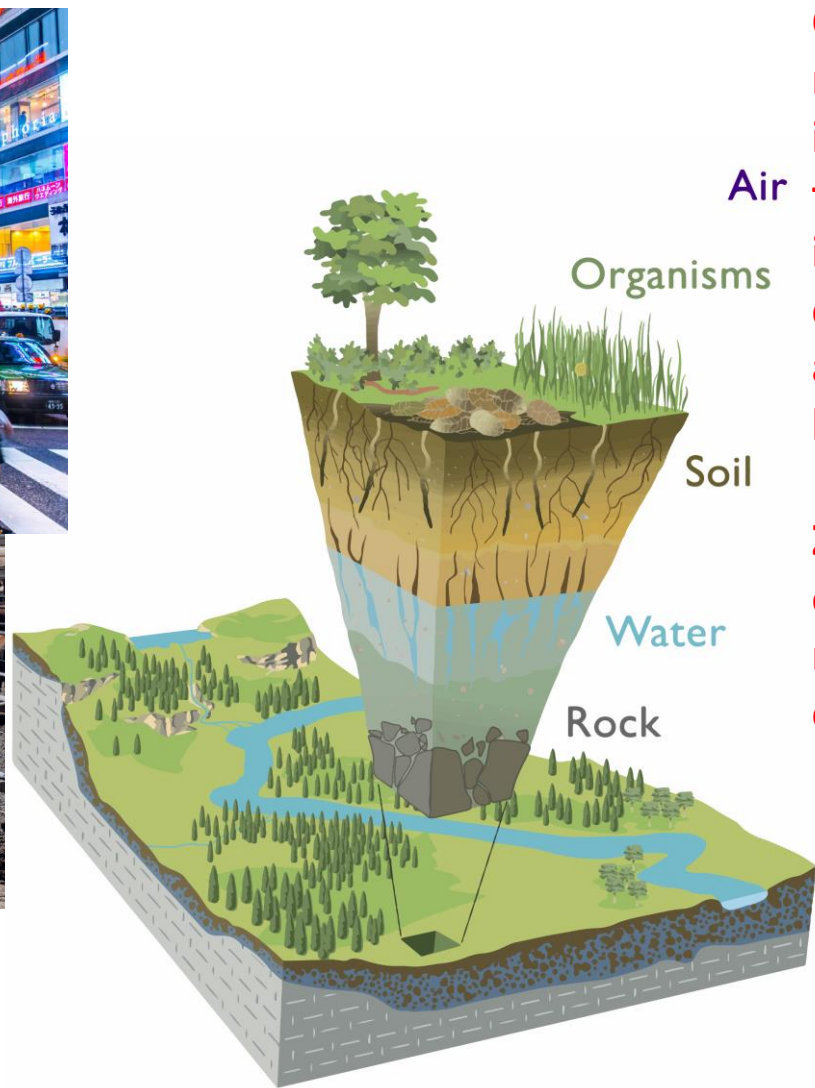


# The One Health approach: examining its occidental culture, paradoxes and strategic directions

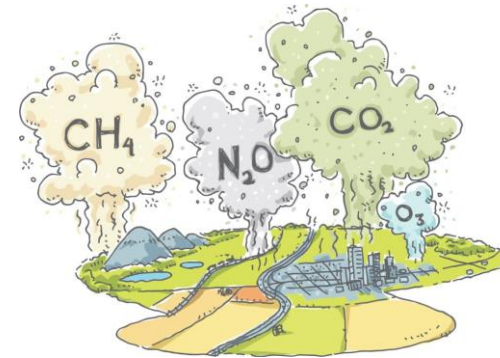
Marjan Leneman



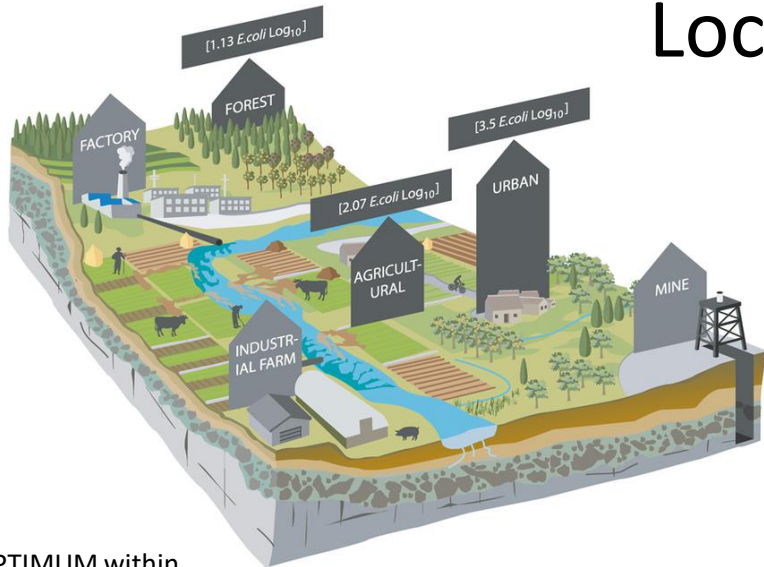
# Global village, global (One) health



C  
r  
i  
t  
i  
c  
a  
l  
  
Z  
o  
n  
e



# Local perspective, local health



Biosphere  
Socio-political sphere

Economic sphere  
Technical sphere



OPTIMUM within a range, DIVERSITY and risk spreading and CIRCULARITY

No limit, design (not yet there), scarcity, STANDARDIZE, EFFICIENT MONOCULTURE



Variety of health concepts, e.g. holistic, absence of disease, harmonious social order

G2H2 policy debate Reclaiming One Health (16 Jan. 24)

# Holism versus Atomization

## Occidental culture



## Modern Science

| Rationalism  | Empiricism   |
|--|--|
| Constructivism                                       | Reductionism   |
| Math, Soc. Sc., theology, law, history, economics... | Biology, Med. Sc., chemistry, geology, technology... |

## Challenges

- Interdisciplinary work
- Blending, e.g. modelling

# Health or absence of disease or disease risk

Systemic, holistic, local, bottom up health

Narrow, atomized, global, top down health



Create conditions in the critical zone

Manage an urgent problem





## A few attention points and pro-memories

- Towards a **holistic and interdisciplinary approach** (involving lots of disciplines), revisit science (blended spheres requires adapted study approaches, e.g. landscape FS, ecology, anthropology)
  - **One Health + Systemic One Health** (+ what are the blind spots?)
  - **Culture and knowledge systems** made explicit, revisit who 'owns' concepts, data, assumptions
  - **Community based** approaches are key, as is **political and policy** influence (prioritize and fund)
  - **Food systems** elephant in the room
- Naive about each situation and detecting what is needed**  
**Not naive about economic and political power distribution**