

# Operationalizing One Health: The Stone Mountain Meeting

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Presenting on behalf of the Stone Mountain Meeting Planning Committee  
and the Working Group Chairpersons

1st International One Health Congress, February 16, 2011

# Why Did We Need a Meeting to Operationalize One Health?

- ❑ **Progression of One Health Visionary Meetings**
  - Inter-Ministerial Conferences—New Delhi, Sharm el Sheik, Hanoi
  - Joint Technical Consultations - Verona
  - One Health:from ideas to action - Winnipeg
- ❑ **Complimentary meeting to define specific action steps to further move One Health forward**
- ❑ **Concern that One Health may have a short shelf life**

# The Stone Mountain Meeting Scientific Planning Committee

## ❑ International and Multi-sectorial



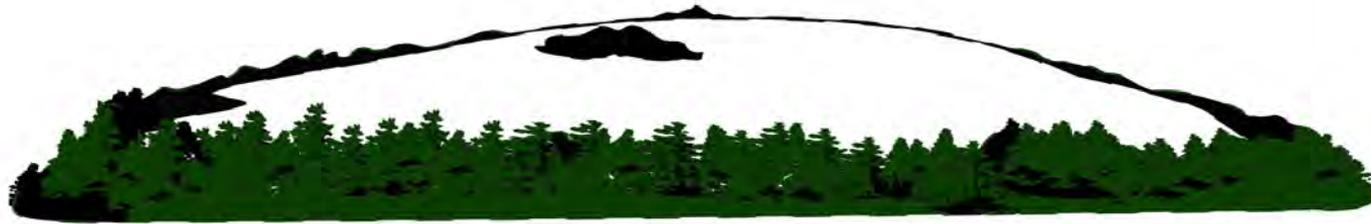
## ❑ Weekly conference calls

## ❑ Carefully selected subject matter experts from around the world, representing multiple disciplines

# The Stone Mountain Meeting Participants



# Operationalizing "One Health":



## A Policy Perspective -

Taking Stock and Shaping an Implementation Roadmap

Stone Mountain, Georgia

May 4-6, 2010

# Goal of The Stone Mountain Meeting

Develop Sustainable Inter-sectorial Collaboration at  
International, Regional, National,  
and Sub-national Levels

- ❑ Identify concrete opportunities for implementing One Health strategies
- ❑ Recognize key barriers and possible options for overcoming these barriers

# The Stone Mountain Meeting Participants:

## A select group of Fifty-Four leaders

- ❑ National Ministries of Health
- ❑ National Ministries of Agriculture
- ❑ European Commission
- ❑ United Nations
- ❑ World Bank
- ❑ Academia, physicians, veterinarians
- ❑ Policy, Economic sectors
- ❑ Health Professionals



# What Can We Accomplish in 3-5 Years?

**TANGIBLE**

**RESULTS-ORIENTED**

**OUTCOME-DRIVEN**

**PRACTICAL**

**Short-term Changes that Move Us Closer  
to Our Long-Term Goals**

# View of 3-5 Year Successes

## ❑ Initiated Culture Change

- Mutual respect and communication across professions

## ❑ Increased Visibility

- Recognition of value-added for human and animal health

## ❑ Impacted Political Will and Funding

- Demonstrate increased impact with finite funding

## ❑ Improved Coordination and Collaboration

- Surveillance, outbreak response, data sharing

# The Stone Mountain Meeting Outcomes

❑ Identified over 20 “critical enabling initiatives”



# The Stone Mountain Meeting Outcomes

- 7 specific activities were selected and 7 separate workgroups were formed

One Health Training

Proof of Concept

Business Plan

Country Level Needs Assessment

Capacity Building

Information Clearing House

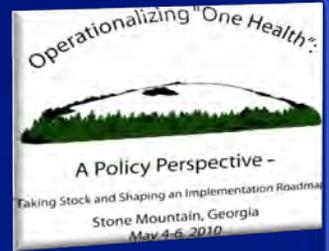
One Health Global Network



Stone Mountain Meeting Workgroups

# ONE HEALTH TRAINING WORKGROUP

# One Health Training Workgroup



## Leaders

Joseph Anelli, *USDA*  
Kira Christian, *CDC*

## Members

- *World Bank*
- *The ZSL*
- *Western University*
- *NIMR, Tanzania*
- *Princeton University*
- *CDC*
- *Wildlife Trust*
- *HHS/OGHA*
- *University of Minnesota*
- *WHO/SEARO*
- *Burroughs Wellcome Fund*
- *ILRI*
- *SwissTPH*
- *PAHO*
- *Public Health Foundation of India*
- *FAO*
- *Yale University*
- *The Ohio State University*

# One Health Training Workgroup Goal

Develop and build skills, expertise, and competencies through a One Health training curriculum to define the One Health leader and worker capable of planning and implementing One Health activities

## TRAINING LEVELS



Orientation

Operational

Proficient

Practitioner

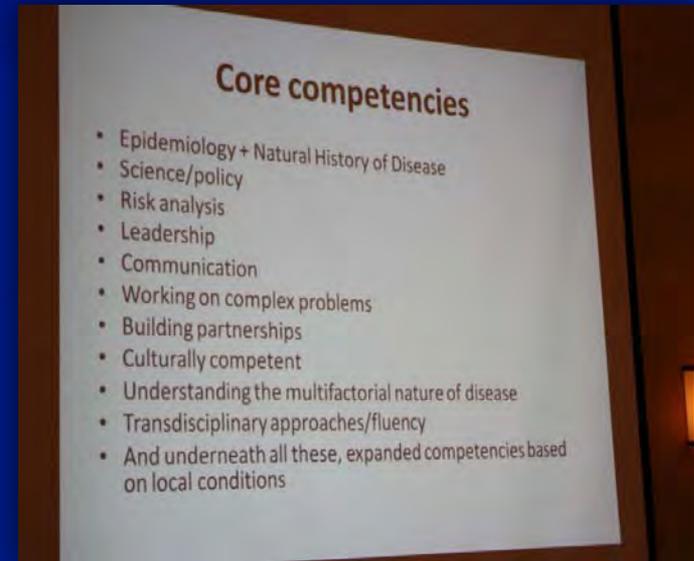
Leader

# Scope of the Project

WHO TRAINED	WHO DELIVERS	CRITICAL NEED	DEPTH / LENGTH	\$
Current and future leaders*				
Existing Veterinarians				
Existing Physicians				
Students				
Vet Students				
Med Students				
Masters Level Technical People				
MPH				
People Already in One Health Flavored Jobs in Agencies	University or Agency That has the Administrative Capacity	Upgrade Field-Derived Skills + Didactic Training Above That	2 Week Didactic +/-	People Already in One Health Flavored Jobs in Agencies

# One Health Training Workgroup Update

- ❑ Collect and maintain inventory of existing trainings in the US and globally
- ❑ Develop core competencies for One Health practitioner
- ❑ Network with other agencies addressing core competencies for One Health





Stone Mountain Meeting Workgroups

**PROOF OF CONCEPT WORKGROUP**

# Proof of Concept Workgroup



## Leaders

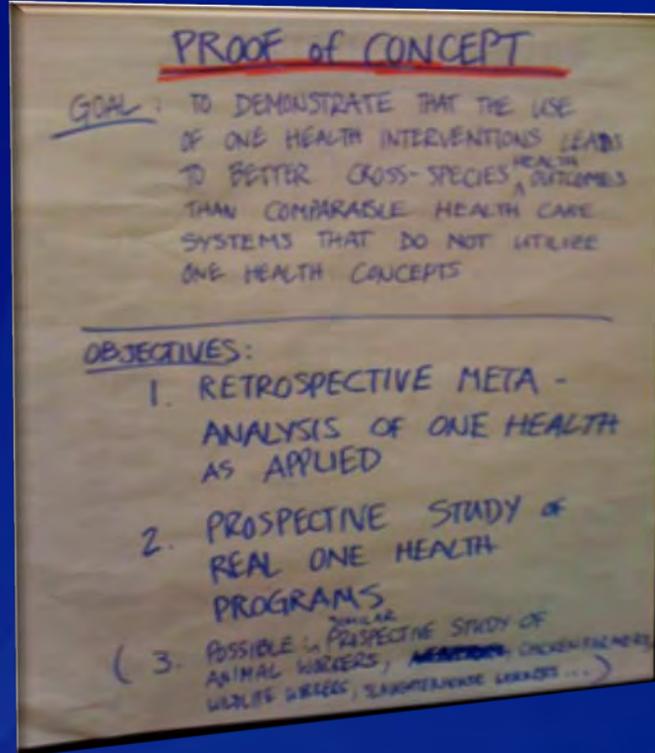
**Peter Rabinowitz, *Yale University***

**Malika Kachani, *Western University***

## Members

- *Yale University*
- *University of Minnesota*
- *NIMR, Tanzania*
- *FAO*
- *PAHO*
- *CDC*
- *HHS/OGHA*
- *Wildlife Trust*
- *ILRI*
- *University of Oklahoma*
- *The ZSL*

# Proof of Concept Workgroup Goal



Demonstrate that the use of One Health interventions lead to better cross-species health outcomes than comparable health care systems not utilizing One Health concepts

# Proof of Concept Workgroup Summary

- ❑ Conduct a series of retrospective and prospective studies
- ❑ Focus on high-risk communities to gather evidence-based data
- ❑ Perform demonstration project using baseline and metrics to reveal reduced disease



## Proof of Concept Workgroup Update

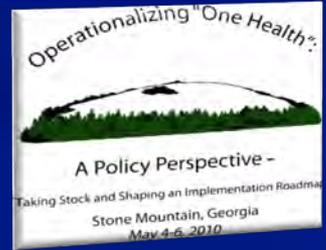
- ❑ **Proof of Concept workshop in Atlanta, September 2010**
  - Discussed study designs, potential interventions, methods for data collection/frequency, and potential study sites
- ❑ **Study design currently under review by University and CDC statisticians/subject matter experts**
- ❑ **Exploring funding opportunities**
- ❑ **Updates available at [www.cdc.gov/ONEHEALTH](http://www.cdc.gov/ONEHEALTH)**



Stone Mountain Meeting Workgroups

# **BUSINESS PLAN WORKGROUP**

# Business Plan Workgroup



## Leaders

Jan Slingenbergh, *FAO*

Josef Schmidhuber, *FAO*

## Members

- *FAO*
- *World Bank*
- *OIE*
- *CDC*
- *Royal Veterinary College*

# Business Plan Workgroup Goal

Articulate the subject area  
of One Health more clearly  
and present it to policy-  
makers and donors at the  
global level



# Business Plan Workgroup Summary

## ❑ Create a strategy investment document

- Define general OH concepts
- Address proof of concept
- Focus on socio-economic impact

## ❑ Develop communication strategy

## ❑ Ensure understanding by donors and policy makers to help garner their support



# Business Plan Workgroup Follow-up Activities 2010

## □ Informal One Health Workshop

- FAO Headquarters, November 4-5, 2010

## □ Economics of Animal Health and Welfare - *How will we increase the impact of economic analysis on decisions about animal and One Health?*

- Royal Veterinary College, December 7-8, 2010
- <http://www.rvc.ac.uk/Meetings/AHE/Index.cfm>

# One Health Workshop

FAO Headquarters, November 4-5, 2010

## □ Goals of the meeting

- Update on progress of SMM Business Workgroup
- Role of FAO and other international organizations
- Strategies to build more robust interdisciplinary systems

## □ Next steps to develop a One Health Business Plan

- Convert ideas into concrete business plans
- Present plans to key stakeholders
- Coordinate plans across partner organizations
- Ensure national and regional plans are implemented

# Economics of Animal Health and Welfare

RVC, December 7-8, 2010

## □ Topics Discussed

- Basis for applying economics to animal health decision making
- Existing economic tools for animal /One Health decision-making
- Role of economics in training, research, and policy

## □ Meeting outcomes and future activities

- Participants developed a network focused on economics of animal health within the context of One Health
- Strong public health focus on next meeting's agenda
- Explore how economics might help to understand drivers of risk

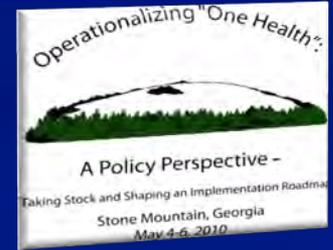




Stone Mountain Meeting Workgroups

# **COUNTRY LEVEL NEEDS ASSESSMENT WORKGROUP**

# Country Level Needs Assessment Workgroup



## Leader

**Jean Kamanzi, *The World Bank***

## Members

- *ILRI*
- *OIE*
- *World Bank*
- *FAO*
- *SwissTPH*
- *CDC*
- *Public Health Foundation of India*
- *PAHO*
- *Australian Dept. of Agriculture, Fisheries and Forestry*

# Country Level Needs Assessment Workgroup Goal

Expand existing resources to develop country level self-assessment methods to identify programmatic areas that could benefit from a One Health approach and areas for targeting improvement



# Country Level Needs Assessment Workgroup Summary

❑ At the request of the country

❑ Assessment will identify:

- Level of threat and/or risk of new emerging diseases within the country at the human-animal and environment interface
- Areas of weakness within the country's existing systems

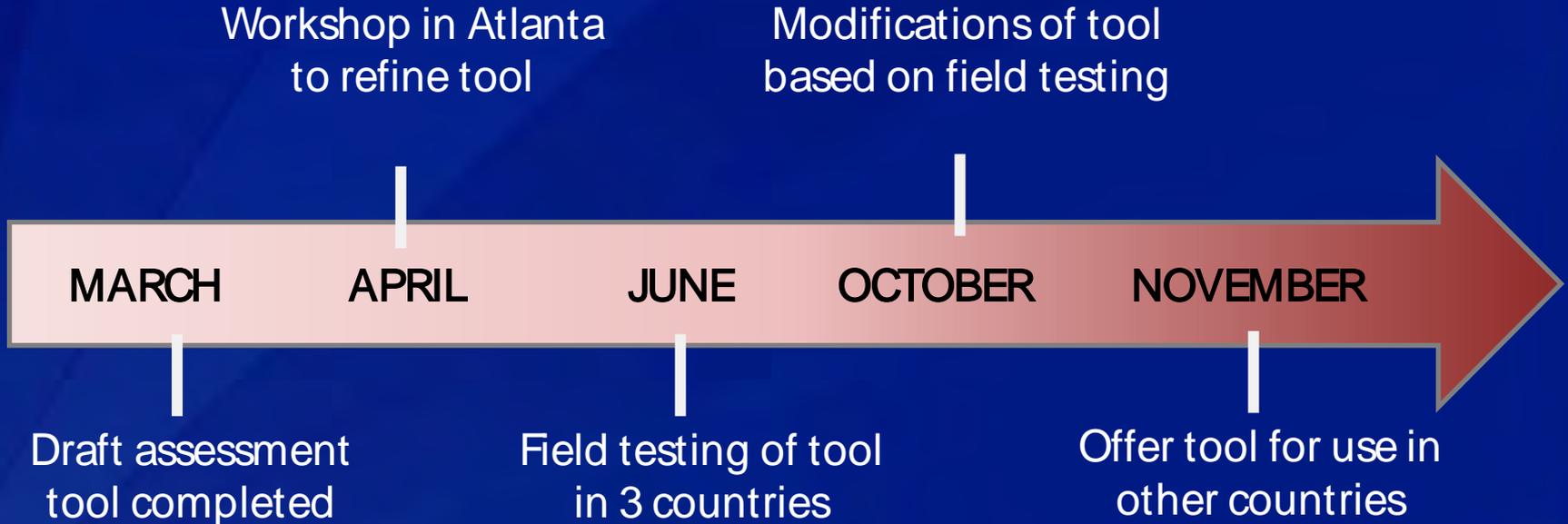
# Country Level Needs Assessment Workgroup Summary

- ❑ Encourage policy makers to incorporate a One Health approach in setting nation-wide priorities
  - Identify opportunities to share resources, personnel, programs, and practices
- ❑ Complete country ownership over all results
- ❑ Identify in-country team for long-term implementation

## Country Level Needs Assessment Workgroup Update

- ❑ Review existing tools (OIE's PVS, WHO's IHR)
- ❑ World Bank funded *One Health Operational Country Self Assessment Guide*
- ❑ 2011 implementation timeline

# Country Level Needs Assessment Workgroup 2011 Timeline





Stone Mountain Meeting Workgroups

# **CAPACITY BUILDING WORKGROUP**

# Capacity Building Workgroup



## Leaders

**Katey Pelican, *University of Minnesota***

**Purvi Mehta, *International Livestock Research Institute***

## Members

- *OIE*
- *CDC*
- *Burroughs Wellcome Fund*
- *Wildlife Conservation Society*
- *Wildlife Trust*
- *HHS/OGHA*
- *WHO/SEARO*
- *WHO/GOARN*
- *USDA*
- *Utrecht University*
- *ILRI*

# Capacity Building Workgroup Goal

**Raise awareness and expand engagement in the One Health concept by leveraging existing programs and capacity-building efforts**



## Capacity Building Workgroup 5-Part Approach

- ❑ Develop cross-sectoral capacity building plan
- ❑ Coordinate OIE/IHR focal points that already exist
- ❑ Enhance training activities
- ❑ Engage academia in the promotion of One Health
- ❑ Incorporate One Health into 2011-2014 Asia-Pacific Strategy for Emerging Disease

## Capacity Building Workgroup Update

- ❑ Co-leader from ILRI identified
- ❑ Develop inventory of existing initiatives that can be leveraged
- ❑ Recognize common themes and concepts
- ❑ Identify best practices of One Health
- ❑ Coordinate closely with Training and Needs Assessment workgroups



Stone Mountain Meeting Workgroups

# INFORMATION CLEARING HOUSE WORKGROUP

# Information Clearing House Workgroup



## Leaders

Tracey McNamara, *Western University*

Jesus Lopez-Macedo, *UNICEF*

## Members

- *CDC*
- *University of Minnesota*
- *USDA*
- *PAHO*
- *European Commission*
- *WHO*

## Information Clearing House Workgroup Goal

Promote One Health advocacy and connectivity through a centralized system where One Health success stories are gathered and made available to a wide-ranging audience



## Information Clearing House Workgroup Summary

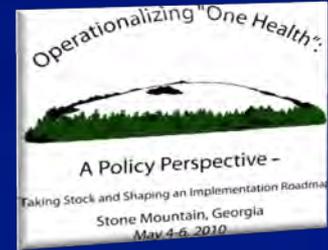
- ❑ A centralized portal for One Health success stories
- ❑ Includes past and on-going One Health information
- ❑ A neutral portal where existing sites can link to share their One Health related programs and information
- ❑ Potentially coordinated and managed by the One Health Global Network



# Stone Mountain Meeting Workgroups

# ONE HEALTH GLOBAL NETWORK

# One Health Global Network Workgroup



## Leaders

**Alain Vandersmissen, *European External Action Service***

**Chantal Symoens, *European Commission***

## Members

- *ILRI*
- *WHO*
- *Columbia University*
- *Ministry of Agriculture, China*
- *WHO-GOARN*
- *WHO/SEARO*
- *Wildlife Trust*
- *Norwegian Institute of Public Health*
- *USDA*
- *Public Health Foundation of India*
- *PAHO*
- *CDC*
- *FAO*
- *Animal Health Clubs*
- *Western University*
- *Princeton University*
- *Australian Dept. of Agriculture, Fisheries and Forestry*

# One Health Global Network Workgroup Objectives

- ❑ Advocate and garner international support for One Health
- ❑ Be a vehicle for further global collaboration on One Health
- ❑ Provide efficient method for collection and dissemination of One Health information



# One Health Global Network Workgroup Function

- ❑ **Virtual umbrella coordinating One Health activities**
- ❑ **Global membership criteria**
  - Expertise and experience in One Health
  - Networking and coordination skills
  - Availability and willingness to participate
- ❑ **Virtual Coordination Team**
  - Represents all One Health sectors (up to 10 people)



# One Health Global Network Workgroup Update

- ❑ **Virtual Coordination Team**
  - 6 criteria agreed upon for member selection
  - 4 out of 10 positions filled
  - Recruiting physicians, plant/environment/wildlife specialists and economists
- ❑ **Currently, compiling names for network**
- ❑ **Collaborating closely with Information Clearing House workgroup**
- ❑ **Inventory of One Health programs and publications will be launched soon**

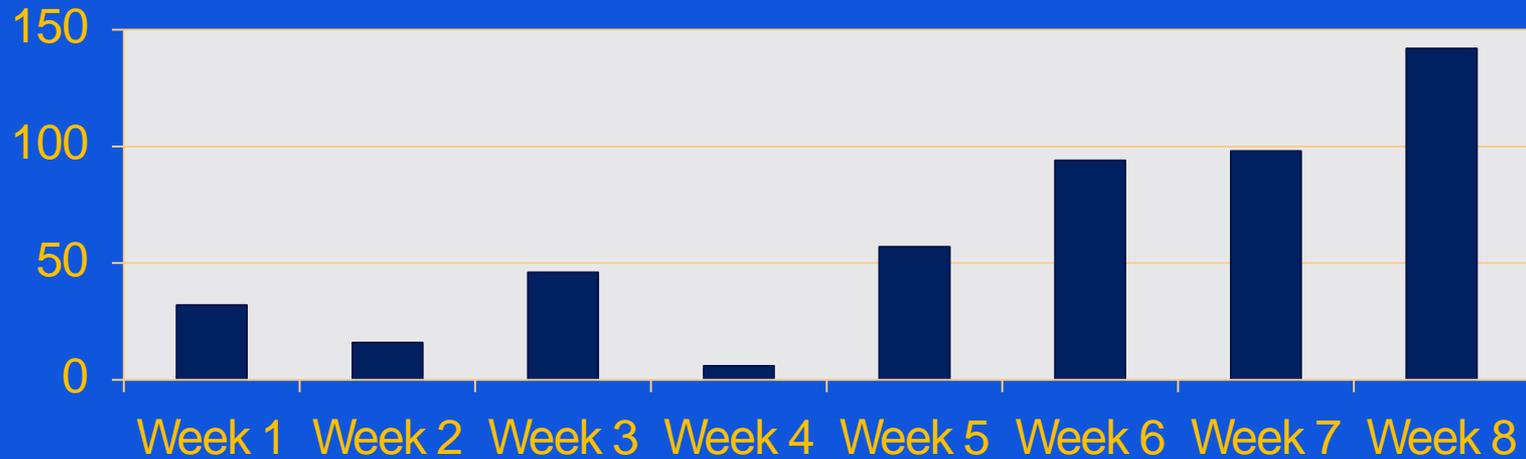
## One Health Global Network Workgroup Concept of One Health Governance

- ❑ One Health should not be “possessed” or “mastered”
- ❑ One Health should remain flexible and comprehensive
- ❑ One Health can be promoted by various institutions, but cannot be institutionalized
- ❑ One Health Global Network can facilitate this process



[www.cdc.gov/ONEHEALTH](http://www.cdc.gov/ONEHEALTH)

## One Health Office Website Statistics



- 491 visitors Dec. 5, 2010 – Jan. 31, 2011
- 66% visiting “One Health Related Meetings”
- 40% downloading meeting content

# Stone Mountain Meeting Report



Available at [www.cdc.gov/ONEHEALTH](http://www.cdc.gov/ONEHEALTH)

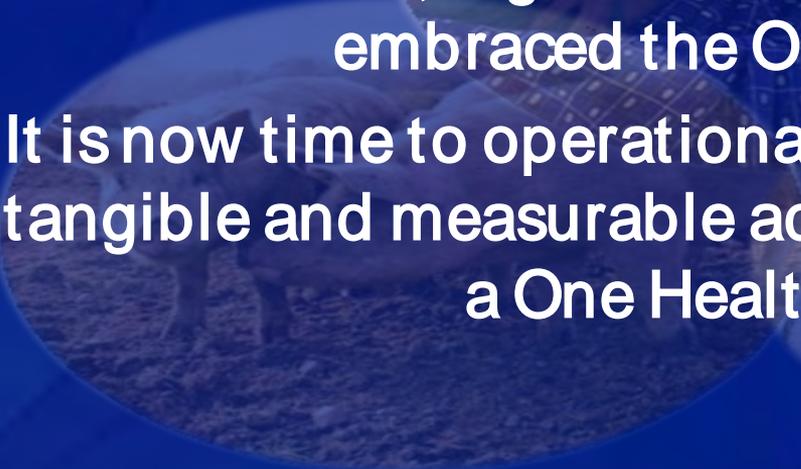
# One Flu Strategic Retreat

- ❑ Co-organized by IZSV and CDC
  - February 1-3, 2011 in Castelbrando, Italy
- ❑ Reviewed status of influenza spread and inter/intra species transmission
- ❑ Developed recommendations to enhance animal/public health collaboration using the “One Flu” approach
- ❑ Meeting presentations and summary will be available soon at [www.cdc.gov/ONEHEALTH](http://www.cdc.gov/ONEHEALTH)

# Conclusion

A circular inset image showing two young children, a girl and a boy, smiling and looking towards the camera. The girl is on the left, resting her chin on her hand, and the boy is on the right, holding a book.

Individuals, organizations and governments have embraced the One Health vision.

A circular inset image showing a pig standing in a field of dry grass and soil.

It is now time to operationalize One Health by taking tangible and measurable actions that move us closer to a One Health paradigm.



# Thank You

**For more information please contact Centers for Disease Control and Prevention**

1600 Clifton Road NE, Atlanta, GA 30333

Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov) Web: [www.cdc.gov](http://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.