Members of the Expert Group

Part 1. Introduction and Objectives

Part 2. Overview of the One Health Journey

Part 3. Building a One Health Global Network

Part 4. Framing One Health Governance

Part 5. Key Messages
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One Health recognizes that the health of humans, animals and ecosystems are interconnected. The approach involves applying coordinated, collaborative, multidisciplinary and cross-sectoral approaches at the animal-human-ecosystem interface. For this reason, One Health approaches are essential for reducing the global risks and impacts of emerging and zoonotic infectious diseases.

In less than four years, One Health has gained significant momentum. The approach has been formally endorsed by the European Union (EU) and the United States (US) at various institutional and strategic levels, World Bank (WB), United Nations – World Health Organization (WHO), Food and Agriculture Organization (FAO), and System Influenza Coordination (UNSIC) – World Organisation for Animal Health (OIE), and others. Numerous international meetings and symposia have been held, including major events in New York, Winnipeg (Manitoba, Canada), Hanoi, and Stone Mountain (Georgia, US), as well as the first international One Health scientific congress, which took place in Melbourne, Australia, in February of 2011.

Building on this momentum, the Expert Meeting on One Health Governance and Global Network was held in Atlanta, Georgia, US, on October 31 to November 1, 2011.

In opening the meeting, Alain Vandersmissen, DVM, European External Action Service, observed that it provides the opportunity to build on the One Health movement by focussing on the development of a global network for information exchange and on the governance required to drive One Health forward.

There are already One Health focal points and networks in varying stages of development. There are also various One Health databases; however, they are incomplete and not coordinated or linked. It is important that these networks are connected – a “network of networks” – to optimize information sharing globally and to keep information up to date.

A goal of this meeting is therefore to develop a proposal for a global network, while recognizing that it is not necessary for any one organization to “own” or “lead” it.

On the governance side, there is broad consensus that One Health is a global public good, that it cannot be owned, and that it should remain flexible, based on a broad pool of multiple expertises that crosses disciplines and countries. Again, there are a number of One Health events, initiatives and programs worldwide. But the absence of coordination can lead to a cacophony and the existence of out-dated information, and thereby weaken the One Health movement. Goals of this meeting are to identify the most adequate vision of the governance of the One Health movement, globally and regionally, that would ensure coherence and consistency, and to develop an implementation roadmap for that vision, with actions, timelines and accountabilities.

Dr. Vandersmissen noted that in the period following this meeting, it will be important to work to achieve international consensus on the Global Network and governance structure.
The One Health concept has exploded: it is now a movement and it is moving fast. Regardless of which of the many definitions of One Health is used, the common theme is collaboration across sectors. Collaborating across sectors that have a direct or indirect impact on health involves thinking and working across silos and optimizing resources and efforts while respecting the autonomy of the various sectors. To improve the effectiveness of the One Health approach, there is a need to establish better sectoral balance among existing groups and networks, especially between veterinarians and physicians, and to increase participation of environmental and wildlife health practitioners.

At the Stone Mountain One Health meeting in May 2010, participants agreed that One Health should not be “possessed” or “mastered” by any one organization or institution; that One Health should remain flexible and comprehensive; and that One Health can be promoted by various institutions, but it should not be institutionalized. There also was consensus that a One Health Global Network should be developed to improve coordination and collaboration.

The demonstrated international commitment to One Health, along with increasing interest and involvement of the academic community and the private sector (the pharmaceutical industry, consulting companies, etc.), has generated numerous studies, catalogs of One Health programs and activities, and databases. This underscores the need for a global network to put all of these “puzzle pieces” together, to make them accessible, and to keep them current and relevant.

Seven work groups were formed at the Stone Mountain meeting to tackle specific challenges and areas such as training, proof of concept, business plan development, country-level needs assessment, capacity building, information clearinghouse and One Health Global Network (the latter two have since merged). All of these work groups are active and include members who did not attend the Stone Mountain meeting. Several groups have secured external funding, most hold regularly scheduled conference calls, and several have allied with parts of the USAID Emerging Pandemic Threats program. All have formed individual “networks” – and most have recognized the compelling need for a “network of networks.”

The Business Plan Work Group, for example, reported that potential donors asked, “Is there some kind of clearinghouse of projects and information?” The One Health Training Work Group, in its effort to catalog existing One Health related courses and classes and One Health core competencies, discovered that many organizations had already undertaken similar work.

The One Health Global Network Work Group has been reflecting on the criteria for the selection of a “virtual coordination team.” Initial thoughts include the need for broad sectoral and regional representation and experience, advocacy skills and contacts, and a “whole of society” approach that includes researchers, government, civil society, and the private sector. The One Health Global Network Work Group also developed a questionnaire to collate ideas and suggestions for developing the One Health Global Network.

Some of the Stone Mountain work groups also identified the need for a mechanism for the governance of One Health. The Business Plan Work Group reported that external funders are interested in One Health, but require a more identifiable structure.

In the 18 months since the Stone Mountain meeting, there has been a worldwide escalation of One Health interest and activities – a phenomenon that was not predicted. There is a great opportunity to build on that momentum with the development of a global network and a governance proposal.
Meeting participants agreed on the following key objectives of a One Health global network:

**Immediate Objectives**
- Ensure coherence of messages (regarding strategies, communication and advocacy).
- Unite actors and create synergies through cross-sectoral collaborations.
- Ensure coherence of actions (including programs and projects).
- Promote One Health education.

**Long-term Objectives**
- Improve global health security.
- One Health becomes part of our daily life.
- Sustainable development (in developing countries, countries in transition and the industrialized world).

The following points were raised in answer to the question, “What is a global network?”

- Communication and information.
- Knowledge management system.
- Accessible; dynamic, not static; adaptive and nimble; sustainable; relevant; inclusive.
- Focus on knowledge sharing, intelligence and surveillance, information exchange and discussion; links to professional development; peer support and sounding board; subject gap analysis; systems/institutions mapping.
- One portal: ease of use and access, one stop, secure.
- Leverages technology: website is the portal to the network; accessible everywhere; internet based, available on mobile devices; searchable.
- Connects all actors, contributors and users; interactive.
- Network of networks: does not replace existing networks, but builds on them; provides connections and linkages to other networks; connects communities of interest and international teams.
- User driven: used by professionals, practitioners, private sector and the general public.
- Information collected from grassroots level and delivered to grassroots level: empowerment at the local level.
- Exchange of policy and educational materials.
- Reflects One Health approaches and principles: interdisciplinary, cross-sectoral, multidirectional, multicountry (global geographic coverage), multifaceted, multitopical (beyond infectious diseases), multidimensional, multilayered (global, regional, national, local).
Above all, people are the most important component: technology provides the platform, but people provide the knowledge, expertise, and community of interest required for action.

The group described what a successful “network of networks” would look like or achieve:

- Global health security coming within reach, facilitated by the network.
- Multinational projects as a result of awareness of what is going on around the world – international teaming and multi-country cooperation.
- Generation of funding opportunities for One Health activities, in particular at local community level.
- Society-wide engagement – users as well as contributors.
- Easy access to multiuse information by multiple users, including emerging information.

A draft mission statement for the project could be:

- To create a global virtual community of like-minded individuals, around One Health topics, to foster synergy and action for the betterment of health in humans, animals and the environment.
- To identify, bring together, share and discuss information (new investigations, articles, events), opportunities (grants, funding, employment), and ideas (strategies, policies, training, programmes and projects), related to One Health.

Some participants suggested that a non-governmental, non-multilateral organization, such as a university or group of universities (including possibly semi-academic institutions like think-tanks), would be best to facilitate the global network. This would provide neutrality, credibility and enable existing infrastructure to be leveraged. It was also suggested that a university be approached to assist with the creation of a business plan/specifications list and corresponding action plan.

There was group consensus to form a task group comprised of participants of this meeting to determine potential costs, scope, technology requirements, etc. – in essence, to get things underway.

**One Health Global Network Task Group**

The group nominated the following people to form the Task Group:

- Susan Boggess, Office of International Health and Biodefense, US Department of State
- Anna Okello, University of Edinburgh
- Rebekah Kunkel, US Centers for Disease Control and Prevention

The Task Group would receive guidance from other meeting members, who represent the One Health areas (human health, animal health, ecosystem, and wildlife):

- Lead/Convenor: Pierre Duplessis, University of Montreal
- Richard Kock, University of London
- Joe Annelli, US Department of Agriculture
- Peter Black, Australian Department of Agriculture, Fisheries and Forestry
- Alain Vandersmissen, European External Action Service
- Raymond Dugas, Pan-American Health Organization
- Tracey McNamara, Western University of Health Sciences
- Carol Rubin, US Centers for Disease Control and Prevention
It was noted that all participants at this meeting are welcome and encouraged to be involved. All meeting participants will receive reports, progress updates and information from the Task Group and their comments, advice and ideas are welcomed.

**Next Steps**
The group agreed that the Task Group would undertake the following:

1. Identify and link existing One Health networks and tools (e.g., ProMED, GLEWS, One Health Initiative) and determine how to best interact with on-going programmes and activities.
   - Develop a matrix that captures the attributes of existing networks or tools, such as language, geographic coverage, vision, culture, style, scope, audience.
   - Establish personal contacts with key networks/tools.
   - Measure the “pulse” of the One Health movement.
   - Explore potential complementarity with the existing One Health Initiative.

2. Explore other large scale networks (non One Health) for best practices and business models.

3. Determine how to address geographic representation and language issues.

4. Ensure all areas (human health, animal health, wildlife, and ecosystem health) get equal access.

5. Determine functionality requirements.

6. Explore potential funding options and sources.

7. Describe the network, its attributes and how it would be used.

**Time frame:** A report of the Task Group findings suitable for dissemination should be completed within six months (by April 2012). Incremental deliverables will be defined.

The concepts and descriptors of One Health Governance noted by participants included:

- Legitimacy
- Oversight
- Coherence
- Coordination
- Communication
- Connection
- Cohesion
- Collaboration
- Cooperation
- Leading by example
- Inclusion
- Fostering core principles
- Supervision
- Strategic direction
- Adaptation
- Responsibility
- Depository of mission and vision
- Promotes progress
- Longevity
- Mandate

Participants noted that if the governance is “right,” then One Health will become part of our daily lives, it will be relevant, real and there will be a sense of direction. The “right” governance will provide consistency, cohesion, and an overarching sense of coherence.
This governance, however, is not an institution or secretariat; rather, it is “small ‘g’ governance,” that aims to foster and champion the concepts and goals of One Health, and to act as facilitator and enabler. It was suggested that it could be based on a quantum leadership model, which informally shares leadership in response to emerging needs while reinforcing, aligning and moving together toward common goals.

Participants agreed that the word “governance” is not suitable. It was suggested that “One Health Global Guidance Group (3G)” be used.

Options and Approaches for Establishing the 3G

A number of options and approaches were developed in small group discussions, including a formal steering group, a less formal guidance group, an informal ad hoc group, and a group comprising the FAO, OIE and WHO tripartite. In plenary, participants discussed the pros and cons of the options and agreed to pursue a “Guidance Group” approach. Attributes of such a group would include:

- Rotating membership and leadership.
- Liaise with existing mechanisms that meet regularly, such as GLEWS and the tripartite WHO/FAO/OIE, but remaining independent.
- Terms of reference to be developed to clarify roles and responsibilities and functioning; declaration to be signed.
- Mandate of the group includes advocacy, championing One Health concepts, provision of input into organization of biannual One Health conference, and facilitating and enabling collaboration, connections and synergies, including funding opportunities.

In addition, there was consensus to further explore and develop the potential for the Guidance Group to participate, as an independent group, with the GLEWS network and to work to influence and expand its realm to include One Health approaches.
**Next Steps**

Next steps, responsibility and timelines were identified as follows:

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<th>ITEM/TASK</th>
<th>WHO?</th>
<th>TIMELINE</th>
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<tr>
<td>1. Further develop the “Guidance Group” concept, including terms of reference, One Health statement, objectives, goals, etc., and develop a proposal for presentation to the rest of the meeting group.</td>
<td><strong>Convenor:</strong> Alain Vandersmissen, European External Action Service  - Joe Annelli, USDA (One Health Statement)  - Peter Black, Australia Department of Agriculture, Fisheries and Forestry  - Nick Previsich, Public Health Agency of Canada  - Carol Rubin, CDC</td>
<td>First draft for circulation to meeting members by end of November 2011</td>
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<td>2. Describe the proposal for a new GLEWS mechanism, including funding. Build on input from the Global Network Task Group/share proposal with the GNTG.</td>
<td><strong>Alain Dehove, OIE</strong></td>
<td>First draft for circulation to meeting members by end of November 2011</td>
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<td>3. Set up a meeting with the tripartite group, to discuss potential for involvement with GLEWS.</td>
<td><strong>Alain Vandersmissen, European External Action Service</strong>  - Carol Rubin, CDC  - François Le Gall, World Bank  - Alain Dehove, OIE</td>
<td>Early 2012</td>
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<td>4. Inform absentees of the results of this meeting and deliverables.</td>
<td><strong>Alain Vandersmissen, European External Action Service</strong>  - Carol Rubin, CDC</td>
<td>Immediately – Done</td>
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<td>5. Circulate meeting report to attendees for comments; post meeting report on Stone Mountain Meeting and European External Action Service Health websites.</td>
<td><strong>Alain Vandersmissen, European External Action Service</strong>  - Carol Rubin, CDC</td>
<td>Mid-November – Done</td>
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PART 5

Key Messages

Participants shared their observations of the key messages of the meeting:

- Clear next steps for moving forward on the One Health Global Network.
- Consensus proposal on developing the One Health Guidance Group.
- Agreement to explore the feasibility of expanding the existing GLEWS platform to more clearly encompass a One Health approach.
- Agreement to defined timelines and accountabilities to move forward on the Global Network and the Guidance Group.
- One Health is relevant and useful; it is still developing and emerging, and there is great momentum.
- There is a need to continue to champion One Health and influence decision-makers.
- The Global Network and Guidance Groups are “works in progress,” with great opportunity for innovation and leveraging of synergies.