

Stakeholders in One Health

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Summary

The stakeholders in One Health include the ultimate beneficiaries (i.e. animals, people and the environment) and the organisations that work to protect them (i.e. research institutes, government ministries, international organisations and professional bodies). However, identifying these stakeholders who will contribute to One Health activities and develop solutions to complex health problems can be difficult, as these problems often affect all sectors of society. In addition, evolving concepts about health and its dependence on environmental resilience necessitate the inclusion of ministries, organisations and disciplines that may not have been traditionally considered to be related to health. The multilateral organisations with greatest responsibilities in the global health arena have recognised that the best way to protect health security and promote overall global well-being is to work together across disciplinary and jurisdictional boundaries. Permanent regional networks and *ad hoc* networks created to tackle specific issues (both of which require donor investment) are also facilitating improved disease surveillance and collaborative approaches to synchronised interventions across country borders. These networks necessarily involve the key ministries for One Health, those of health, agriculture/livestock, and natural resources/environment. Ministries play a critical role in the formulation and implementation of policies for the promotion of health and disease control. They contribute to all stages of the One Health process, as do universities, which engage by generating knowledge and capacity through teaching, research and extension services. Similarly, non-governmental organisations have a key role in stewardship; resource mobilisation; generation of knowledge; capacity development; intervention design; and implementation. Finally, communities, including rural and indigenous peoples, particularly those that are in close proximity to natural areas, are at the heart of the One Health concept.

Keywords

Adaptive management – Collaborative approach – Community involvement – Global health – Ministerial oversight – Multilateral organisation – Non-governmental organisation – One Health – Stakeholder – University.

Introduction

The ultimate beneficiaries of One Health are the patients for which health solutions are sought, i.e. animals, people and the environment. The well-being of these patients is 'stewarded' by others, and those stewards will be the focus of this discussion. They include traditional health-related

research institutes, government ministries, international organisations and professional bodies; however, the inclusion of organisations and ministries which would not ordinarily be associated with health issues can be vital to designing high-impact activities and successful interventions using the One Health approach. Key to modern health problem-solving is the fostering of effective partnerships and collaborations at local, national, regional

and global levels, especially considering the challenge of infectious disease control (1). Unfortunately, structural separation between jurisdictions, as well as a historical lack of collaboration between human health and veterinary medical disciplines, has severely limited the identification of solutions to global health problems and the implementation of appropriate interventions. Furthermore, the limited awareness of the role that wildlife and the environment play in the transmission and emergence of infectious diseases of all animals, including people, has just begun to be remedied with the One Health movement, but stakeholders in these under-represented areas have only recently been included in the discussions.

Recently, there has been a paradigm shift towards an integrated approach to human, animal and ecosystem health. There is energised international policy support for One Health (2), and the World Health Organization (WHO), the World Organisation for Animal Health (OIE) and the Food and Agriculture Organization of the United Nations (FAO) have issued a Tripartite Concept Note on coordinating global activities to address health risks at the animal–human–ecosystems interfaces. This integration is driving a rational approach to global health that will likely improve the prediction, prevention and recognition of diseases and the response to them. While the ministries with jurisdictional authority over health issues can easily be identified, there are often no established working systems of integration that will facilitate the development and implementation of new One Health policies and approaches being advocated by the international organisations. In addition, evolving concepts about health and the influence of humans on the environment necessitate the inclusion of ministries, organisations and disciplines that may not have been traditionally considered to be related to health at all, widening the range of key stakeholders needed for the successful application of the One Health approach. Furthermore, the involvement of civil society through non-governmental organisations (NGOs), universities and communities has been fundamental for the formulation and implementation of One Health programmes and policies at regional, country and community levels to date.

Together, these stakeholders can build and transfer knowledge and tools, fill gaps in formal health systems (human and animal), facilitate outreach to remote areas and populations, advocate health issues to a broad audience, and provide field-level feedback to higher-level stakeholders, including the multilateral organisations. Successful One Health application and implementable interventions require the cooperation of experts from numerous disciplines, including, but not limited to, human medicine, veterinary medicine, public health, environmental science, ecology, environmental health, conservation biology, nursing, social sciences, the humanities, engineering, economics, education and public policy. All of these active forces are

key to the development of improved global health policies, and specialists from government ministries and other essential elements of civil society, such as NGOs, academic institutions and community groups, all make valuable contributions. In this paper, the authors explore the groups and institutions with an interest in safeguarding the health of people, domestic animals and ecosystems, with a special emphasis on those One Health stakeholders who have been less integrated to date – the environmental and wildlife sectors.

Stakeholders

Multilateral organisations

As mentioned above, the international organisations with greatest responsibilities in the global health arena, namely the WHO, OIE and FAO, have recognised that the best way to protect health security and promote overall global well-being is to work together across disciplinary and jurisdictional boundaries and in conjunction with established governance structures to solve complex health challenges. Because of this consensus on the utility of the One Health approach, these organisations developed the Tripartite Concept Note tabled at an International Ministerial Conference on Animal and Pandemic Influenza in Hanoi (Vietnam) in April 2010. The Tripartite agreement provides a strategic framework for the collaborative development of global measures to coordinate public, animal and environmental health policies, with the aim of reducing the risks of infectious diseases at the animal–human–ecosystems interfaces (3). These multilateral organisations have collectively encouraged other stakeholders to:

- demonstrate political will and commitment to collaboration among government ministries (those charged with the protection of human health, animal health and the environment) and other involved stakeholders, with the aim of increasing efficiencies and investments in sustainable infectious disease control
- strengthen governance structures, align legal frameworks and recognise existing international standards, such as the WHO International Health Regulations and the OIE international standards on the quality of animal health systems
- engage in joint cross-sectoral collaboration and coordination, with active data-sharing, joint risk assessments and timely and transparent communication (3).

Examples of activities resulting from the Tripartite efforts include the development of the Global Early Warning System, which is a platform developed by the three organisations to improve the sharing of disease information and to facilitate early warnings on animal diseases and

zoonoses worldwide. Similarly, FAO and the OIE created the OIE/FAO Network of Expertise on Animal Influenza (OFFLU) to provide key information to WHO on influenza virus strains of animal origin in order to improve human influenza vaccine forecasting.

Regional networks and international donors

In addition to the Tripartite organisations, other multi-sectoral, trust-based regional networks are emerging that are facilitating improved disease surveillance and collaborative approaches to synchronised interventions across country borders. For example, the East African Integrated Disease Surveillance Network aims to reduce morbidity and mortality resulting from common communicable diseases in Tanzania, Uganda and Kenya; the Southern African Centre for Infectious Disease Surveillance is a virtual One Health centre that links academic and research institutions in Southern Africa that are studying infectious disease surveillance. Similarly, the Middle East Consortium of Infectious Disease Surveillance, founded in 2001, is working at all levels, from the community to the region, to detect and control infectious diseases. The Mekong Basin Disease Surveillance network is another excellent example of successful cross-border collaboration. This twelve-year-old network includes Cambodia, China, Myanmar, the Lao People's Democratic Republic, Thailand and Vietnam and is attempting to combat and control outbreaks of disease through collaborative regional surveillance, reporting, joint outbreak investigation and capacity building, with initial support from the Rockefeller Foundation (4).

These networks capitalise on a common, regional disease experience that does not respect political borders or disciplinary silos. While they are significantly improving multi-sectoral dialogue, the networks are often limited, because they can only recommend policies and interventions, rather than implement them, due to changing national political systems and differential resource availability. In addition, there is no limit to the number of networks that might emerge, and their successes to date encourage the building of more and more networks to address specific issues. Therefore, there is a risk of network overload, which could make otherwise-interested countries less likely to participate, resulting in new collaborative organisations being less effective in the future. In response to this developing issue, the CORDS network (Connecting Organizations for Regional Disease Surveillance) was launched in 2013 to join together the existing regional networks of the world (4). The CORDS network promotes global exchanges of best practices, tools, strategies, training courses, innovations, case studies and technical data to improve disease surveillance worldwide. It has been funded by the Rockefeller Foundation, the Skoll Global Threats Fund, the Bill & Melinda Gates Foundation, the Nuclear Threat Initiative and the Peter G. Peterson Foundation, illustrating that successful regional networks need

substantial international investment, as well as government support and political goodwill, to be effective.

Investment is also needed for less formal networks that are built to manage particular events and activities, such as epidemics and the explosive surveillance follow-up for diseases of global importance. These networks may require relatively shorter-term investments from donors. For example, the United States Agency for International Development (USAID) has invested over half a billion US dollars over the past five years in disease surveillance and capacity building using a One Health approach through their Pandemic Influenza and Other Emerging Threats Program (www.usaid.gov/news-information/fact-sheets/emerging-pandemic-threats-program). The result of this investment has been that multiple ministries in the governments of more than 20 developing countries have collaborated with local universities and NGOs and with a global consortium of infectious disease experts and educators. Partnerships like these can stimulate rapid advances but often struggle with long-term sustainability unless they can swiftly demonstrate successes that motivate change in national and international resource allocation. Successes from the USAID example include a dramatic policy change in Uganda, where just four years ago national policies limited the release of resources for epidemic response until the emerging disease problem was diagnosed and its aetiology confirmed. This led to delays in governmental mobilisation during outbreaks of undiagnosed disease. Now, a National Task Force has been established to rapidly and efficiently jump into action with pre-approved work plans and designated activities for human, animal, and environmental investigation and response activities for known and undiagnosed zoonotic disease outbreaks.

Ministries, policy-makers and collaborating organisations

Ministries and policy-makers must ensure that the systems that support overall health for their respective mission areas are in place and functioning, which often requires building capacity, competence, and confidence in national services (5). In addition, they have an important role in the formulation of policies, acts, regulations and guidelines on the prevention and control of diseases. In general, the major roles of ministries and policy-makers as stakeholders in One Health include:

- providing political support for utilising an integrated approach to health policy implementation
- developing or revising national policies to incorporate the many sectors involved in health issues
- constructing strategic plans
- establishing multi-sectoral and inter-ministerial health coordination mechanisms or frameworks
- providing guidance on communication across sectors.

To establish coordination mechanisms, ministries and government research institutions must set up multi-sectoral One Health task forces, technical committees, working groups or sub-groups, and appoint Focal Points for specific activities for strengthening One Health approaches. Ministries also have a role in resource mobilisation, including cross-ministerial resource usage and distribution of funds to ministries, research institutions and other collaborating organisations (especially for programmes that increase capacity for early detection, identification, management and monitoring of toxic, zoonotic and emerging diseases). Most specifically, departments of veterinary services, public health and wildlife services are responsible for the planning, coordination and implementation of joint or linked surveillance programmes, joint outbreak investigations, and the monitoring and evaluation of health interventions.

The key ministries for One Health, therefore, are those of health, agriculture/livestock, and natural resources/environment, although the way these ministries are named varies from one country to another. One Health activities in each of these key ministries are often implemented by specific departments, such as the departments of preventive veterinary services, and wildlife services. Other government offices that should be stakeholders in One Health include the ministries of education, finance, home affairs and the Prime Minister's office, which often oversees other government authorities and the disaster management department; however, some ministries are only occasionally involved during disease outbreak and control measures. Also important are government research and development institutions (which include national institutes focusing on medical, livestock, wildlife, environmental and agricultural research), as well as publically funded universities and professional schools (mostly medical, veterinary and nursing schools). It is also the role of ministries, through respective departments, to identify priorities for joint multi-sectoral collaborations in One Health. The epidemiology units in each ministry, in collaboration with research institutions and universities, are often well placed to determine which issues should be prioritised, as they are often charged with conducting multi-sectoral surveillance for zoonoses in collaboration with other non-government stakeholders, including local communities, national and international institutions, and NGOs. The role of other ministries that are also stakeholders during disease outbreaks (e.g. defence forces) include the maintenance of peace and security for the response team, rescue and relocation of people, provision of aid and support for affected communities, and psychosocial support.

Although, in most countries, the Ministry of Health takes a lead in zoonotic disease control programmes and receives the bulk of health-related funding, there is now ample evidence that domestic animal health programmes play a role in both human disease prevention and integrated strategies that can influence and mitigate disease-related impacts on wildlife

populations (6). Similarly, wildlife health is important to conservation, livestock health promotion, public health, and national economies (7). The value of biodiversity to global health, as well as their interdependency, has been well documented (8), and worldwide trade in wildlife, wildlife production systems, and the use of wildlife products have direct impacts on human and livestock health (9, 10, 11). There are several recognised cases of international transfer and subsequent spread of serious disease via wildlife trade (11). Focusing multi-sectoral efforts on markets to regulate, reduce or, in some cases, eliminate the illegal trade in wildlife could provide a cost-effective approach to decrease the risks of disease for humans, domestic animals, wildlife and ecosystems (11). Well-designed and well-implemented wildlife programmes can potentially safeguard the health of livestock and people. Furthermore, wildlife health programmes that protect livestock are becoming multidisciplinary and are now addressing elements of livestock health, wildlife health and, in many cases, human health. In addition, diseases that have direct impacts on the health of wildlife populations and that can drive a species to extinction (e.g. chytridiomycosis in amphibians, white nose syndrome in bats) are highly significant for biodiversity conservation and must also be monitored, even though they have no known potential for spillover to domestic species or humans. However, this category of wildlife diseases is often overlooked, may not be specifically assigned to any government agency, or may be tasked to environment/wildlife ministries with no technical capacity for disease research or management. Therefore, the management of wildlife health is not a responsibility of a single government ministry, but instead requires inter-ministerial collaboration and stable partnerships with local and international NGOs. In order to safeguard human, animal and ecosystem health, there is a great need to strengthen national wildlife disease surveillance systems (12), as well as human and livestock health surveillance systems.

The case study of rabies control in the Serengeti ecosystem in Tanzania (13, 14, 15, 16) provides a valuable example of the One Health approach. Efforts to eliminate the disease involved a wide range of partners, including:

- government ministries (livestock, health, and natural resources/environment)
- local authorities (Mugumu, Meatu, Maswa, Bunda and Ngorongoro districts)
- Tanzanian research and academic institutions (Tanzania Wildlife Research Institute, Sokoine University of Agriculture, and Ifakara Health Institute)
- international collaborators (University of Glasgow, Lincoln Park Zoo and Washington State University)
- the private sector (Merck Animal Health)
- local communities, especially dog owners.

The wide range of expertise of the partners has allowed genuine inter-disciplinary approaches to be developed that involve field epidemiology and ecology, vaccination trials, molecular genetic studies, disease modelling, economic analyses, and social science studies. The vaccination trials have involved mass rabies vaccination of dogs in more than 150 villages from six districts bordering the Serengeti National Park. They were first implemented in 2003 to test hypotheses about rabies reservoirs and continued to safeguard the health of people, domestic animals, and wildlife within the Serengeti ecosystem. A key outcome of these studies has been to demonstrate that dogs are the reservoir of rabies in the Serengeti ecosystem and that elimination of canine rabies through mass vaccination of dogs is both feasible and cost effective, with rabies now apparently absent from wildlife in the Serengeti National Park. Dog vaccination has also resulted in substantial declines in the incidence of human bite injuries from suspected rabid animals and the demand for costly human post-exposure vaccination. The results of these studies have had important policy implications, building confidence that canine rabies elimination in Africa is possible and acting as a catalyst for national, regional and global rabies elimination initiatives.

Universities

Universities can contribute to all stages of the One Health process, fostering research in this field, demonstrating the relevance of this research, setting priorities, convening strategic stakeholders and translating knowledge into action. Universities are commonly relied upon for an objective view of reality and unbiased expert opinion. One of the roles of health research is to ensure that disease management measures proposed are based on scientific evidence, so that interventions are cost effective, sustainable, and conservation minded. One illustrative example of the role of academic institutions in One Health is the Health for Animals and Livelihood Improvement project (<http://haliproject.org>) (17), which is being undertaken by the Sokoine University of Agriculture and the University of California, Davis, with other partners in rural Tanzania. This project investigates the medical, ecological, socio-economic and policy issues that determine the impact on health of diseases at the human–animal interface in the water-limited Ruaha ecosystem. It works with the rural communities to find creative, socially acceptable and environmentally sound solutions to these problems.

Universities can also act as catalysers of One Health collaborations among multiple professional disciplines (such as environmental studies, agriculture, wildlife, and public health). They succeed in One Health by developing centres of excellence for education and training, enhancing cooperation among colleges and schools, expanding curricular emphasis on One Health topics, and encouraging students to pursue advanced scientific training in fields of expertise necessary for global health problem-solving.

Some examples of current university-based One Health efforts include projects at the Paul G. Allen School for Global Animal Health at the Washington State University; the Calvin Schwabe One Health Project at the University of California, Davis; and the USAID RESPOND Project at the University of Minnesota. The Canadian Cooperative Wildlife Health Centre (CCWHC) (www.ccwhc.ca) is a unique example of an academic-run organisation coordinating the country's national wildlife health surveillance programme and encompasses all of Canada's veterinary colleges. The CCWHC operates under a One Health approach using knowledge of wildlife health and disease to improve human health and the health of domestic animals. It provides educational programmes, information, and consultation to both government and non-government agencies, as well as to the public. In 2007, the CCWHC was designated an OIE Collaborating Centre for Research, Diagnosis and Surveillance of Wildlife Pathogens. Its remit is the surveillance, monitoring, epidemiology and management of wildlife diseases and capacity building for wildlife focal points within national Veterinary Services around the world.

Non-governmental organisations

Non-governmental organisations have a key role to play in promoting and advocating relevant global health topics. They are involved in:

- resource mobilisation
- the generation, utilisation and management of knowledge
- capacity development
- intervention design
- hands-on implementation.

In combination with other stakeholders, NGOs can address One Health themes of critical importance, including, among others:

- zoonoses
- competition over grazing and water resources
- disease and conflict mitigation at the wildlife–human–domestic animal interface
- local and global food security
- commodity trade
- policy.

Typically, NGOs focusing on health issues engage in partnerships with governments, universities, communities and development agencies (such as the PREDICT project consortium, which is part of the USAID Emerging Pandemic Threats programme; www.vetmed.ucdavis.edu/ohi/predict/).

Non-governmental organisations can also be valued partners in health programmes owing to their long-term, site-based commitments and investments, as well as through their capacity to reach marginalised populations and remote areas. Their proximity and engagement with local communities ensure community participation and offer an advantageous platform for raising awareness, encouraging acceptance, and promoting best practices. However, this access is not always advantageous; as with other stakeholders, unilateral engagement without considering unintended consequences or fully employing the One Health approach can have severe repercussions. Currently, few NGOs have become fully engaged in an integrated One Health approach. Non-governmental organisations devoted to human health or livelihoods, even those that use livestock to help achieve their goals, rarely consider the wildlife/environmental health links necessary to achieve their deliverables. For example, in 2002/2003 an NGO delivered unvaccinated chickens to Tacana indigenous communities in Madidi National Park, Bolivia, triggering a Newcastle disease outbreak that quickly disseminated upriver, affecting over 12 villages, and killing at least 2,000 chickens. Impacts on wildlife, if they occurred, were not assessed (18). In other cases, the links between human and wildlife health have been recognised, e.g. wildlife have acted as sentinels that provide early warning of outbreaks of potentially deadly zoonotic disease, such as Ebola virus disease (19) and yellow fever (20).

As the OIE increasingly encourages Member Countries to conduct surveillance on wildlife diseases and report their occurrence, NGOs can also aid in enhancing the response capacity of local veterinary services. Non-governmental organisations can provide specialised training in wildlife handling and sampling protocols, aid in disease outbreak investigations, share information stemming from health studies or community-based surveillance networks, add valuable perspectives to wildlife and livestock management decision-making, etc. Finally, for conservation-minded NGOs, One Health can be a powerful umbrella to address severe threats to wildlife conservation, such as the wildlife trade, which also presents risks for human and food-animal health (11). Addressing the negative public health consequences and other cross-sectoral economic impacts associated with emerging diseases can be a powerful mechanism to encourage governments to enforce new and existing laws against this and other global-scale problems.

Communities

Communities, including rural and indigenous peoples, particularly those that are in close proximity to natural areas, are at the heart of the One Health concept. As both users and central components of the complex matrix of interactions which maintain functionality of the natural world, communities are directly affected by imbalances brought on by poor health and disease. While the emergence

of pathogens is highly complex in nature, it can often be traced back to ecosystem changes associated with expanding human populations, food insecurity, and unsustainable use of natural resources, all of which result in biodiversity loss and changes to ecosystem function. Creating healthy conditions for wildlife, people and the domestic animals that people depend on for their livelihoods can mitigate key threats to public health and agricultural biosecurity while facilitating environmental stewardship. Community engagement and empowerment are therefore crucial for the success of One Health initiatives.

Community-based uses of wildlife, be they extractive (e.g. game ranching, hunting and fishing) or non-extractive (e.g. tourism), are commonly promoted for the sustainable management of wildlife populations and improvement of local people's livelihoods. These initiatives are often good on paper, but present major implementation challenges, as long-standing cultural practices shift and adapt. Community buy-in and compliance is often further compromised by top-down regulations and unconsulted or unimplementable policies. A One Health vision offers an alternative framework for these community-based initiatives, in which cross-sectoral and multi-level involvement are secured and benefits for all stakeholders clearly articulated. An example of a successful One Health community-based programme is the one implemented by the Wildlife Conservation Society (an NGO headquartered in the United States) in partnership with the Tacana indigenous communities of Bolivia. The programme focused on building Tacana governance capacity for territorial management, while offering assistance for a range of community-based sustainable resource-management initiatives (native honey-bee harvest, subsistence hunting and fishing monitoring, timber management, handicrafts and ecotourism). It also developed a health programme to improve domestic animal health and husbandry and aid zoonotic disease control, using the One Health concept (18).

Conclusion

Effective stakeholder engagement is key to the successful use of the One Health approach to address global health challenges. Identification of those stakeholders is the real challenge, as almost all sectors of civil society are and should be concerned about health and are, therefore, stakeholders in the development of effective solutions to the many problems that arise. Key to collaborative involvement is the development of trust and mutual respect across jurisdictional levels and disciplinary and political boundaries. Unfortunately, despite growing acknowledgement of the utility of the approach and the ample areas that could be improved through effective collaborations, there are numerous challenges threatening the implementation of

One Health activities by stakeholders. These include a lack of consistent understanding of One Health and its potential benefits, sub-national priorities, disproportionate resource allocations, and conservatism (17). Other challenges to the implementation of One Health activities are:

- poor coordination amongst stakeholders
- a lack of policy and legal frameworks for One Health
- unwillingness to share data
- inadequate human resources and laboratory capacity
- the existence of many, and potentially diluting, One Health networks supported by external organisations
- weak representation and engagement of stakeholders from the ecosystem/environment sector.

It is worth noting that there is a general trend of inadequate funding for wildlife disease issues, and currently wildlife surveillance is often geared only towards emerging zoonoses in many countries, resulting in the marginalisation of ecosystem health experts by other sectors. Therefore,

it is recommended that governments secure sufficient funding for disease surveillance in wildlife and ensure full engagement of ecosystem health experts in the One Health agenda.

One potential solution to the challenge of facilitating One Health activities on a national level is to consider locating the coordinating body for One Health in the Prime Minister's or President's office in order to limit potential biases towards a particular ministry or organisation that might be assigned as a leader or allocated a disproportionate amount of resources. Another option for coordination is the formation of a joint One Health Unit or even, as a first step, a Zoonotic Diseases Unit that reports to all relevant ministries, including those of livestock, health, and natural resources/environment. In any case, the inclusion of stakeholders at all levels, from the multilateral global organisations to relevant governmental departments and communities at the grass-roots level, is crucial to the implementation of the One Health approach and the eventual development of solutions to health problems that affect all sectors of society.

Les parties prenantes d'une stratégie « Une seule santé »

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Résumé

Les principales parties prenantes d'une stratégie « Une seule santé » sont ses bénéficiaires finaux (c'est-à-dire les animaux, les personnes et l'environnement) et les organisations chargées de leur protection (c'est-à-dire les instituts de recherche, les ministères, les organisations internationales et les instances professionnelles). Cependant il s'avère parfois difficile d'identifier les parties prenantes pouvant contribuer aux activités « Une seule santé » et élaborer des solutions à des problèmes sanitaires complexes, dans la mesure où ces derniers affectent souvent tous les secteurs de la société. En outre, l'évolution des concepts relatifs à la santé et la dépendance de celle-ci à l'égard des capacités d'adaptation environnementale exigent la participation de ministères, d'organisations et de disciplines scientifiques qui n'étaient pas rattachés traditionnellement aux problématiques sanitaires. Les organisations multilatérales responsables de la santé mondiale au plus haut niveau ont pris conscience du fait que la meilleure manière de protéger la sécurité sanitaire et de promouvoir le bien-être mondial consiste à travailler en collaboration au-delà des barrières qui séparent les diverses disciplines et champs de compétence. L'apport des réseaux régionaux permanents et de ceux constitués pour traiter des questions particulières (les uns comme les autres dépendant du soutien financier de donateurs) consiste à améliorer la surveillance des maladies et à appliquer des méthodes collaboratives en vue d'interventions synchronisées au-delà des frontières nationales. Ces réseaux nécessitent la participation

des ministères clés dans une perspective « Une seule santé », à savoir ceux en charge de la santé, de l'agriculture, de l'élevage, des ressources naturelles et de l'environnement. Les ministères jouent un rôle déterminant dans la conception et la mise en œuvre de politiques de promotion de la santé et de lutte contre les maladies. Ils participent à chacune des étapes du processus « Une seule santé », de même que les universités, qui s'engagent à travers la production de connaissances et le renforcement des capacités par le biais de l'enseignement, de la recherche et d'activités de vulgarisation. Pour leur part, les organisations non gouvernementales jouent un rôle crucial dans la coordination des activités, la mobilisation de ressources, la production de connaissances, le renforcement des capacités, la conception des interventions et la mise en œuvre. Enfin, les communautés locales, y compris les populations rurales et indigènes et tout particulièrement celles qui sont en contact avec les zones naturelles sont au cœur du concept « Une seule santé ».

Mots-clés

Approche collaborative – Gestion de l'adaptation – Organisation multilatérale – Organisation non gouvernementale – Participation communautaire – Partie prenante – Santé mondiale – Supervision ministérielle – Une seule santé – Université.



Partes interesadas en la dinámica de «Una sola salud»

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Resumen

Las partes interesadas en las actividades de «Una sola salud» son, por un lado, sus beneficiarios últimos (esto es, animales, personas y medio ambiente), y, por el otro, las instancias que trabajan para protegerlos (institutos de investigación, ministerios, organizaciones internacionales y organismos profesionales). Sin embargo, la tarea de determinar qué interlocutores pueden contribuir a las actividades de «Una sola salud» y ayudar a dar con soluciones a problemas sanitarios complejos puede resultar dificultosa, en la medida en que estos problemas afectan a menudo a todos los sectores de la sociedad. Además, la constante evolución de las ideas sobre la salud y su dependencia de la resiliencia ambiental puede llevar a juzgar necesaria la intervención de ministerios, organizaciones o disciplinas considerados hasta ahora ajenos a los temas sanitarios. Las organizaciones multilaterales que más responsabilidades tienen en materia de salud mundial han reconocido que la mejor fórmula para proteger la seguridad sanitaria y promover globalmente el bienestar mundial radica en un trabajo colectivo que trascienda las fronteras entre disciplinas y jurisdicciones. La existencia de redes regionales permanentes y de redes creadas específicamente para abordar determinados problemas (que en ambos casos requieren inversiones de donantes) está facilitando asimismo una mejor vigilancia sanitaria y la aplicación de métodos de colaboración a la hora de actuar sincronizadamente en distintos países. Esas redes exigen necesariamente la participación de los ministerios esenciales en la dinámica de «Una sola salud», a saber, los de salud, los de agricultura o ganadería y los de recursos naturales o medio ambiente. Los ministerios cumplen una función esencial en la formulación

y aplicación de políticas de fomento de la salud y control de enfermedades e intervienen en todas las etapas del proceso de «Una sola salud», al igual que las universidades, que participan generando conocimientos y capacidades por medio de la enseñanza, la investigación y los servicios de divulgación. Las organizaciones no gubernamentales tienen, análogamente, un cometido esencial en materia de gestión, movilización de recursos, generación de conocimientos, adquisición de capacidades y concepción y ejecución de intervenciones. Las comunidades, por último, en especial las poblaciones rurales e indígenas, sobre todo cuando viven en las cercanías de espacios naturales, son un elemento central del concepto de «Una sola salud».

Palabras clave

Gestión adaptable – Métodos de colaboración – Organización multilateral – Organización no gubernamental – Parte interesada – Participación comunitaria – Salud mundial – Supervisión ministerial – Una sola salud – Universidad.



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