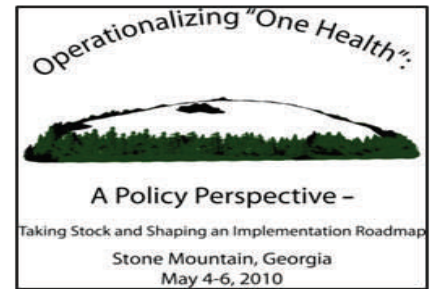


“OPERATIONALIZING” ONE HEALTH

At the request of and in close collaboration with the World Organisation for Animal Health (OIE), the Food and Agriculture Organization of the United Nations (FAO) and the World Health Organization (WHO), the U.S. Centers for Disease Control and Prevention (CDC), hosted a meeting entitled *Operationalizing “One Health”: A Policy Perspective—Taking Stock and Shaping an Implementation Roadmap* in Stone Mountain, Georgia, USA, May 4-6, 2010.



The specific goal of the Stone Mountain Meeting (SMM) was to identify clear and concrete actions to move the concept of One Health from vision to implementation. Six specific activities were identified as critical steps in attaining a defined 3-5 year vision of One Health and separate workgroups were formed to address each of these activities, now known as the Stone Mountain Meeting Workgroups.

STONE MOUNTAIN MEETING WORKGROUPS

[Business Plan Workgroup](#)

[One Health Global Network](#)

[Capacity Building Workgroup](#)

[Proof of Concept Workgroup](#)

[Country-Level Needs Assessment Workgroup](#)

[Training Workgroup](#)

STONE MOUNTAIN MEETING WORKGROUP UPDATES

Business Plan Workgroup

Chair: Jan Slingenbergh



Jan Slingenbergh, FAO

The Business Plan workgroup has been tasked with articulating the concept of and rationale for One Health more clearly and identify a strategy to present this information to policymakers and donors worldwide. The group intends to define the overall importance of One Health and create an investment document, or socio-economic framework, that clearly defines the general concepts of One Health.

This workgroup is collaborating with a group of University of Georgia MBA students on developing a domestic Business Plan for One Health. An “open” business model was identified as most appropriate for One Health as it allows stakeholders to work together to produce a central value (better health) by establishing the particular benefits that a One Health approach can offer to each individual stakeholder (value proposition). Using this model, the group is developing a unique One Health value proposition for a variety of stakeholders based on research and formal interviews. Targeted stakeholders include private sector and industry, federal agencies, and foundations. These individual value propositions will help define the mutually beneficial relationship between stakeholders and One Health.

Capacity Building Workgroup

Chairs: Katey Pelican, University of Minnesota and Purvi Mehta, International Livestock Research Institute (ILRI)



Katey Pelican, U. of Minnesota

The Capacity Building workgroup's role is to raise awareness and expand engagement in One Health by identifying opportunities to leverage existing programs and build more coordinated One Health efforts on the ground which ideally will result in substantial health impact at very little cost.

The group's activities were delayed while they identified a co-lead; however, once both co-leaders were in place, the group began to meet via conference call and refine their action plan. Based on discussions during the SMM and potential alignments with other SMM workgroups, the group would like to develop a funding proposal for two country-level workshops, using the output from existing assessments (IHR, PVS, World Bank Guide), to identify gaps in capacity in two countries in different regions, for example one workshop in Africa and one in Asia. The group will identify model One Health programs in those countries and create an inventory cataloging activities at the community, in-service, and academic levels (abstracts from the 1st International One Health Congress in Melbourne may provide some examples). Finally, the group will hold a meeting, bringing together key One Health capacity building 'players', to develop a country-level capacity building plan that meets the needs identified in the gap analysis. This meeting will also be an opportunity to discuss project models, individual country capacities, and definitions of One Health capacity building in each country's context.



Purvi Mehta, ILRI

Country-Level Needs Assessment Workgroup

Chair: Jean Kamanzi



Jean Kamanzi, World Bank

Following the SMM, the Country-Level Needs Assessment workgroup was tasked with developing a self-assessment guidance document or tool that could be used by countries to identify:

1. Whether One Health approaches are currently in place,
2. Programmatic areas that may benefit from a One Health approach, and
3. Specific areas for targeting improvement

The World Bank took the lead, garnering funding for this project and began developing a guide to measure a country's level of achievement in integrating human, animal and environmental health sectors. In April 2011, the workgroup reconvened for a workshop at the CDC in Atlanta; building on existing resources and tools, this workshop focused on further developing the World Bank's draft *One Health Self-Assessment Guide*, focusing not only on content, but also on implementation, organization and structure of the guide. It is an educational resource for countries and the results are intended to help countries identify:

- What they are currently doing with respect to horizontal management across sectors;
- What they are planning to do to directly or indirectly implement a One Health approach; and
- How their priorities are consistent with and supportive of One Health.

Next steps include revising the guide based on feedback received during the workshop. Workgroup members volunteered to share the guide with colleagues and pilot it within an academic setting as a "test run" to evaluate flow and locate any possible areas of misunderstanding. Once the guide has been refined based on this feedback, it will be piloted in three or four countries representing a broad range of characteristics (i.e., cultural and geographical differences, size of economy/level of resources, existing One Health activities, etc.). In addition, the group will continue to work virtually finalizing other important details, including possible points of entry into a country, incentives to encourage countries to use the assessment, and ownership of the guide.



Members of the workgroup during the Atlanta Workshop in April, 2011

One Health Global Network (OHGN) Workgroup

Chairs: Alain Vandersmissen, European External Action Service (EEAS) and Tracey McNamara, Western University



Alain Vandersmissen, EEAS

The OHGN workgroup was established to advocate and garner international support for One Health by serving as a vehicle for global collaboration on One Health programs and projects. The role of the Information Clearinghouse workgroup was to promote One Health advocacy and enable connectivity through a centralized area where One Health success stories are gathered and available to a wide-ranging audience. Due to cross-over in goals and objectives, the leaders of these two groups combined their efforts into one workgroup. At present, the newly combined workgroup is still called OHGN.

As the two workgroups finalize their merge (i.e., a new name for the workgroup), the One Health Office has secured funding from the US Department of State to bring some members of the combined workgroup together to define new goals and objectives and design an action plan and timeline for the group's activities. OIE will contribute additional funding for a facilitator. The meeting is scheduled to take place by the end of September 2011 and the location has not yet been finalized.

The workgroup leaders are sending "trial" invitations to their contacts requesting they join the OHGN. Their reaction and feedback will help gauge the level of interest among colleagues. In addition, the European Commission is funding two experts to research the area of One Health and catalog One Health actors. This inventory will include preliminary databases, bibliographies and case studies, proving to be very useful in supporting the efforts of the other workgroups.



Tracey McNamara, Western University

Proof of Concept Workgroup

Chairs: Malika Kachani, Western University and Peter Rabinowitz, Yale University



Malika Kachani, Western University

The objective of the Proof of Concept workgroup is to demonstrate through both a retrospective and a prospective evidence base that the use of One Health interventions leads to better cross-species health outcomes than comparable health-care systems that do not utilize One Health concepts.

After the SMM, the group reconvened in September 2010 in Atlanta, GA. Participants discussed potential prospective study designs that would demonstrate an integrated One Health approach can reduce rates of diarrheal disease in humans and also improve animal and environmental health at the local level. Subsequent to the meeting, the group continued to work virtually and agreed upon a village level One Health team intervention study framework and a corresponding budget. The group is currently exploring funding options. Once the study is funded, the framework can be expanded on to correspond with the funding institution's goals and objectives, while the workgroup continues to serve in an advisory role.

In addition, the group is focusing on a systematic literature review of past One Health examples. Study criteria were agreed upon by the group (i.e., intervention studies involving human, animal, and environmental health professionals and those that track outcomes in animals, humans, and the environment), to help determine whether there are published (or unpublished) studies that fit these criteria.

Finally, a number of interesting and valuable One Health Proof of Concept ideas have arisen from the group. A research agenda is underway to collect each of these proposals in one central area. Once the initial basic Proof of Concept study proposal is funded and carried out, the proposals found in this research agenda will provide additional support through examples of One Health in action.



Peter Rabinowitz, Yale University

Training Workgroup

Chairs: Joe Anelli, USDA and Kira Christian, CDC



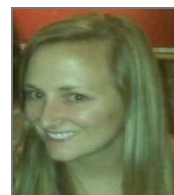
Joe Anelli, USDA

The group was charged with developing and building skills, expertise, and competencies through a One Health training curriculum for various target audiences in order to develop One Health leaders and workers capable of planning and implementing One Health activities. During their first conference call, it became clear that many One Health training programs already exist. Therefore, the group reevaluated its objectives and a three step process was developed in order to achieve the group's goals: 1) develop a catalogue of existing courses, 2) develop a list of essential core competencies for each level of One Health Practitioner, and 3) conduct a gap analysis between what needs to be learned to meet the core competencies and the learning objectives in existing courses. The group is being assisted in the catalogue development by Angela Clark a veterinary student summer intern at USDA. She has begun surveying workgroup members and compiling the list of courses.

The data call for all group members to send in courses revealed a wide range of courses already being delivered. For example:

- Masters level courses: Ex. Massey University in New Zealand (<http://www.onehealth.org.nz/index.php/training>)
- Certificate courses: Ex. University of Wisconsin's Center for Global Health (<http://centerforglobalhealth.wisc.edu/173.htm>)
- One Health Courses: Ex. University of California-Davis, Global Health
- Training the next generation of One Health Practitioners: Ex. The development of a High School level One Health Track Program sponsored by the Foreign Animal and Zoonotic Disease Center at Texas A&M University (<http://fazd.tamu.edu/education-and-outreach-systems/the-national-one-health-career-oriented-job-trained-youth-educational-program/>)

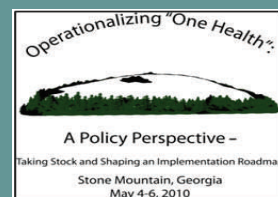
The group (which has grown from 22 to 33 members) is currently expanding its catalogue of courses and will begin to compile and decide on the critical core competencies at the multiple levels (orientation, operations, proficient, practitioner, and leader) of One Health Practitioners. The gap analysis is scheduled to start before the Joint Ministerial meeting in November so as to present some of the valuable findings during that meeting. Based on results from the gap analysis, the group will "publish" a catalogue of existing courses (in association with the OHGN/Information Clearing House workgroup) and develop or encourage the development of courses that would fill the identified gaps.



Kira Christian, CDC

CONCLUSION

During a conference call in April with all the workgroup leaders, it became evident that there are many opportunities for integration and collaboration among the groups. The workgroups are continuing to interact via a listserv hosted by the CDC for the workgroup chairs and regular conference calls to facilitate communication and provide updates about each group's on-going progress. Each of these workgroups is individually contributing to a broader, collective goal of advancing the SMM vision of One Health: culture change, increased visibility, designated funding, and improved coordination.



For additional information regarding the Stone Mountain Meeting and the workgroups, please visit www.cdc.gov/onehealth or contact Alison Laing (hmb9@cdc.gov) for any questions.