent	<ul style="list-style-type: none"> • Provide policy direction and strategic oversight • Approve resource allocation and intersectoral plans • Review and endorse the State/UT One Health Report 	Annual or Biannual	
State/UT Intersectoral Committee	Senior Administrative official	<ul style="list-style-type: none"> • Coordinate interdepartmental implementation • Approve surveillance reports and scientific priorities. • Monitor actions and recommend cross-sectoral initiatives • Guide intersectoral convergence and data integration 	Quarterly or as required	
State/UT One Health Unit	Senior Administrative official / Commissioner grade officer	<ul style="list-style-type: none"> • Lead full-time operations and coordination- Support district/block-level implementation • Compile and submit surveillance and performance reports • Serve as Secretariat to above committees • Provide technical assistance and inter-State coordination support 	Continuous Functioning	
District One Health Committee	District Magistrate or equivalent	<ul style="list-style-type: none"> • Local-level coordination and implementation • Consolidate departmental inputs • Respond to emerging district-specific threats • Manage district surveillance dashboards and coordinate rapid response & risk communication 	Monthly or as required	
Block -Level One Health Committee	Assistant Commissioner/ BDO/ Tahsildar/ or equivalent	<ul style="list-style-type: none"> • Implement One Health activities at the block level- Liaise with departments and local authorities • Facilitate bottom-up reporting • Consolidate block-level inputs and support risk communication 	Monthly or as required	
Local Self Government One Health Committee	Elected LSG Head (President/Chairperson/Mayor)	<ul style="list-style-type: none"> • Address community-level One Health priorities- Engage grassroots stakeholders (e.g., ASHAs, Pashu Sakhis) • Review and prioritise local issues 	Bi-monthly or more frequent based on context	

Model Governance structure and roles at a glance



Visual representation of the model governance framework

Appendix-I

Sample Office Memorandum - One Health State/UT Executive Committee

Subject: Constitution of the State/UT One Health Executive Committee

1. Constitution

It is hereby proposed that the State/UT One Health Executive Committee be constituted as follows:

- Chairperson: Chief Secretary / Advisor to the Administrator or equivalent.
- Vice-Chair: Chair, State/UT Intersectoral Steering Committee.
- Members: Additional Chief Secretary / Principal Secretaries / Secretaries of: Health & Family Welfare; Animal Husbandry; Forest & Wildlife; Environment; Agriculture; Medical Education & Research; AYUSH; Urban Development; Panchayati Raj; Food Safety; State Disaster Management Authority; State Pollution Control Board; Regional Director(s) — RRSC (as applicable).
- Co-opted Members (as required): Field experts, academicians, consultants, NGO/private partners (Special Invitees).
- Member Secretary: Principal Secretary/Secretary (rotationally designated from one of the core One Health departments).

2. Terms of Reference (TOR)

The Executive Committee shall:

- Provide overarching policy guidance and strategic vision for One Health initiatives, ensuring alignment with national priorities.
- Approve major policy decisions, resource allocations, and interdepartmental operational frameworks.
- Endorse integrated monitoring and surveillance approaches, including use of IDSP-OH, NDLM, NADRES, and NRC-W as appropriate.
- Promote collaborative governance, clarify roles and accountability, and review progress of the Intersectoral Steering Committee.
- Review and endorse the State/UT One Health Report (Annual/Biennial).
- Facilitate inter-state collaboration to address regional One Health challenges.

3. Meeting Frequency

The Committee is recommended to meet annually or biannually; the Chair may call additional meetings as required (e.g., public health emergencies).

Sample Office Memorandum - State/UT Intersectoral Steering Committee

Subject: Constitution of the State/UT One Health Intersectoral Steering Committee

1. Constitution

- Chairperson: Senior administrative official from a core One Health stakeholder department (to be designated by the State/UT).
- Members: Principal Secretaries/Secretaries of departments represented on the Executive Committee and other departments relevant to State/UT priorities.
- Co-opted Members (as required): Domain experts, researchers, and technical partners.
- Member Secretary: Director, State/UT One Health Unit.

2. Terms of Reference (TOR)

The Intersectoral Steering Committee shall:

- Provide strategic and operational oversight of One Health implementation across sectors.
- Define departmental roles and ensure interdepartmental convergence on agreed priorities.
- Guide establishment and strengthening of integrated surveillance systems and state dashboards, ensuring adherence to data security norms.
- Finalize the Annual Integrated One Health Surveillance Report and advise on priority health conditions.
- Recommend evidence-based actions, research collaborations, and capacity-building needs.
- Convene periodic inter-state workshops to enable regional coordination and peer learning.

3. Meeting Frequency

The Committee is suggested to convene quarterly; frequency may be increased as required for emergent situations.

Sample Office Memorandum - State/UT One Health Unit

Subject: Establishment of the State/UT One Health Unit

1. Constitution & Leadership

- Head: State Mission Director (senior administrative officer) — full-time/term-based appointment.
- Core Team: Officers (Deputy Director or equivalent) deputed from key departments; nodal officers from supportive departments; provision to engage domain experts/consultants.
- Host Institution (optional): State Directorate of Health Services / State Health Systems Resource Centre (SHSRC) / or another designated technical agency.

2. Terms of Reference (TOR)

The State/UT One Health Unit shall:

- Translate Committee guidance into operational plans and oversee implementation across districts.
- Provide technical assistance, standardised reporting formats, and capacity-building support to District One Health Committees.
- Compile, analyse, and submit the Annual Integrated One Health Surveillance Report and the State/UT One Health Report.
- Serve as Secretariat to the Executive and Intersectoral Committees (agenda preparation, documentation, follow-up).
- Convene inter-state coordination meetings (minimum twice yearly) and lead rapid coordination during outbreaks.
- Maintain and manage the State One Health dashboard for integrated decision support.

3. Operational Arrangements:

The Unit's size and institutional placement may be scaled to State/UT requirements. Hosting within an established technical agency is recommended for resource optimisation.

Sample Office Memorandum for Block Level One Health Committee

Subject: Constitution of the Block Level One Health Committee

1. Constitution

- Chairperson: Tahsildar / Assistant Commissioner / Block Development Officer (BDO) or equivalent.
- Members: Block-level officers from Health; AYUSH; Animal Husbandry; Agriculture; Forest; Chairs of LSG Committees; other relevant line departments.
- Co-opted Members (as required): Local technical experts or practitioners.
- Member Secretary: Block-level officer (rotational from relevant departments).

2. Mandate

The Block One Health Committee shall coordinate One Health activities at the block level and report to the District One Health Committee.

3. Terms of Reference (TOR)

The Committee shall:

- Implement and monitor State/UT One Health Action Plan activities within the block.
- Consolidate block-level departmental inputs into a Block One Health Report for the District Committee.
- Facilitate bottom-up reporting from LSG Committees and support local response measures.
- Support block-level risk communication and community engagement activities.

4. Meeting Frequency

The Committee may convene monthly, or more frequently as the situation requires.

Sample Office Memorandum - Local Self Government (LSG) One Health Committee

Subject: Constitution of the LSG One Health Committee

1. Constitution

- Chairperson: Elected head of the LSG (Mayor / Chairperson / President).
- Convener: Commissioner / Chief Officer / Panchayat Development Officer (as applicable).
- Members: Representatives from Health Standing Committee, KVKS, ASHA, Pashu Sakhis, A-HELP workers, Jal Mitras, Panchayat/Ward members, heads of local educational institutions, youth representatives, and other community resource persons.
- Co-opted Members (as required): Local subject matter experts.
- Member Secretary: Local health/veterinary/forest officer (rotational).

2. Mandate

The LSG One Health Committee shall anchor community-level coordination, early detection, and preventive actions, and shall report to the Block One Health Committee.

3. Terms of Reference (TOR)

The Committee shall:

- Convene bi-monthly (or as required) to identify, prioritise, and address local One Health concerns.
- Lead community awareness, BCC, and grassroots training for ASHAs, A-HELP, and other local workers.
- Facilitate timely bottom-up reporting of unusual health events to Block/District Committees.
- Implement micro-level intersectoral interventions (e.g., waste management linked with vaccination drives).
- Ensure stakeholder roles and responsibilities are documented and communicated.
- Conduct an annual review of local issues and update priorities accordingly.

4. Meeting Frequency

The Committee may convene bi-monthly, or more frequently as necessary.

Appendix II

Suggestive List of One Health Stakeholders

Group	Department / Ministry	Core Function
I. Health, Education, & Social Services	Health and Family Welfare	Public health service delivery, disease control programs, and primary care.
	Medical Education	Oversees medical colleges, specialized training, and academic health standards.
	Primary & Secondary Education	Manages K-12 schooling systems.
	Higher Education	Manages universities (general, technical) and general academic standards.
	AYUSH (Ayurveda, Yoga, Unani, etc.)	Promotes and integrates traditional and alternative medicine systems.
	Social Justice (Backward Class)	Focuses on welfare, protection, and upliftment of marginalized or vulnerable communities.
	Disabled & Senior Citizens Empowerment	Specific programs for the disabled and elderly.
	Women and Child Development	Oversees schemes for women, children, and nutritional programs.
	Youth Services and Sports	Manages youth programs, training, and sports development.
	Labour	Administers labour laws, skill development, and employment conditions.
	Skill Development	Focuses on vocational and technical training for employment.
	Food, Civil Supplies, and Consumer Affairs	Manages the Public Distribution System (PDS) for essential commodities.

Group	Department / Ministry	Core Function
II. Primary Sectors, Environment, and Research	Animal Husbandry & Veterinary Services	Manages livestock health, veterinary services, and disease control.
	Dairying	Focuses on milk production, processing, and dairy cooperative development.
	Fisheries & Ports (Aquaculture)	Oversees fish farming, aquatic resource management, and port/coastal infrastructure.
	Agriculture	Promotes crop production, farm modernization, and farmer welfare schemes.
	Horticulture	Focuses on fruits, vegetables, and floriculture development.
	Forest and Environment	Manages forest reserves, wildlife protection, and broad environmental conservation.
	Ecology and Climate Change	Focuses specifically on ecological studies and climate change mitigation/adaptation.
	Science & Technology (S&T)	Supports general scientific research and development initiatives.
	Biotechnology (BT)	Focuses on advanced research, application, and regulation of biotechnology, diagnostics, and genomics.
III. Infrastructure, Planning, and Regulatory Bodies	Urban Development & Town Planning	Manages municipal policy, urban development, and town planning.
	Municipal Administration	Direct administration and governance of local city bodies.
	Public Health Engineering (PHE) / Water Supply & Sanitation	Critical for monitoring and managing public infrastructure for clean water and sanitation.

Group	Department / Ministry	Core Function
	Public Works Department (PWD)	Construction and maintenance of state roads, bridges, and government buildings.
	Energy / Power	Responsible for electricity generation and distribution.
IV. Administration, Finance, and Law (Governance & Support)	Large & Medium Industries / Small Scale Industries	Promotes industrial growth and handles licensing; oversees pharmaceutical and chemical production/waste.
	Chemicals and Fertilizers	Manages the regulation and distribution of fertilizers, and oversees chemical licensing and safety.
	Mines & Geology	Manages mineral resources, licensing, and geological surveys.
	Minor Irrigation / Major and Medium Irrigation	Manages water supply and irrigation projects.
	Housing	Manages public housing schemes and urban settlement policy.
	Inland Transport	Regulates waterways and specific transport infrastructure.
	Finance	Handles state budget, treasury management, taxation, and financial approvals.
	Planning & Statistics	Coordinates overall development planning, resource allocation, and data collection.
	Personnel and Administrative Reforms	Manages recruitment, training, transfer, and discipline of state civil servants.
	Home and Intelligence	Manages state police force, internal security, and law and order.
	Disaster Management (DM)	Coordinates rapid, multi-sectoral response to outbreaks and emergencies.
	Revenue	Manages land records, collection of land tax, and general relief administration.

Group	Department / Ministry	Core Function
	Excise	Manages the levy and collection of duties on alcohol and certain other goods.
	Law / Parliamentary Affairs / Legislation	Advises the government on legal matters and drafts new laws.
	IT and Public Relation	Promotes e-governance, digital infrastructure, data systems, and public communication.
	Rural Development and Panchayati Raj	Focuses on development in rural areas and grassroots self-governance.
	General Administration and Cabinet Affairs	Oversight of high-level bureaucratic functions and policy implementation.
	Tourism / Muzrai / Waqf / Haj	Sectors relating to travel, religious endowments, and minority affairs.

Private Sector One Health Stakeholders in India

The private sector is a critical and diverse partner in implementing the One Health approach in India, providing the majority of services and products across human, animal, and environmental domains.

1. Human Health Sector (Healthcare Providers)

These stakeholders are crucial as the primary point of contact for human diseases, including zoonoses.

Corporate Hospital Chains: Large networks that provide advanced clinical care, contribute to research, and participate in public-private partnerships (PPPs) for health schemes.

Small/Medium Private Facilities: Individual clinics, diagnostic laboratories, nursing homes, and private medical practitioners who form the backbone of grassroots healthcare delivery.

Diagnostic & Pathology Chains: Private labs that perform testing for human infectious diseases, including those with zoonotic origins (e.g., dengue, H1N1, and emerging pathogens).

Health Insurance Providers: Companies that influence access and affordability of human healthcare services.

2. Animal Health & Veterinary Sector

This sector is directly involved in disease surveillance, prevention, and treatment in livestock and companion animals.

Veterinary Pharmaceutical Companies: Manufacturers of animal vaccines, drugs, diagnostics, and crucially, antimicrobial drugs, making them central to the Antimicrobial Resistance (AMR) fight.

Private Veterinary Clinics and Hospitals: Private practitioners who provide clinical services, carry out vaccination drives, and report animal disease outbreaks.

Feed & Livestock Industry: Companies involved in the production of animal feed, poultry, dairy, and meat. Their practices regarding biosecurity and antibiotic use directly impact One Health outcomes.

Breeding Farms and Hatcheries: Commercial operations for livestock and poultry that require strict biosecurity protocols to prevent zoonotic spread.

3. Biosecurity, Pharma, and Research & Development (R&D)

These stakeholders drive innovation and provide essential tools for disease control across species.

Biotech and Vaccine Manufacturers: Companies involved in developing and mass-producing human and animal vaccines and therapeutics (e.g., for rabies, anthrax, etc.).

Pharmaceutical Companies: Developers and suppliers of drugs for both human and veterinary use, playing a key role in R&D and managing drug supply chains.

Private Research Institutions: Non-governmental or privately funded bodies that conduct independent research on communicable disease dynamics, ecology, and climate impact.

4. Environmental & Data Technology Sector

These are emerging stakeholders focused on surveillance, sanitation, and data integration.

Waste Management and Sanitation Companies: Private entities involved in municipal and biomedical waste handling and sewage treatment, directly impacting environmental contamination and disease vectors.

Water Treatment and Testing Agencies: Companies ensuring the safety of drinking water, addressing contaminants that affect human and animal health.

Digital Health and Telemedicine Providers: Technology firms developing platforms for disease surveillance, data collection, and remote consultation for both human and animal health.

Environmental Consultancies: Firms that monitor pollution (air, water, soil) and provide environmental impact assessments, providing data crucial for understanding ecological drivers of disease.

5. Agriculture, Food Safety, and Supply Chain

These stakeholders manage the safety of food from farm to plate.

Food Processing and Manufacturing Industries: Companies responsible for the safety and quality control of packaged foods, dairy products, and meat processing.

Pesticide and Agrochemical Companies: Manufacturers whose products impact environmental health, biodiversity, and residues in the food chain.

Farmer Producer Organizations (FPOs): Private groups that manage farming practices, where adherence to biosecurity and appropriate use of chemicals is essential.

6. Non-Governmental Organizations (NGOs) and Non-Profit Entities

While typically non-profit, these organizations are crucial non-governmental partners in implementation and community engagement.

Health Advocacy and Service Delivery NGOs: Groups focused on health education, last-mile service delivery (e.g., community clinics), and public health campaigns (e.g., for vector control or sanitation).

Animal Welfare and Conservation NGOs: Organizations working on anti-rabies vaccination programs, wildlife disease surveillance, habitat conservation, and rescuing animals, directly impacting zoonotic control and environmental health.

Agricultural and Rural Development NGOs: Groups that work directly with farmers on sustainable farming practices, training in proper antimicrobial use, and improving biosecurity at the farm level.

Foundations and Philanthropic Organizations: Entities that provide funding, strategic guidance, and capacity building support for inter-sectoral research and One Health initiatives.

Appendix III

The Directors of Regional Remote Sensing Centres (RRSC), Northeastern Space Application Centre (NE-SAC), all administratively under Department of Space, shall be included as members of the respective State / UT Executive Committees and can contribute to the committees.

The list of States/UTs covered by these Centres is given below.

Sl. No	Centre	States / UTs covered
1	RRSC-North, Delhi	Uttar Pradesh, Uttarakhand, Himachal Pradesh, Jammu & Kashmir, Ladakh & New Delhi.
2	RRSC-East, Kolkata	West Bengal, Bihar, Jharkhand, Odisha
3	RRSC-West, Jodhpur	Rajasthan, Haryana, Punjab, Chandigarh, Gujarat, Dadra and Nagar Haveli and Daman and Diu
4	RRSC-Central, Nagpur	Maharashtra, Madhya Pradesh and Chhattisgarh
5	RRSC-South, Bengaluru	Karnataka, Kerala, Tamil Nadu, Andhra Pradesh, Telangana, Goa and Union Territories of Pondicherry, Lakhshadweep and Andaman & Nicobar Islands
6	NE-SAC, Shillong	Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, and Tripura

The team involved in the conceptualisation, development, and drafting of this framework comprises Dr Sangeeta Agarwal, Scientist F; Dr Sindura Ganapathi, Visiting PSA Fellow; Dr Darshan N, Project Manager, One Health PMU and Ms. Arundhati Mohanty, Project Manager, One Health PMU. Appreciation is also extended to the Communications Team, O/o PSA for their support in designing the cover pages.

