UN Multi-Partner Trust Fund Office

General Information

Fund	MPTF_00282: Nature for Health (N4H) MPTF					
FMP Record	MPTF_00282_00016: Integrated Surveillance of the Human-Animal-Environment Interface under Intersectoral Coordination Mechanisms in Ecuador					
MPTFO Project Id	00141499					
Start Date	28-Mar-2026					
End Date	28-Mar-2028					
Applicants	**Status**	**Contact Type**	**Name**	**e-mail**	**Position**	**Telephone**
	Active: 06-Nov-2024 11:47:00 AM	Project Manager	Carlos Montenegro Pinto	carlos.montenegro.pinto@undp.org		
Signatories	**Signature Process**	**Role**	**Name of Organization**	**Name**	**User Email**	
	Digital	Signatory	UNEP N4H Steering Committee Chair	Ms Doreen Robinson	doreen.robinson@un.org	
	Digital	Signatory	UNDP: UNDP (United Nations Development Programme (UNDP))	Ms Inka Mattila	inka.mattila@undp.org	
Contacts	**Contact Type**	**Name**	**e-mail**	**Position**	**Additional e-mail**	**Telephone**
	Focal Point	Dominick Maldonado	dominick.maldonado1@undp.org			

Description	Ecuador, one of the 17 mega-biodiverse countries in the world, has an extraordinary density of wildlife species. This makes the country vulnerable to illegal activities such as wildlife trafficking that jeopardize biodiversity, disrupt ecosystems, and pose serious health risks to both humans and animals. Additionally, human activities such as changes in land use due to livestock farming, floriculture, oil and gas industries, and mining—key drivers of Ecuador's economy—exacerbate these risks by increasing human-wildlife interactions, further contributing to climate change and the emergence and spread of diseases with zoonotic potential. This project seeks to strengthen Ecuador's capacity for upstream prevention of zoonotic diseases through four interventions: 1) improving understanding of the links between biodiversity loss, climate change, and health; 2) operationalizing nature-based solutions; 3) establishing a specialized wildlife surveillance system within the Ministry of Environment and Energy (MAE) and 4) establishing an integrated epidemiological surveillance system coordinated among MAE, the Ministry of Public Health (MSP), and Agrocalidad (the agency responsible for agricultural quality, regulating and controlling animal health, plant health, and food safety). These interventions aim to prevent zoonotic diseases and future pandemics by acting on environmental and interface-level risks before they spill over into human populations. During the scoping phase of this project, participatory workshops and baseline assessments identified critical legal, institutional, technical, and financial gaps that currently hinder the country's ability to implement upstream prevention and integrated surveillance. These include the absence of environmental surveillance, fragmented cross-sectoral coordination, insufficient diagnostic capacity, lack of interoperable data systems, and limited community-level awareness of nature-based prevention practices. Closing these gaps is essential for strengthening preparedness and reducing health risks associated with ecological change. Guided by the N4H Theory of Change, the outcome of this project is to develop and implement preventative *One Health* approaches in Ecuador to contribute to the integration of environment and health in sector policies, in line with the Global Biodiversity Framework. The project's four outputs—Assess, Operationalize, Enable, and Sustain—are designed to build a coherent pathway for upstream prevention, from evidence generation to institutionalization and long-term financing. The structure of the project is detailed below. **Output 1 – Assess: Enhanced rationale for integrated environment and health policy and investment based on multidisciplinary evidence and knowledge generated and disseminated.** • Activity 1.1 Compilation and analysis of information on human-animal-environmental interactions sourced from key stakeholders and databases. • Activity 1.2 Development of the management model, governance and legal framework to operationalize the surveillance system of the MAE. • Activity 1.3 Development of an extended module to MAE's Biodiversity Information System (SIB-Ec) that allows the collection, analysis, processing, visualization and communication of information on cases of zoonotic diseases from the surveillance system. **Output 2 – Operationalize: Preventative One Health actions and policies that sustainably integrate environment and health dimensions co-developed or enhanced and supported.** • Activity 2.1 Development of a cross-sectoral management model, governance and legal framework (One Health Committee) that operationalizes the integrated surveillance system between the MAE, MSP and Agrocalidad in line with *One Health* approach. • Activity 2.2 Design and implementation of a cross-sectoral data transfer tool for prioritized diseases of the integrated surveillance system to strengthen upstream prevention and enable disease and risk factor surveillance, detection and reporting. **Output 3 - Enable: Capacity and knowledge management to implement preventative One Health policies and actions that integrate environmental dimensions enhanced.** • Activity 3.1 Strengthening technical capacities to understand the value of upstream zoonosis prevention and diagnosing prioritized diseases through the integrated surveillance systems. • Activity 3.2 Development of pilot projects in five cities - Quito, Ambato, Puyo, Guayaquil and Cuenca - to employ nature-based prevention measures and implement the integrated surveillance system with participatory approach. • Activity 3.3: Development and implementation of training programs, guidelines and workshops with *One Health* approach directed to stakeholders informing strategies for nature-based prevention and use of the integrated surveillance system. • Activity 3.4 Development of communication and knowledge management strategies to raise awareness on upstream prevention and the integrated surveillance system for national authorities, civil society and other key stakeholders. **Output 4 – Sustain: Collaboration mechanisms or governance structures that facilitate the implementation of preventative *One Health* approaches that integrate environmental dimensions developed or strengthened.** • Activity 4.1 Draft an Inter-Ministerial Agreement to secure long-term sustainability regarding disease and risk factor surveillance, detection and reporting through an integrated surveillance system in line with *One Health* approach. • Activity 4.2 Design a plan for future investments and financial mechanisms for national pandemic upstream prevention based on the integrated surveillance system through the established One Health Committee. • Activity 4.3 Draft policy briefs and/or scientific articles to inform upstream preventative policy and governance, based on the project's findings and surveillance data.

	• Activity 4.4 Monitoring and evaluation to ensure effective implementation towards achieving the projects goals based on the theory of change.			
Universal Markers	**Gender Equality Marker**	**Risk**		
	• GEM2 - GEWE is a significant objective of the Key Activity's overall intent	• Medium Risk		
Optional Markers	**WB Income Category**			
Fund Specific Markers	**N4H Funding Window**	**Window** • Biodiversity and Health for Pandemic Prevention		
Geographical Scope	**Geographical Scope**	**Name of the Region**	**Region(s)**	**Country**
	• Country	• Latin America	• Americas	• Ecuador

Participating Organizations and their Implementing Partners	**UN Participating Organizations**	**Government/ Multilateral/ NGO/ Other**	**New Entities**	**Implementing Partners**
	• UNDP - UNDP (United Nations Development Programme (UNDP))			UNDP - Ecuador CO Government Entities: Ministry of Health, Ecuador Ministry of Environment, Water and Ecological Transition, Ecuador Agrocalidad, Ecuador

Programme and Project Cost	**Participating Organization**	**Amount (in USD)**	**Comments**
	Budget Requested		
	UNDP	$2,000,000.00	
	Total Budget Requested	**$2,000,000.00**	
	Tranches		
	Tranche 1		
	UNDP (100%) **Total:**		$2,000,000.00 **$2,000,000.00**
	Other Sources (Parallel Funding)		
	In-kind cofinancing	$9,206,968.78	In-kind co-financing provided by the participating national institutions, and private sector.
	Total	**$11,206,968.78**	

Thematic Keywords	• One Health • Systemic Practice	
Programme Duration	**Anticipated Start Date**	01-Apr-2025
	Duration (In months)	24
	Anticipated End Date	01-Apr-2027

Narratives

Title	Text

Situation Analysis	Ecuador is a megadiverse country where the health of humans, animals, and the environment intersect in complex ways, particularly affecting Indigenous Peoples and Local Communities (IPLCs) and other traditionally disadvantaged populations. These communities depend heavily on natural ecosystems for food, livelihoods, cultural practices, and identity. Over the past years, rapid socio-economic changes, environmental degradation, expanding agricultural frontiers, and the illegal wildlife trade have intensified interactions between people and wildlife, increasing the probability of zoonotic spillover events. Limited livelihood opportunities in rural and peri-urban areas further exacerbate pressures on ecosystems, while poverty and inequality constrain households' ability to adopt safer, sustainable practices. Wildlife trafficking is one of the most visible manifestations of this dynamic. Although Ecuador's legal framework includes strong provisions for public health, environmental protection, and wildlife conservation, enforcement gaps and economic incentives drive high-risk behaviors. Animals are captured for pet trade, sold in illegal markets, or used in tourism circuits. In 2023 alone, MAE recovered more than 700 wildlife specimens; between January and May 2024, authorities carried out 220 rescue operations and 78 restraints. These activities disproportionately affect Indigenous and rural communities, particularly in the Amazon, where the number of species has decreased due to hunting and habitat loss. Shuar, Kichwa and Huaorani communities report the highest incidence of hunting, while Cofán and Siekopai report lower levels, partly due to smaller population size. As larger species become scarce, communities increasingly rely on smaller fauna such as rodents, amplifying interactions with disease reservoirs. Across productive landscapes, human–wildlife conflict intensifies when habitats shrink and natural food sources decline. Wild animals raid crops or livestock, pushing families—especially those with limited incomes—to hunt in retaliation or for subsistence. Displaced wildlife face chronic stress, declining immunity, and heightened susceptibility to pathogens. These altered ecological dynamics, driven by land-use change, population growth, and inadequate wildlife management, create fertile conditions for pathogen evolution and spillover. The COVID-19 pandemic underscored the profound social and economic consequences of these imbalances, revealing the urgency of upstream, ecosystem-centered disease prevention mechanisms. The N4H baseline and scoping process (Annex 1 & 2) in Ecuador revealed that preventing zoonotic risks requires more than strengthening health systems: it demands coordinated, evidence-based integration of environmental, human, and animal health surveillance. Currently, Ecuador has robust human and animal health surveillance systems but lacks an environmental surveillance component and an enabling regulatory framework that allows for systematic inter-sectoral collaboration. In the human health sector, the Ministry of Public Health (MSP) operates the Integrated Epidemiological Surveillance System (SIVE), combining event-based and indicator-based surveillance. SIVE monitors 44 notifiable diseases, 14 of which are zoonotic, and is supported by a national laboratory network led by INSPI. In the animal health sector, Agrocalidad manages the Epidemiological Surveillance System (SEV), responsible for monitoring diseases of national and WOAH (*World Organization for Animal Health)* relevance, supported by reference and specialized laboratories. Both systems generate valuable information but operate largely independently. The environmental sector, critical for upstream prevention, lacks a dedicated surveillance system capable of detecting diseases in terrestrial, aquatic, and marine wildlife, leading to blind spots in national risk assessment. Although ad hoc inter-institutional collaboration has occurred during emergencies (e.g., 2022 avian influenza outbreak), responses to zoonotic events such as wild rabies in the Amazon have been hampered by absent protocols, unclear roles between national and local governments, and the lack of formalized information-sharing mechanisms. These institutional fractures disproportionately impact IPLCs and rural communities, where zoonotic risks are higher and access to health services is limited. To address this, a comprehensive scoping phase was undertaken, including participatory workshops in Quito, Guayaquil, Cuenca, Puyo and Ambato. These cities were selected due to their relevance for wildlife trade, human–animal interactions, agricultural production, and the presence of key governmental and community stakeholders. IPLCs, local producer groups, municipal authorities, academia, and enforcement agencies contributed insights on vulnerabilities, barriers, and recommended interventions. This process confirmed several systemic limitations: • Weak institutional capacity to implement environmental regulations at national and subnational levels. • Unclear mandates and fragmented governance between ministries and local governments to address nature- and climate-driven health risks. • Absence of an environmental surveillance system with standardized protocols, certified laboratories, and reporting mechanisms. • Lack of a legal and governance framework empowering MAE, MSP and Agrocalidad to share information and coordinate preventative responses.

	• Lack of a cross-sectoral data transfer tool for prioritized interface diseases. • No unified, prioritized list of interface diseases requiring joint surveillance and coordinated action. • Insufficient trained personnel in all institutions to implement One Health-based surveillance, analysis, and response. • Limited capacity of IPLCs and rural communities to adopt nature-based prevention practices due to constrained resources, socio-economic vulnerabilities, and limited access to information. • Absence of culturally appropriate training materials, protocols, and technical standards for prevention and surveillance in Indigenous contexts. These barriers reflect deeper structural drivers: inequality, exposure to climate-driven stressors, extractive pressures on ecosystems, informal or unsafe wildlife use, and insufficient integration of environmental dimensions in health governance. Thus, the project seeks to strengthen upstream prevention of zoonotic diseases by designing and operationalizing an integrated surveillance system that incorporates environmental, human and animal health dimensions under the *One Health* approach (Assess and Operationalize). It further aims to empower institutions, IPLCs, and vulnerable groups through capacity-building, participatory pilots, nature-based prevention, and community-level interventions that reduce risky interactions with wildlife and promote sustainable practices (Enable). Finally, the project aims to establish long-term governance mechanisms, investments, and policy frameworks that institutionalize upstream prevention and ensure sustainability in line with Ecuador's socio-environmental realities and the Global Biodiversity Framework (Sustain).

Project Description	Ecuador's initiative fully aligns with the four pillars of N4H Theory of Change (Assess, Operationalize, Enable, and Sustain). The intervention strategy emerges directly from the baseline analysis and the scoping process carried out in five cities, which identified structural drivers of zoonotic spillover—habitat loss, wildlife trafficking, human–animal conflict, insufficient surveillance capacities, fragmented governance, and gaps in environmental monitoring—as well as the vulnerabilities faced by Indigenous Peoples and Local Communities (IPLCs) and women. These findings confirmed the need for an integrated environmental–human–animal surveillance system capable of informing upstream prevention in Ecuador. The two-year project therefore proposes a systemic, cross-sectoral approach that builds upon the strengths of Ecuador's existing surveillance systems (SIVE and SEV), while filling the critical institutional and environmental gaps identified. The approach leverages national expertise—INSPI's diagnostic capacity, Agrocalidad's epidemiological network, MAE's biodiversity governance, the experience of wildlife rescue centers, and the technical leadership of Ecuadorian universities—to build a unified, *One Health* -based surveillance and prevention architecture. This combination of nationally embedded systems and a new environmental surveillance capacity reflects a strategic design choice: rather than replacing existing structures, the project strengthens and interconnects them, ensuring scalability and long-term sustainability. **1) ASSESS** The first output responds to one of the most significant gaps identified in the situation analysis: the absence of an environmental surveillance system and the lack of integrated data to understand human–animal–environment interactions. Building on the scoping methodology, which included institutional mapping, qualitative consultations, participatory workshops, and review of data, the project will assess and enhance datasets from the Biodiversity Information System (SIB-Ec), a MAE platform that supports the administration of Ecuador's Natural Heritage. Strengthening SIB-Ec responds to a demand articulated by MAE, MSP, and Agrocalidad during the scoping phase for a unified source of evidence capable of informing decision-making on zoonotic risks. This output includes compiling, standardizing, and integrating information from healthcare centers, conservation centers, veterinary clinics, wildlife rehabilitation units, academic institutions, and community reports. The institutional, legal, economic, and technical dimensions of current zoonosis control mechanisms will be analyzed to identify systemic barriers and opportunities for reform. A national survey of diagnostic laboratory capacity will further illuminate gaps in detection and response capabilities, particularly in regions with high wildlife–human interaction. To support MAE's surveillance system, a specialized internal module will be developed to allow government entities to upload, process, and analyze environmental and zoonotic data. This tool is designed to support upstream prevention by enabling early detection of ecological disturbances and emerging pathogen risks. Complementarily, a public-facing module within SIB-Ec will function as a repository for regulations, protocols, guidelines, and surveillance outcomes, promoting transparency and supporting researchers, wildlife professionals, and decision-makers. This output was selected over other alternatives—such as creating a stand-alone environmental surveillance system—because leveraging SIB-Ec ensures institutional ownership, lowers operational costs, and strengthens an existing national asset rather than introducing a parallel structure. **2) OPERATIONALIZE** The scoping phase revealed fragmented governance: unclear institutional mandates, limited inter-agency coordination, and the absence of a legal framework defining roles for nature- and climate-driven health surveillance. To address these systemic failures, the project will operationalize a cross-sectoral One Health Committee composed of MAE, MSP, and Agrocalidad. This Committee represents a strategic choice grounded in the scoping findings: stakeholders emphasized the need for a formal, recognized mechanism to coordinate surveillance, share information, and respond to health emergencies. Guided by the Assess output, the project will develop an integrated management model, governance structure, and legal framework for the cross-sectoral surveillance system. An Inter-Ministerial Agreement will formalize roles, competencies, communication channels, and collaboration mechanisms. This approach was preferred over informal or ad hoc coordination models, which historically have lacked continuity and authority. A prioritized list of interface diseases will be defined with national universities (IKIAM, UDLA, PUCE, UCE, USFQ) and wildlife centers, reflecting Ecuador's ecological specificities and baseline epidemiological patterns. An Inter-institutional Response Committee will also be established to coordinate decision-making during outbreaks or natural disasters, addressing a weakness repeatedly highlighted in the scoping workshops.

A new interoperable data transfer tool will be designed to enable real-time, secure exchange of information on prioritized diseases. This tool was selected over alternatives such as manual reporting systems or sector-specific dashboards because interoperability is essential for early detection and coordinated response.

Finally, a virtual repository will consolidate new regulations, protocols, contingency plans, factsheets, and guidelines, strengthen institutional memory and accessibility.

3) ENABLE

The baseline analysis identified insufficient capacities for primary (upstream) prevention. The project will address this through a robust empowerment and knowledge management component. The focus will be on training local and community actors to proactively identify risks at the source (linked to nature and climate) and ensure the effective operation of the integrated surveillance system.

Trainings, workshops, and communication strategies will prioritize the co-creation of protocols with Indigenous Peoples and Local Communities (IPLCs). Recognizing their central role as ecosystem guardians, their traditional ecological knowledge is essential for early detection and the implementation of preventative barriers at the community level. This strategy reflects lessons learned, where Indigenous leaders emphasized the need for culturally tailored protocols and support for sustainable practices that reinforce ecosystem health.

Pilot projects in Quito, Cuenca, Ambato, Guayaquil, and Puyo (Annex 3) will validate the management and governance model and improve local-level understanding of upstream zoonotic risks. These cities were selected based on scoping findings: presence of key stakeholders, wildlife interactions, illegal trade hubs, and agricultural pressures. Pilots include simulation exercises for outbreak response, community surveillance units, and nature-based prevention activities in Amazonian Indigenous communities.

Awareness campaigns will target the reduction of risky human–animal interactions—including discouraging wildlife use in tourism—and promote upstream prevention behaviors. This intervention was selected over punitive or enforcement-only approaches because educational strategies are more appropriate for community-level change and align with N4H principles.

Virtual exchanges with other N4H Phase 1 countries and with surveillance teams in Colombia and Peru will reinforce South-South learning, recognizing shared ecosystems, cross-border wildlife trade, and similar socio-environmental vulnerabilities.

4) SUSTAIN

The Sustain component ensures long-term institutionalization of upstream prevention and integrated surveillance. In line with findings from the Situation Analysis, sustainability requires: a legal foundation achieved through the Inter-Ministerial Agreement; a financial foundation addressed through a national investment and financing plan for upstream prevention; and a knowledge foundation strengthened through policy briefs and/or scientific publications that translate surveillance evidence into actionable guidance for policymakers.

Robust monitoring and evaluation will track progress toward the Theory of Change, inform adaptive management, and ensure alignment with national priorities. A final evaluation will consolidate lessons learned to support future N4H investments.

This approach, combining legal, financial, and technical sustainability, was chosen over temporary donor-dependent mechanisms since the baseline analysis made clear that durable prevention requires rooted institutional frameworks, instead of short-term structures.

Intervention Logic	The intervention logic of this project is directly shaped by the systemic insights, causal pathways, and stakeholder priorities identified during the N4H scoping process, following the methodology set out in the *N4H Scoping Guide*. Through participatory systems mapping, institutional diagnostics, multi-stakeholder workshops, and causal analyses conducted in Quito, Guayaquil, Cuenca, Ambato and Puyo, the scoping phase revealed that zoonotic spillover risk in Ecuador emerges from interconnected drivers: degradation of natural habitats, intensified human–wildlife interactions, wildlife trafficking and improper handling, agrarian expansion, climatic pressures, and the fragmentation of information flows and mandates across government institutions. These drivers reinforce one another across ecological, social, economic, and institutional domains, creating systemic vulnerabilities that cannot be addressed through isolated or reactive measures. Rather, they require a coordinated, multi-level transformation in governance, surveillance, capacity-building, and community practices, which is the transformation that the project seeks to catalyze, through the framework described below: **1) ASSESS** Activities under Output 1 include: • Activity 1.1 Compilation and analysis of information on human-animal-environmental interactions sourced from key stakeholders and databases. • Activity 1.2 Development of the management model, governance and legal framework to operationalize the surveillance system of the MAE. • Activity 1.3 Development of an extended module to MAE's Biodiversity Information System (SIB-Ec) that allows the collection, analysis, processing, visualization and communication of information on cases of zoonotic diseases from the surveillance system. The Assess pillar establishes the foundation for upstream zoonotic prevention by generating multidisciplinary evidence and strengthening MAE's capacity to operate a specialized environmental surveillance system. Through the compilation and analysis of data on human–animal–environment interactions (Activity 1.1), the project identifies risk interfaces and ecological drivers of spillover. It then develops the governance model, legal framework, and technical instruments needed for MAE's surveillance mandate—including a Ministerial Agreement, prioritized disease lists, protocols, contingency plans, and the activation of the Biosafety Committee (Activity 1.2). Finally, the project enhances MAE's technological capacities by designing and implementing a new SIB-Ec module for wildlife disease monitoring, supported by tutorials, training, and a virtual repository (Activity 1.3). Together, these activities generate the evidence required to identify priority diseases, inform governance reforms, guide the design of the interoperable data tool, and establish criteria for pilots and capacity building. **2) OPERATIONALIZE** Activities under Output 2 include: • Activity 2.1 Development of a cross-sectoral management model, governance and legal framework (One Health Committee) that operationalizes the integrated surveillance system between the MAE, MSP and Agrocalidad in line with One Health approach. • Activity 2.2 Design and implementation of a cross-sectoral data transfer tool for prioritized diseases of the integrated surveillance system to strengthen upstream prevention and enable disease and risk factor surveillance, detection and reporting. The Operationalize pillar transforms evidence into coordinated institutional action by formalizing cross-sectoral governance and establishing integrated information flows. Through an Inter-Institutional Agreement among MAE, MSP, and Agrocalidad, the project defines roles, procedures, and coordination mechanisms for the integrated surveillance system (Activity 2.1). This includes preparing an Operational Manual, activating the Inter-Institutional Response Committee, conducting technical roundtables to prioritize diseases, and developing associated fact sheets and contingency plans. To support collaboration, the project designs a cross-sectoral data transfer tool based on an interoperability assessment, and establishes a virtual repository that consolidates regulations, guidance, and surveillance outputs (Activity 2.2). Collectively, these efforts create the legal, procedural, and digital architecture required for Ecuador's first integrated One Health surveillance system. In this sense, these activities transform evidence (Output 1) into operational mechanisms. **3) ENABLE** Activities under Output 3 include: • Activity 3.1 Strengthening technical capacities to understand the value of upstream zoonosis prevention and diagnosing prioritized diseases through the integrated surveillance systems. • Activity 3.2 Development of pilot projects in five cities - Quito, Ambato, Puyo, Guayaquil and Cuenca - to employ nature-based prevention measures and

implement the integrated surveillance system with participatory approach.

- Activity 3.3: Development and implementation of training programs, guidelines and workshops with One Health approach directed to stakeholders informing strategies for nature-based prevention and use of the integrated surveillance system.
- Activity 3.4 Development of communication and knowledge management strategies to raise awareness on upstream prevention and the integrated surveillance system for national authorities, civil society and other key stakeholders.

The Enable pillar ensures that institutions, laboratories, communities, and local actors can adopt and apply the integrated surveillance system and upstream prevention actions effectively. The project strengthens diagnostic capacity by training laboratory technicians and supporting certification or designation processes (Activity 3.1). It then validates the surveillance model through five pilot projects in Quito, Guayaquil, Cuenca, Ambato, and Puyo, involving simulations, community surveillance units, and nature-based prevention strategies (Activity 3.2). Capacity-building efforts expand through training programs, educational materials, including Indigenous-language content, and professional exchanges with regional and global partners (Activity 3.3). Finally, communication campaigns target authorities and communities to promote awareness of the surveillance system and discourage risky wildlife interactions (Activity 3.4). These activities embed One Health principles into practice and strengthen societal and institutional readiness for upstream prevention.

4) SUSTAIN

Activities under Output 4 include:

- Activity 4.1 Draft an Inter-Ministerial Agreement to secure long-term sustainability regarding disease and risk factor surveillance, detection and reporting through an integrated surveillance system in line with One Health approach.
- Activity 4.2 Design a plan for future investments and financial mechanisms for national pandemic upstream prevention based on the integrated surveillance system through the established Committee.
- Activity 4.3 Draft policy briefs and/or scientific articles to inform upstream preventive policy and governance, based on the project's findings and surveillance data.
- Activity 4.4 Monitoring and evaluation to ensure effective implementation towards achieving the projects goals based on the theory of change.

The Sustain pillar secures the long-term institutionalization, financing, and policy integration of the integrated surveillance system. Through an Inter-Ministerial Agreement, the project establishes durable governance arrangements to ensure the continuity of coordinated disease and risk factor surveillance (Activity 4.1). A financing and investment plan identifies resources to maintain and scale the system beyond the project period (Activity 4.2). Policy briefs and scientific publications translate project findings into actionable recommendations, supporting evidence-informed decision-making (Activity 4.3). Robust monitoring and evaluation processes, guided by the Steering Committee and UNDP quality assurance, enable adaptive management and document lessons learned and achieved outcomes (Activity 4.4). These activities aim to ensure durability, financing, accountability, and policy uptake beyond the project lifecycle.

PROJECT MANAGEMENT

The project will be implemented under UNDP's Direct Implementation Modality (DIM), with a management structure composed of a Steering Committee (MAE, MSP, Agrocalidad, UNDP), a Project Management Unit (Coordinator, administrative and financial assistant, specialists in human, animal - environmental health, governance, communication, and legal issues), and UNDP's Quality Assurance.

Relevance to N4H Work	**1.4 Relevance to N4H's work** **i. Address the environmental dimension of One Health through upstream prevention and implementing One Health principles** The project operationalizes the environmental dimension of One Health by developing MAE's specialized environmental surveillance system, filling a critical institutional gap identified through the scoping process. By establishing a legal and governance framework, prioritizing wildlife diseases, standardizing protocols, and strengthening diagnostic collaboration with laboratories, the project generates environmental data that traditionally remained outside national surveillance architectures. Upstream prevention is advanced through behavioral and nature-based interventions—including communication campaigns and training programs—that aim to reduce high-risk human–wildlife interactions, particularly in tourism and rural production landscapes. These efforts directly address upstream environmental drivers of spillover, transforming ecological signals into actionable intelligence for decision-makers. **ii. Foster action on the ground through tailor-made strategies to assess, build, enable & sustain One Health at a local / national / regional level** Through its piloting strategy in Quito, Guayaquil, Cuenca, Ambato, and Puyo, the project ensures that the integrated surveillance system is tested, adapted, and validated. These tailored pilots strengthen biosecurity practices, enhance local prevention networks, and verify the applicability of data-sharing tools, protocols, and reporting mechanisms. Additionally, emphasis on upstream prevention allows communities and local governments to address drivers such as land-use change, wildlife trafficking, and ecosystem degradation. Partnerships with organizations such as Yanacocha and IKIAM deepen outreach to rural and Indigenous communities, enabling context-specific prevention strategies and local ownership of One Health measures. Also, public sector involvement with GADs, the Ministry of Tourism, among others, ensure the system's long-term sustainability. **iii. Collaborate in an intersectoral multidisciplinary way amongst key partners to advance One Health impacts** The project consolidates MAE, MSP, and Agrocalidad into a formally established One Health governance mechanism through an Inter-Institutional Agreement. This institutional architecture, along with the activation of an Inter-Institutional Response Committee, strengthens coordinated decision-making, data interpretation, and emergency response. Collaboration expands beyond government institutions to include academic laboratories, conservation centers, productive sectors, and civil society actors, as recommended in N4H's systems-based approach. Virtual exchanges with other N4H Phase 1 countries will reinforce South-South learning, recognizing shared ecosystems, cross-border wildlife trade, and similar socio-environmental vulnerabilities. **iv. Support projects that utilize a participatory, demand-led approach based on systemic practice** The project is grounded in participatory methods that reflect local needs, cultural contexts, and demand-driven priorities, consistent with N4H's focus on systemic practice. Stakeholders—including tour operators, municipal governments, producers, women's organizations, and Indigenous communities—actively shape surveillance protocols, disease prioritization, and prevention strategies. Educational materials tailored for Indigenous Peoples (in Kichwa, Shuar, and Achuar) and gender-responsive training programs ensure inclusive engagement. The systems-based approach—mapping drivers, leverage points, and interdependencies—guides the intervention's structure, ensuring that actions target upstream determinants rather than symptoms of zoonotic emergence. **v. Pool and integrate multiple donor contributions efficiently and transparently** The project applies rigorous governance and financial management through a Project Management Unit (PMU) structured to ensure transparency, accountability, and efficiency. The Steering Committee oversees resource allocation, strategic planning, and activity compliance, while leveraging existing institutional capacities to avoid duplication. The project complements national investments in biodiversity management and animal health surveillance, allowing donor contributions to be integrated into a coherent, cross-sectoral architecture consistent with N4H's principles of pooled impact and value creation. **vi. Learn and share insights and integrate into global policy and knowledge networks** The project will prioritize knowledge sharing and integration into global networks by implementing a variety of activities. Virtual meetings with technical teams from N4H project partners will provide opportunities to exchange best practices and lessons learned. Additionally, the project will promote the publication of a research article/policy briefs and develop educational materials regarding primary prevention, such as fact sheets, contingency plans, and communication guides, which will be hosted in a virtual repository

linked to Sib-Ec, for stakeholders' access. By engaging in global networks, the project contributes to advancing the One Health agenda and strengthens Ecuador's participation in international discussions on health and biodiversity.

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

The project integrates gender equity, Indigenous inclusion, and social accountability across all components. Through the Gender Action Plan and the Stakeholder Participation Plan, women, youth, Indigenous communities, and rural populations play meaningful roles in prevention, surveillance, and governance. Transparent reporting mechanisms, participatory monitoring, and regular Steering Committee reviews strengthen institutional accountability. By transforming how institutions coordinate, how information circulates, and how communities participate in prevention, the project generates long-term value for public health, biodiversity conservation, and climate resilience.

b. Complementarity with ongoing interventions

Ecuador's N4H project complements existing national efforts and addresses gaps within ongoing interventions led by governmental and non-governmental actors. While MSP's SIVE system and Agrocalidad's SEV provide structured surveillance for human and animal health, they lack a formal interface with environmental data streams, leaving wildlife and ecosystem health outside national early-warning capabilities. The project fills this gap by establishing MAE's environmental surveillance system and creating the technological and legal mechanisms needed for real-time data integration.

Efforts by conservation NGOs, wildlife rescue centers, and academic laboratories have contributed valuable wildlife data, but these remain fragmented and not standardized for national surveillance. The project's development of SIB-Ec's complementary module and associated protocols transforms these disparate inputs into a cohesive national asset.

Finally, regional partners—including PAHO, WOAH, UNEP, and N4H country teams—are developing frameworks for upstream prevention, risk communication, and sustainable wildlife management. Ecuador's project strengthens these regional efforts by operationalizing a complete One Health surveillance model at the national level and by generating knowledge products that can inform regional policy and cross-border collaboration.

Importantly, during implementation, and in alignment with UNDP's portfolio and systemic approach in Ecuador—the project will actively evaluate and connect ongoing UNDP initiatives to ensure strategic complementarity and maximize impact. This includes potential synergies with projects focused on jaguar conservation and human–wildlife coexistence, initiatives promoting alternative and sustainable livelihoods for rural and Indigenous communities, watershed conservation efforts in the Napo River basin, programs supporting sustainable agricultural production systems in the Amazon, among others. By identifying interface risks and overlapping geographic or thematic priorities, the portfolio approach will enable N4H interventions to both reinforce and be reinforced by these initiatives, expanding the reach of upstream prevention measures.

Relevance to Regional, National or Subnational Priorities	**1.5 Relevance to regional, national or subnational priorities** The establishment of an integrated *One Health* surveillance system in Ecuador directly aligns with regional, national, and subnational strategies that prioritize health security, biodiversity conservation, climate adaptation, and sustainable development. The project responds to the growing need for upstream preventative action in the face of zoonotic risks exacerbated by environmental degradation, land-use change, biodiversity loss, and climate variability—key drivers acknowledged in Ecuador's policy frameworks and in global environmental and health governance instruments. This project is framed within the *One Health* guidelines established by the quadripartite and adjusted to the One Health Joint Action Plan 2022 - 2026[1], in the component of addressing zoonotic diseases that are likely to trigger pandemics and epidemics as well as endemic diseases better known as neglected diseases including tropical diseases and those transmitted by mosquitoes. **Relevance at the National Level:** In Ecuador's national context, an epidemiological surveillance system rooted in the *One Health* approach is essential for coordinating adequate responses to zoonotic diseases, which pose a significant threat to public health. The country's rich biodiversity and diverse ecosystems make it particularly susceptible to the emergence of new diseases originating in wildlife and potentially transmissible to humans. Establishing an integrated system enables early detection and prompt intervention, minimizing both health and economic consequences. Furthermore, this system reinforces the country's health infrastructure by enhancing its capacity to respond effectively to outbreaks and epidemics. By fostering intersectoral collaboration it engages various ministries and agencies in public health management, resulting in more coherent and impactful policies. These policies uphold constitutional rights, including the right to health, right to a healthy environment, biodiversity conservation, and the rights of nature. This integrated approach aligns with objective 7[2] of the National Development Plan for New Ecuador (2024–2025) and can be directly integrated with the National Plan for the Prevention and Control of Antimicrobial Resistance, ensuring a holistic framework for sustainable health and environmental management. Also, the project directly supports Ecuador's National Development Plan (Plan Nacional de Desarrollo 2021-2025), which prioritizes health and well-being, environmental sustainability, and the protection of biodiversity. By addressing zoonotic diseases and promoting coordinated health actions across human, animal, and environmental sectors, the project contributes to Goal 3 of the plan: "Guaranteeing a life of dignity with access to health services for all." Ecuador's Nationally Determined Contribution (NDC 2019–2025) highlights the need to strengthen adaptive capacity to climate-related health risks—including emerging infectious diseases exacerbated by biodiversity loss, flooding, droughts, and changes in wildlife behavior. By creating upstream prevention strategies and nature-based solutions that reduce human–wildlife conflict and protect ecosystems, the project directly contributes to the NDC's adaptation goals. The project additionally supports Ecuador's obligations under multiple Multilateral Environmental Agreements (MEAs), including the Convention on Biological Diversity (CBD), CITES, CMS, the International Treaty on Plant Genetic Resources, and the Paris Agreement, by integrating biodiversity management, surveillance, and climate adaptation into health governance. These instruments emphasize ecosystem conservation, sustainable production, and risk mitigation—principles embodied in this project's design. Furthermore, the initiative aligns with UN system-wide programming frameworks, including the UN Sustainable Development Cooperation Framework (2022–2026), which prioritizes climate resilience, sustainable livelihoods, biodiversity protection, and equitable access to health systems. The integrated surveillance system contributes to these priorities by strengthening governance, transparency, and national capacities in prevention and environmental health. **Regional Relevance:** At the regional level, the project promotes knowledge sharing with neighboring countries, principally Colombia and Peru, to address shared health risks. This aligns with regional health strategies and cooperation frameworks within the Andean Community of Nations (CAN), which prioritize health security and coordinated responses to emerging diseases. The project's virtual meetings and knowledge-sharing initiatives

with technical teams from Colombia and Peru will strengthen regional integration efforts with their national initiatives[3] to address the *One Health* approach and strategies for the prevention of zoonotic diseases.

Ecuador, by being part of regional initiatives and cooperation agreements, such as the Convention on Biological Diversity (CBD), the Convention on the Conservation of Migratory Species of Wild Animals (CMS), the Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES), the Regional Agreement on Animal Health Surveillance and Food Safety in South America, the Agreement on Sanitary and Phytosanitary Measures (SPS), the International Health Regulations (IHR), and the Andean Community (CAN) Regulations, can benefit from shared resources and technical support. This not only strengthens the country's sanitary security, but also contributes to regional sanitary stability, promoting the health and well-being of the populations in the area.

In addition, Ecuador is a signatory of the World Organization for Animal Health (WOAH) to collaborate in compliance with international animal health regulations and to strengthen disease surveillance and response capacities. With the Food and Agriculture Organization of the United Nations (FAO), the country participates in food safety, animal health and sustainable natural resource management programs. With the Inter-American Institute for Cooperation on Agriculture (IICA), Ecuador works on projects that promote agricultural sustainability and the development of technical capacities in animal health. With the Pan American Health Organization (PAHO) / PANAFTOSA, collaboration focuses on the surveillance and control of zoonoses, especially with the Regional Rabies Program and other diseases of public and animal health importance. In addition, with the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Ecuador collaborates in technical cooperation projects that include components of environmental sustainability, health and agricultural production, with emphasis on the sustainable development of the sector.

Relevance at the Subnational Level: At the subnational level, the project supports the local governments' priorities in areas of high biodiversity and those where there are important human-wildlife interactions, such as the Andean, Coastal and Amazon region. These areas face increased risks of zoonotic disease transmission due to human encroachment on wildlife habitats. In addition, it will strengthen local health systems and promote sustainable practices to reduce these risks, in line with local development plans focused on health and environmental protection.

By identifying, diagnosing, reporting and analyzing data from surveillance systems, disease incidence and prevalence maps can be generated by population, activity, ecosystem, biodiversity, etc. This helps decision-makers optimize resource management, ensuring more efficient allocation and use to address health challenges at the human-animal-environment interface.

In addition, deconcentrating epidemiological surveillance enhances local diagnostic capacity by enabling each region to identify, diagnose, and report diseases—whether prioritized or emerging—without relying only on central laboratories. Through this approach, trained personnel at the local level can recognize symptoms, conduct diagnostic tests in nearby laboratories, and report to the Operational surveillance units so they can upload data directly into the data transfer tool. This reduces the need to send all samples to Quito or Guayaquil for processing. As a result, deconcentrating not only improves the efficiency and timeliness of disease detection but also fosters community involvement in public health practices, creating populations that are more informed, responsive, and resilient to potential health threats.

Ecuador's capital city is the only one that has a resolution that issues guidelines for the adoption of the One Health approach in the Metropolitan District Municipality. The project is therefore in line with that resolution. There are also cantonal risk management committees, biosafety committees, public health reporters, animal health reporters and other initiatives that can be aligned with the objectives of participatory and diverse community surveillance.

[1] Source: https://www-who-int.translate.goog/publications/i/item/9789240059139?_x_tr_sl=en&_x_tr_tl=es&_x_tr_hl=es&_x_tr_pto=tc

[2] Objective 7: Preserve the responsible use of natural resources with an environmentally sustainable environment

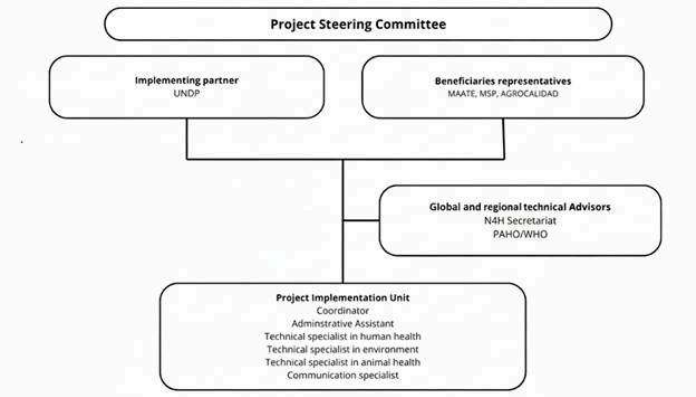
[3] Source: https://www.cdc.gov/one-health/media/pdfs/Colombia-508.pdf

Project management and governance	The project will be implemented over 24 months under the Direct Implementation Modality (DIM) by UNDP, ensuring compliance with international fiduciary standards and the operational requirements of N4H. The management and governance structure is designed to guarantee transparency, accountability, technical rigor, and efficient coordination among national counterparts, implementing partners, and technical advisors. The structure—illustrated in the organizational diagram—includes four core layers: (i) the Project Steering Committee; (ii) the implementing partner (UNDP); (iii) regional and local technical advisors; and (iv) the Project Implementation Unit (PIU). These layers interact through clearly defined lines of responsibility and decision-making channels that support the timely and effective delivery of project outputs. **i. Project Manager, Supervisory Structure, and Fund Management** The Project Coordinator serves as the Project Manager and reports directly to the UNDP Programme Officer overseeing the Environment and Energy portfolio, who acts as the first reporting supervisor. UNDP, as the implementing partner and accredited fund manager, is responsible for financial authorization, expenditure certification, and overall fiduciary oversight. The Project Coordinator is accountable for ensuring that activities are implemented according to quality standards, within the constraints of the work plan and budget, and in alignment with the results framework. UNDP's Programme Management and Operations Units will support fund authorization, procurement processes, and quality assurance, maintaining a separation of duties consistent with DIM requirements. **ii. Project Implementation Unit and Lines of Responsibility** The Project Implementation Unit (PIU) is composed of the Project Coordinator, an Administrative Assistant, and specialists (human health, environment - animal health, governance, legal and communication issues). This team is justified based on the technical complexity of the integrated surveillance system and the need for continuous coordination across MAE, MSP, and Agrocalidad—functions that cannot be efficiently outsourced to external contractors. Hiring specialized staff ensures cost-effectiveness by enabling day-to-day coordination, rapid technical decision-making, and sustained institutional engagement, whereas subcontracting would create discontinuity, higher overhead costs, and reduced accountability. The Project Coordinator provides strategic and operational direction to the PIU and is responsible for supervising technical outputs, mobilizing goods and services, preparing TORs, supervising contractors, monitoring risks, planning and reporting, and ensuring adherence to Gender Equality and Results-Based Management standards. Specialists are responsible for implementing activities related to their sectors by providing expertise, coordinating with national agencies, and ensuring alignment with sectoral policies and surveillance procedures. The Administrative Assistant supports procurement, logistics, payments, and financial record-keeping. The Communication Specialist develops campaigns and knowledge products, working closely with national and local stakeholders. All PIU members follow accountability lines reporting directly to the Project Coordinator. **iii. Implementing Partner and Country Partners** UNDP is the implementing partner and provides fund management, procurement support, oversight, quality assurance, and risk management. Country partners include MAE, MSP, and Agrocalidad, who serve as beneficiaries and technical authorities. Each institution contributes sector-specific knowledge, data, staff participation, and strategic guidance. The project also collaborates with the N4H Secretariat and PAHO/WHO as regional and local technical advisors, who provide methodological guidance, alignment with global One Health standards, and review of technical products. These entities provide expert recommendations to the Steering Committee and PIU. **iv. Project Steering Committee (PSC): Composition and Authority** The PSC is the highest-level decision-making body and is established during project initiation. It is composed of representatives from MAE, MSP, Agrocalidad, and UNDP, and may invite observers—such as regional N4H partners or technical agencies—to support specific discussions. The PSC approves annual work plans, budgets, procurement plans, and progress reports; provides strategic guidance; reviews risks; and ensures that implementation aligns with national policies and N4H standards. Under DIM, the PSC is chaired by UNDP to ensure compliance with fiduciary and accountability standards. The Committee meets twice a year, with additional sessions convened as needed. The Project Coordinator organizes the meetings, prepares agendas, and documents decisions through formal minutes. PSC decisions follow principles of transparency, fairness, value-for-money, and integrity. The PSC also validates changes to the results framework, major budget revisions, and corrective measures when project tolerances are exceeded. Global and regional technical advisors, principally the N4H Secretariat and PAHO/WHO—provide scientific and operational guidance throughout implementation. Their role is advisory and aims to ensure alignment with global best practices in One Health, upstream

prevention, and integrated surveillance. They contribute to reviewing surveillance protocols, communication materials, and technical reports, strengthening technical rigor, however, they are not directly involved in national decision-making spaces.

UNDP provides Project Assurance at three levels: the Country Office, the Regional Bureau, and Headquarters. These functions are independent from the Project Coordinator and ensure compliance with POPP standards, monitoring of procurement and financial procedures, quality review of deliverables, and verification of milestones. Project Assurance ensures that fiduciary, environmental and social safeguards, and monitoring requirements are met, and supports audits, spot checks, and capacity assessments required by UNDP or the donor.

Figure **1.** Project Governance Arrangements



Own elaboration

v. TORs and Evidence of Agreement on Project Structure

Terms of Reference for all project positions are included in Annex 4, detailing responsibilities, competencies, and RBM requirements. Evidence of joint approval of the project's structure is reflected in Annex 5, which refers to the validation workshop in which key stakeholders agreed with the proposal.

Partners	**a. Transformative partnerships and potential for scaling:** The project is implemented through a broad partnership architecture that brings together national authorities, international organizations, academia, civil society, Indigenous communities and the private sector, in line with N4H principles of systemic practice, upstream prevention, participation and value creation. UNDP, as implementing partner, works closely with MAE, MSP and Agrocalidad—who serve as core country partners—to operationalize an integrated One Health surveillance system that reorganizes how information, responsibilities and decisions are shared across sectors. These governmental partners are complemented by international technical collaborators (N4H Secretariat, PAHO/WHO, UNEP, CDC and others), who provide state-of-the-art guidance on One Health, surveillance and upstream prevention. Civil society organizations, wildlife rescue centers and conservation NGOs contribute field intelligence, community engagement and nature-based prevention practices, while academic institutions and One Health research groups provide research, training and methodological support. Private veterinary laboratories, wildlife hospitals and diagnostic centers extend the reach of the diagnostic network, particularly in areas with high levels of human–animal interaction. Indigenous communities and local organizations in the Amazon, Andes and other regions contribute contextual knowledge, community surveillance and locally appropriate risk-reduction strategies. By working through this ecosystem of partners, the project does not create a parallel structure; it strengthens and connects existing capacities so that the integrated surveillance model can be scaled and replicated beyond the initial pilots. The diversity of partners and their territorial presence provide a clear pathway for upscaling—from five pilot cities and selected communities to national coverage—and for leveraging impact across other UNDP and government programmes in biodiversity conservation, sustainable production and climate resilience. Details of each partner and their specific contribution are presented in the table below and in the Stakeholder Participation Plan (Annex 6), complemented by the Gender Action Plan (Annex 7). **b. Selection of executing partners and capacity development:** Executing partners are linked to the National Government, based on their legal mandate, technical competence, national coverage and proven track record in their respective sectors. MAE is responsible for environmental policy, biodiversity management and wildlife regulation; MSP leads human health surveillance and response; and Agrocalidad leads animal and plant health surveillance. Together, they hold the legal authority required to establish and operate an integrated One Health surveillance system at national scale. Their capacities have been assessed through previous and ongoing cooperation with UNDP. Where capacity gaps have been identified—particularly in environmental surveillance, integrated data management, gender-responsive approaches and community engagement—the project includes targeted capacity development: specialized technical training, joint protocol development, support for laboratory networks, and strengthening of risk analysis, monitoring and results-based management competencies. Other partners—such as academic institutions, NGOs, laboratories and community organizations—are engaged through cooperation agreements, MoUs or specific contracts, depending on the nature of their contribution (research, training, diagnostics, communication, field implementation). Their participation has been prioritized based on their expertise in One Health, biodiversity conservation, surveillance, Indigenous health or environmental education, and their presence in priority territories. **c. Engagement with private sector** Private sector engagement focuses primarily on veterinary diagnostic laboratories, wildlife hospitals and specialized clinics, which are critical nodes in the surveillance network. By linking these actors to MAE, MSP and Agrocalidad through data-sharing arrangements and technical protocols, the project expands the geographic and thematic coverage of surveillance, improves early detection of zoonotic events and strengthens laboratory capacity at national level. The expected results from these partnerships includes: increased number of samples analyzed for prioritized diseases; faster turnaround times for diagnostics; improved quality and standardization of laboratory procedures; and more robust information flows from private facilities into the national surveillance system. If appropriate, MoUs or cooperation agreements could be signed to define responsibilities regarding data provision, biosafety standards, reporting formats and collaboration in training activities. **d. Accountability and coordination between authorities and partners** Accountability and coordination are ensured through the governance structure described in the previous section. The Project Steering Committee, composed of MAE, MSP, Agrocalidad and UNDP, is the primary forum for strategic decision-making, review of progress, endorsement of work plans, and resolution of risks. The Project Implementation Unit coordinates day-to-day engagement with partners, organizes technical roundtables,

	and consolidates inputs into coherent work streams. Roles and responsibilities of each partner are defined in the Stakeholder Participation Plan (Annex 6) and the Gender Action Plan (Annex 7).
Resource Mobilization	**Resource mobilization strategy beyond N4H funding:** The total cost of the project is US$2,000,000. It is financed through a grant from the N4H Secretariat and will be administered by UNDP. In addition, the initiative has secured USD 9,206,968.78 in confirmed co-financing from national and strategic partners, as detailed in Annex 11. This includes significant contributions from MAE (USD 6,506,222.78), the Yanacocha Foundation (USD 900,000.00), and the Zoological Foundation of Ecuador/QuitoZoo (USD 1,800,746.00). These contributions consist of technical personnel, laboratory infrastructure, wildlife facilities, surveillance operations, and other in-kind resources essential for long-term sustainability. Beyond N4H financing, the project adopts a forward-looking resource mobilization strategy aimed at sustaining and scaling the integrated One Health surveillance system. At the national level, the initiative will support MAE, MSP, and Agrocalidad in integrating surveillance operations into institutional planning instruments, annual budgets, and sectoral public policies. The Inter-Ministerial Agreement to be developed under Output 4 will serve as a legal anchor for long-term budget allocations and financing. Additionally, UNDP Ecuador will leverage its portfolio approach to identify complementary financing opportunities through ongoing and emerging initiatives in biodiversity conservation, climate adaptation, wildlife protection, sustainable agricultural production, and watershed management. Building on this synergy, the project will explore additional resource windows from the Global Environment Facility (GEF), Green Climate Fund (GCF), bilateral donors, etc. and technical agencies supporting upstream zoonotic prevention, climate resilience, and nature-based solutions. **vii. Partners' roles in resource mobilization** Resource mobilization is shared across partners, as follows: MAE, as the institution with the strongest co-financing commitment, plays a central role in ensuring long-term government investment in environmental surveillance and upstream prevention. Its contribution of more than USD 6.5 million reflects institutional ownership and provides leverage for pursuing additional national and international funding streams. The Yanacocha Foundation contributes USD 900,000 in in-kind support associated with wildlife management capabilities, community-based prevention, and species conservation facilities—strengthening the project's capacity to address upstream drivers of zoonotic spillover and enabling replication of prevention models in the Amazon. The Zoological Foundation of Ecuador/QuitoZoo, with USD 1.8 million in co-financing, provides substantial laboratory, clinical, and wildlife rescue infrastructure. Its specialized technical role expands the project's diagnostic and surveillance reach and acts as a platform for future partnerships with research institutions and donors interested in wildlife health. UNDP, as implementing partner, coordinates the resource mobilization strategy, supports national institutions in integrating prevention into sector budgets, and aligns the initiative with broader financing opportunities across climate, biodiversity, and health portfolios. This includes identifying complementarities with ongoing and planned proposals. International organizations (PAHO, UNEP, WOAH) and academic partners contribute through technical expertise, validation of methodologies, and participation in research initiatives—strengthening the project's evidence base and attractiveness to future donors. Finally, the project will progressively engage private sector actors—particularly diagnostic laboratories, wildlife hospitals, and actors in the tourism and agribusiness sectors—to explore cost-sharing mechanisms, voluntary standards, and long-term investment in biosecurity and nature-based prevention.

Stakeholders	**a. Stakeholder participation in scoping and roles in implementation:** The project was shaped through a participatory scoping process that brought together key stakeholders from government, academia, civil society, Indigenous communities, wildlife institutions and the private sector. During the scoping stage, five participatory workshops were held in Quito, Guayaquil, Cuenca, Ambato and Puyo, complemented by bilateral meetings and technical consultations. These spaces were used to identify zoonotic risks, map human–animal–environment interactions, validate priority diseases, and discuss institutional roles and gaps in surveillance. This collective process ensured that the project reflects national and territorial priorities. At the core of the project are the three main beneficiary and executing institutions: MAE, MSP and Agrocalidad. They lead the design and implementation of the integrated surveillance system, each within its legal mandate—environmental and wildlife surveillance (MAE), human health surveillance (MSP) and animal health surveillance (Agrocalidad). They participate in the One Health governance structures, provide information, staff and infrastructure, and are responsible for sustaining the system after the project ends. Around this core, the project engages a wide range of supporting institutions, as detailed in Annex 6. These include national regulatory and technical bodies (INSPI, INABIO, ARCSA, ABG, MAG, MPCEIP, Ministry of Tourism, SENESCYT, GADs at provincial, municipal and parish levels, protected area administrations), which contribute to protocol validation, diagnostic harmonization, risk communication and territorial implementation. Wildlife rescue centers, conservation NGOs, zoos, play a key role in reporting wildlife health events, managing rescued animals, and supporting educational campaigns on zoonoses, wildlife trade and animal welfare. Academic institutions and One Health research groups provide scientific evidence, training, and methodological support for surveillance, disease diagnostics and nature-based prevention. Veterinary diagnostic laboratories—public and private—are essential actors in case detection and confirmation and in harmonizing analytical techniques. Producers' associations, tourism operators and community-based organizations are engaged as frontline actors in early detection, risk reporting and adoption of preventive practices in productive and tourism landscapes. Finally, Indigenous communities and local organizations participate both as beneficiaries and co-creators of prevention strategies, contributing ancestral knowledge, local surveillance practices and community governance structures to the integrated system. **b. Stakeholder engagement plan:** The stakeholder engagement strategy for this project is grounded in the participatory and systemic principles defined during the scoping stage, and is operationalized through the structures, mechanisms, and processes detailed in the Stakeholder Engagement Plan (SEP) – Annex 6. The SEP establishes a set of coordinated engagement pathways designed to ensure that power asymmetries among actors—particularly between central-level authorities, rural and Indigenous communities, women, and technical institutions—are actively managed, while preserving meaningful participation throughout the implementation cycle. Stakeholder engagement unfolds through an inception workshop during months 1-3 of the project, to establish a common understanding and collaboration among stakeholders, as well as through four core mechanisms, tailored to the needs, constraints, and influence levels of specific actors: 1) high-level collective action mechanisms; 2) technical roundtables and multisector working groups; 3) territorial engagement mechanisms; and 4) inclusive communication, training ang grievance channels. These mechanisms are described below: 1) The Project Steering Committee serves as the primary governance platform, bringing together MAE, MSP, Agrocalidad, and UNDP. Through biannual sessions and special consultations, it guides strategic decision-making, reviews risks, and validates workplan adjustments. This committee ensures oversight while enabling balanced participation across sectors, thus mitigating centralization of influence by any single institution. 2) Technical roundtables and committees constitute the main space for co-creation of the surveillance systems, including the definition of prioritized diseases, definition of upstream prevention actions, harmonization of diagnostic protocols, development of the governance and management models, and alignment of analytical capacities between institutions. Their composition—public sector entities, academia, laboratories, civil society organizations, and field partners—ensures deep cross-sectoral collaboration and reduces knowledge asymmetries identified during the scoping stage. These roundtables operate continuously across Components 1 and 2 and are supported by the Project Management Unit (PMU). 3) At the subnational level, engagement is structured through coordination with GADs, protected areas, local health and veterinary networks, wildlife management centers, tour operators, and Indigenous governance structures. Workshops, field visits, bilateral meetings, and participatory simulations (pilot projects) are used to strengthen local capacities and encourage data reporting and upstream prevention. Engagement

approaches, languages, timing, and facilitation methods are adapted to community contexts—particularly in Indigenous nationalities—ensuring culturally appropriate participation and recognition of ancestral knowledge systems.

4) Capacity-building for laboratories, producers, Indigenous communities, local governments, and civil society is implemented through structured training cycles, public-facing materials, events, communication campaigns, and the use of the SIB-Ec public module.
The grievance redress mechanism (GRM) and UNDP's Accountability Mechanism additionally ensure that stakeholders can raise concerns safely and transparently, with clear response timelines and follow-up obligations by the PMU. This mechanism specifically addresses the power differential between vulnerable communities and national authorities, guaranteeing that concerns from marginalized groups are properly documented and resolved.

c. Beneficiaries and stakeholders potentially excluded by scoping boundaries: The primary institutional beneficiaries of the project are MAE, MSP and Agrocalidad, whose surveillance mandates and institutional capacities will be strengthened through legal frameworks, governance mechanisms, digital tools, protocols, training and laboratory collaboration. Additional institutional beneficiaries include INSPI, INABIO, GADs, ARCSA, ABG, MAG and other public entities that will use or feed the integrated surveillance system.

At the community level, the project's direct beneficiaries include rural and Indigenous populations in the pilot territories (such as Kichwa, Shuar and other communities), small and medium producers, workers in animal production systems, tourism operators and guides, staff of wildlife centers and local health personnel. These groups will benefit from training in One Health, zoonosis prevention, sustainable production, risk reporting and the use of surveillance tools, as well as from strengthened institutional responses to outbreaks.

The scoping process, however, required boundary decisions to prioritize diseases, territories and sectors given limited resources. As a result, some groups and regions are not directly targeted in the first phase—for instance, communities outside the five pilot cities or remote territories not identified as high-priority interfaces during the baseline or sectors whose interactions with wildlife are less direct. Some marginalized or disadvantaged people in these non-priority areas may not receive direct training or immediate access to pilot interventions, even though they are potentially exposed to zoonotic risks.

To mitigate this, the project emphasizes replicability and scalability: tools, protocols, training materials and communication products are designed to be adaptable and reusable by other regions and sectors beyond the initial pilot areas. Moreover, by anchoring the integrated surveillance system within national institutions and legal frameworks, the project creates the conditions for progressive extension to additional territories and groups, including those initially beyond the project's operational boundary. Complementarily, under UNDP Ecuador portfolio approach, related initiatives will be explored to amplify the impact to other intervention areas.

SDG Targets

Target	Description
Main Goals	
Goal 3. Ensure healthy lives and promote well-being for all at all ages	
TARGET_3.d	3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks
Goal 13. Take urgent action to combat climate change and its impacts2	
TARGET_13.1	13.1 Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries
TARGET_13.2	13.2 Integrate climate change measures into national policies, strategies and planning
Goal 15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertifi...	
TARGET_15.7	15.7 Take urgent action to end poaching and trafficking of protected species of flora and fauna and address both demand and supply of illegal wildlife products
Contributing Goals	
Goal 5. Achieve gender equality and empower all women and girls	

Target	Description
TARGET_5.5	5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life
TARGET_5.c	5.c Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels

SDG Indicators

Indicator Code	Description
No data available.	

Contribution to SDGs

Participating Organization	% TARGET_13.1	% TARGET_13.2	% TARGET_15.7	% TARGET_3.d	% TARGET_5.5	% TARGET_5.c	% Total
UNDP	14	12	23	5	14	32	100
Total contribution by target	**14**	**12**	**23**	**5**	**14**	**32**	
Project contribution to SDG by target	**14**	**12**	**23**	**5**	**14**	**32**	**100**

Project Results

Outcome	Output	Description
The implementation of preventative one health approaches in select jurisdictions contribute to the integration of environment and health in sector policies in line with the Global Biodiversity Framework		
	Assess	1. Enhanced rationale for integrated environment and health policy and investment based on multidisciplinary evidence and knowledge generated and disseminated.

Outcome	Output	Description			
	Activities				
	Title	**Description**	**Lead Participating Organization**	**Participating Organization**	**Other Organizations**
	Activity 1.1 Compilation and analysis of information on human-animal-environmental interactions sourced from key stakeholders and databases.		UNDP - UNDP (United Nations Development Programme (UNDP))		MAE MSP AGROCALIDAD
	Activity 1.2 Development of the management model, governance and legal framework to operationalize the surveillance system of the MAE.		UNDP - UNDP (United Nations Development Programme (UNDP))		MAE MSP AGROCALIDAD
	Activity 1.3 Development of an extended module to MAE's Biodiversity Information System (SIB-Ec) that allows the collection, analysis, processing, visualization and communication of information on cases of zoonotic diseases from the surveillance system.		UNDP - UNDP (United Nations Development Programme (UNDP))		MAE MSP AGROCALIDAD
	Operationalize	2. Preventative One Health actions and policies that sustainably integrate environment and health dimensions co-developed or enhanced and supported.			

Outcome	Output	Description			
	Activities				
	Title	**Description**	**Lead Participating Organization**	**Participating Organization**	**Other Organizations**
	Activity 2.1 Development of a cross-sectoral management model, governance and legal framework (One Health Committee) that operationalizes the integrated surveillance system between the MAE, MSP and Agrocalidad in line with One Health approach.		UNDP - UNDP (United Nations Development Programme (UNDP))		MAE MSP AGROCALIDAD
	Activity 2.2 Design and implementation of a cross-sectoral data transfer tool for prioritized diseases of the integrated surveillance system to strengthen upstream prevention and enable disease and risk factor surveillance, detection and reporting.		UNDP - UNDP (United Nations Development Programme (UNDP))		MAE MSP AGROCALIDAD
	Enable	3. Capacity and knowledge management to implement preventative One Health policies and actions that integrate environmental dimensions enhanced.			

Outcome	Output	Description

Activities

Title	Description	Lead Participating Organization	Participating Organization	Other Organizations
Activity 3.1 Strengthening technical capacities to understand the value of upstream zoonosis prevention and diagnosing prioritized diseases through the integrated surveillance systems		UNDP - UNDP (United Nations Development Programme (UNDP))		MAE MSP AGROCALIDAD
Activity 3.2 Development of pilot projects in five cities - Quito, Ambato, Puyo, Guayaquil and Cuenca - to employ nature-based prevention measures and implement the integrated surveillance system with participatory approach.		UNDP - UNDP (United Nations Development Programme (UNDP))		MAE MSP AGROCALIDAD
Activity 3.3: Development and implementation of training programs, guidelines and workshops with One Health approach directed to stakeholders informing strategies for nature-based prevention and use of the integrated surveillance system.		UNDP - UNDP (United Nations Development Programme (UNDP))		MAE MSP AGROCALIDAD

Outcome	Output	Description			
	Activity 3.4 Development of communication and knowledge management strategies to raise awareness on upstream prevention and the integrated surveillance system for national authorities, civil society and other key stakeholders.		UNDP - UNDP (United Nations Development Programme (UNDP))		MAE MSP AGROCALIDAD
	Sustain	4. Collaboration mechanisms or governance structures that facilitate the implementation of preventative One Health approaches that integrate environmental dimensions developed or strengthened.			

Outcome	Output	Description			
	Activities				
	Title	**Description**	**Lead Participating Organization**	**Participating Organization**	**Other Organizations**
	Activity 4.1 Draft an Inter-Ministerial Agreement to secure long-term sustainability regarding disease and risk factor surveillance, detection and reporting through an integrated surveillance system in line with One Health approach.		UNDP - UNDP (United Nations Development Programme (UNDP))		MAE MSP AGROCALIDAD
	Activity 4.2 Design a plan for future investments and financial mechanisms for national pandemic upstream prevention based on the integrated surveillance system through the established One Health Committee.		UNDP - UNDP (United Nations Development Programme (UNDP))		MAE MSP AGROCALIDAD
	Activity 4.3 Draft policy briefs and/or scientific articles to inform upstream preventative policy and governance, based on the project's findings and surveillance data.		UNDP - UNDP (United Nations Development Programme (UNDP))		MAE MSP AGROCALIDAD
	Activity 4.4 Monitoring and evaluation to ensure effective implementation towards achieving the projects goals based on the theory of change.		UNDP - UNDP (United Nations Development Programme (UNDP))		MAE MSP AGROCALIDAD
	Project Management	CO & HQ Overseeing & Quality Assurance			

Outcome	Output	Description
	Activities	
	No activities available.	

Signature Indicators

Indicator Title	Component Title	Description	Means of Verification	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year	Li O /
No signature indicators available.												

Imported Fund Outcome / Output Indicators

Indicator Title	Component Title	Description	Means of Verification	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year
0.1 Number of operational collaborative structures that integrate environment and health dimensions strengthened or developed.		The number of One Health or similar multisectoral coordination mechanisms that are established or strenghtened as a result of N4H interventions.	* MoUs, signed agreements or establishment documents, collaborative strategic action plans * Meeting minutes and participant lists * Reports on implementation of joint initiatives. * Evaluation reports * etc	Capacity	Yearly	Country	Number	0	2026	2	2027

Indicator Title	Component Title	Description	Means of Verification	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year
0.2 Number of integrated health and environment policy frameworks officially proposed, adopted or implemented in relevant jurisdictions.		National, sub national or local policies that may include any guidelines, plans, strategies etc. designed to guide decision-making.	* Policy documents, legislation, strategies, action plans, guidelines proposed or adopted * Progress reports on policy or action plan implementation *	Policy	Yearly	Country	Number	0	2026	1	2027

Indicator Title	Component Title	Description	Means of Verification	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year
0.3 Number of community groups, particularly IP and LC & other traditionally disadvantaged groups, benefitting from the implementation of strengthened policies & actions that integrate the environment & health & that include gender responsive approaches.		Number of community groups, particularly IP and LC & other traditionally disadvantaged groups (such as youth, women, ethnic minorities etc.), benefitting (deriving or receiving an advantage such as improved wellbeing, improved ecosystem services, improved health and other advantages) from the implementation of strengthened policies & actions that integrate the environment & health & that include gender responsive approaches.		Beneficiaries	Yearly	Country	Number	0	2026	300	2027

Indicator Title	Component Title	Description	Means of Verification	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year
	# of community groups that benefit from strengthened integrated policies and actions.	# of community groups (where a community group is a social unit of any size whose members reside in a specific locality or geography, share government, and a common cultural and/ or historical heritage- please specify) that benefit from strengthened integrated policies and actions.		Beneficiaries	Yearly	Country	Number		2023		2030
	# of new or strengthened integrated policies and actions that reflect gender-responsive approaches.			Beneficiaries	Yearly	Country	Number		2023		2030

Indicator Title	Component Title	Description	Means of Verification	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year
1.1: Number of evidence and knowledge-based products, tools or models on the links between environment and health developed and disseminated.		Number of evidence and knowledge-based products, tools or models on the links between environment and health developed and disseminated.	E-platforms, websites, information tools, etc. Please indicate.	Other	Yearly	Country	Number	0	2026	1	2026
1.2: Number of sector and stakeholder groups substantively engaged in developing evidence and knowledge-based products, tools or models on the links between environment and health developed and disseminated.		Number of sector and stakeholder groups substantively engaged in developing evidence and knowledge-based products, tools or models on the links between environment and health developed and disseminated.	participations lists, meeting minutes and records, etc. Please indicate.	Other	Yearly	Country	Number	0	2026	6	2027
	1.2.1 # of human health sector groups	Please specify		Other	Yearly	Country	Number		2023		2030

Indicator Title	Component Title	Description	Means of Verification	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year
	1.2.2 # of animal health sector groups	Please specify		Other	Yearly	Country	Number		2023		2030
	1.2.3 # of environment (plant or other natural environment) sector groups	Please specify		Other	Yearly	Country	Number		2023		2030
	1.2.4 # of IP or other identified local community	Please specify		Other	Yearly	Country	Number		2023		2030
	1.2.5 # of Youth groups	Please specify		Other	Yearly	Country	Number		2023		2030
	1.2.6 # of Women's groups	Please specify		Other	Yearly	Country	Number		2023		2030
2.1 Number of integrated health and environment policies and actions proposed that incorporate the perspectives and participation of IPLCs and other disadvantaged groups in their formulation and implementation.				Policy	Yearly	Country	Number	0	2026	1	2027

Indicator Title	Component Title	Description	Means of Verification	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year
	2.1.1 # of IP or other identified local community groups involved in policy/action formulation			Policy	Yearly	Country	Number		0		2030
	2.1.2 # of IP or other identified local community groups involved in policy/action implementation			Policy	Yearly	Country	Number		0		2030
3.1: Number of governmental entities with increased capacity to implement preventative One Health approaches that integrate environmental dimensions		Number of governmental entities with increased capacity to implement preventative One Health approaches that integrate environmental dimensions.		Capacity	Yearly	Country	Number	0	2026	4	2027

Indicator Title	Component Title	Description	Means of Verification	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year
3.2 Number of stakeholder groups, including IP or other identified disadvantaged local community groups, with increased capacity to implement preventative One Health approaches that integrate environmental dimensions		Number of stakeholder groups, including IP or other identified disadvantaged local community groups, with increased capacity to implement preventative One Health approaches that integrate environmental dimensions		Capacity	Yearly	Country	Number	0	2026	300	2027
3.3: Number of functional and effective knowledge management systems that integrate environment and health dimensions and actively used		Number of functional and effective knowledge management systems that integrate environment and health dimensions and actively used.		Capacity	Yearly	Country	Number	0	2026	1	2027

Indicator Title	Component Title	Description	Means of Verification	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year
4.1: Number of operational One Health collaboration or governance structures integrating environmental dimensions into decision-making in the public health and other development sectors				Investment	Yearly	Country	Number	0	2026	1	2027
4.2: Amount of public or private funding and investment catalysed to sustain collaboration mechanisms and governance structures that effectively integrate environmental dimensions into in public health and other development sectors				Investment	Yearly	Country	Number	0	2026	1million	2027

Project Indicators

Indicator Title	Component Title	Description	Means of Verification	Category	Cycle	Scope	Value Type	Baseline Value	Baseline Year	Target Value	Target Year	Li O /
No indicators available.												

Risks

Event	Category	Level	Likelihood	Impact	Mitigating Measures	Risk Owner
Gender discrimination: There is a risk of reproducing discriminatory attitudes and practices that limit women's ability to participate in decision-making and fully benefit from the project.	• Social and Environmental	Medium	Possible	Moderate	Training and awareness-raising: implement training programs for men and women on the importance of gender equality in decision-making. Incorporation of women in leadership roles: ensure that at least a significant percentage of decision-making positions are held by women. Gender monitoring and evaluation: establish specific indicators to measure women's participation and empowerment throughout the project. Creating spaces for dialogue: facilitating spaces where women can express their opinions and needs in a safe and effective manner.	Project Manager
Public health risks: community health threats, such as disease outbreaks, may arise that are not adequately addressed due to lack of community involvement or information	• Social and Environmental	Medium	Possible	Moderate	Involve the community in planning: facilitate the active participation of the community in identifying health problems and formulating solutions. Awareness campaigns: develop informative campaigns on health with a 'One Health' and safety approach involving community leaders and local organizations. Community health monitoring: establish surveillance systems that allow for rapid detection and response to outbreaks or health problems.	Project Manager
Discrimination of ancestral medicine: there is a risk that the ancestral medicine and traditional knowledge of indigenous peoples will not be adequately recognized and incorporated into the 'One Health' strategies that will be part of the project design a	• Social and Environmental	High	Possible	Major	Risk assessment: conduct a risk analysis to identify and map natural hazards specific to the region, allowing for better planning. Development of contingency plans: develop response and contingency plans that establish clear protocols for emergency management and project continuity. Risk management training: provide training to team members and the community on how to prepare for and respond to natural disasters. Collaboration with emergency agencies: Establish partnerships with local and national emergency management organizations to improve preparedness and response to natural events.	Project Manager

Economic and political instability: the national economic context characterized by its high tension, together with political instability, reduces the interest of clients and investors in the management of the project, which would compromise its effectiven	• Financial	Medium	Possible	Major	Development of contingency plans: establish contingency plans to adapt to changes in the economic and political environment, ensuring the continuity of the project. Strengthening relationships with stakeholders: foster strong relationships with key stakeholders, including local governments, to build trust and support in the face of uncertainty. Transparency and communication: implement a transparent communication approach that keeps all stakeholders informed of project progress and challenges, promoting trust and commitment	Project Manager
Poor communication and reporting: lack of clarity and consistency in the communication of results and reporting can lead to misunderstandings and misinformation among project stakeholders.	• Operational	Low	Unlikely	Minor	Establishment of a communication plan: develop a clear communication plan that defines the channels, formats and frequency of reporting to stakeholders. Communication skills training: provide training to team members on effective communication and reporting techniques. Use of visual tools: incorporate graphs and visualizations in reports to facilitate understanding of project results and progress. Continuous feedback: implement a feedback system that allows adjusting communication and reporting according to stakeholders' needs and expectations.	Project Manager
Low partner participation: the lack of active involvement of partners in the project may compromise its effectiveness and limit the scope of the initiatives implemented.	• Operational	Low	Unlikely	Minor	Encourage inclusion from the beginning: involve partners in the initial phases of the project so that they feel part of the process and their opinions are valued. Development of a collaboration framework: establish a clear framework that defines roles, responsibilities and benefits of partner participation in the project. Training and empowerment: provide training to partners on the "One Health" approach and its importance, empowering them to actively contribute. Spaces for dialogue and feedback: create regular spaces for the exchange of ideas and concerns, ensuring that the participation of associates is continuous and effective.	Project Manager

Inadequate monitoring and oversight: the lack of an effective monitoring and oversight system can result in the inability to assess project progress, affecting problem identification and informed decision making.	• Operational	Low	Unlikely	Minor	Establishment of clear indicators: define specific and measurable indicators to evaluate the progress of the project, ensuring that they are relevant to the established objectives. Develop a monitoring plan: implement a systematic monitoring plan that includes regular data collection, analysis and reporting. Staff training: provide training to the team in monitoring and surveillance techniques, as well as in the use of appropriate data collection tools. Regular evaluation meetings: organize regular meetings to review progress and discuss necessary adjustments, fostering collaboration and continuous learning.	Project Manager
Government instability: frequent changes in government can generate uncertainty in the continuity of health policies and programs, affecting project implementation and sustainability.	• Strategic	High	Possible	Major	Establishment of strong partnerships: foster stable and trusting relationships with multiple governmental and non-governmental stakeholders to ensure continued support regardless of changes in government. Clear documentation and communication: maintain detailed documentation of agreements and commitments, as well as clear communication on the objectives and benefits of the project to facilitate its continuity. Project adaptability: design the project with flexibility to adapt to possible changes in government policies and priorities. Political environment monitoring: constantly monitor the political and governmental situation to anticipate possible changes and adjust management strategies accordingly.	Project Manager

Budget by UNSDG Categories: Over all

Budget Lines	UNDP (7%) *	Total
1. Staff and other personnel	$466,325.55	$466,325.55
2. Supplies, Commodities, Materials	$135,550.00	$135,550.00
3. Equipment, Vehicles, and Furniture, incl. Depreciation	$6,000.00	$6,000.00
4. Contractual services	$1,004,000.00	$1,004,000.00
5. Travel	$141,883.33	$141,883.33
6. Transfers and Grants to Counterparts	$0.00	$0.00
7. General Operating and other Direct Costs	$115,400.00	$115,400.00
Project Costs Sub Total	**$1,869,158.88**	**$1,869,158.88**
8. Indirect Support Costs	$130,841.12	$130,841.12
Total	**$2,000,000.00**	**$2,000,000.00**

Budget by UNSDG Categories: 2025

Budget Lines	Fiscal Year *	Description	UNDP (7%) *	Total
1. Staff and other personnel	2025		$0.00	$0.00
2. Supplies, Commodities, Materials	2025		$0.00	$0.00
3. Equipment, Vehicles, and Furniture, incl. Depreciation	2025		$0.00	$0.00
4. Contractual services	2025		$0.00	$0.00
5. Travel	2025		$0.00	$0.00
6. Transfers and Grants to Counterparts	2025			$0.00
7. General Operating and other Direct Costs	2025		$0.00	$0.00
Project Costs Sub Total			**$0.00**	**$0.00**
8. Indirect Support Costs			$0.00	$0.00
Total			**$0.00**	**$0.00**

Budget by UNSDG Categories: 2026

Budget Lines	Fiscal Year *	Description	UNDP (7%) *	Total
1. Staff and other personnel	2026	Contractual services - local individuals.	$220,166.67	$220,166.67
2. Supplies, Commodities, Materials	2026	Audiovisual and printing costs; training, workshops and meetings; other materials and goods.	$31,000.00	$31,000.00
3. Equipment, Vehicles, and Furniture, incl. Depreciation	2026	Equipment and furniture; computer equipment.	$6,000.00	$6,000.00
4. Contractual services	2026	Local consultants; contractual services - companies; international consultants.	$502,000.00	$502,000.00
5. Travel	2026	Travel missions	$50,422.00	$50,422.00
6. Transfers and Grants to Counterparts	2026		$0.00	$0.00
7. General Operating and other Direct Costs	2026	Supplies; rental and maintenance of premises/facilities; miscellaneous; services to GoE projects	$57,000.00	$57,000.00
Project Costs Sub Total			**$866,588.67**	**$866,588.67**

Budget Lines	Fiscal Year *	Description	UNDP (7%) *	Total
8. Indirect Support Costs			$60,661.21	$60,661.21
Total			**$927,249.88**	**$927,249.88**

Budget by UNSDG Categories: 2027

Budget Lines	Fiscal Year *	Description	UNDP (7%) *	Total
1. Staff and other personnel	2027	Contractual services - local individuals.	$246,158.88	$246,158.88
2. Supplies, Commodities, Materials	2027	Audiovisual and printing costs; training, workshops and meetings; other materials and goods.	$104,550.00	$104,550.00
3. Equipment, Vehicles, and Furniture, incl. Depreciation	2027	Equipment and furniture; computer equipment.	$0.00	$0.00
4. Contractual services	2027	Local consultants; contractual services - companies; international consultants.	$502,000.00	$502,000.00
5. Travel	2027	Travel missions	$91,461.33	$91,461.33
6. Transfers and Grants to Counterparts	2027			$0.00
7. General Operating and other Direct Costs	2027	Supplies; rental and maintenance of premises/facilities; miscellaneous; services to GoE projects	$58,400.00	$58,400.00
Project Costs Sub Total			**$1,002,570.21**	**$1,002,570.21**
8. Indirect Support Costs			$70,179.91	$70,179.91
Total			**$1,072,750.12**	**$1,072,750.12**

Performance-based Tranches Breakdown

Tranche			Total
Tranche 1	UNDP (100%)	$2,000,000.00	$2,000,000.00
			$2,000,000.00

Results based budget

Outcome *	Output *	Agency *	Budget (USD) *	% allocated to GEWE (if any)	
The implementation of preventative one health approaches in select jurisdictions contribute to the integration of environment and health in sector policies in line with the Global Biodiversity Framework		**Sub Total**	**$2,000,000.00**		**$509,202.66**
	Assess	UNDP (7%)	$460,046.25	2%	$9,200.93
	Operationalize	UNDP (7%)	$440,608.75	3%	$13,218.26
	Enable	UNDP (7%)	$727,936.33	65%	$473,158.61
	Sustain	UNDP (7%)	$170,310.67	8%	$13,624.85
	Project Management	UNDP (7%)	$201,098.00	0%	$0.00
Total			**$2,000,000.00**		

Budget per Gender (GEWE)

	UNDP	Total $

$ Towards GEWE	**$544,846.84**	**$544,846.84**
% Towards GEWE		**27.24%**

Programme Outcome Costs

Outcome	Output	Activity	Implementing Agent	Time Frame								
				2025			2026				2027	
				2	3	4	1	2	3	4	1	2
The implementation of preventative one health approaches in select jurisdictions contribute to the integration of environment and health in sector policies in line with the Global Biodiversity Framework												
	Assess											
		Activity 1.1 Compilation and analysis of information on human-animal-environmental interactions sourced from key stakeholders and databases.										
			UNDP	☐	☐	☐	☐	☑	☑	☐	☐	☐
		Activity 1.2 Development of the management model, governance and legal framework to operationalize the surveillance system of the MAE.										
			UNDP	☐	☐	☐	☐	☑	☑	☑	☑	☐
		Activity 1.3 Development of an extended module to MAE's Biodiversity Information System (SIB-Ec) that allows the collection, analysis, processing, visualization and communication of information on cases of zoonotic diseases from the surveillance system.										
			UNDP	☐	☐	☐	☐	☑	☑	☑	☐	☐
	Operationalize											
		Activity 2.1 Development of a cross-sectoral management model, governance and legal framework (One Health Committee) that operationalizes the integrated surveillance system between the MAE, MSP and Agrocalidad in line with One Health approach.										
			UNDP	☐	☐	☐	☐	☐	☐	☑	☑	☑
		Activity 2.2 Design and implementation of a cross-sectoral data transfer tool for prioritized diseases of the integrated surveillance system to strengthen upstream prevention and enable disease and risk factor surveillance, detection and reporting.										
			UNDP	☐	☐	☐	☐	☐	☐	☑	☑	☑
	Enable											
		Activity 3.1 Strengthening technical capacities to understand the value of upstream zoonosis prevention and diagnosing prioritized diseases through the integrated surveillance systems										
			UNDP	☐	☐	☐	☐	☑	☑	☑	☐	☐
		Activity 3.2 Development of pilot projects in five cities - Quito, Ambato, Puyo, Guayaquil and Cuenca - to employ nature-based prevention measures and implement the integrated surveillance system with participatory approach.										
			UNDP	☐	☐	☐	☐	☐	☑	☑	☑	☑
		Activity 3.3: Development and implementation of training programs, guidelines and workshops with One Health approach directed to stakeholders informing strategies for nature-based prevention and use of the integrated surveillance system.										
			UNDP	☐	☐	☐	☐	☐	☑	☑	☑	☑
		Activity 3.4 Development of communication and knowledge management strategies to raise awareness on upstream prevention and the integrated surveillance system for national authorities, civil society and other key stakeholders.										
			UNDP	☐	☐	☐	☐	☐	☑	☑	☑	☑
	Sustain											
		Activity 4.1 Draft an Inter-Ministerial Agreement to secure long-term sustainability regarding disease and risk factor surveillance, detection and reporting through an integrated surveillance system in line with One Health approach.										
			UNDP	☐	☐	☐	☐	☐	☐	☑	☑	☑
		Activity 4.2 Design a plan for future investments and financial mechanisms for national pandemic upstream prevention based on the integrated surveillance system through the established One Health Committee.										
			UNDP	☐	☐	☐	☐	☐	☐	☑	☑	☑
		Activity 4.3 Draft policy briefs and/or scientific articles to inform upstream preventative policy and governance, based on the project's findings and surveillance data.										
			UNDP	☐	☐	☐	☐	☐	☐	☑	☑	☑

Outcome	Output	Activity	Implementing Agent	Time Frame								
				2025			2026				2027	
				2	3	4	1	2	3	4	1	2
		Activity 4.4 Monitoring and evaluation to ensure effective implementation towards achieving the projects goals based on the theory of change.										
			UNDP	☐	☐	☐	☐	☑	☑	☑	☑	☑