

# EXPERT MEETING ON ONE HEALTH GOVERNANCE AND GLOBAL NETWORK

ATLANTA, USA — OCTOBER 31 | NOVEMBER 1 2011

## KEY MESSAGES



### Building a One Health Global Network



### 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).

### “Network of Networks”

- 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.

### Who might be engaged?

- 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.

### Mission Statement

- *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.*

### One Health Global 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 of 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).

### Guidance Group

- *Lead/Convenor:*  
*Pierre Duplessis*, University of Montreal
- *Richard Kock*, University of London
- *Joe Anelli*, 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

### Task Group Next Steps

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.

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

### Framing One Health Governance



### Framing One Health Governance

The concept 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

### One Health Governance Options:

- 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 “Global Guidance Group” approach.

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### Options and Approaches for Establishing the Global Guidance Group (3G)

Initial members to be drawn from this meeting, with membership (10 to 15 members from academia, NGOs, multilateral agencies and state and government actors) becoming broader and more inclusive over time.

- Initial members to be drawn from this meeting, with a limited number of members (10 to 15) belonging to academia, NGOs, multilateral agencies and state or regional actors, acting first of all in their expert capacity. Membership would become broader and more inclusive over time.
- Membership should be representative of all key regions and of a large number of One Health-related sectors (human health, animal health, ecosystems, wildlife, economy, social sciences).
- 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.

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*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.*

## Governance Next Steps

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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.

### Who:

- Convenor: *Alain Vandersmissen*, European External Action Service
- *Joe Anelli*, USDA (One Health Statement)
- *Peter Black*, Australia Department of Agriculture, Fisheries and Forestry
- *Nick Previsich*, Public Health Agency of Canada
- *Carol Rubin*, CDC

**Timeline:** First draft for circulation to meeting members by end of November 2011

## Governance Next Steps

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- 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.

### Who:

- Alain Dehove, OIE

**Timeline:** First draft for circulation to meeting members by end of November 2011

## Governance Next Steps

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3. Set up a meeting with the tripartite group, to discuss potential for involvement with GLEWS.

### Who:

- Alain Dehove, OIE
- François Le Gall, World Bank
- Carol Rubin, CDC
- Alain Vandersmissen, European External Action Service

**Timeline:** Early 2012

## Governance Next Steps

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### 4. Inform absentees of the results of this meeting and deliverables.

#### Who:

- Alain Vandersmissen, European External Action Service
- Carol Rubin, CDC

**Timeline:** Immediately - Done

## Governance Next Steps

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5. Circulate meeting report to attendees for comments; post meeting report on Stone Mountain Meeting website.

### Who:

- Alain Vandersmissen, European External Action Service
- Carol Rubin, CDC

**Timeline:** Mid November - Done

*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.

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