

“You would have better luck with a shotgun marriage...”
Barriers to sustaining political attention illustrated by ongoing
struggles in the One Health movement

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On the Tripartite's capacity to
effectively collaborate and lead:

“ ... there are such cultural divides
between those three organisations... So
they're having a hard time.”

Themes explored in interviews



RELATIONSHIPS



POLITICS



GOVERNANCE

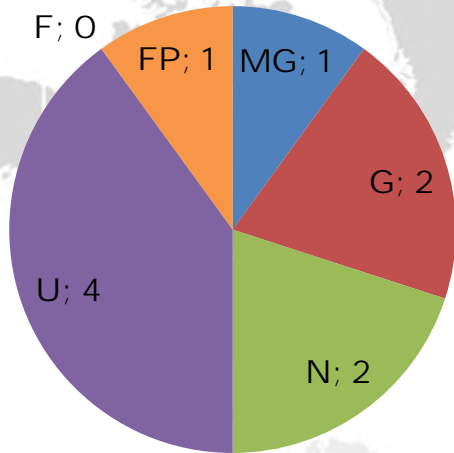


PROGRESS

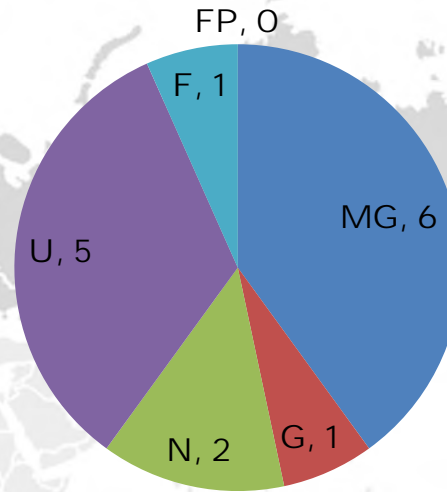
- Relationship dynamics between actors working in the One Health space
- Political context in which these actors operate
- Existing governance arrangements for One Health
- Views on progress made towards operationalizing One Health

Informant profiles (N=25)

US informant affiliations



EUR informant affiliations



- MG, Organisation with multi-government membership
- G, Single government organisation
- N, Networking platform for One Health

- U, University or One Health research body
- F, Private funding body
- FP, For-profit company

1. Major power struggles between stakeholder groups

“... People come with their own ideas of what One Health is and they have their own expectations and their own agendas and bringing everybody together in one network and then having a common voice, I think that’s quite difficult” (U20EUR)

“I think there’s a fear of loss of control. Medical professionals tend to want to be...in charge of health. They don’t want to share their authority, and I think that continues to be a challenge” (U10US)

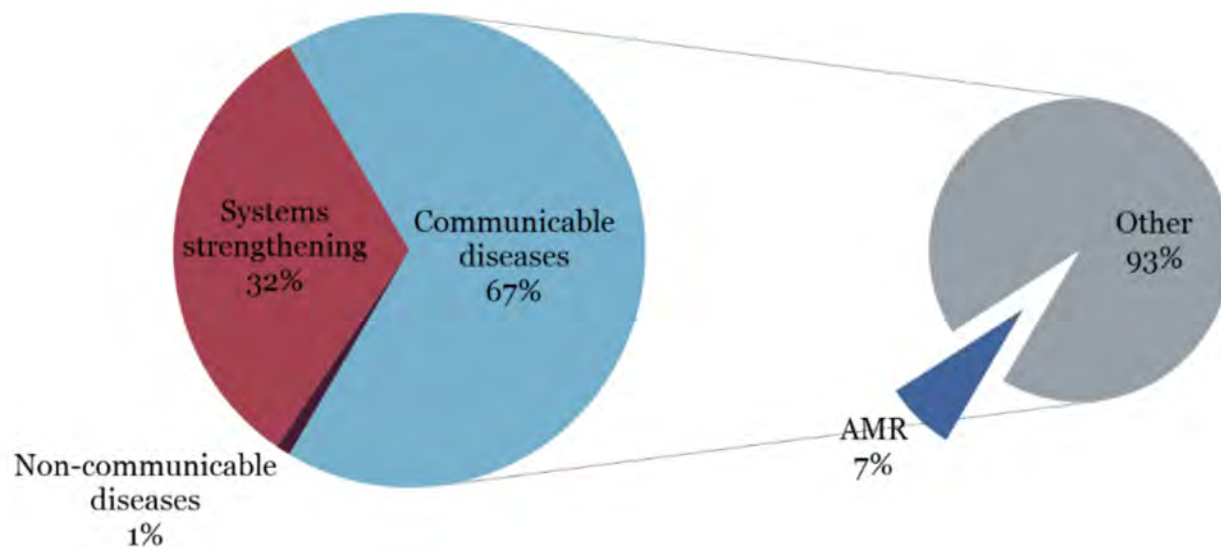
2. Lack of centralized leadership and governance

“You’d have better luck with a shotgun marriage...there are such cultural divides between those three organisations...so they’re having a hard time ” (G8US)

“...it’s perhaps not entirely realistic to that that [One Health] should have a nice, tidy governance structure that we can all understand and that’s coherent. I see it as inevitably messy” (MG14EUR)

3. AMR presents opportunities and challenges

"...emerging pandemic threats [certainly galvanize] people around One Health... but not every country is subject to the threat of Ebola... On the other hand, just about everybody in the world today is suffering or going to suffer from the effects of AMR... If I were to recommend where the future of One Health activities and resources ought to be applied, I would say it's in AMR" (FP17US)

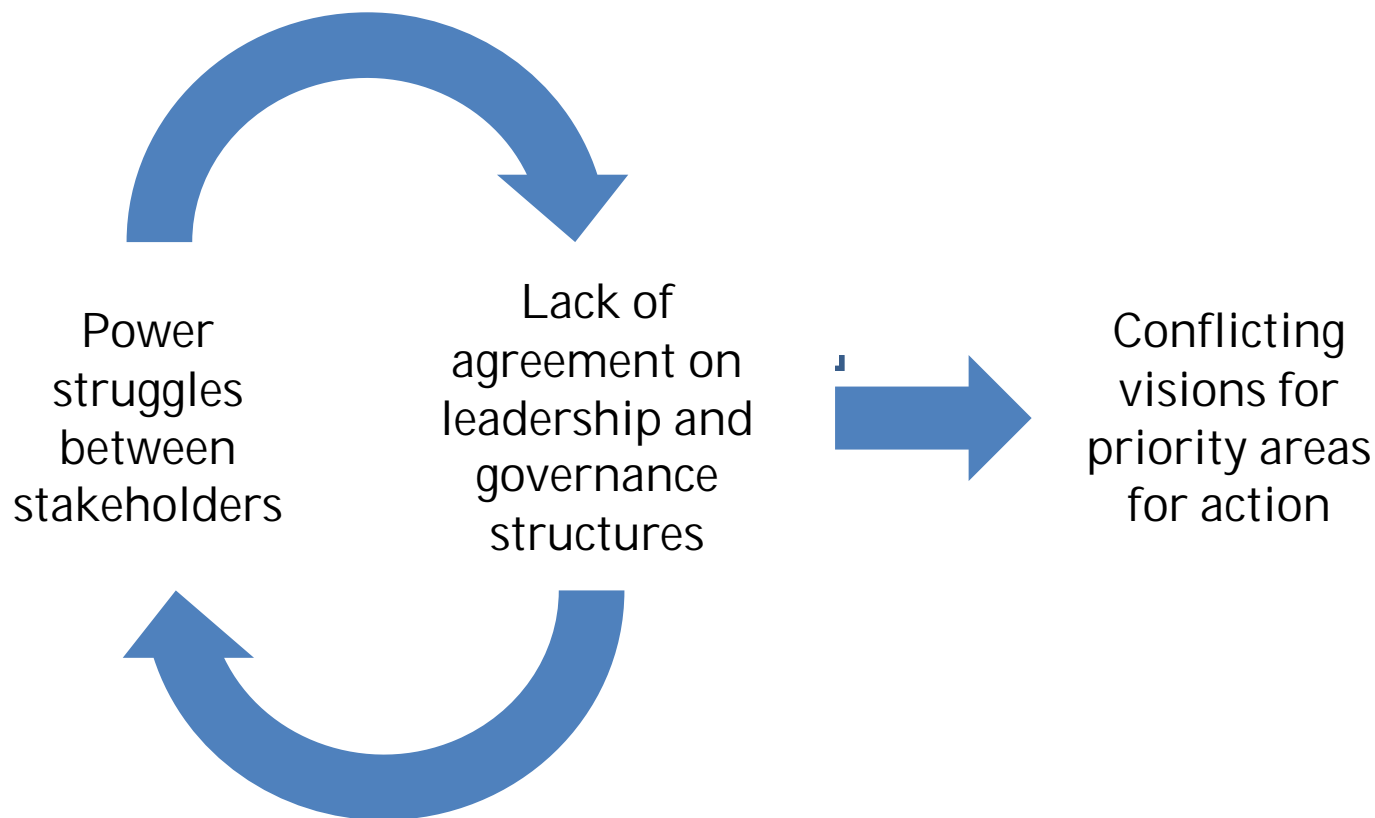


4. Absence of an evidence base to justify investments

“...there are so many dimensions to it that it makes your head spin”
(F23EUR)

“I think many networks have been created when One Health was trendy...but at the end they have not been very sustainable because what was missing is really what is the added value of this network” (MG15EUR)

Vicious cycle impeding a shift from rhetoric to action



Recommendations for sustaining political commitment



- Capitalize on the 'policy window' provided by AMR
- Encourage civil society mobilization to build stronger links between policymakers, funders and grassroots organisations
- Expand education programmes for human, animal, and environmental health specialists
- Develop indicators to strengthen the evidence base on the effectiveness of One Health approaches
- Investigate and determine the most appropriate governance approaches for guiding the implementation of One Health

Panel discussion

- Jürg Danuser, Federal Food Safety and Veterinary Office, Switzerland
- Gabby Laing, House of Lords intern, U.K.
- Stefano Morabito, National Institute of Health, Italy
- Katey Pelican, University of Minnesota, U.S.A
- Victor del Rio Vilas, One Health Consultant, Chatham House [moderator]
- Jeff Wilson, Novometrix Research Inc., Canada

Thank you
