3rd WVA GLOBAL SUMMIT

with high-level support of FAO, OIE and WHO

“One Health - concrete actions in the field of Animal Health”

Tuesday, 15th September 2015, Istanbul, Turkey,

During the 32nd World Veterinary Congress

Short summary

On 15th September 2015, in the framework of the 32nd World Veterinary Congress in Istanbul, the WVA with the high-level support of FAO, OIE and WHO organized the 3rd WVA Global Summit. The theme selected for this summit was: “One Health – concrete actions in the field of Animal Health”.

This Summit follows the 1st Summit held in Cape Town, South Africa in 2011 on Antimicrobial Resistance and its impact on the health and welfare of people, animals as well as on the environment. The 2nd Summit was held in Prague in 2013 on “Global Well-being - a Partnership of Animal and Human Health” and focused on strengthening institutional collaboration, partnerships for effective prevention, control and emergency response, and cooperation between animal and public health education and research.

After an enthusiastic welcome by the WVA president, Dr René Carlson, the summit was opened by Prof. Bonnie Buntain with a key-note presentation on "One Health: The Theory and Practice of Integrated Health Approaches". In her lecture Dr Buntain presented an overview on the One Health Concept through the theoretical foundations, barriers to One Health (such as long term relationship-building versus demands for quick results, disciplinary language and cultural differences) and One Health Enablers (such as organizational structures and public/private partnership). She concluded by answering the question of “One Health: how to do it” (e.g. organizational structures should follow the OH structure, share leadership with different disciplinary experts and recognition and rewards).

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Following the key-note presentation, the involved organisations delivered presentations focusing on zoonotic influenza, rabies and antimicrobial resistance as important entry points for illustrating the work on One Health Concept and how it links with their experiences to the private-public partnership.

Elizabeth Mumford from the World Health Organisation (WHO) presented a talk on *One Health: From theory to action*. She started by saying that the basic tenets of the One Health Concept are communication, collaboration, and ensuring that all the necessary players are involved. She gave several examples of FAO/OIE/WHO Tripartite collaboration, including the development of “Best practices for naming new infectious diseases”. She emphasised that the tripartite approach is to build on existing infrastructure and health systems. She concluded by giving a concrete example of a mechanism for cross-sectoral collaboration from Egypt and said that there is no need for new infrastructure, but simply to strengthen the links between human health and public health systems.

Katinka de Balogh from the Food and Agriculture Organisation of the United Nations (FAO) gave the FAOs perspective on the Private-public partnership experiences in the field of animal health. She stressed the importance of the private sector and civil society as key partners to ensure an equitable, safe and responsible animal production and health sector. With relation to rabies, she underlined the tasks of the human health sector (e.g. post exposure prophylaxis and dog bite reporting and wound treatment) and animal health sector (e.g. raising awareness, dog vaccination and dog population management) and how to work in a complementary manner. She concluded by asking how to better engage the private sector (private vets, feed and pet food industries and pharmaceutical companies) in rabies control, animal welfare and responsible dog ownership.

Brian Evans from the World Organisation for Animal Health (OIE) gave a presentation on *OIE and Tripartite Collaboration in Public Private Partnerships* focusing mainly on the issue of Antimicrobial Resistance mentioning the tripartite collaboration through technical focal points identified areas for cooperation, and the use of common communications. One of the main focuses in this field is the responsible and prudent use of antimicrobials. He underlined the responsibilities of the Competent

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Authorities (e.g. ensuring regulation of production, import and distribution), of distributors (e.g. only by prescription and delivery from a veterinarian) and of the veterinarians themselves (e.g. promotion of good husbandry and biosecurity practices, prescription and delivery only to animals under their care and appropriate choice of antimicrobial agents for efficacy of treatment). He concluded by saying that HEALTH is an acronym for: “Humans Ecosystems Animals Living Together Harmoniously” and SHAME stands for SARS, HIV, AI, MERS and Ebola. These two acronyms highlight the common lessons identified from a number of high impact zoonotic events that merits sustained commitment to One Health through public private partnerships.

Aysel Eyigor represented the Turkish Veterinary Medical Association and delivered a presentation on Health Communication through Human Landscapes. She said that when it comes to infection by a foodborne pathogen, no one is excluded; decision maker = consumer = human = host. She underlined the complexity of communication and how to communicate to the different audience by using a communication plan that includes Situation Analysis (e.g. purpose, key health issue and gaps in information availability), Communication Strategy (e.g. audiences, key message points and communication channels), Management Considerations and Evaluation. She concluded by saying that “human choices of action, even the decision to do nothing, seem to be determined by two factors; the perceived risk from the pathogen and the priority placed on health”

René A. Carlson, President of the World Veterinary Association gave a presentation on WVA Partnerships to Improve Global Animal and Public Health. She started by emphasizing the WVA mission to assure and promote animal health and welfare and public health globally, through developing and advancing veterinary medicine, the veterinary profession as well as public and private veterinary services. She gave concrete examples where the WVA collaborates with other global organization to improve global animal and public health (e.g. World Veterinary Day, Global Conference on One Health and joint statements on rabies with World Medical Association).

Following the presentations, panel discussions with all the speakers and Q and A session took place.
In response to a question from the Nigerian delegate, Katinka de Balogh stressed the need for real engagement and establishment of personal linkages for the implementation of the One Health Concept. In response to concern from several audience members that the medical profession does not seem to be as engaged in One Health collaborations as the animal health sector, Brian Evans confirmed the importance of the Public Health sector. To engage with them, we have to recognize that public health and animal health priorities may be different, and we have to find ways of aligning our thinking. The same applies to political leaders. We have to be aware of what stimulates these leaders, for example the costs of health. Investing in Animal Health will contribute to saving money in Public Health.

The representative of International Fund for Animal Welfare (IFAW) spoke about the rabies crisis in Bali, where they still see cases in dogs and in people. The speakers emphasized the importance of dog vaccination and responsible dog ownership as crucial tools for solving the rabies problem by involving local communities in developing rabies control plans.

The delegate from Senegal remarked that One Health should be more than a concept, it also demands good management. He further explained what they are doing in his country. A delegate from Colombia pointed at the existing cultural diversity, something which should not be overlooked.

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Finally, despite remaining questions, WVA president Carlson took the floor to bring the summit to a conclusion. She thanked every-one involved in putting this interesting summit together and summarized a number of take home messages, such as:

- “One Health” approach needs to reduce the costs and health risks;
- The conceptual framework of One Health evolves from multidisciplinary via interdiscipli

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- Organisational structures should mirror the One Health approach;
- Share leadership with different disciplinary experts;
- Give attention to the role of recognition and rewards;
- Focus on the added value;
- The tripartite collaboration generates: leadership, technical expertise, convening power, links to national ministries for health of humans, animals (and environment);
- The delivery of One Health depends on communication, collaboration, and getting all necessary players in the conversation, public and private sector;
- Stakeholders who need to be engaged in One Health projects: anyone who impacts or is impacted by the issue or decision;
- Zoning applies to an animal sub-population defined primarily on a geographical basis; compartmentalisation applies to an animal sub-population defined primarily by management and husbandry practices relating to biosecurity;
- Drawing the analogy of the germinating seed, One Health is still a tender shoot;
- Human choices of action, even the decision to do nothing, seem to be determined by two factors; the perceived risk from the pathogen and the priority placed on health;