Meanings and mechanisms of One Health partnerships

Policy Dialogue on ‘Making the One Health Approach Socially Sensitive’
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Outline

Need to theorise One Health

What did we find

What next

Do we need (more) theories?

• One Health discourse skewed (geographies, disciplines, framings)
• Emphasis on WHY and not HOW of One Health
• Underappreciation of politics of the collaborative enterprise

* Notable exceptions
• Complexity and Systems approach (work from Waltner-Toews, Zinsstag & NEOH)
• Political economy and Politics of knowledge (Leach, Hinchliffe, Smith, Grace)
Box 1.1: The Need for Multi-Sectoral Public Health Systems

The division of labor among public institutions makes for a segmented organization of work in which institutions operate independently of one another and from the perspective of their respective discipline or sector. This unavoidably leads to gaps and, sometimes, overlaps. For practitioners working in this Framework, the starting point for action tends to revolve around the question “What am I responsible for?” rather than “What needs to be done?”

Changing the organization of work across disciplines to start with this latter question implies a substantial reorientation in which regular communication takes place between practitioners at work in different disciplines and sectors. This does not imply an amalgamation of work but rather the creation of a culture in which practitioners are more likely to understand the significance of a finding or event within their own field for practitioners in other fields, and are more likely to collaborate to optimize outcomes.

Exhibit 2: Whose health counts?

FAO/OIE/WHO Tripartite
• One Health approach: all relevant sectors and disciplines across the human – animal – environment interface are involved to address health in a way that is more effective, efficient, or sustainable than might be achieved if not all relevant sectors were engaged. Taking a multisectoral, One Health approach includes ensuring balance and equity among all the partners.

WHO
• 'One Health' is an approach to designing and implementing programmes, policies, legislation and research in which multiple sectors communicate and work together to achieve better public health outcomes.

CDC
• One Health is a collaborative, multisectoral, and transdisciplinary approach—working at the local, regional, national, and global levels—with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment.

FAO
• One Health means working together of human, animal and environment sectors to achieve shared objectives.

OIE
• Human health and animal health are interdependent and bound to the health of the ecosystems.

World Bank
• A collaborative approach for strengthening systems to prevent, prepare, detect, respond to, and recover from primarily infectious diseases and related issues such as antimicrobial resistance that threatens human health, animal health, and environmental health collectively, using tools such as surveillance and reporting with an endpoint of improving global health security and achieving gains in development. While using infectious disease/AMR as a starting point, we recognize this definition and approach is expandable for wider scope (e.g., water and soil pollution that have animal and environment connections).

• WHO & CDC focussed on health protection, but FAO, OIE definitions highlight interdependence
• Mismatched, competing and often conflicting incentives
Longstanding and wide-ranging experiences of multisector partnerships

- **Infectious Diseases**
  - One Medicine
  - Ecohealth

- **Social Determinants**
  - Health in All Policies
  - Joined-up governance

- **Global Health + Nutrition**
  - Integration (NTD, HIV)
  - Partnerships (PPPs)

- **Nutrition**
  - Food safety standards

- **Public Administration**
  - Collaborative governance
Different forms of partnerships

**Scale**
- International, National, Subnational, Local

**Scope**
- Academic, Policy, Program

**Formality**
- Formal - Institutionalised, Informal - Ad hoc, and Mixed

**Strength**
- Silo-based, Coordination, Collaboration, Integration
Strength of partnerships

Line functioning  Linkage/Cooperation/Coordination  Collaboration  Integration

Sectoral  Multi-sectoral  Inter-sectoral  Trans-sectoral
Multisector partnerships: A systems view

Essential conditions

Fractured contexts
- Sector failure → Multisector Collaborations

Interdependence
- Partners come together due to complementing strengths, and not similar worldviews

Relationships
- Power dynamics, history of prior conflicts (or collaboration), leadership – all matter

Adaptation
- Accommodating partners and Responding to changes requires fluid boundaries

Outcomes
- Successful partnerships = Sustainable collaborations
Rhetoric & Reality of One Health

**OHHLEP definition vs Joint Plan of Action ToC**

- One health definition hints at two sets of outcomes (health threats & collective needs), leading towards sustainability
- Draft Joint Action Plan & ToC focusses exclusively on (?human) health outcomes
How to make One Health sustainable: 3 myths

1. One form of One Health → One Health = Politics
2. Myth of shared vision → Shared interests not shared goals
3. Ring-fenced ToRs → Adaptiveness - Resilience
Thank you!