



“From Thought to Action”

Davos, 22 February 2012

GRF One Health Summit 2012

The Chairman’s Summary

Dr. Walter J. Ammann, President GRF Davos

Ladies and Gentlemen,

Let me try to summarize the last three days from my perspective as Chairman of the Summit and to also give a brief outlook on next steps, we would like to initiate.

The deliberations and discussions of the GRF One Health Summit Davos 2012 *“One Health, One Planet, One Future”* have shown that *One Health* has evolved to a broad and holistic paradigm that addresses and frames the complex interactions between human health, livestock and wildlife health, climate, ecosystems, food systems and human development. It includes aspects of nutrition, agriculture, the safety and security of food supplies, environmental stewardship and the management of natural resources and ecosystems services, as well as questions of awareness, behaviour and learning, governance, economics, and disaster preparedness. The Plenary of this morning on urbanisation also referred to *One Health* as a crucial aspect of urbanisation dynamics.

Recently, *One Health* has begun to move beyond the status of a mere concept to become a truly global movement at the interface of science, society, policy and practice. It is deeply interdisciplinary and cross-sectorial and provides a fascinating, powerful framework that a variety of professional communities and social groups can adhere to. Our best hope is that the *One Health* paradigm will be helpful in reversing the worst of current problems at the human-animal-environment and development interface thus fostering a more sustainable way of life on Mother Earth.

The participants of the Davos One Health Summit 2012 have agreed on the need to further develop the *One Health* paradigm and its global movement. The various fora of this conference, plenary and parallel sessions, keynotes and floor discussions, provided the platform for forward-looking suggestions as to how this process can and should be nourished.

In this occasion, with great interest, it was noted that the various One Health initiatives are converging in a consensual willingness to promote and further develop the *One Health* approach, which broad implementation will have a positive impact on global health, health security, livelihoods and wellbeing, especially of the poorest communities and individuals on the planet.

Among others, the following needs have been identified and discussed.

- Develop the *One Health* community into a 'network of networks' of researchers, practitioners, policy makers, and civil society representatives. Intensify the collaboration with and between the leading and relevant international, national, and civil society institutions and movements in the broader *One Health* area.

- Promote inclusiveness and integration, and build bridges and further integrate the various themes and trends, as well as actors and stakeholder groups. Adopt and further a holistic and whole-society approach.
- Set the agenda for *One Health* resilience and capacity building across sectors, (academic) disciplines and communities. Develop the science of *One Health* with corresponding academic curricula as a global and inter-disciplinary undertaking.
- Seek financing mechanisms that support and promote effective investments for One Health approaches in communities to improve the welfare of people and other living species.

As to **next steps**,

the Davos Action Plan drafting meeting on Monday brought together a rich portfolio of aspects, ideas and considerations building up on the ten practical steps, UN Under-Secretary General David Nabarro shared with the participants of this summit. A preliminary draft statement was distributed yesterday, and I would like to thank you all for the very valuable comments and suggestions that were submitted based on this draft. This process, together with the proceedings of yesterday’s and today’s Plenary Sessions led me to the insight that we should possibly restrain ourselves from the adoption of an early Action Plan at this stage – given the many diverse aspects of the *One Health* paradigm that require further in-depth consultations and deliberations.

Therefore, we would like to engage in a broad consultative process with you all and even beyond the constituencies represented at this Summit, leading to the elaboration of a **“Davos Discussion Paper”** to further pave the way toward an integrated vision and mission for the global *One Health* movement. This paper will as well aim to advocate and reach out to various constituencies including those that have not been part of this Summit, and to society at large.

Let me underline, Ladies and Gentlemen, that it is the mandate and mission of GRF Davos to advocate, strengthen and further an integrative approach to risk reduction and disaster management and hence to help implement and further develop the Hyogo Framework for Action, which has been outlined by David Nabarro on Monday and by Virginia Murray this morning.

Risk management means to find answers to the three fundamental questions:

1. What can happen?
2. What is allowed to happen? (What do we – as a society – accept to happen?)
3. What measures have to be taken?

It is our conviction that we ought to shift from an often post disaster reactive approach to a proactive risk oriented strategy, where prevention plays a central role – even those benefits are often not tangible.

Therefore, it is only natural and logic that GRF Davos will play out its expertise and strength by emphasizing the risk reduction and risk mitigation aspects of *One Health*. We have decided to give the *One Health* paradigm and movement a central and highly visible floor at our forthcoming, **Biennial International Disaster and Risk Conference IDRC**, to take place for the fourth time from 26

to 30 August 2012 here in Davos. The call for abstracts has therefore been extended until 31st March, and I encourage you all to submit your contributions so that *One Health* will become a true priority of IDRC Davos 2012.

As a **third step**, we plan to organize and host a ***follow-on Summit here in Davos, in the second week of January 2013 (6 – 9 January 2013)***. Until then, we trust that the proposed discussion paper and the related consultative process together with the proceedings of IDRC Davos 2012 will have produced further valuable input. At the 2013 summit, together with you all and our partners, we shall further build on the momentum and expect to engage further communities and stakeholders, such as the public and private sector. We very much hope to see you all again!

Let me, Ladies and Gentlemen, conclude with some words of thanks.

- First of all to you as participants for your valuable presence and lively contributions.
- The Keynote Speakers, David Butler-Jones, David Nabarro, and Maged Younes.
- The Plenary Session Speakers
- The Session Chairs
- The presenters in the Parallel Sessions
- The Poster presenters
- The Members of the Scientific Advisory Committee
- The Patronage Organisations FAO, OECD, and OIE
- The Co-hosting institutions Swiss TPH, Basel and SIAF, Davos
- The Collaborating Institutions
- The Sponsors the OECD Co-operative Research Programme, EAACI, and SWISS
- The Exhibitors
- The staff of the Davos Congress Center and Davos Destination Organisation
- The Photographer
- And last but not least the GRF Davos staff members and the volunteers.

May I remind you that all presentations, the video-taped keynote speeches and Plenary Sessions, as well as the extended abstracts of the Parallel Sessions, the Plenary Session Summaries, and the Chairman’s Summary will be put online.

Thank you for your participation. I wish you a safe trip home.

Dr. Walter J. Ammann
Chairman GRF One Health Summit 2012
President GRF Davos

