

Meanings and mechanisms of One Health partnerships

Policy Dialogue on 'Making the One Health Approach Socially Sensitive'

Org: Third World Network & Geneva Global Health Hub

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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)

?OH = AH + EH + HH

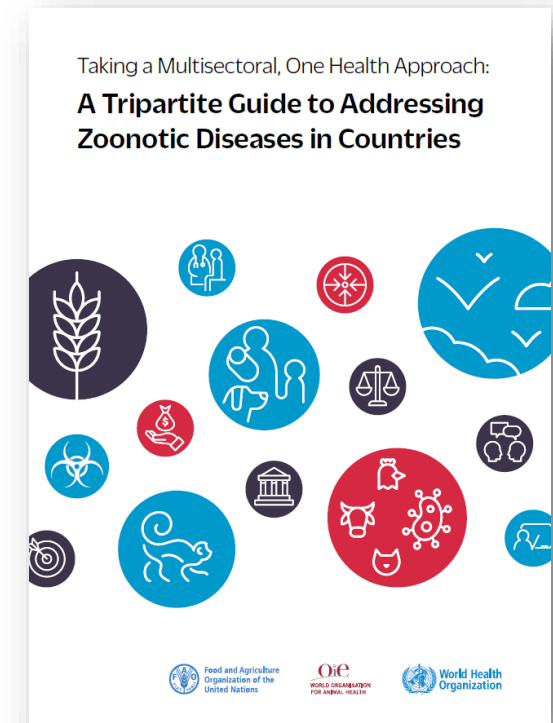
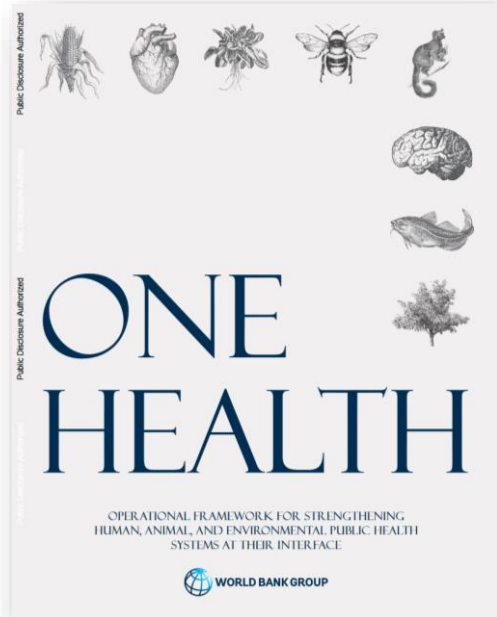


Exhibit 1: Theory ↔ Practice of One Health



World Bank & EcoHealth Alliance (2018). *Operational Framework for Strengthening Human, Animal and Environmental Public Health Systems at Their Interface*

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

One Health = Public Health

Advocating institutional reforms

Prescribing their own (limited, possibly flawed) understandings of systems & collaboration

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)

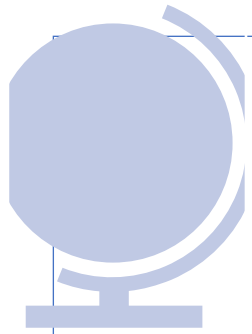
Nutrition

- Food safety standards

Public Administration

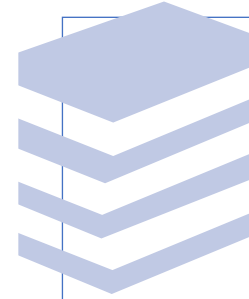
- Collaborative governance

Different forms of partnerships



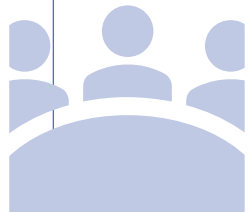
Scale

- International, National, Subnational, Local



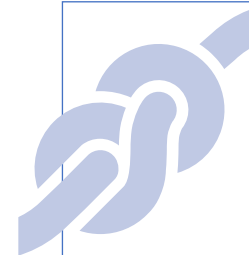
Scope

- 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

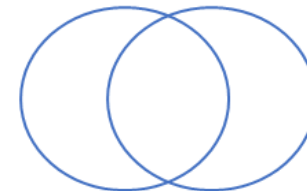
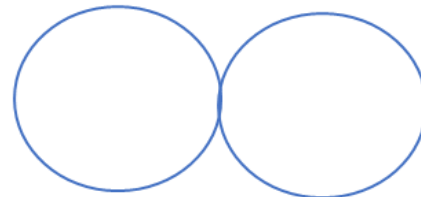
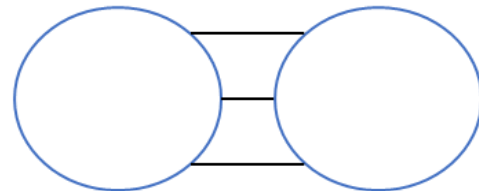
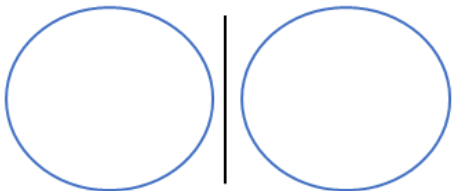


Sectoral

Multi-sectoral

Inter- sectoral

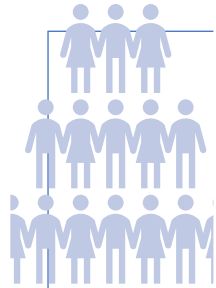
Trans-sectoral



Multisector partnerships: A systems view



Essential conditions



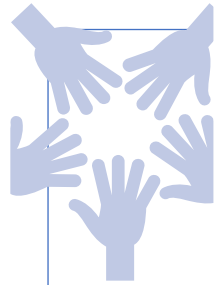
Fractured contexts

- Sector failure → Multisector Collaborations



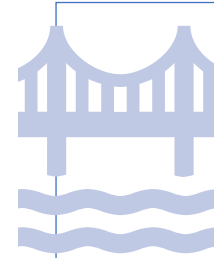
Interdependence

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



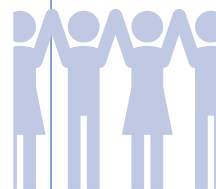
Relationships

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



Adaptation

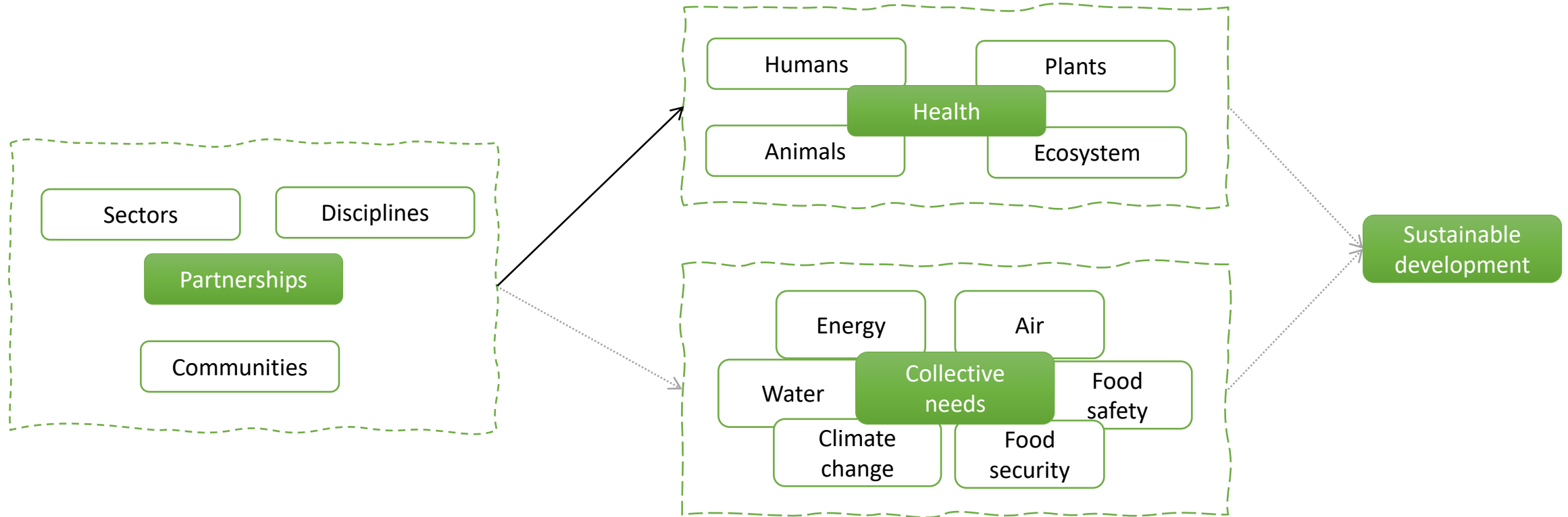
- Accommodating partners and Responding to changes requires fluid boundaries



Outcomes

- Successful partnerships = Sustainable collaborations

Rhetoric & Reality of One Health



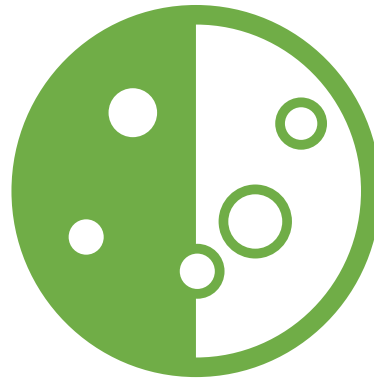
OHHLEP definition vs Joint Plan of Action ToC

- 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



One form of One Health → One Health = Politics



Myth of shared vision → Shared interests not shared goals



Ring-fenced ToRs → Adaptiveness - Resilience

Thank you!