

# \* Operationalizing One Health

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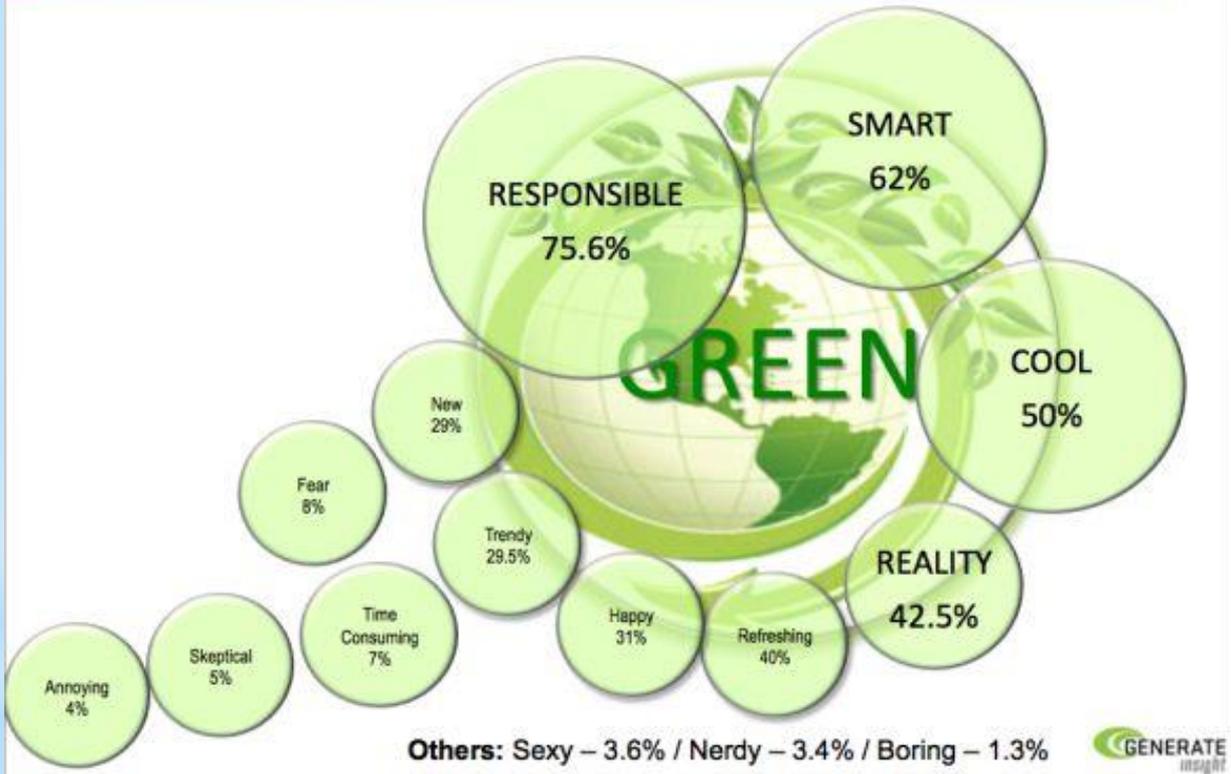
Director, Georgia Veterinary Scholars Program



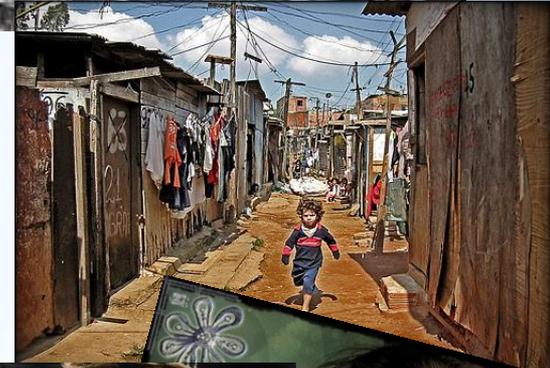
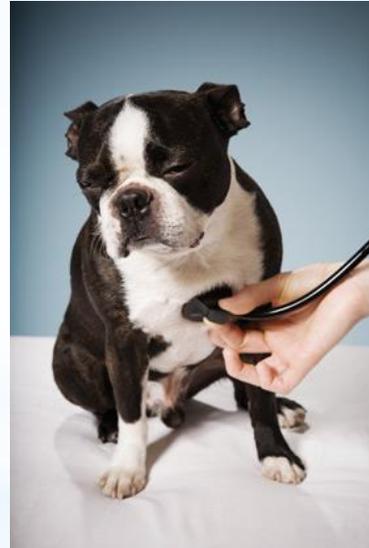
\*Talking “One Health”



## Words/Feelings Millennials attach to the Green Movement



# \* New Generations



# \* Societal Needs





## One Health Central and Eastern Africa (OHCEA)

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### Company

One Health Central and Eastern Africa is a network of fourteen Public Health and Veterinary Higher Education Institutions that are located in six countries of Ethiopia, Uganda, Kenya, Tanzania, DRC, Rwanda

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A collaboration between the Ministry of Agriculture, Livestock and Fisheries and the Ministry of Health

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## One Health (ZDU) Past Activities

### OH Strategic Plan workshop Nairobi Kenya; 4th – 6th December, 2013

The Strategic Plan for the Implementation of One Health in Kenya was launched on October 2012 by the then Minister of Livestock Development and the then Permanent Secretary for Health, on behalf of the then Minister for Health. It has become evident that the Strategic Plan requires some revisions and additions and it is for this reason that this workshop was held.

### ZDU News Item

The ZDU together with officers from the Ministry of Health and Ministry of Agriculture, Livestock and Fisheries, through funding from one of the partners carried out a Brucellosis seroprevalence field study in Marsabit county between August - September, 2013. This was a month long linked study and the teams sampled both humans and



# \* Health Paradigm



\*Still Talking “One  
Health”

## **PROJECT TEAM MEMBER BIOGRAPHIES**



**Jim Rich, MBA Candidate 2012:** Concentrating in nonprofit fundraising and marketing. Background in international relief and development. Worked extensively with large international organizations including WHO, USAID, WFP, and FAO in programs focusing on preventative healthcare in the WAT/SAN sector.



**Jide Adewumi, MB,BS (MD) MBA Candidate 2012:** Concentrating in Operations management (healthcare). Four years experience in clinical practice, particularly internal medicine and general surgery, and 2 years management experience as a medical manager - profiling health risks, researching healthcare financing options, and managing networks of providers to ensure standard practice and quality compliance. Currently seeking a position at a healthcare consulting firm, or a managed healthcare organization.



**Katie Shaub, JD/MBA Candidate 2013:** Business concentration in healthcare, operations and financial risk management. Legal studies focused in health and corporate law. Experience in healthcare legislation at the U.S. Senate, litigation at the Nashville Metropolitan Government Department of Law, and legislative drafting at the Nashville Metropolitan Government Public Health Department. Seeking positions in corporate healthcare and hospital administration and compliance.



 **Smart  
Students**

Dr. Duncan Krause and  
Dr. David Sutherland

\*How can we make  
“One Health”

really work in the developed

One single catch;  
partnership not ownership

\*The Big Question

\*One Page Executive Summary!!

\*What is the Problem with One Health

\*Solutions

\***Deliverable!!**

- \* An ideology that everyone thinks it makes sense
- \* Who is One Health?
- \* How do we qualify, quantify and track OH initiatives?
- \* Should it really be just a collaboration?
- \* How is Money raised, shared or used?
- \* Are the goods it produces private or public?
  
- \* OH has an amorphous identity many claim, which hampers support.

\* Problems

- \* Each different type of stakeholder (nonprofit, government, academic, etc.) had different goals in mind with One Health.
  - \* Could they all actually cooperate toward a common goal?
  - \* One Health to proceed would be to continue as a grassroots effort. We likened this to the “green” movement in which each company, NGO, or other organization defined what “green” initiative meant for them.
- \* It is through **high levels of coordinated activity** that international and national public goods derive most of their **value**. This is the nature of a public good. It has been established that much of the “**products**” of One Health would be **global public goods**.

\* **The crux of the Problem:  
One Health Silos**

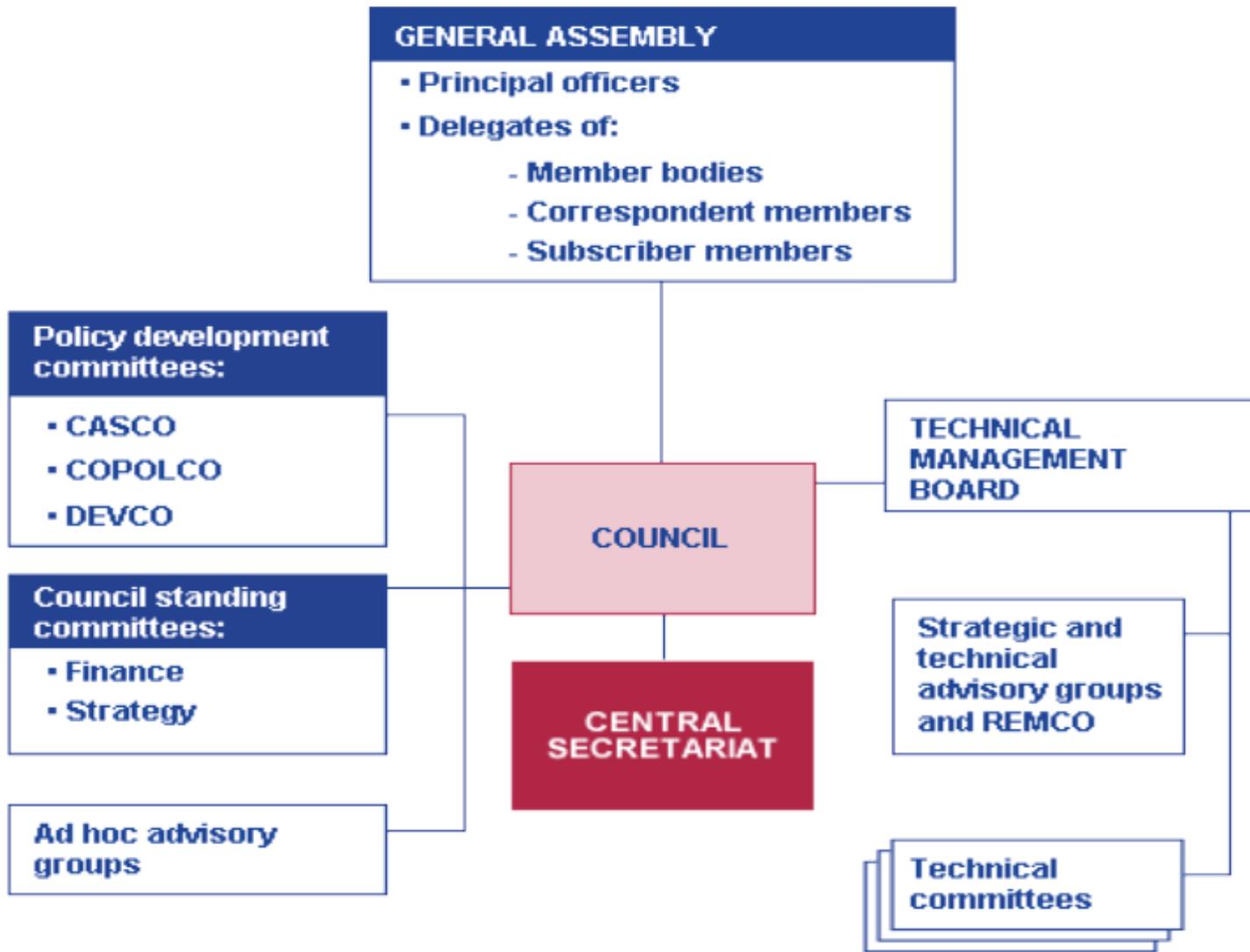
- \* **Phase 1** is the creation of an organization that functions as a coalition of One Health stakeholder organizations
- \* **Phase 2** outlines the way in which all stakeholders plug into the center core of One Health by detailing the reason and way each stakeholder fits in both financial and logical reasoning.
- \* Finally, in **Phase 3**, the next steps are laid out identifying what is needed to bring this plan of action to bear. This includes highlighting some of the most crucial steps in research and planning that have yet to be established.

\* **Solutions**

- \* They recommend the Open Business Model (OBM) for the operationalizing of One Health. The OBM is used by organizations to create and capture value by systematically collaborating with outside partners.
- \* Companies that have used this model in the past include Procter and Gamble, GSK among others. The rationale behind this model is the collaborative effort of the partners to achieving the common objectives. Researched relevant value propositions for the different segments would form the incentives for the partnership, and collaboration.

## \* Business Model

## Figures 1: ISO's structure



International Standards Organization (ISO)

\* Coalition Structure

- \* U.S. Government and
- \* Government Agencies,
- \* International Organizations,
- \* Non-governmental Organization
- \* (NGOs), Professional Associations,
- \* Donor/Foundation Organizations,
- \* Academia, and
- \* For Profit Companies

\* Stake Holders

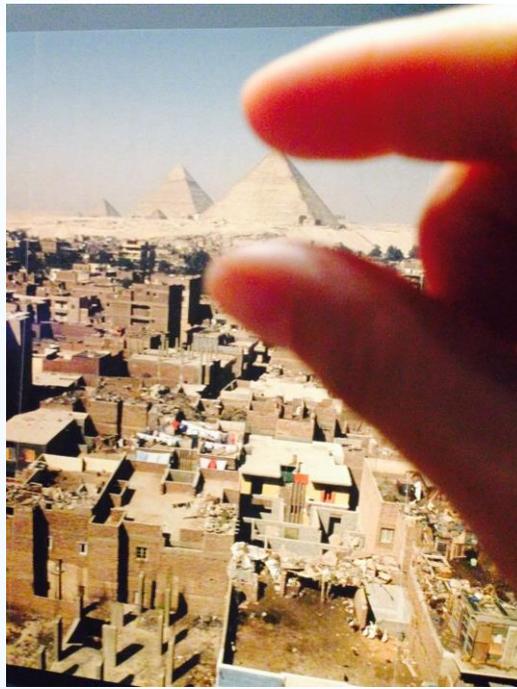
- \* Stakeholder Name:
- \* Brief Overview of Stakeholder Business/Mission:
- \* Value Proposition:
- \* Supporting Analysis:
- \* Required Action:
- \* Communication Message:
- \* Communication Method:

# \* Stake Holder Analysis Template

## \* Stakeholder Business/Mission:

- \* J&J is extremely well aligned with the mission of One Health. They emphasize corporate giving to their many partner organizations around the world and helping the world around them is a mainstay in their company credo (see J&J Exhibit 2). J&J has very structured ways of distributing their corporate giving based in three prongs:
  - \* 1. Saving and Improving Lives: We support programs for women and children who struggle to survive in places with limited health care, education or social support.
  - \* 2. Building Healthcare Capacity: We partner with respected groups to build the skills of people who serve community health needs, primarily through education.
  - \* 3. Preventing Disease: We work with communities to prevent chronic disease like HIV/AIDS and diabetes, and help people cope with the stigmas of diseases and mental illness.
- \* **Value Proposition:** J&J is a leader in providing the people of our world with health care and necessities. A partnership with One Health would be aligned with the three components of J&J's corporate giving plan: Saving and Improving Lives, Building Healthcare Capacity, and Preventing Disease. Not only would this partnership be a furtherance of J&J's giving structure, but it would ensure that J&J was on the front lines in the next global health crisis, creating revenues. This partnership would also provide additional advertising revenue through increased visibility.

\* Stake Holder Example: Johnson &  
Johnson



\* Is it too late  
for One Health?