
ONE HEALTH PRINCIPLES

Interview with Dr Elizabeth Mumford, Technical Officer
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Full video link: <https://goo.gl/Hm06nR>

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Description: In this interview, Dr Mumford provided the overall framework for the discussion on One Health. Defining One Health and conducting One Health approach are very much related to the question at hand. She shared key elements to One Health and the need for strong individual sectors for a more sustainable One Health approaches.

Interview transcript:

YVB: Can you please introduce yourself?

EM: I am Elizabeth Mumford. I am a veterinarian and an epidemiologist. I came to WHO in 2006 working on zoonotic influenza. And at that time, it was H5N1. But the work grew in to other kinds of zoonotic influenzas and then it segued into being more about all kinds of liaising with the animal health sector on all kinds of different zoonosis, both on the technical side building the technical relationships, especially with zoonotic influenza, but also building just in general, the relationships between OIE, FAO and WHO.

YVB: Why was the concept of One Health conceived?

EM: Everybody has heard in the news, more and more reports of diseases that come from animals and go to people: Ebola is a big one. SARS was a big one, now its Middle Eastern Respiratory Syndrome or MERS, all of these. They are causing huge impacts on public health and as well, diseases that go from animals to humans that have been around a long time, rabies and anthrax and brucellosis, they are also continuing to

cause impacts to public health. And these kinds of diseases where we have human health and animal health and sometimes we often, we have also the environment sector so we have increased irrigation in places, or changes in the management of fields and forest, those impact diseases as well. And these systems become very complex and one sector, the human health sector or the animal health sector anyone sector, can't handle that alone. They can't understand all the aspects of it and they don't have the expertise and the information to alone control it, prevent it from happening again.

YVB: Who are the stakeholders?

EM: So the stakeholders are not just human health and animal health. Often we hear human-animal interface and we just think of that. But there are a huge number of potential sectors that are involved and disciplines that are involved. And the sectors and the disciplines that need to be involved depend entirely on the question, on the health question that we are having where the health problem that there is. So some of the sectors maybe human health of course, animal health, environmental health, that can be wildlife, that can be water, that can be foodborne, that can be the presence of disease agents in the environment where humans and the animals live. Any number of sectors may need to be involved in this conversation. As well as many disciplines, so we need laboratory people to understand the virus or the pathogen, we need epidemiologist to understand how the disease is spreading through different animal or human populations. Sometimes we will need insect experts or fish experts or wildlife experts. Sometimes we will need communications experts so that we can provide good messages to people so that they can decrease their risks. Sometimes we need experts in the social systems, in anthropology, because they will help us to allow people to make better choices about reducing their risks. So a lot of sectors and disciplines may be involved. And, depending on the level of the problem, so we may have a problem in a farm or we may have problem in a country, or maybe we may have a problem in the world and depending on that problem, we need to make sure that the political will is there. So the political sector, the security sector, and other sectors. In countries, we need the financial sector to be involved in the conversations because it takes money to control diseases.

YVB: How do you define One Health?

EM: There is not one definition of One Health. Everybody who is working on health can see One Health differently and they can take One Health approaches in whatever way that they are dealing with health; nurses or researchers or people in the field can all take One Health approaches and that may mean different things to them. In general, what we think of when we say taking One Health approaches means that approaching a problem by getting all of the different sectors and disciplines that may have a stake in

that problem, they may be stakeholders to that problem, to the table, making sure that they are part of the conversation. So basically when I talk about One Health, I mean four things: communication, so sharing information among everybody; coordination, so that people know what their roles and responsibilities are; collaboration, working together; and very importantly, making sure that all of the people that need to be part of that conversation are there at the table.

YVB: How does one “do” One Health?

EM: In countries, ensuring multisectoral collaboration or ensuring a One Health approach often means strengthening the individual systems; the sectoral systems in that country and then building bridges between them. So we want a very strong public health system, we want a very strong animal health system, environment, wildlife, we want those systems to be very strong and then they can work together, they can build the bridges, the mechanisms, and the tools for working together. A very good example of this is multisectoral coordination committees or ad hoc committees or task forces in countries which come together on a routine basis to discuss One Health issues, to discuss issues of joint concerns. They make planned surveillance together, they may do joint risk assessments together, they may write a pandemic plan together. They may just decide what they need to do, what are the priority issues in the country that they need to work on together. But you have a system, an established system people that work together on a routine basis.

YVB: Do you need a strong individual agencies first prior to multisectoral collaboration?

EM: In many cases, the individual systems are not that strong. We see developing countries with weak human health system, with weak animal health system, where we are trying to build capacity. That does not mean they should not try to work together already. But the goal is not to have one integrated system. The goal is to have a very strong public health system, build that up as much as we can and have a very strong animal health system and other systems. At the same time as we are building those, they can be collaborating already, absolutely.

YVB: Do we need a One Health ministry or agency?

EM: What we mostly see is that One Health ministries or agencies do not really work that well. What seems to work better is to have staff, technically competent staff, working in their own sector, they are in their ministry, they are in their agency, they are working on their own technical work and then, on a routine basis or as needed, they come together, and work together on some kind of One Health platform or multisectoral committee. This is also what we see what works best with academic programs so instead of having a One Health programme, you have students working in their technical programmes, they are learning how to be technically sound scientist or

medical doctor or veterinarian or water specialist or chemical radiation specialist, but they have courses and classes where they come together and problems solve and learn how to work together to solve the problem.

YVB: What are the key features in One Health?

EM: The first and most important thing is to establish trust among the partners. Trust is crucial because you need to work together routinely, you need to share data, you need to try and identify your common goals and the benefits that you can share, and trust is also something that is really difficult to build. It is also very easy to break and even harder to rebuild after it has broken. Another key element, is trying to find and identify areas of joint benefit, so if everybody sees where you are going, and it may not be the same benefit with the different sectors but if everybody sees that this activity will contribute to their own benefit, then it is much easier to get buy in and everybody can work more smoothly together. Another element as I mentioned before, is to have a strong mechanisms in place in the country for working together. We see sometimes and especially at the beginning, countries are trying to build these relationships and they end up being based on individual relationships so that person works really well with that person and those people's talks on the phone and its great and they share and it works really well when things are new and when they were small. But after a while, it is not sustainable because one person may go on vacation, just at the moment where there is a big outbreak. So establishing mechanisms, standard mechanisms in the country, for collaboration is much more sustainable. And the fourth key element has to do with political will so it is very important to have political will for, especially at the country level for establishing mechanisms to work together. A really good example is the Ministry of Health or a Ministry of Agriculture or Veterinary Services who wants to build collaboration with the other sectors. They can go and call them on the phone and ask them to come to a meeting or ask them to build a platform for discussion. But it is up to the other partner to say yes or no or to see the benefit or not. So, it is much easier if there is a political at one step higher. If it is one step higher, then the (political institution) ministry can convene the ministries and say, look this is important, you guys need to work together and that will promote and facilitate, establishment of good collaboration among the ministries.

YVB: Key messages

EM: The key ones I would say are really to be careful about trust and respect and to make sure are always trustworthy. And the other is just to keep in mind these very simple four things: collaboration, coordination, communication and making sure that all of the right partners are in the conversation that they are there at the table.