

---

## Trans-Domain COST Action TD1404 (NEOH)

### Stakeholder workshop

### Meeting between NEOH consortium members and stakeholders from existing international institutions with an interest in One Health initiatives and evaluation of One Health or other interdisciplinary health endeavours

16<sup>th</sup> of February 2016

COST Association, Avenue Louise 149, 1050 Brussels, Belgium

---

#### 1 Workshop goal

The EU COST funded Action TD1404 “Network for Evaluation of One Health” (NEOH) aims to enable evaluations of One Health activities by developing and applying an evaluation framework and protocol. To ensure that the protocol is of relevance to end-users, a “*NEOH stakeholder workshop*” was held on the 16<sup>th</sup> of February 2016, in Brussels, Belgium. The **aim of the workshop** was to promote collaboration between NEOH consortium members and stakeholders from existing international and national institutions with an interest in One Health initiatives and evaluation of One Health or other interdisciplinary health endeavours. The workshop formed part of activities of Working Group 4 in the NEOH, which is responsible for seeking a dialogue with national governments, NGOs, research organisations, practitioners and industry throughout the project to adapt the framework to the needs of decision makers.

#### 2 Workshop participants and programme

In order to better understand the One Health policies and perspectives in different institutions across Europe, a wide range of parties from different sectors and countries were invited. The total number of the **participants** was 38 (from a total of 16 countries) with representatives from governments, international organisations, as well as international and national NGOs; representatives from DG Sante, WHO, ministerial offices, European and national associations, as well as educational and scientific institutions. Representatives from different organisations gave stimulating and informative talks; the speakers’ names, affiliation and presentation titles are listed in Table 1. All presentations can be downloaded as pdfs from the NEOH website: <http://neoh.onehealthglobal.net/events/workshops/>.

**Table 1: Speakers and presentation titles**

| <b>Name</b>   | <b>Title</b>   |
|---|--|
| <i>Laszlo Kuster, Unit Animal health and welfare, DG Health and Food Safety (SANTE) European Commission</i>                           | One Health   |
| <i>Dr Chantal Britt, Communications &amp; Publications Manager, European Society of Clinical Microbiology and Infectious Diseases</i> | The European Society of Clinical Microbiology and Infectious Diseases' perspective on One Health   |
| <i>Prof Peter Panduro Damborg, Scientific Secretary of VetCAST</i>  | An introduction to the ESGVM study group and the EUCAST subcommittee VetCAST   |
| <i>Dr Jenny Pentler, Nordic Council</i>   | How the Nordic Council supports One Health   |
| <i>Dr Natasha Azzopardi Muscat, European Public Health Association</i>  | The European Public Health Association's vision and strategy for public health in Europe and the One Health concept: Potential for synergy and collaboration |
| <i>Dr Arne Skjoldager, Federation of Veterinarians of Europe</i>  | Federation of Veterinarians of Europe activities on One Health   |
| <i>Dr John Berezowski, Veterinary Public Health Institute, Bern, Switzerland</i>  | International Society for Disease Surveillance One Health Surveillance Working group   |
| <i>Dr Hilde Kruse, World Health Organisation</i>  | One Health - a WHO perspective   |
| <i>Dr Jonilda Sulo, Southeast European Center for Surveillance and Control of Infectious Diseases</i>                                 | The road of the Southeast European Center for Surveillance and Control of Infectious Diseases towards One Health and associated challenges                   |

The workshop started with a short introduction of the NEOH Action and the achievements and activities of Working Groups 1 and 2. The invited speakers (Table 1) presented their work with regards to One Health, explained scope for contributions to inter-organisational exchange and set the ground for subsequent discussions among participants. The purpose of the discussion groups was to develop ideas for strategies to strengthen NEOH activities and ensure that they are tailored to the needs of relevant stakeholder groups by bringing together major stakeholders and discussing their respective roles and critical One Health challenges and opportunities.

To achieve this, the following three **discussion topics** were presented and each discussed in a small working group.

1. What is your interest in evaluation of One Health, what would you expect in terms of outcomes and what type of outcomes could be useful for decision-making?
2. What are the most efficient ways to identify and monitor difficulties in the implementation of NEOH outcomes?
3. Do you have recommendation for “best practice” approaches of relevance to stakeholders?

### 3 Discussion group outcomes and recommendations

At the end each discussion group presented their ideas and attitudes toward the given topic from their different stakeholder background followed by a plenary discussion. **Recommendations** for the development of collaboration and links between national and international existing European platforms on One Health emerged, as outlined below by discussion group:

***What is your interest in evaluation of One Health, what would you expect in terms of outcomes and what type of outcomes could be useful for decision-making?***

- Expectations on the evaluation process and outcomes: It is important to realise that each evaluation adds information that will enable future progress. To maximise this potential, the following should be considered:
  - Embed evaluation firmly in the **policy cycle**
  - Be clear about One Health features and criteria that could be used for **benchmarking**
  - Make explicit **links between animal health, human health and environmental health** and promote **effective communication** between sectors
  - Provide a system that allows capturing and documenting **costs and benefits across sectors** to demonstrate overall costs, benefits, trade-offs and their distribution
  - Ensure that **acceptability of measures** is an integral element of the evaluation process
- Products and dissemination: Participants mentioned a range of products and dissemination strategies that they would find useful.
  - For different institutions to make use of One Health evaluations, it would be useful to have an **inventory of outcomes and best practice examples** in a **public database**
  - Very practical tools to promote best practice approaches in the field would be of particular relevance to animal source food production in the South
  - **Success stories** widely disseminated would help to raise awareness
  - Wider dissemination could be achieved by using **social media** and making **short you tube videos**
- Other observations: Several topics are currently under-researched and need further consideration in One Health, for example:
  - Prevention potential of One Health (as opposed to cooperation and reaction)
  - Antimicrobial use and resistance developments in relation to pets
  - Saving of costs through better surveillance across sectors (e.g. West-Nile Virus) and the economic value of such systems

***What are the most efficient ways to identify and monitor difficulties in the implementation of NEOH outcomes?***

- Outcomes of One Health initiatives are very diverse and it is alone a challenge to find a common definition of health that is adopted by multiple people. Need to **recognise differences and variation in the level of knowledge** of One Health, **differences in implementation** and **differences in the perception** of One Health by the general public.
- Due to the current lack of consensus, it appears impossible to monitor One Health outcomes in a generic fashion. However, the idea of pursuing integrated approaches to health is not new, and it has been emphasised that the OIE has been supporting such an approach in the frame of their PVS assessments. A predominant factor facilitating One Health approaches is seen to be the legal frame. In other words, if legislation does not demand integrated approaches from stakeholders, these will only be implemented in rudimentary forms.
- Consequently, the group concluded that to monitor the progress of One Health implementation at various levels it would be useful to **assess the degree to which One Health is anchored in the legislation**.

***Do you have recommendation for “best practice” approaches of relevance to stakeholders?***

Two main areas were discussed, namely “best practice” to deliver One Health to the public and “best practice” in the evaluation of One Health.

- One Health was deemed to be important for the individuals in the society but also the politicians to gain people’s votes. There is a need to facilitate social change through **communication and policy strategies**.
- It was suggested that **communication specialists** should be involved in One Health to bring the concept closer to society. Communication campaigns may motivate certain individuals to change their attitudes towards One Health in a more sustainable direction, but without the availability of capacity and resources to implement One Health standards, this may not be translated into practice. Schemes which can influence One Health, policy / instruments like One Health awareness campaigns are unlikely to be enough to bring about substantial change.
- The existence of National **One Health infrastructure with a coordinating body** on human and animal health helps with the flow of the information, and interpretation of the results in the public.
- It was claimed that a **One Health approach to surveillance** is critical to avoid missing hazards and using resources inefficiently. The One Health approach could reduce the risk of zoonoses though prevention of diseases in animals and humans. There should be national animal and human annual plans for monitoring of zoonoses. Similarly, existing control programmes that are now separate in human and veterinary medicine, should be integrated.

- For better implementation, **complementary policy/tools** are needed, such as implementation of standard procedure for evaluation of impact and achievements of One Health initiatives. Such instruments should attempt to foster One Health implementation.
- Complementary policy can work well alongside other strategies aimed to influence other social attributes such as transfer, or work to **provide evidence that there are real societal/economic benefits** associated with improvements in One Health.

#### **4 Implementation of the recommendations**

The NEOH framework is still being developed and will be further refined in the coming two years taking into account the feedback from the case study users. Important aspects of the present workshop are going to be included in the framework, namely:

- Showing the links between One Health evaluation, policy and governance
- Conducting a meta-analysis to generate benchmarking data
- Reviewing the legislative foundation for One Health
- Ensuring that topics of relevance mentioned (e.g. One Health surveillance) are adequately covered.

Furthermore, NEOH will adapt its communication policy according to the expressed wishes of the stakeholders, namely by:

- Seeking involvement of communication experts in NEOH
- Developing and implementing a communication strategy
- Creating a public database with outcomes and best practice examples
- Developing a policy advice scheme (see below).

#### **5 Outlook**

In a next step, NEOH with the support of stakeholders aims to **create a policy advice scheme** through recommendation of scientific, practical, pragmatic and usable advice on how transposed/implemented One Health initiatives will affect/be useful for the stakeholders and society in general:

Policymaking is the process by which governments translate their political vision into programs and actions to deliver 'outcomes' - desired changes in the real world. Using the policy cycle approach enables a more professional standard of developing, implementing, monitoring and revising policies. It involves government working with stakeholders and delivery partners to identify the issues to be addressed, provide focus on the clear outcomes that the policy will achieve, use evidence to justify any decisions made and identify and manage those risks that may prevent the implementation of the policies in the most cost effective fashion. It is important that policies are

evidence based and use the best available evidence, draw on sources of innovation inside and outside government and consider a sufficiently wide range of possible solutions.

One Health policy has to have a specific operational management. From the workshop we can conclude that because of the different situations and contexts within the EU there is no single optimal policy instrument for the EU as a whole, but rather appropriate policy instruments should be selected according to the stage of development and One Health priorities.

To develop policy instruments, on the base of standards it is necessary to collect, integrate and discuss knowledge in relation to current practices by government and industries and work in a collaborative manner to pool their knowledge, develop trust and gain motivation to implement measures for implementation of One Health. The principles of good monitoring require that all regulatory functions should be transparent, accountable, proportionate, consistent, and targeted only at cases in which action is needed.

The general conclusions and common findings were created at the end of this workshop and they will be included in the development of a policy advice scheme document in NEOH to enhance One Health implementation. It will be based on various societal, economic and One Health parameters.

## 6 List of participants and picture

| Name                | Organisation   | Country        |
|---------------------|--|----------------|
| Arne Skjoldager     | Federation of Veterinarians of Europe  | Denmark        |
| John Rossen         | University Medical Center Groningen  | Netherlands    |
| Chantal Britt       | European Society of Clinical Microbiology and Infectious Diseases  | Switzerland    |
| Jenny Pentler       | Nordic Council   | Sweden         |
| Eva Haxton          | Uppsala University Hospital, Dept of Medical Sciences  | Sweden         |
| Brigitte Petersen   | University of Bonn   | Germany        |
| Daniele de Meneghi  | Dept. Veterinary Sciences, University of Turin   | Italy          |
| Nina Svendsby       | Animalia, Norwegian Meat and Poultry Research Centre   | Norway         |
| Sara Savic          | Scientific Veterinary Institute Novi Sad   | Serbia         |
| Roberto Esposito    | Italian Institute of Health, Rome  | Italy          |
| John Berezowski     | International Society for Disease Surveillance   | Switzerland    |
| Sara Martins        | Safoso   | Switzerland    |
| Johanna Takkinen    | European Centre for Disease Prevention and Control   | Sweden         |
| Azzopardi-Muscat    | European Public Health Association   | Malta          |
| Natasha             |  |                |
| Tomislav Kostyanev  | Faculty of Medicine and Health Sciences/VAXINFECTIO/Laboratory of Medical Microbiology, Antwerpen and ESCMID | Belgium        |
| Laszlo Kuster       | DG SANTE   | Belgium        |
| Sloboden Cokrevsk   | Faculty for veterinary medicine Skopje   | Macedonia      |
| Hilde Kruse         | World Health Organisation  | Denmark        |
| Snezana Knezevic    | First Counsellor, Mission of the Republic of Serbia to the EU  | Belgium        |
| Simon Ruegg         | University of Zurich   | Switzerland    |
| Peter Panduro       | Department of Veterinary Disease Biology, University of Copenhagen   | Denmark        |
| Damborg             |  |                |
| Martin Hamer        | International Centre for Sustainable Development (IZNE), Bonn  | Germany        |
| Michele Dottori     | Italian Society of Tropical Medicine and Global Health   | Italy          |
| Markus Hardegger    | Swiss Office for Agriculture   | Switzerland    |
| Eva Grilc           | National Institute of Public Health  | Slovenia       |
| Martha Betson       | University of Surrey   | United Kingdom |
| Ariane Amberg       | Mission of Switzerland to the European Union   | Belgium        |
| Marilena Filippitzi | University of Ghent  | Belgium        |
| Ilias Chantziaras   | University of Ghent  | Belgium        |
| Patricia Poeta      | University of Trás-os-Montes and Alto Douro  | Portugal       |
| Jonilda Sulo        | Southeast European Center for Surveillance and Control of Infectious Diseases                                | Albania        |
| Edouard Timmermans  | Vétérinaires Sans Frontières - Belgium   | Belgium        |
| Sylvie Mialet       | Ecole nationale des services vétérinaires  | France         |
| Mafalda Quintas     | COST   | Belgium        |
| Marion Bordier      | French Ministry of Agriculture.  | France         |
| Jorge Torgal        | Fac. Ciências Médicas, Universidade Nova de Lisboa   | Portugal       |
| Barbara Haesler     | Royal Veterinary College   | United Kingdom |
| Vlatko Ilieski      | Faculty for veterinary medicine Skopje   | Macedonia      |



Figure 1: The workshop participants