One Health/Ecohealth – Workshop A: Evaluation of OH/ EH

Simon Rüegg, BRU, 7.10.2016

Session Chair: Barbara Häsler

Content

Presentations

History of One Health

Alain Vandermissen, European External Action Service, EU

- Current OH movement started with SARS 2006 (Beijin Conference)
- Ministries decided after the Avian Influenza Crisis 2006 to push the OH movement -> Political declaration to support OH
- 2009 Canadian Government convened a Conference in Winnipeg on OH to boost the movement
- 2010 Hanoi Declaration by 71 countries
- 2010 Tripatite MoU (FAO-OIE-WHO), WTO buys in [If such big organisation buy in, you can found your argumentation on this]
- 2011 at the Melbourne Conference the scientific community came on board
- 2011 Atlanta Expert meeting on One Health governance and global network: OH should not be championed, flexible and comprehensive, global network – no institution. No definition of OH – it is the approach, concept, state of mind
- **Today, the conclusions of the Winnipeg and Atlanta meetings remain the base for the concept.**

Observations by the presenter:

- OH will only work if public authorities support it.
- More commitment is needed from academia and think tanks
- A better balance of veterinarians, medical professionals, wildlife and environmental experts is required.
- The combination of OH/Ecohealth is very welcome.

Concerns of the presenter:

- Can continuity, sustainability of the One Health movement be warranted? Is it just a fashion?
- There is no international referee to decide on inclusion and exclusion from One Health, which bears the risk of the term being hijacked by opportunistic streams.
- There are gaps between different policy makers and other One Health actors.

Infectious Disease Risk Assessment and Management (IDRAM) project

Abbas Omar, Chatham House

The aim of the Chatham House is to build bridges between science and policy for evidence based policy information. It commissions independent research.

There is increasing awareness about emerging diseases as a risk for mining companies. The study focussed on supporting mining companies in preparedness for outbreaks. Mining companies are of particular interest in the One Health context as they have a strong impact on land use change.

As an example, the study assessed the economic impact of Ebola on a big mining company in the DR of Congo. Result: Ebola is a serious threat to business continuity. Mining companies can't prepare for it alone. There is a big scission between inside and outside the fence engagement of businesses, i.e. they look well after directly concerned entities, but are rather disengaged in the wider context of their operations. Collaboration between companies, governments and other actors was unclear: Roles of businesses in OH were seen as logistic support to public agencies (in the DR Congo).

Chatham House tries to facilitate collaboration with Development Finance Institutions (DFI) to support OH. DFI are key players in the extractive industry complex and other industrial sectors.

They were able to demonstrate benefits of OH with simulation exercises to test preparedness and response in given settings. In this way they could generate and maintain momentum in the buy-in by businesses. Priorities of business are 1) business continuity, 2) duty care to staff 3) social responsibility.

For strategic purposes it is important to note that One Health threats are affiliated to the risk department in mining companies (not necessarily social responsibility). In this context, Global Health Security is a newer term to address One Health.

In the Chatham House approach transdisciplinarity is not entirely implemented: citizens are interviewed, but not necessarily represented in the high level meetings.

A blueprint for OH evaluation and preliminary results from a set of case studies

Simon Rüegg & Sara Savic, Network for Evaluation of One Health (NEOH)

The COST-funded Action TD1404 "Network for Evaluation of One Health" elaborated an evaluation framework to asses One Health. Based on the idea that One Health relies on five aspects, namely 1) the comprehensiveness of the approach, 2) the planning, 3) the learning infrastructure, 4) the sharing infrastructure, and 5) transdisciplinarity and leadership, a One Health Index (OHI) was developed.

The expected outcomes of One Health initiatives are health and welfare of humans, animals, plants and ecosystems. Transdisciplinarity should result in better stewardship and compliance, and promote interspecies equity. One Health can also improve effectiveness across different sectors and at multiple scales. Confronting the OHI to these outcomes is a way to identify the conditions required to produce them and determine when such holistic approaches are appropriate.

First experiences were gained applying this framework to 12 case studies. These were selected to have an impact on humans, animals and the environment; be relevant at the European level; operate interdisciplinary and inters-sectorial; measure benefits of One Health; and should be, in case of diseases, an EU priority. So far, for all, an overview has been generated to evaluated One Health as well as the ecological, social, economic dimensions, and resilience and sustainability aspects.

The role of biodiversity in the ecology of zoonotic disease transmission

Barry McMahon, Network for Evaluation of One Health (NEOH)

Lyme disease as an example for the interaction of different species regarding the transmission: Abundance of the various host species, vector stages, and habitats are going to influence the risk of disease transmission. Consequently, there is no simple linear causality, and the context of the disease system which determines these abundances must be studies to understand the interplay of biodiversity and the risk of disease.

Strengthening Cross-Sector Emergency Preparedness and Response Using the One Health Systems Mapping and Analysis Resource Toolkit (OH-SMART)

Tracey Dutcher, USDA APHIS DA

With the OH-SMART, participatory leadership methods are used to visualise, evaluate and strengthen the existing One Health system. The toolkit allows to visualise the communication between agencies and actors, and makes the complexity of these interactions tangible. Hence, it raises awareness, and can drive policy. E.g. in Minnesota (US) One Health positions independent of professional affiliation were created.

Break out groups - Conclusions

The groups answered the following 4 questions and each provided a few take home message:

Key limitations to evaluation of integrated approaches to health

Defining the evaluation for the approach or the specific goals, finding the balance between rigidity and flexibility of evaluation and time scale trade-offs. (rapporteur Barry McMahoon)

Who would benefit most from evaluations of OH/EH or similar concepts and why?

Ultimate beneficiary is everyone. Intermediate beneficiaries are One Health implementers in order to assess whether they use the right tools to reach their goals. (rapporteur Tracey Dutcher)

Which form of expertise would be useful for One Health collaboration?

Translation of OH concepts for politicians. How to introduce OH in primary and academic education. (rapporteur Sara Savic)

What activities/steps are needed to create OH/EH evaluation capacity?

There is little capacity of OH/ EH evaluation. There is a need to raise awareness about OH and the necessity of evaluating it. Training on evaluation of One Health/ Ecohealth and evaluation, and bringing evaluators into the community. (rapporteur Barbara Häsler)