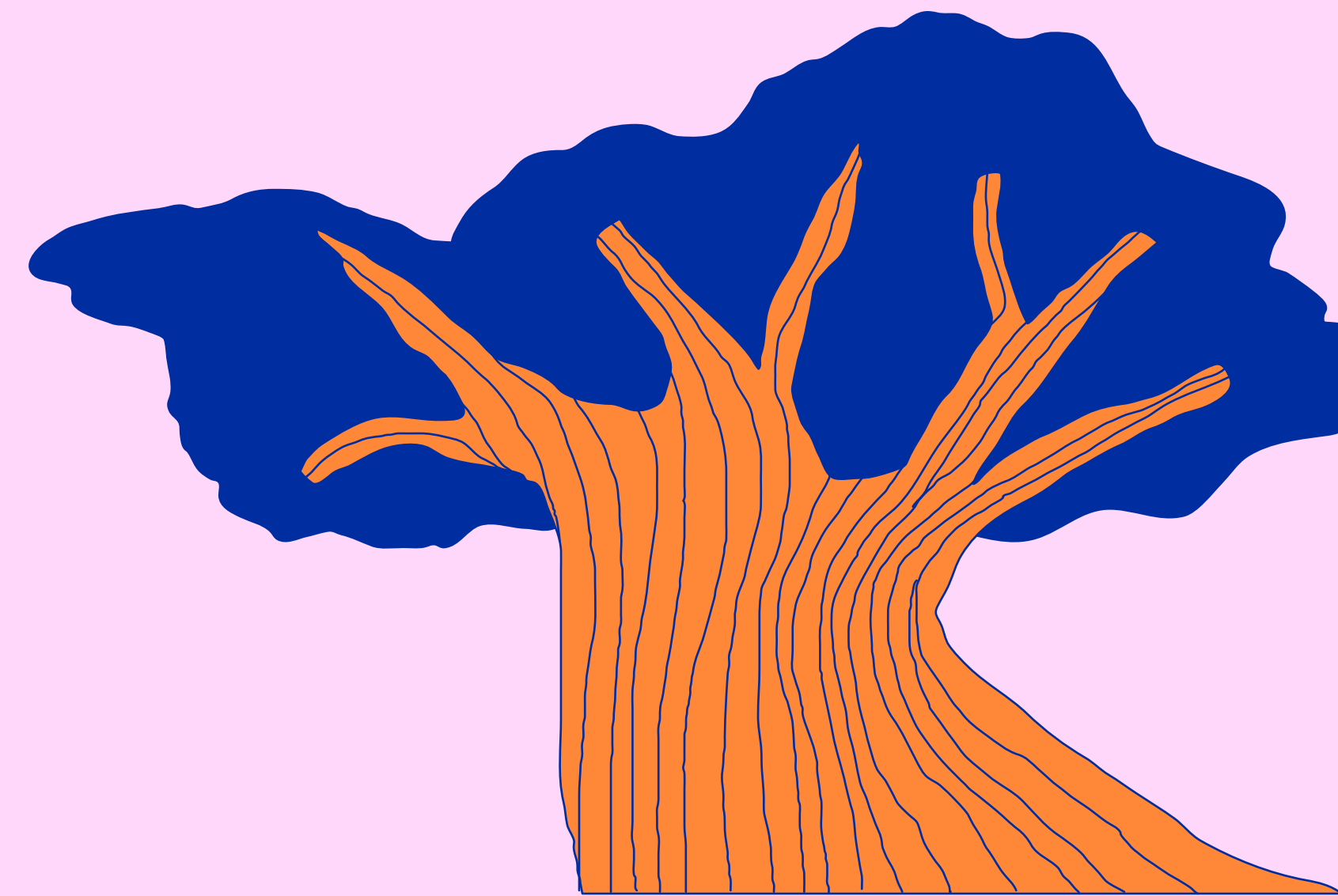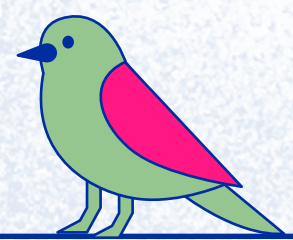# ONE HEALTH FOR CITIES

THE ESSENTIAL GUIDEBOOK FOR CITY MAKERS

SECTION 2: DESIGNING GOVERNANCE MODELS FOR MULTI-STAKEHOLDER COLLABORATION

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INTRODUCTION

WHY STRONG GOVERNANCE MATTERS FOR ONE HEALTH

Successfully developing and implementing One Health in cities depends on **strong and transparent governance that fosters inclusive engagement** across public, private, and civil society sectors.
To fully realise the One Health approach, it is key to **connect knowledge-holders** (scientists, practitioners, and communities) with decision-makers. This **connection ensures a holistic, 360-degree view of the interlinked health** of environnement, animals, plants, and humans.

Urban governance must **evolve beyond siloed structures**, embracing collaborative, multi-actor, and multi-level frameworks that can respond to the complex health challenges arising at the human–animal–plant–environment interface.

The essence of One Health governance lies in the four Cs: communication, collaboration, coordination, and capacity building, all working together to unite stakeholders around shared goals.
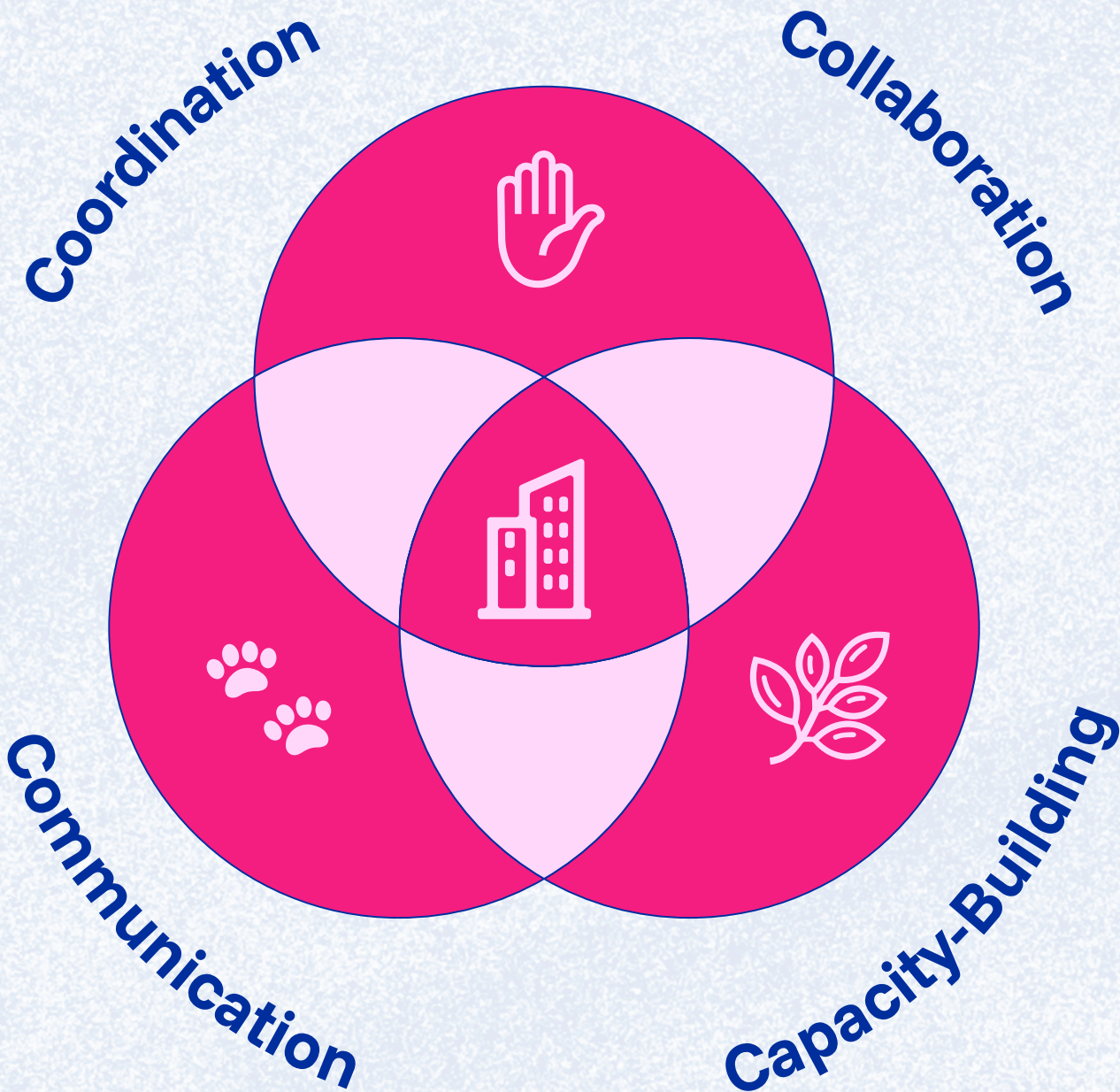

Figure 2: The four Cs of the One Health approach

WHAT IS ONE HEALTH GOVERNANCE IN CITIES?

One Health governance refers to the **structures and processes through which decisions are made, implemented, and monitored** across sectors. It encompasses the interactions among public health, urban planning, environmental management, and animal welfare within city departments, technical and political teams, and non-governmental stakeholders, including civil society, academia, businesses, and citizens.

GOVERNANCE MODELS AND ONE HEALTH PRACTICAL TIPS
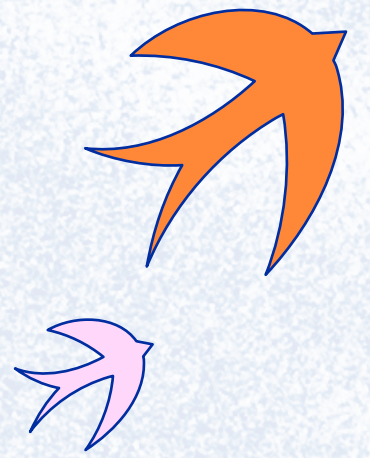
Identifying and shaping a workable governance model for a city strategy, policy, or project is key to implementing One Health. Most cities adapt from what already exists, which typically includes legal mandates, institutional maturity, budget authority, and political leadership, and then iterate as capacity grows. The **ideal model is determined by various factors**: the level of One Health integration (policy, programme, project, etc.), the city's institutional capacity and size, the expertise and resources within municipal departments, and the robustness of external expert and stakeholder networks.

One Health is a cross-cutting, interdisciplinary, and holistic topic, meaning its **ownership may not be restricted to a single department**. Effective and successful implementation requires a variety of perspectives and can be managed in various ways.

The departments necessary for this interdisciplinary approach may not immediately recognise their role in the process.

This section presents experience-based guidance on three different governance models observed among the One Health 4 Cities partners. Each model has unique strengths and weaknesses. Cities can choose to utilise, combine, or modify these models to best fit their specific context.

- **Single Department-Led Model**

- **Cross-Departmental Collaborative Model**

- **External Stakeholder Partnership Model**

SINGLE DEPARTMENT-LED MODEL

In a Single Department-Led Model, **a single municipal department**, such as Public Health, Environment, or Urban Planning, formally **takes on the primary role** of coordinating and driving One Health initiatives. This department typically houses a One Health focal point or a small, dedicated unit. The mechanisms for coordination heavily rely on **inter-departmental working groups**, formal and informal requests for input from other departments, and the issuance of internal policy directives.

The strengths of this approach include **clear accountability** for One Health efforts, potentially **faster decision-making** within the lead department due to its concentrated authority, and the **effective leverage** of the lead department's existing expertise.

However, this model has limitations, including a significant **risk of fostering siloed thinking** where other departments may not fully integrate One Health into their core operations. **Over-reliance on a single department** creates a vulnerability (loss of personnel, changes in departmental priorities, etc.). There's also often **limited authority** over other departments' budgets and priorities (including political), which can lead to insufficient buy-in or resource allocation from non-lead departments. This model should involve external stakeholders for expert input in decision-making.

CROSS-DEPARTMENTAL COLLABORATIVE MODEL

The Cross-Departmental Collaborative Model involves sharing the coordination and leadership of One Health **responsibility among two or more municipal departments.** These typically include departments like Health and Well-being, Environment, Urban Planning, or Animal Welfare. This model is formalised through mechanisms such as a **cross-departmental steering group or a task force**, which establishes continuous collaboration and **shared decision-making.** It also involves shared strategic planning across departments and joint reporting lines. For specific projects, departments might co-chair initiatives and even share budget lines.

The strengths of this model are its ability to encourage **holistic problem-solving by bringing diverse perspectives, expertise, and networks**, fostering a sense of **shared ownership** across departments, **improving overall resource coordination and allocation**, optimising investments, and increasing impact.

Despite these benefits, **challenges exist**, including the **need for strong facilitation** to manage multiple departmental interests and responsibilities, **robust mechanisms for conflict resolution,** and **sustained high-level political commitment** to overcome departmental challenges such as competing priorities and timelines. Cross-departmental steering groups are often the first casualties of budget cuts; they must, therefore, maintain a strong communication plan that clearly demonstrates their value. This model should also involve external stakeholders for expert input in decision-making.
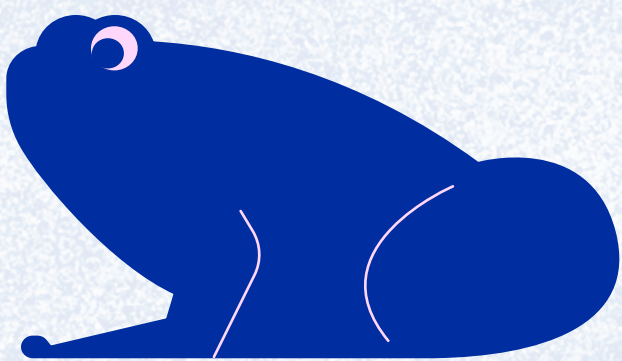
EXTERNAL STAKEHOLDER PARTNERSHIP MODEL

In the External Stakeholder Partnership Model, while the city maintains its ultimate governance authority (by one or more departments), the planning and implementation of One Health initiatives are significantly shaped by, and frequently **co-executed with, external stakeholders**. This model is formalised through various mechanisms, including the establishment of **formal advisory boards, joint working groups, public-private partnerships, research collaborations** with universities, and memoranda of understanding with civil society organisations.

The strengths of this approach include **access to diverse expertise** from outside the municipal structure, additional resources, **increased community legitimacy and trust** in One Health initiatives, and the **fostering of innovation** through new perspectives.
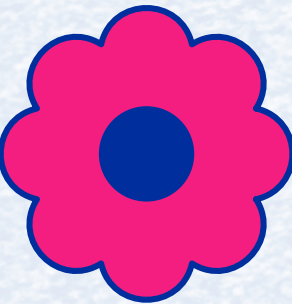
However, challenges include **managing diverse interests** among various partners, **ensuring accountability of external partners**, navigating **differing organisational cultures, vocabulary, and speeds**, and clearly defining roles and responsibilities to avoid overlaps or gaps. Similar to the Cross-Departmental Collaborative Model, it requires **strong facilitation** to align expectations, interests, and involvement levels across the various actors. This model should **not limit external input** from the leading organisations but involve all additional external stakeholders for expert input in decision-making.

> *"One Health governance must reflect the complexity of health interconnections in cities; it is not about creating a new silo, but transforming how we work together."*
>
> **– Dr. Guillaume Fauvel, City of Lyon**

— ONE HEALTH TIPS ON GOVERNANCE
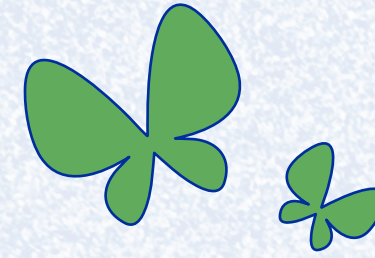
— ALIGN WITH EXISTING FRAMEWORKS

- Identify relevant **city, regional, national, and EU policies** that support or regulate One Health principles. **Identify how these frameworks involve cities**. Clarify how projects and teams operate within these frameworks to ensure **coherence, compliance, and legitimacy.**

- Integrate One Health working groups into **existing city structures** while avoiding siloed approaches, to ensure One Health is smoothly integrated into the current work.

- Show how the One Health approach **facilitates the execution of current strategies and programmes** (European biodiversity strategy, local greening or mobility plans, etc.), preventing it from being perceived as an additional burden or requirement.

— BUILD CLEAR AND INCLUSIVE GOVERNANCE STRUCTURES

- As One Health requires, by its nature, the involvement of multiple stakeholders, not used to working together, establish **transparent agreements** on roles, responsibilities, accountability, and conflict-resolution mechanisms. Ensure **inclusive decision-making**, where all relevant departments and stakeholders have a voice.

- Involve **political leaders from more than one political party** to strengthen cross-sectoral support and prevent the initiative's success from depending on a single champion.

— MANAGE RESOURCES FAIRLY AND STRATEGICALLY

- Identify who holds **budgets, expertise, and mandates** to implement relevant projects, and **define clear impacts on all those co-funding solutions.**

- One Health efforts often face financial constraints. Promote **cost-sharing and co-funding mechanisms** across departments and external public and private stakeholders to overcome financial limitations.

- Secure **financial support for coordination roles** (e.g., facilitators and coordinators) to ensure continuity and ownership.

- Ensure that **data from all relevant sectors** are available and used equitably. Avoid allowing any single sector to dominate the analysis, and **refrain from interpreting results through an overly anthropocentric lens.**

- Define clear protocols for how **data is collected, shared, analysed, and used across sectors**. These protocols must safeguard **data privacy and uphold ethical standards** while enabling evidence-based decision-making.

— MONITOR, EVALUATE, AND SUSTAIN THE EFFORTS

- Set up **robust monitoring and evaluation systems** to track progress, outcomes, and impact of governance structures. These frameworks should enable adaptive management, foster accountability, and inform ongoing improvements in governance.

- Design governance mechanisms that support **long-term coordination and engagement** beyond project and political cycles. Plan for **long-term sustainability,** including capacity building, stable funding, and the creation of **permanent One Health working groups or councils.**

— ONE HEALTH TIPS ON MULTI-STAKEHOLDER ENGAGEMENT
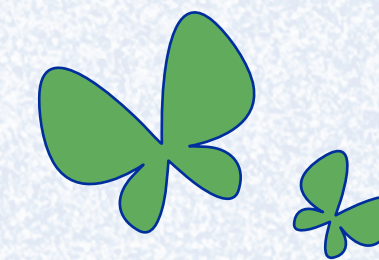
— INCLUDE DIVERSE EXPERTISE AND VOICES

- **Identify and involve all key stakeholders**. Engage government agencies, academic institutions, utilities, health professionals, environmental NGOs, private sector leaders, and citizen groups.

- Beyond scientists, **include professionals from culture, education, legal, and ecological transition fields**, for example, museum staff, teachers, legal advisers, or project managers. Their perspectives enrich the process and connect it to daily city life.

- **Value all voices equally, from technical experts to citizens and end users**. Equal participation builds trust and shared ownership, and all must be seen as equal contributors to One Health.

- **Ensure gender balance, youth representation, and inclusion of marginalised voices, and groups that have no voices** (animals, plants, environnement).

— BUILD A SHARED UNDERSTANDING ON ONE HEALTH

- Do not expect shared understanding to happen in one meeting. **Building One Health competence is a long-term, collective learning process**. Grow together as a team by defining priorities and co-developing projects over time

- Use One Health as a **connector between departments (ecology, public health, planning, etc.)**. Their involvement and priorities come in **equal terms for human and non-human concerns** under the One Health approach.

- **Focus on shared goals and impact**, rather than spending excessive time aligning on professional language and concepts, e.g., One Health versus Planetary Health or Global Health, etc.

- A communication plan is needed to **narrate the impact story** (storytelling), **justifying expenditure** on this cross-cutting topic, **which may be perceived as 'extra'**. This plan should be tailored to the diverse stakeholders and actors.

- **Embrace the complexity of One Health**, which reflects the complexity of urban environments, and organise **collaborative problem-solving sessions** that encourage creativity and respond to this complexity.

— CREATE CITYWIDE ENGAGEMENT MOMENTS AND SHARED LEARNING

- **Cultivate internal champions**; ensure multiple team members grasp and advocate for the One Health concept to foster broader departmental support.

- Ensure **regular updates** are provided **to all city directors and senior officials** to bolster their commitment to the One Health approach.

- **Establish continuous training, co-learning opportunities, and educational programmes** for both municipal staff and external partners. This can be achieved through various methods such as mini-conferences, peer-learning workshops, and collaborative games, all aimed at deepening understanding. Foster a culture where teams are encouraged to learn from mistakes, share insights, and continuously explore and adopt new methods.

- **Use participatory and integrated approaches such as the URBACT methodology**, which supports facilitators with engagement and strategic tools (see the URBACT Toolbox for resources).

- **Draw on examples and successful case studies** to demonstrate what other cities have accomplished, serving as inspiration for local teams ("if they can do it, so can we").

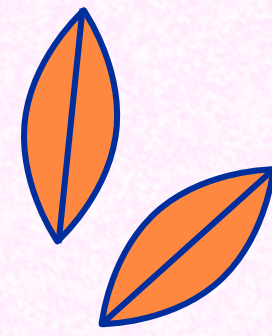## TOOLBOX

TOOLS FOR GOVERNANCE
- One Health Governance Canvas

TOOLS FOR MULTI-STAKEHOLDER ENGAGEMENT
- One Health Role Play
- One Health Stakeholder Map
- One Health Quiz
- One Health Video
- Obervation Grid - Explore Life in Schoolyards

CASE STUDY

THE LOCAL HEALTH STRATEGY GOVERNANCE IN THE CITY OF LYON

THE ORIGIN OF THE MULTI-STAKEHOLDER GOVERNANCE

The governance system of the Local Health Strategy (CLS) was strongly influenced by the experience of managing the COVID-19 crisis. During the pandemic, it became clear that many health and non-health actors were not accustomed to working together, despite their complementary roles.

One of the City of Lyon's key strengths was its ability to create networks and meeting spaces, fostering collaboration across sectors. The crisis also underlined the importance of integrating both citizen and scientific perspectives. In Lyon, a Citizens' Advisory Council was created during the crisis, but a scientific perspective was missing. This highlighted the need for a governance model that would be both participatory and evidence-based.

### THE VALUES OF THE MULTI-STAKEHOLDER GOVERNANCE

The CLS governance was designed to embody partnership and shared responsibility. The aim was not only to mobilise a wide range of stakeholders but also to make them co-responsible for implementation. This philosophy is based on a few principles:

- Each strategic axis is co-led by the City of Lyon and a signatory partner. This model encourages commitment and ensures shared responsibility.

- Partners use their own networks to involve additional stakeholders, thereby enriching the collective effort.

- The governance structure encourages the pooling of professional, citizen, and scientific expertise.

- Actions are followed up with limited formalism, allowing for adaptation and innovation.

The CLS is signed by 50 local stakeholders and supported by 4 advisory members. Building on the lessons of the COVID crisis, the City also created a Scientific Council, the first of its kind in France, to provide independent, multidisciplinary expertise to decision-makers.

PRESENTATION OF THE GOVERNANCE SYSTEM

The governance of the CLS is designed to combine strategic decision-making, operational follow-up, and independent expertise. It relies on 3 complementary bodies that ensure both inclusiveness and efficiency:
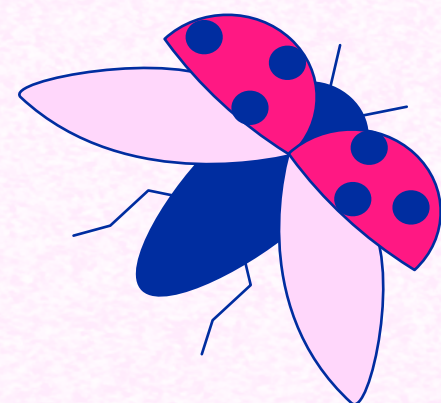
1) The Steering Committee

The Steeering Committee (COPIL) is the central decision-making body of the strategy. Meeting once a year, it brings together all signatories of the CLS and is co-chaired by the Mayor of Lyon and the Director General of the Regional Health Agency.
Two vice-presidents, representing healthcare professionals and user associations, reinforce this shared leadership. To ensure balanced representation, the COPIL is structured into three bodies:

- Institutional actors, such as hospitals and public health agencies
- Associations representing users and citizens
- Representatives from the city's sub-districts

This composition reflects the city's post-COVID ambition to strengthen both citizen participation and territorial representation in health governance.

2) The Technical Committees

Operational responsibility is carried by four Technical Committees (COTECHs), one for each strategic axis of the CLS. Each COTECH monitors around ten actions, which are entrusted to an internal project manager from the City of Lyon, sometimes supported by external partners.

In line with the philosophy of shared responsibility, every COTECH is co-led by the city and a signatory partner. This approach strengthens ownership, mobilises the networks of partner organisations, and ensures that initiatives are both locally relevant and collectively supported. COTECHs are also responsible for showcasing territorial initiatives, giving visibility to partner contributions, and ensuring accountability.

3) The Scientific Council

Finally, the Scientific Council provides an independent, multidisciplinary perspective to support the governance system. Meeting three times a year, it brings together researchers, a representative from France Assos Santé (to represent user expertise), and a general practitioner (to represent field practice).

The Scientific Council operates under its own internal regulations, drafted by its members and validated by the COPIL. Its role is to provide methodological and scientific input, such as in the design of evaluation frameworks. By maintaining independence while remaining closely connected to the governance structure, the Council ensures that decisions are informed by both cutting-edge knowledge and practical realities.

Together, these three bodies ensure that the CLS is both strategically guided, operationally dynamic, and scientifically informed.

SUCCESS FACTORS OF THE LYON'S LOCAL HEALTH STRATEGY GOVERNANCE

- **Shared leadership**, with partners acting as co-pilots of the axes, strengthens commitment and accountability.

- **The strong mobilisation** of a variety of **stakeholders** broadens the reach and enriches the strategy.

- **Minimal formalism** and flexibility allow room for adaptation and innovation.

- **Highlighting partner initiatives**, fostering a sense of ownership, and bringing recognition to partners.

- **The implementation of a Scientific Council** enables reflection on methods and access to high-level expertise to ensure scientific input into the mechanism.

— EXTRA ONE HEALTH TIPS

- **Design governance with attention to reflect the strategy's 'DNA'**: multi-partnership, networking, and innovation.

- Work to **dismantle silos across city departments** to foster integrated solutions; ensure that each department carries its responsibility. For example, the city of Lyon organised a seminar with all department directors to raise awareness of the One Health approach and clarify their direct or indirect involvement.

- Ensure you have a **deep knowledge of the territory** to identify leaders who can mobilise others.

- Dedicate enough resources and staff to **maintain the momentum.**

- **Plan the monitoring and evaluation systems from the outset**, with adequate means.
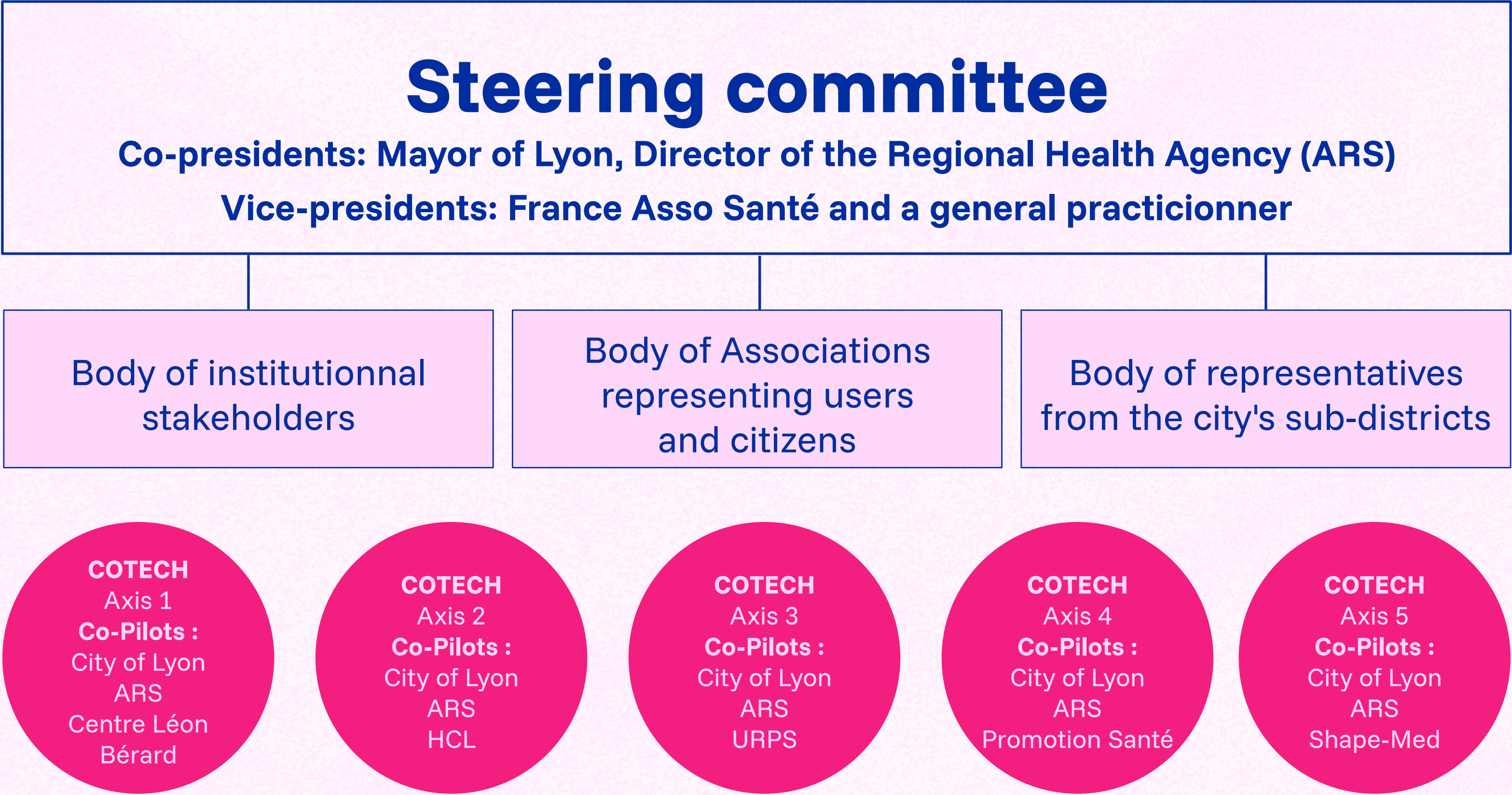
Steering committee

Co-presidents: Mayor of Lyon, Director of the Regional Health Agency (ARS)

Vice-presidents: France Asso Santé and a general practicionner

| Body of institutionnal stakeholders | Body of Associations representing users and citizens | Body of representatives from the city's sub-districts |

COTECH
Axis 1
Co-Pilots :
City of Lyon
ARS
Centre Léon
Bérard

COTECH
Axis 2
Co-Pilots :
City of Lyon
ARS
HCL

COTECH
Axis 3
Co-Pilots :
City of Lyon
ARS
URPS

COTECH
Axis 4
Co-Pilots :
City of Lyon
ARS
Promotion Santé

COTECH
Axis 5
Co-Pilots :
City of Lyon
ARS
Shape-Med

Figure 3: Governance Structure of the Local Health Strategy of the City of Lyon