

EDITORIAL

Oneness in One Health

Ulrich Laaser¹, Richard Seifman²

¹Faculty of Health Sciences, University of Bielefeld, Germany

²Board Member, United Nations Association, Capital Area Washington DC, USA

Corresponding Author: Professor Dr, med. Ulrich Laaser, DTM&H, MPH,

Address: University of Bielefeld, School of Public Health, POB 10 01 31, D 33501 Bielefeld, Germany

Email: ulrich.laaser@uni-bielefeld.de

BACKGROUND

The health of populations everywhere is determined by the interplay between society and the environment, regulated by a moral value system. The role of scientific exploration, research, and the results, is to shape the scope for potentially effective action, providing a context for political leaders to find ways to implement it. The scope is far broader than the human medical domain, embracing health sciences, veterinary science, social sciences, environmental science, and indeed virtually all sectors. The critical value proposition for such endeavours must be the extent to which it is in touch with and contributes to the ultimate beneficiaries, the community of people.

This requires a heightened awareness of the constraints in doing so, broadly reflected in four areas [1]: *Validated public information*, a deficit aggravated by the surge of fake news and its use of social media; *Social deficits* in terms of societal, intergenerational, and cultural disintegration, the disparities summarized by the term inequity; *Preventive strategies*, reflected in recent experiences with the COVID -19 pandemic, and newly emerging Avian Flu outbreaks; and *Regulatory deficits* in terms of pursuing top-

down bottom-up approaches, ones depending governmental mechanisms to listen to and integrate voices from the community, a forum for exchange and coordination.

This latter point is critical if we are going to successfully build our future anchored on the One Health approach. The “One Health” concept has been known for more than a century; namely that human, animal, and plant health are interdependent and bound to the health of the ecosystems in which they exist. The vision is to engage a collaborative, whole-of-society, whole-of-government approach to understand, anticipate, and address risks to global health.

There are some promising signs that this concept is gaining traction. Four international organizations [2] -WHO, FAO, WOA, and UNEP, now known as “The Quadripartite”, established the One Health High-Level Expert Panel (OHHLEP), and agreed on an operational definition of One Health, a heretofore major impediment. Very recently their leaders jointly announced a “Call for Action” with seven key elements, briefly: *International prioritization of One Health; Strengthening of national, regional, and intersectoral engagement; Strengthening of One Health monitoring and intersectoral workforces; Strengthening prevention of*

pandemics at source; Encouragement of One Health scientific knowledge; and increasing investment in One Health strategies. Also, there are now operational frameworks for guiding countries and communities to apply One Health concepts and a newly created “Pandemic Fund” by WHO and the World Bank to address prevention, preparedness, and response, which encompasses One Health. Further, the World One Health Congress in November 2022 in Singapore was a major event that embraced a wide range of matters, including the need to emphasize *down-top* approaches and the need for better communication between scientists, policymakers, and communities.

These certainly are promising developments, especially if “prevention” is given its proper attention [3]. But the acid test will be if the full range of One Health concerns are embraced as concrete measures by national legislatures, and communities, whether the private sector can create partnerships with the public, academia, research institutes, and non-governmental entities to translate words into action.

ACTIONS TO BE TAKEN

Wording coined in the early 2010s on the state of Global Health [4] applies well to the

paradigm of One Health, namely that “Soft Global Health Governance” is based on meetings and declarations, dominated by veterinarians, and characterized by a high degree of reductionism and fragmentation.

In November 2022a collaborative effort produced a pilot study on the challenges of the global One Health movement [5]. It examined a relatively small, stratified sample of fifty organizations selected from the websites of the One Health Commission and the One Health Initiative. The study showed serious deficits in terms of fragmentation and lack of coordination, therefore limitations of the desired impact, relevant especially to Civil Society Organizations (CSOs) – one of the three groupings investigated, along with academic organizations, and administrative/governmental organizations.

An indicator of the marginal role health-related civil society organizations (CSOs) or Non-Governmental Organizations (NGOs) play concerning global public sector organizations is in the official websites of the United Nations and the Council of Europe. Modern and integrative terms such as “Global Health, Public Health, One Health, Planetary Health, and Environmental Health” appear in the names of accredited CSOs/NGOs only in 1.3% respectively 0.7%.

Civil Society / Non-Governmental Organizations containing a selection of related health terms in their name (I) in consultative status with the United Nations and (II) in participatory status with the Council of Europe.

I. The United Nations list 6343 organizations with consultative status at:

<https://esango.un.org/civilsociety/displayConsultativeStatusSearch.do?method=search>

II. The Council of Europe list 301

International Non-Governmental Organizations (INGOs) with participatory status (Conference of INGOs) at: <https://coe-ngo.org/#/ingos>

Search A	United Nations N=6343	Council of Europe N=301
Global Health	9	0
Public Health	7	2
One Health	2	0
Planetary *	4	0
Environmental *	61	0
TOTAL	83 (1.3%)	2 (0.7%)
Search B		
Health	133	19
Medicine	17	1
Environment	128	54
Total	278 (4.4%)	74 (24.6%)

* The addition “Health” is omitted to generate >1 mention.

Even in a very broad definition of relevant terms Health, Medicine, and Environment, only 4.4% populate the United Nations list, however, 24.6% at the Council of Europe list (almost three quarters contributed by the term “Environment”). On the website of the One Health Commission (OHC) of the total of

listed organizations, 180 contain in their title the term One Health, whilst there are only two on UN and CoE servers.

CONCLUSION

The current economic, social, and environmental trajectories at the global scale and within most regions of the world, follow an unsustainable development path. Without being more effectively integrated by bottom-up initiatives, better coordinated, and accompanied by well-crafted and relevant science, governments will not move. If we fail to see the broader vision encompassed by the One Health concept, we will be destined to miss an opportunity to better human, animal, plant, and ecosystem well-being. Our future is in our collective hands: Let’s hope that we grasp and grab the chance: **Oneness in One Health!**

The Trajectories have Met
By Ulrich Laaser

Blackish purple
A ribbon of clouds
Drenched in blood -
Between the horizons
The edges darken
Ashes of our
Existence
Lost we've learned
In hellish Courts
Where from we are
An extraneous God
His face unmoved
Presides as Chair -
His angels far
Did ever he
Sent them to us
My tears are blown in the wind
Under the sand
Astral rocks
half-hidden

Die Trends haben sich getroffen
By Ulrich Laaser

Tiefrot
Ein Wolkenband
Getränkt mit Blut -
Quer zwischen den Horizonten
Die Ränder verdunkelt
Asche unserer
Existenz
Verloren haben wir erfahren
In Hoellen des Gerichts
Woher wir sind
Ein fremder Gott
Unbewegten Gesichts
Uebernahm den Vorsitz -
Seine Engel fern
Hat er sie je
Zu uns geschickt
Meine Tränen verweht im Wind
Halbverborgen im Sand
Sternengestein

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