Is One Health a One-size Fits All? Critical Reflections on One Health in Dynamic Pastoralist Settings in Africa

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INTRODUCTION
Pastoralist livelihoods in northern Tanzania have been undergoing change:
- Fragmentation of rangelands due to extraction of valuable natural resources
- Privatisation of land and commoditization of rangeland resources
- New health challenges such as re-emerging zoonoses

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One Health approaches apply in contexts where there is co-ordination between animal and human health Ministries.

However, in reality, as is the case in Tanzania, there is limited co-operation and as a result, limited co-ordination in policy response to disease outbreaks.

Beyond One Health: Transdisciplinarity & System-based approaches

A move towards transdisciplinary systems-based frameworks of research can lead to more effective co-ordinated policy. To do this requires consideration of two different types of integration: horizontal and vertical integration.

Horizontal Integration

‘Horizontal’ frameworks can be defined as integration across knowledge perspectives, such as disciplines or sectors. Integration ‘across’ disciplines is one starting point that can facilitate a holistic, social–ecological understanding of the of increasing emergence of infectious diseases globally.

Vertical Integration

“Vertical” frameworks enable integration amongst different types of knowledge providers and users. These could include perspectives from both academic and non-academic stakeholders such as local communities and cultures, non-governmental organisations etc.

Vertical integration refers to knowledge perspectives that Brown et al. (2005) describe as individual, local, specialized, strategic, and holistic. Important practical, ethical, and political implications accompany the inclusion of these perspectives, and particularly that of non-academic voices.

Transdisciplinarity therefore, is about ‘participation’ and ‘equity’. As Breilh (2003) argues, it is impossible to understand the dynamics and conditions of human infectious diseases without embedding them within the (often inequitable) social relations in which they reside.

REFERENCE


REFERENCES


Vertical Integration: Linking ‘among’ different knowledge users

Specific programs, initiative and projects that integrate different types of knowledge, participation

Horizontal Integration: Linking ‘across’ different knowledge perspectives

Communities and culture (indigenous peoples, ethnic, language communities, age sets/groups), Practitioners & Field workers (clinicians, vets, farmers, community health workers (animal and human), field epidemiologists, charities, NGOs, traditional healers, drugstore owners, researchers etc.),

Academic disciplines related to Social and Ecological systems (ecology, geography, microbiology, political science, economics, botany, medicine, public health, veterinary epidemiology, anthropology, sociology, development studies, conservation studies, gender studies,

Sectors (health, environment, agriculture, livestock, development, wildlife, transport, planning)

Units of governance (international, regional, national, district, constituency, village)

CONCLUSION

Clear communication across sectors and disciplinary boundaries

This includes overcoming differences in ‘language’ and meanings and an appreciation of different knowledge perspectives. Secondly, transdisciplinary research calls for a shift in the funding strategies of many national and international agencies. In academia for instance, the current tenure and reward systems generally do not promote the interdepartmental collaboration in research and training.

Lastly, research in EIDs need to inculcate research methods that promote wider community multi-stakeholder participation, and to draw from the various knowledge perspectives on health and environmental sustainability. In other words, transdisciplinarity should be more than the mixing and interbreeding of disciplines.