



SUMMARY OF THE FIRST SAMA MEETING ON MULTI-PROFESSIONAL COLLABORATION ON ONE HEALTH IN SOUTH AFRICA

Date: Monday, 25 June 2018
Time: 09:00 – 12:00
Venue: South African Medical Association, Castle Walk Corporate Park, Block F, Nossob St. Erasmuskloof, Pretoria, South Africa.

The meeting consisted of 11 delegates from 8 different organisations:

1. *South African Medical Association:*
2. *One Health Commission*
3. *South African Veterinary Association (SAVA)*
4. *Health Professions Council of South Africa*
5. *National Institute for Communicable Diseases (NICD)*
6. *University of Pretoria*
7. *Public Health Association of South Africa (PHASA)*
8. *South African Nursing Council (SANC)*

Dr Selaelo Mametja chaired the meeting and opened with a round of introductions. This was followed by a keynote presentation (via Skype) by Dr Luedekke, who is an educational advisor in higher and medical education and chair of the global One Health Education Task Force for the One Health Commission and the One Health Initiative. All the other delegates presented in succession. Besides SAMA, the NICD, UP, and SAVA, the rest of the delegates acknowledged that their organisations had not previously really had any tangible involvement in One Health.

SAMA, the host of the meeting, was pleased to finally convene a meeting of this kind, after a few years of secluded work and preparations to hold this One Health dialogue.

Delegates were unanimous that the One Health discourse was more imperative now than ever before, given the forces of an exploding global population, the rise of catastrophic zoonotic diseases, migration, lifestyle and production shifts, as well as rising antimicrobial resistance. It was noted that, despite having a handful of different One Health initiatives and forums, South Africa does not have a single policy or legislation related to One Health. There was a suggestion that there must be established a Unit responsible for One Health, situated in the National Department of Health. The University of Pretoria shared that their teaching and research activities have some elements of One Health, such as zoonotics, food nutrition, and infectious diseases themes. Mr Mutsago noted that animals consume more antibiotics than humans do; this has been a contributor to the rising antimicrobial resistance globally.

All delegates saw great opportunities in being part of this first meeting, with huge prospects for engaging in One Health networks. After robust discussion, some key outcomes emerged from the deliberations, namely:

1. There is little awareness or regard for One Health among key stakeholders in South Africa. There is need for all of us to raise awareness and get people thinking about it.

2. We should anchor One Health within the theme of **Prevention**, as there are huge human health cost savings if diseases (e.g. rabies) are prevented in animals first.
3. Delegates agreed to strengthen existing One Health networks (e.g. the One Health Forum in South Africa) instead of re-inventing the wheel.
4. Doubtless, One Health has to be integrated into the curricular. However, there is need to change the way health professionals are taught; emphasis must be placed on **joint** teaching professionals rather than in isolation. The University of Pretoria acknowledged that starting a new educational program (e.g. One Health) is not only an arduous task politically and in terms of university's ratings, but is also counter-productive.
 - As a way forward, there was commitment to lobby medical, nursing and veterinary Deans of faculties in this regard.
 - There must also be joint Continuing Professional Development (CPD) for different professionals (needs collaboration of SAMA, SAVA, Nurses, and PHASA).
5. Each organisation shared what resources within their realm that can be utilised for One Health. Organisations already within some networks can rope others in. Newsletters of the National Department of Health, of SANC, and of PHASA can be utilised for One Health dissemination; the Forum of Statutory Health Professional Councils is another possible lever to engage at the level of the Director General of Health; PHASA has a special interest group (SIG) on Environmental Health and can possibly introduce another SIG on One Health; PHASA can possibly develop a social advocacy program. Dr Weyer can share and highlight action items in the Joint External Evaluation (JEE) audit report.
6. One Health must find expression in the ongoing Universal Health Coverage and Sustainable Development Goals agendas.
7. There is need to highlight the cost implications of not preventing diseases in animals. Delegates recommended pushing a cost study on Rabies at a master's degree dissertation level.
8. There is need for joint research by stakeholders represented in the room, in order to identify research gaps, to assess teaching methods in medical / vet schools, to find out if teaching is structured in a way that incorporates the different dimensions of One Health.

Compiled by:

Bernard Mutsago, Health Policy Researcher;

South African Medical Association

Correspondence: selaelom@samedical.org

Website: www.samedical.org