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Meeting Summary

Consideration of an International Society for One Health (ISOH)

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Background:

Many meetings and discussions have taken place over the last decade on the concept and implementation of One Health and related activities. One example is the One Health Initiative (www.onehealthinitiative.com) managed by Bruce Kaplan, Laura Kahn, and Tom Monath. This has received more than 500 endorsements by science leaders and defines One Health as 'the collaborative efforts of multiple disciplines working locally, nationally and globally to attain optimal health for people, animals, plants and our environment'.

A number of international ministerial meetings have taken place with a focus on avian and pandemic influenza (IMCAPI) for example at Sharm-el-Sheikh and Hanoi. WHO, FAO, OIE, UNICEF, the World Bank and UNISIC have also cooperated to develop a joint strategic framework to address risks associated with emerging and re-emerging diseases. In parallel, there has been a key agreement between FAO, OIE and WHO to work together on One Health, with again an initial focus on Avian Influenza/Human pandemic influenza, but with an intention to move towards joint programmes in other areas.

The Public Health Agency of Canada hosted an invitation-only One World One Health meeting in Winnipeg, Canada 2009 to develop a series of actions that could be implemented at the national level. This was followed in 2010 by a similar meeting hosted by the CDC in Stone Mountain, USA. With a 3-5 year horizon, it identified seven key activity areas:

- Training
- One Health global network
- Information clearing house
- Needs assessment
- Capacity building
- Proof of concept
- Business plan development

Working groups have been established under each activity area and are currently developing action plans for a range of undertakings.

In February 2011, the 1st International Congress on One Health was held in Melbourne, Australia. This meeting not only provided a forum for scientific presentations on the impact of disease on humans, animals and the environment, but it also provided ample opportunity for discussion and debate on how this science can be used for policy development. Around 650 people

attended the Congress and developed further a range of concepts around One Health that:

- Recognizes the interdependence and need to improve dialogue with respect to disease risks at the human, animal and ecosystems interfaces.
- Recognizes that communication, collaboration and trust between human and animal health practitioners is key.
- Has a broad vision that includes food safety and food security, economics and social behaviour.
- Needs to promote the 'doable' such as improving emerging infectious disease surveillance and response and developing the broader approach.
- Emphasizes community participation and an open dialogue
- Requires both 'ground-up 'and 'top-down' action.

At the Congress, the concept of establishing an International Society for One Health (ISOH) was discussed. This received some support but with a number of reservations. The focus was on research collaboration and coordination, on holding an international congress every two years, and on one or a limited number of targeted One Health journals. It was agreed to hold a meeting in London in June to discuss further these concepts.

Subsequent to the Congress, considerable concern was expressed, particularly by the UN Agencies, CDC and the European Union, around the formation of an ISOH. Therefore, the agenda for this meeting was modified to provide a more general debate on One Health needs that might include the formation of ISOH as an option, or possibly a loose One Health association as another option. Similarly, while the initial plan was to invite a restricted number of people to the meeting to assist the development of ISOH, a general invitation was subsequently offered for anyone wishing to attend the meeting.

Meeting Structure:

In order to provide ample opportunity to debate the various issues around One Health and determine a consensual way forward, the meeting included both break-out and plenary sessions:

- Break-out sessions to discuss: Needs; Functions; Organization
- Plenary sessions for reports and consensus on the way forward
- Plenary sessions chaired by John Mackenzie (needs); David Heymann (functions and organization)
- Break-out sessions with 7-8 participants each: Elect scribe and spokesperson; Deliberation and discussion

It was agreed that all discussions at the meeting would be held under the Chatham House Rule; that is, that no comments would be attributed to any individuals or organizations.

Outcomes of discussions on 'Needs'

- A framework for information-sharing and partnerships at all levels eg – health scientists, economists, ecologists, social scientists, policy makers, ministers
- Case studies to demonstrate the value of a One Health approach
- A requirement for credible (economic) data to demonstrate the value proposition for additional funding
- Education and training to drive cultural change (vets versus medics)
- Promotion of One Health (particularly at ministerial level)
- Creation of a wide range of partnerships across all aspects of One Health
- Definition of One Health that is inclusive
- A range of key communication messages
- Defining areas of focus for One Health infectious diseases (all not only emerging diseases) should be a central focus
- Only makes sense if this approach is inclusive (and truly global)
- One Health thinking should be mainstreamed across relevant sectors (becomes a new public good)
- Link surveillance systems between animal health and human health through communicable disease surveillance, and, importantly, develop effective wildlife disease surveillance programmes
- Demonstrate that linking surveillance systems is useful (World Bank reports, CDC reports etc.)

- A strategic forum for continuation of debate
- Continuation of International Congress (Global or Regional)
- Cross-sectoral collaboration of scientists

Outcomes of discussion on 'Functions'

- Organize and implement a One Health International Congress every two years
- Share information on all aspects of One Health, including examples of success and best practice
- Communicate widely on issues of One Health
- Lobby and advocate for a One Health approach, particularly identifying key stakeholders, the socio-economic aspects of One Health, the values of training and education, and the importance of wildlife and the engagement of wildlife ecologists
- Enhance surveillance and urge strongly a cross-sectoral approach to surveillance activities
- Drive a One Health approach in education and training, with involvement of all sectors in undertaking these activities
- Undertake socio-economic studies to demonstrate the value proposition of a One Health approach

Outcomes of discussion on 'Organization'

Considerable discussion took place at plenary level on how best to organize these activities. On the one hand, many involved in the Stone Mountain meeting felt that all the above functions were catered for through the working groups that were established at Stone Mountain. These Groups are actively soliciting information and input to produce working papers on the way forward, in around 12 months. It was emphasized that involvement in any of these Groups was open to all and that information on the Groups and their deliberations was freely available. On the other hand, others argued that the Stone Mountain process was not clear or indeed transparent, and that in many cases, interested people were unaware of these Working Groups, that the meetings to date had been by invitation only and that, admirable though this process might be, it did not meet all the needs.

The importance of a truly open dialogue was necessary to encourage global participation. There was unanimous agreement that a One Health Congress every two years was essential and that a single web portal for One Health information would be valuable. Thailand, Denmark and the Netherlands

offered to host the next One Health Congress, and the One Health Initiative website was identified as a valuable web portal for One Health information.

Conclusions and Recommendations:

The meeting provided an excellent forum for sharing, openly and transparently, views on the progress of One Health globally, on developing needs and ways to respond to these; and for agreeing ways to go forward. It is recommended that the report of this meeting be distributed widely to share these deliberations and agreed outcomes.

The First International Congress on One Health was considered a considerable success, in part because of the inclusive nature of the meeting, because of the opportunity for policy makers to interact with scientists, and because of the range of scientific areas covered.

It is recommended that Thailand host the next International Congress on One Health in January 2013 (subject to an open invitation for all potential participants to the Congress). It is further recommended that representatives from both the Netherlands and Denmark join the Organizing Committee and that if Thailand is unable to host this meeting, the Netherlands be the next choice. Finally, it is recommended that an International Secretariat for the One Health Congress be established to ensure continuity of this event.

Many of the needs identified at this meeting were similar to those developed at the Stone Mountain meeting. It was therefore concluded that the 6 Working Groups that were established at Stone Mountain would deliver reports that identify actions to be taken at both national and international levels to address these needs.

It is strongly recommended that those engaged in One Health activities, wherever in the world, seek to join the appropriate Stone Mountain Working Groups to facilitate the development of Working Group reports that will address fully the identified needs. It is further recommended that these reports form a part of the next International Congress to ensure their acceptance and uptake at all levels.

It is essential to have an open and available web portal to obtain information on One Health at all levels and on all aspects. There was a general belief that a new, independent website would be needed at some point in the future. It is recommended that the current One Health Initiative website be utilised at this stage for this purpose. As a part of this, it is recommended that the Stone Mountain Working Groups utilise this website to share information on, and reports of, their various activities.