Structural One Health – integrative practice.
Is OH inclusive yet?

Workshop: Landscapes of changing knowledge and action on One Health, Ecohealth: from Local to Planetary.
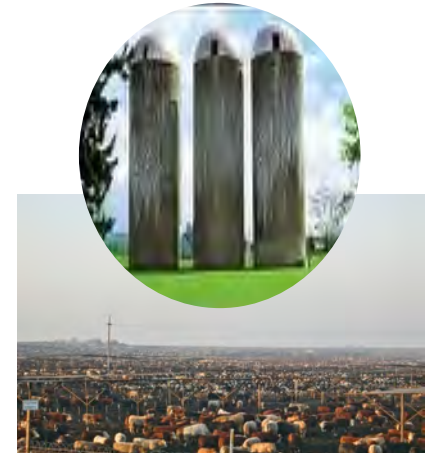
Convenor Timo Assmuth, SYKE, Finland

Animals

Humans

Environment

ONE HEALTH ECOHEALTH TRANSDISCIPLINARITY

Richard Kock rkock@rvc.ac.uk; Simon Reugg; Chris Degeling; Xianwen Chen; Hans Keune; Katherine Irvine; Vikstrom Suvi; Haahtela Tari, Rantalla Sara, Marco Pautasso.
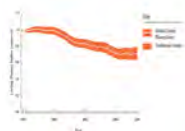
The silo/domination problem

> One Health is to some degree hijacked by the two core health professions – vets and medics, who define the problems, provide the health/disease narrative, and define solutions ..backed up by Public Health and by related industries even agriculture..vying to 'own' the One Health space.

> Narrow perspective on OH (e.g. zoonoses, AMR, antimicrobials vaccines) preoccupied with how these professions can work together efficiently, armed with technologies and treatments to **respond** to the fear of diseases that arise.

Is this good or bad? It is estimated we need to sustain consumption rates. Health resilience is deteriorating even if technologies are improving and spending increases. Also the health of non-human animals, plants and food-chains, microbial communities and ecosystems, that support also human welfare are increasingly under threat.
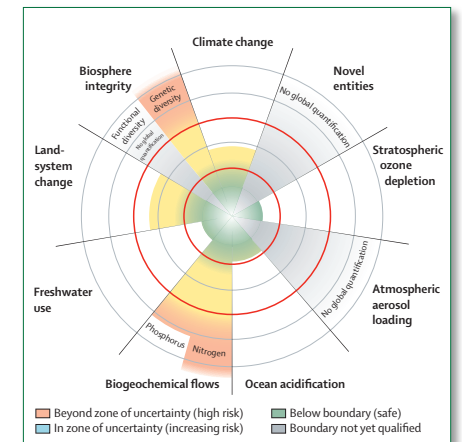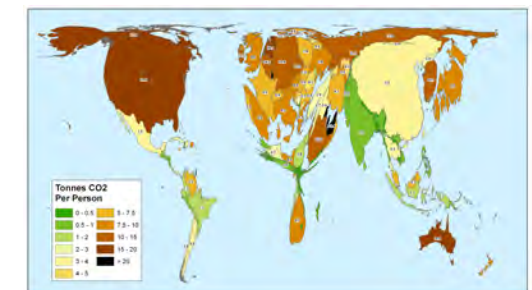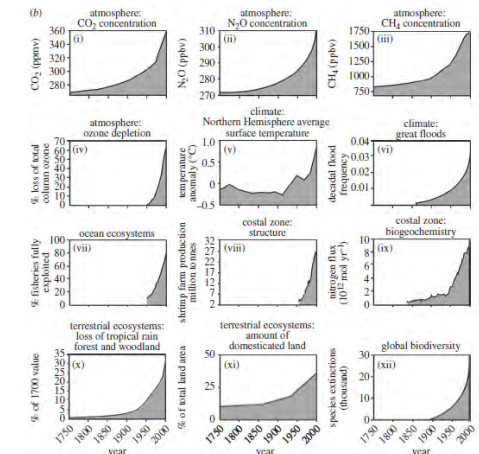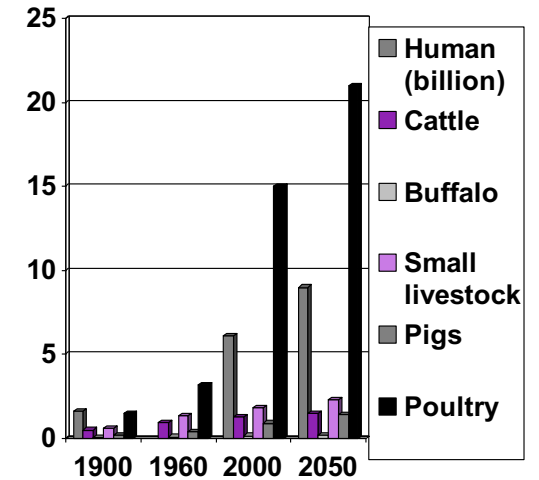
  1961 **2017**
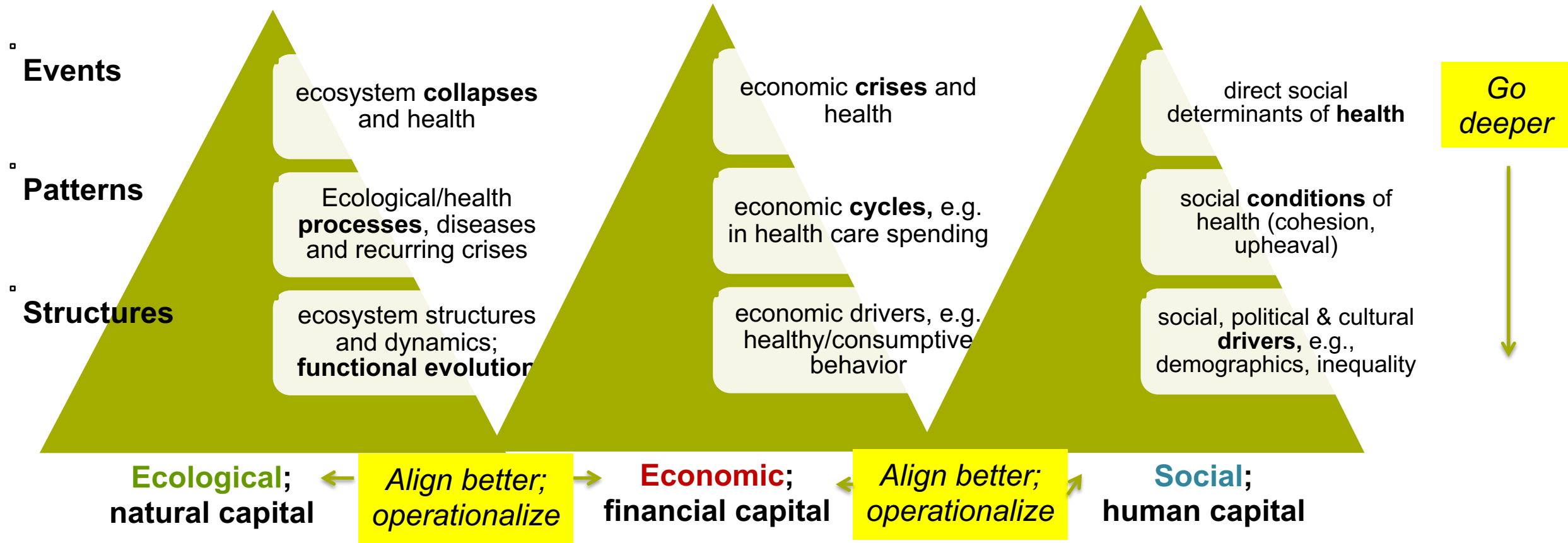
The shallowness problem

> A deeper view on One Health considers **structural** issues that can be root causes of problems (ecosystem structure and dynamics, demographics, behaviour, politics, economy). Resolve or prevent these issues and health improves, but there is no profit in this for the professions and their allies as the need for drugs and services will decline. Other structural issues include lack of institutions, also this related to power. this shallowness is reflected in R&D and its outputs, sci & pro literature.

Is this good or bad? There are trade-offs – a motor car can reduce wear and tear, and drive economy and health care, but it can also be the cause of disease spread. It is a question of who benefits and who suffers, how and with what consequences, and in what time-frame. For a sustainable future there is little choice but to change. As with all major changes in employment, economy and welfare adjustment is possible and does happen. However, it can be made more efficient, acceptable and sustainable only by better aligning the sectors and actors groups in societies.

HEALTH – of all organisms and living systems

Events

- ecosystem **collapses** and health
- economic **crises** and health
- direct social determinants of **health**

Patterns

- Ecological/health **processes**, diseases and recurring crises
- economic **cycles,** e.g. in health care spending
- social **conditions** of health (cohesion, upheaval)

Structures

- ecosystem structures and dynamics; **functional evolution**
- economic drivers, e.g. healthy/consumptive behavior
- social, political & cultural **drivers,** e.g., demographics, inequality

Go deeper

Ecological; natural capital ← *Align better; operationalize* → **Economic**; financial capital ← *Align better; operationalize* ↗ **Social**; human capital
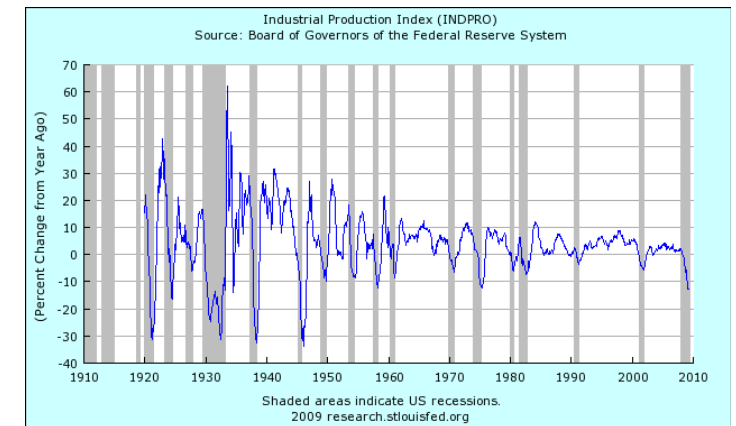
RVC

Structural OH: Integrating superimposed hierarchies of change in three pillars of health & sustainability (modified from Wallace et al., 2015)

The problem of lacking political dimension

> Before a wider conception of One Health can exist, a political dimension must therefore be addressed. This is represented in basic narratives and ultimately policies and investments in health: The "how and the why we do things".

> Current **political economy** renders attempts at an environmental or structural solution far too redundant as the status quo is benefiting those institutions and their employees mandated with health, and thus likely to reject the alternative.

> Part of the problem is that awareness among policy- and decision-makers about the consequences of narrow views and flawed modes of health care, e.g. anthropocentric and even then elitist, is not common and strong. It typically surfaces mainly in response to pandemic threats, and then can be inefficient as, again, the root causes and socio-economic and socio-ecological aspects of such sudden problems are not realized.

RVC

Is change possible?

A paradigm or practice can be changed but there must be will and governance to enable this. Current superficial uptake of OH is simply a symptom of this challenge.

> small steps can help to shift the adopted practices - integrative practice with Ecohealth can strengthen the OH communities' ability to act on structural issues, specifically in environmental contexts (biodiversity, ecosystems).

> More work is needed in philosophy to enable a less anthropocentric view of what matters - build a new ethics for global society especially in the context of nature and health.

> Considering the importance of structural factors that influence the integration of knowledge, it is key that **processes of interaction between knowledge generation and use** are paid attention, also as a topic of study. That is, trans-disciplinarity is needed that addresses the relations between research, surveillance, policy-making and society at large.

Photo credit MDKOCK

It is time for **fundamental change?**

Thanks to NEOH for the opportunities to think

Photo credit MDKOCK