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One Sustainable Health *for all*

DECLARATION

Editorial



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Why conceive a One Sustainable Health (OSH) Declaration?

On October 2, 2020, in the aftermath of the first wave of COVID-19, we decided to launch an international forum to share complementary facets of actions and knowledge in a transdisciplinary framework aligned with the United Nations (UN) 2030 Sustainable Development Goals.

The "One Health" approach seemed to us to be the most appropriate for a comprehensive framework to bring together human, animal and environmental health stakeholders.

Drawing on research and scientific knowledge, as well as on the operational practices of public and private actors, we invited a wide variety of experts and organisations to converge on an adaptation of practices in order to better take into account the living world as a whole.

How can we truly move towards the utopia of "Sustainable Health", accessible to all, without openly revising our operating methods and goals of action?

In Bangladesh, the Social Purpose Organisation Friendship has been working with the most climate vulnerable communities for over 20 years. Impacted by extreme conditions, starting with poverty and the devastating impacts of climate change especially on their health, these communities have developed locally led adaptation solutions.

This is the case for a multitude of Civil Society organisations in many low-income countries but also in high-income countries with growing disparities. To move forward equitably, we must be able to give dignity the place it deserves in

the face of all dehumanising and vulnerable contexts.

We wanted the dignity of people, respect for animals, plants and the environment, to be taken into account simultaneously, in harmony with the Living World. Any degradation of one of the components of life has an impact on the others.

We know that health and education are the basis of all individual and collective development. While medicine is at the heart of our health, it is only a part of it. Funding for global health and education remains inadequate, resulting in much greater indirect costs for our societies because it is always more expensive to cure than to prevent.

Our practices must evolve based on our realities, our knowledge, scientific research and our agreed priorities to limit inequities between causes and promote equity. They invite us to new forms of cooperation, both internationally and within our communities and local authorities. The evolution of the "caregiver-patient" relationship is an example of this, as is the strengthening of local capacities enabling the most vulnerable to become actors themselves in changing their living conditions.

Through the commitment and convictions of a diversity of experts, six (6) transdisciplinary International Working Groups (IWGs) launched in 2021, have progressed for 2 years, with the first membership of recognised organisations such as the University La Charité in Berlin (WHS), the Institut de Recherche pour le Développement (IRD), VetAgro Sup, the University of Geneva

("Geneva Health Forum" (GHF)), Friendship, Agronomes et Vétérinaires Sans Frontières (AVSF), Casade, "Wildlife Conservation Society" (WCS), Action Contre la Faim (ACF), Solthis and many others.

Nearly a hundred experts and organisations now form the core of the OSH Forum and it is, above all, the personal commitment of every single one that has made this convergence possible, organised thus far with very limited resources.

The interest of the French Centre for Funds and Foundations (CFF) in conjunction with the French Coalition of Climate Foundations (CFFC) and its ability to encourage innovative approaches in the service of the general interest, to promote the support of first foundations including the Bullukian Foundation, the Daniel and Nina Carasso Foundation, the Fondation de France, the Veolia Foundation and the Foundation S - The Sanofi Collective, joined in 2023 by AFD and the Institut Pasteur.

Beyond the collaboration between experts within the six IWGs, the OSH Forum is a platform that connects a diversity of organisations aware that they each have only one piece of the health, environmental and social puzzle that must be taken into account globally by a genuine concerted complementarity, to face this context of polycrisis together.

Thanks to the support of two of our partners, AFD and Pasteur Network, we were able to organise the first Sustainable Health for All Forum (OSH for All) in Lyon from 5 to 7 July, 2023. It was preceded in June by four international sessions organised by members of the OSH Forum: in Bangladesh with Friendship, in Lebanon with St Joseph University and Amel Association International, in Senegal with the commitment of Minister of State Awa Marie Coll Seck and ENDA as well as in Brazil with the Foundation Osvaldo Cruz (Fiocruz), the Pan American Health Organisation (PAHO) / World Health Organisation (WHO) and the Pan American Center for Foot-and-Mouth Disease and Veterinary Public Health (PANAFTOSA). The second Forum entitled "One Sustainable Health by All" will be held in Dakar in 2024 before a third edition, planned in Lyon in 2025. The fourth World Forum will be held on another continent, before returning to Lyon to alternate every two years with a foreign country.

We believe in the capacity of a shared responsibility between public and private actors in the

face of the new "Health-Environment-Social" paradigm. Our recommendations from a diversity of actors from Civil Society, complete and complement those proposed by the scientific community through an operational declination oriented towards our health, environmental and social issues. These consolidated recommendations are intended to share good practices and influence our public policies in an approach focused, above all, in respect of the Living World and therefore, of the Planet.

In this context, in February 2022, during the French Presidency of the European Union (EU), members of the OSH Forum mobilised to form the One Europe for Global Health (OEGH) coalition. It made it possible to consolidate the recommendations of a variety of Civil Society organisations for advocacy, that we were able to bring directly to the 27 European Ministers of Health during a session dedicated to "One Health" issues. Since then, the OEGH coalition has held a session every 6 months in the European country that holds the Presidency of the Council of the European Union¹ with advocacy that is enriched by the membership of a growing number of organisations concerned by Europe's commitment to the "One Health" issue in Europe and around the world.

The One Sustainable Health for All Foundation supports the OSH Forum and the OEGH coalition, following the pace of commitment of experts and member organisations. All of them converged freely by conviction, without remuneration, thus reflecting the need to have an informal platform to exchange and collectively agree on priorities for action in the service of the Planet.

We must salute the commitment of all the experts who have invested precious quality time, especially those who have been able to do so on a regular basis, by giving time to this collective issue. We would also like to thank the commitment of nearly a hundred organisations to this borderless approach to life. Finally, we would like to salute the unwavering commitment of the USDT Foundation team, which has given without counting during these two years.

We invite you to peruse the OSH Forum's recommendations and join us for the next two-year cycle that will define the themes of the new IWGs in early 2024 with a view to publish their recommendations at the end of 2025.

¹The OEGH coalition met at the Czech Medical Association (CMA) in Prague on 30 November 2022, then at the Karolinska Institutet in Stockholm on 9 February 2023 during the Swedish Presidency of the EU, and recently on 29 November at the IS Global Health Institute in Barcelona during the Spanish Presidency.





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Evolution of the One Health Concept

Chris WALZER
Wildlife Conservation Society (WCS)



The concept of One Health, emphasising the interconnectedness of human, animal, and environmental health, has deep historical roots and cross-cultural significance, evident in ancient Buddhist and Indigenous teachings, Egyptian practices, and the philosophies of Saint Francis of Assisi, as well as in the foundational principles of Islam, Judaism, and Hinduism. Furthermore, the relationship between humans and plants, including their medicinal value, has a rich history across diverse civilizations and cultures. It is symbolized in arts and literature and recognized in early pharmacognostic works like "De Materia Medica" by Dioscorides.

Hippocrates, often hailed as the "Father of Medicine," greatly influenced the field of biomedicine and the understanding of socio-ecological health interdependencies. Born around 460 BCE, he was among the first to assert that diseases were natural occurrences, not punishments the gods inflicted. Hippocrates' observations led him to understand the impact of the environment on health, an idea encapsulated in his work "On Airs, Waters, and Places". In this text, he suggested that environmental factors - including climate, water quality, and lifestyle - had a significant influence on the health of individuals and could explain the prevalence of certain diseases in different regions, a groundbreaking concept during a time when supernatural explanations for illness were common.

Furthermore, Hippocrates' detailed studies on animal anatomy and diseases laid the foundation for comparative medicine. He noticed similarities between human and animal bodies, leading him to believe that understanding animal biology could provide insights into human health.

With the beginning of the early Age of Enlightenment, several advancements in veterinary and human health laid the groundwork for the One Health concept we recognise today. Key figures such as Italian physician Giovanni Lancisi, who studied the role of the environment in disease transmission among animals and humans, and French veterinary surgeon Claude Bourgelat, who established the world's first veterinary faculty, made significant contributions to this field. Rudolf Virchow, a German physician, played an instrumental role in shaping the principles of One Health. He coined the term "zoonosis," which refers to diseases

that can be transmitted from animals to humans or vice versa. Virchow's assertion that there should be no scientific barrier between veterinary and human medicine highlights the interconnectedness of all health domains, a core tenet of One Health.

Canadian physician William Osler, regarded as the father of veterinary pathology in North America, significantly contributed to understanding the connections between human and veterinary medicine, trained with renowned professionals like Dr. Virchow, and educated both medical and veterinary students at McGill University on the relationship between animals and humans. In 1947, James H. Steele, a Doctor of Veterinary Medicine and Master of Public Health, established the Veterinary Public Health Division at the CDC. Dr. Steele recognised animals' crucial role in the epidemiology of zoonotic diseases, understanding that maintaining animal health is vital for ensuring public health.

Calvin Schwabe, a significant contributor to veterinary epidemiology, coined the term "One Medicine" and called for collaboration between the medical and veterinary professions, laying the groundwork for the integrated approach and cross-sector collaboration that characterizes One Health today. His "One Medicine" concept emphasises the interdependence of human, animal, and environmental health.

In 1949, "A Sand County Almanac" by Aldo Leopold and "Silent Spring" by Rachel Carson in 1962 shaped the One Health approach by advocating for the preservation of ecosystems and highlighting the interconnectedness of human and environmental health. Leopold, regarded as the father of wildlife ecology, advocated for respecting and preserving ecosystems. His work focused on the moral responsibility towards the natural world, influencing how we approach the sustainable use of terrestrial ecosystems. On the other hand, Carson's "Silent Spring" was a call to action against the indiscriminate use of pesticides, highlighting the interconnectedness of human and environmental health. These works, amongst many others, subsequently have influenced our perception of sustainable land use and chemical risks to health, emphasising the importance of understanding the interconnection between humans, animals, plants, and the environment.

“

*There is just one health.
And the solutions
require everyone
working together on all
the different levels.*

In 2003, the head of WCS's Field Veterinary Program, Wilian Karesh, stated in an interview with the Washington Post that "Human or livestock or wildlife health can't be discussed in isolation anymore." "There is just one health. And the solutions require everyone working together on all the different levels." Subsequently, The Wildlife Conservation Society unveiled the 12 Manhattan Principles on September 29, 2004, during a symposium at Rockefeller University in New York City. Titled "Building Interdisciplinary Bridges to Health in a 'Globalised World'," the symposium gathered human and animal health experts who discussed disease transmission among humans, domestic animals, and wildlife, setting twelve priorities to address these health threats. These priorities, termed the "Manhattan Principles," advocated for a global, interdisciplinary strategy to prevent disease, laying the foundation for the "One Health, One World" concept.

In 2007, the One Health Approach was recommended for pandemic preparedness at the International Ministerial Conference on Avian and Pandemic Influenza in India, while the American Medical Association passed a resolution promoting increased collaboration between human and veterinary medical communities. At the 2008 International Ministerial Conference on Avian and Pandemic Influenza in Egypt, One Health became a political reality as representatives from over 120 countries endorsed a new strategy framed as "Contributing to One World, One Health" to combat avian influenza and other infectious diseases by focusing on areas where animals, humans, and ecosystems interact. Following the conference's recommendations, major organisations, including FAO, WOA, WHO, UNICEF, the World Bank, and UNSIC, collaborated to develop a strategic framework that applies the One Health concept to emerging infectious diseases at the animal-human-ecosystem interface, drawing lessons from the H5N1 avian influenza response in the early 2000s. In August 2010, the European Union confirmed its commitment to the One Health approach, emphasising the need for practical policies and strategies that promote interagency and cross-sectoral collaboration. The United Nations and the

World Bank further endorsed this approach in July 2010, advising countries to build One Health capacity to respond to various disease threats rather than focusing solely on emergency initiatives for controlling avian influenza. In May 2010, a meeting hosted by the CDC in collaboration with WOA, FAO, and WHO identified clear actions to operationalise the One Health concept, moving from vision to implementation.

In 2019, the Manhattan Principles were revised and expanded by the Berlin Principles as One Health initiatives and networks increased around the world, and the World Bank endorsed the economic value of One Health. One Health has also been institutionalized at various levels of academia and government, including through the 2010 agreement between the Food and Agriculture Organisation of the United Nations (FAO), the World Organisation for Animal Health (WOAH), and the World Health Organisation (WHO) to collaborate more closely at the human-animal-environment interface. This tripartite agreement evolved into a quadripartite partnership in 2022, following the incorporation of the United Nations Environment Programme (UNEP). In conjunction, the One Health High-Level Expert Panel was founded. **Simultaneously, in early 2021, the "One Sustainable Health Forum", a cross-disciplinary network of experts collaborating through six permanent working groups, was launched to move beyond the universal health coverage agenda to emphasise the crucial role of health in achieving the Sustainable Development Goals (SDGs) while promoting a balanced synergy between them.**

While One Health has traditionally focused on zoonotic diseases, it has evolved significantly to include a broad spectrum of health and sustainability concerns such as biodiversity, climate stabilization, and food and water security. However, there's a need to integrate more social sciences and humanities, understand socio-ecological drivers of Health, and prioritise community participation. Furthermore, recent work highlights the importance of including non-western worldviews and multi-epistemic approaches in One Health scholarship. Indigenous knowledge is increasingly recognised for its value in One Health, with calls for partnerships that include Indigenous Peoples. Amongst others, Two-Eyed Seeing enhances Developmental Origins of Health and Disease studies by integrating the best of Indigenous and Western knowledge systems, fostering culturally relevant and collaborative research for the benefit of all. Despite representing less than 5% of the global population, Indigenous Peoples have sustained 80% of the world's biodiversity on their lands, primarily attributed to their harmonious socio-ecological interrelations, conservation values, and environmental stewardship, highlighting the importance of epistemological pluralism in decolonizing global health and advancing One Health.

Statement of Position Achieving One Sustainable Health

This document highlights the position followed by the One Sustainable Health (OSH) Forum. This statement of position was written by the OSH Forum Scientific Advisory Board in March 2021.

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BACKGROUND

The United Nations (UN) 2030 Agenda for Sustainable Development, including its 17 Sustainable Development Goals (SDGs) and 169 targets, was adopted on 25 September 2015 by the international community at the UN Sustainable Development summit in New York. It provided a shared blueprint for peace and prosperity for people and the planet, aimed to eradicate poverty in all its forms and to achieve sustainable development in its three dimensions - economic, social, and environmental - by 2030 world-wide, in a balanced and integrated manner, ensuring that no one is left behind. A few weeks later, on 12 December 2015, the Parties to the United Nations Framework Convention on Climate Change (UNFCCC) joined at the 21st Conference of Parties (COP21) in Paris, to deliver a landmark agreement to combat climate change and to accelerate and intensify the actions and investments needed for a sustainable low carbon future. However, as emphasised by the Global Sustainable Development Report of September 2019, the independent evaluation of the first 4-years implementation of Agenda 2030, while significant progress has been made on some goals, no country is currently on track towards achieving all SDGs and some negative trends even show that the world is backtracking on major planetary issues. Similarly, the last reports of the Intergovernmental Panel on Climate Change (IPCC) strongly estimate that the actual global response to the threat of climate change is not on track for keeping a global temperature rise this century well below 2°C above pre-industrial levels and to pursue efforts to limit the temperature increase even further to 1.5°C.

THE PRESENT SITUATION

During the last year, the COVID-19 pandemic has reignited the need to address current interlinked challenges in an integrated manner, other than through singular or linear approaches, and the COVID-19-induced shocks, with the associated increasing poverty and inequalities on a global scale, have highlighted the need to achieve SDGs as a matter of urgency. In particular, the response to the pandemic has fueled a growing understanding of two major interrelated challenges in the field of health: on the one hand, the need to strengthen the resilience of the health care and public health systems, ensure adequate and equal access to healthcare and promote consensus and adherence of the whole population to preventive measures; on the other hand, the need to better take into account the interdependence of biodiversity, climate and human health. Both issues imply to put health in all its dimensions at the core of Agenda 2030 and all international, national and local policies to implement the SDGs.

Long before the current pandemic, several approaches had already attempted to promote research and interventions explicitly dealing with the continuum and interconnections between human, animal and environmental socio-ecosystems: **One Health**, to address the interdependency between human health, animal health and the environment; **Planetary Health**, focused on characterising the human health impacts of human

caused disruptions on Earth’s systems; **Global Health**, to define and deliver evenly health strategies in a comprehensive and inclusive manner throughout the planet; **Universal Healthcare** and **Equal-access to medicines**, to overcome health inequalities within or between communities. While these independent but related concepts are already used in scientific analyses and policy papers, their strategic articulation and precise definition is long overdue and they have not yet been granted a sufficient priority in mainstream biomedical, agronomic and other scientific research, as well as education and communication. Furthermore, they should translate a lot more into operational policies and projects, overcoming established academic, political and practical silos as well as established short-term interests. To the contrary, some of these approaches have developed into dedicated communities and defined stakeholder groups that advocate their specific approaches.

“ ONE SUSTAINABLE HEALTH ”

This approach intends to articulate convincingly, across regions and regardless of wealth, specific interests and cultural disparities, four complementary objectives:

- To highlight the core role of **health** in the implementation of the SDGs and the need to find the most appropriate balance between them that values the synergies of health for a sustainable future;
- To facilitate **convergence** between the various preexisting approaches that take into account the continuum between ecosystems, animal and human health, and societies as a whole;
- To facilitate **dialogue** between the above mentioned groups as well as public and private actors, academia, civil society, politics and industry and to support initiatives in order to translate these objectives into practical and feasible programs, interventions and policies;
- To raise awareness and facilitate the development of **educational** programs, keys to ensure the necessary behavioral change in the wider population.

These objectives aim at the one noble and humanistic common goal: Good Health and Wellbeing for All, which is the highest priority for the individual person and for society at large in all regions of the world and in all cultures. “Healthy Lives in a Healthy Nature” may be a simplified narrative for this complex argumentation.

The “One Sustainable Health” approach is based on the idea that beyond targeted responses to individual health challenges, a more consistent and holistic approach is the-

refore required more than ever, not only encompassing human health, but also that of all living organisms and ecosystems, as well as anthropic pressures on the latter derived from agriculture, industrial activities, collective human behaviors and anthropological systems, and leading to heating of the planet, pollution and more.

Because all natural ecosystems retroact on one another, progressing towards sustainable health can only be achieved through a consistent effort based on the principles of resilience and sustainability. Because no region is isolated, sustainable strategies should be designed and delivered taking into account their global impact and the principle of universality.

One Sustainable Health thus includes SDG 3 “Good Health and Wellbeing for All” and is an entry point to all 17 Sustainable Development Goals. These provide an umbrella as defined by the United Nations on 25 September 2015. All groups around the world with different approaches, those mentioned above and many others with their well justified activities and targets, should act to the best of their knowledge and available means, but unite in a network of networks in the spirit of SDG 17: “Good Partnership for the Goals”. This is the guiding principle of “One Sustainable Health”.



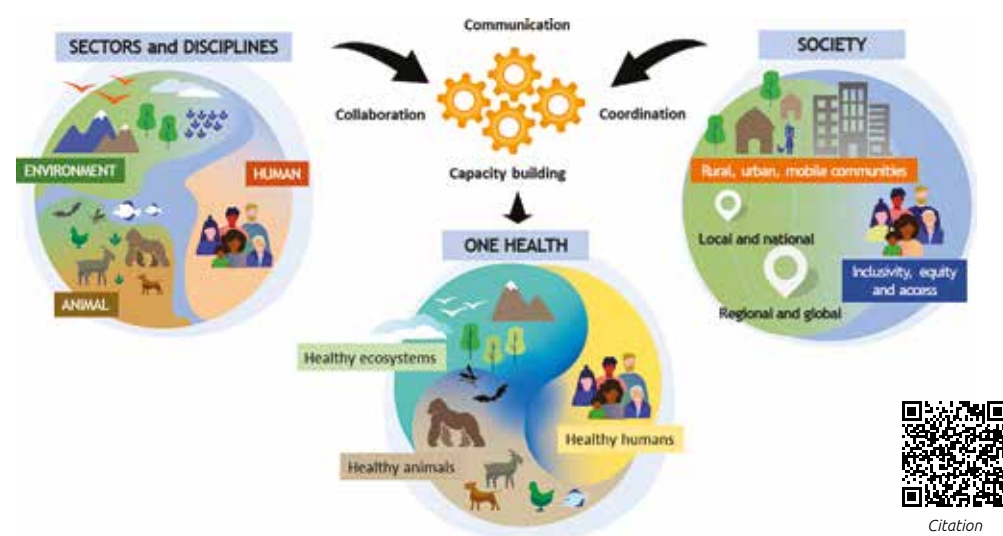
One Health definition and key underlying principles

By the One Health High Level Experts Panel (OHHLEP)

One Health is an integrated, unifying approach that aims to sustainably balance and optimise the health of people, animals, and ecosystems. It recognises the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and interdependent. The approach mobilises multiple sectors, disciplines, and communities at varying levels of society to work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for healthy food, water, energy, and air, taking action on climate change and contributing to sustainable development.

KEY UNDERLYING PRINCIPLES INCLUDING

- Equity between sectors and disciplines
- Sociopolitical and multicultural parity (the doctrine that all people are equal and deserve equal rights and opportunities) and inclusion and engagement of communities and marginalised voices
- Socioecological equilibrium that seeks a harmonious balance between human–animal–environment interaction and acknowledging the importance of biodiversity, access to sufficient natural space and resources, and the intrinsic value of all living things within the ecosystem
- Stewardship and the responsibility of humans to change behavior and adopt sustainable solutions that recognise the importance of animal welfare and the integrity of the whole ecosystem, thus securing the well-being of current and future generations
- Transdisciplinarity and multisectoral collaboration, which includes all relevant disciplines, both modern and traditional forms of knowledge and a broad representative array of perspectives



Citation

Preface

The One Sustainable Health Initiative aims to enable an operational, integrated, equitable and global health approach. It shall facilitate collaborative work, essential today, to identify worldwide priorities and operational actions needed to progress towards sustainable health for all. This implies the involvement of all key health-related stakeholders in an international Forum in which all participants have contributed with their expertise and allowed a truly interdisciplinary approach, without boundaries. The OSH approach is directly related to the 2030 Sustainable Development Goals agenda. Its implementation is a prerequisite to guarantee the successful achievement of the SDG's including, but not limited to health and welfare as they are intimately linked to planetary health.

To this end, the Initiative created a consultation and research process supported by partners in particular in favour of a Europe of Health, with the input of international and interdisciplinary Working Groups. These groups, comprised of over eighty (80) experts from over 25 countries, representing a cross-section of Civil Society including, academics, NGO's and the private sector, have considered the current state of affairs, made recommendations and concrete proposals to operationalise One Sustainable Health in the six strategic sectors: OUR IMPACT / Pollution; FEEDING OURSELVES / Food & Nutrition Systems; GLOBAL HEALTH / Human & Planetary health; HEALTHCARE ACCESS / Equitable access to Health Services; GOVERNANCE FOR ALL / Finance & Global levers of change; LOCAL PRACTICES / Empowering local communities.

Their recommendations were discussed in four International Partner Sessions in Bangladesh, Brazil, Lebanon and Senegal where additional recommendations were proposed often in the context of actual case studies.

This highly inclusive process has resulted in concrete recommendations of new operational actions and public policies in favour of One Sustainable Health that were presented for discussion at an international Forum in Lyon, July 5-7, 2023. International experts and policy makers debated the merits and shortcomings of the process – allowing for further enhancement of the recommendations and associated actions. These actions and recommendations were consolidated from contributions of experts in over 35 different countries and are closely linked to changes in the economic, social, energy, and ecological paths that will help to achieve the United Nations 2030 Sustainable Development Goals.





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International Working Groups (IWG)

ONE HEALTH - PLANETARY, ANIMAL & HUMAN - INTERDEPENDENT, FRAGILE, WEAKENED BY PAST & PRESENT HUMAN BEHAVIOUR.

The One Sustainable Health for all Foundation strives to contribute to the global awareness of the issues, but above all, solutions for reversing the negative trends perpetrated by humankind.

The OSH Forum is founded on a transversal and multidisciplinary process driven by a community of experts (public and private operators and academics), **working in six target areas, with the objective of identifying impactful operational programmes, pilot actions, and innovative guidelines for their funding and implementation.**

It is conceived as a resource for policy makers and actors in the field, to help understand and respond to the polycrisis with informed, concrete actions.

SIX WORKING GROUPS

Six Working Groups striving to make concrete proposals for operationalisation of One Health in a Global context



OUR IMPACT

Mitigating the impact of environmental pollution, climate change and pressure on biodiversity to promote better health outcomes



FEEDING OURSELVES

Towards sustainable food and nutrition



HUMAN-ECOSYSTEM RELATIONSHIPS

Adapting Human-Environment paradigms for better human and planetary health



HEALTHCARE ACCESS

Equitable access to quality health-related services



GOVERNANCE FOR ALL

Global levers of change to foster One Sustainable Health



LOCAL PRACTICES

Developing One Sustainable Health practices and resilience within local communities

IWG Expert profiles

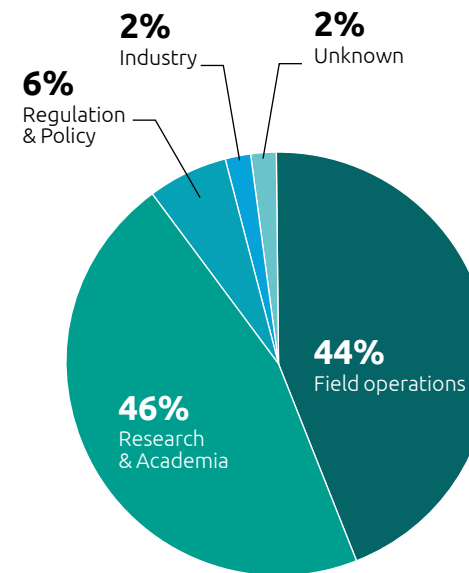


Figure 1: Type of expertise

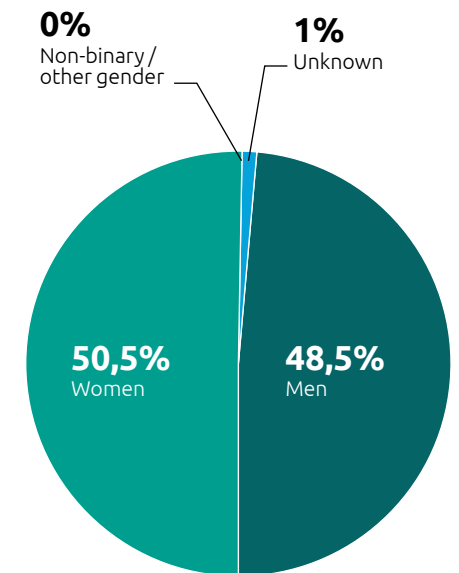


Figure 2: Gender

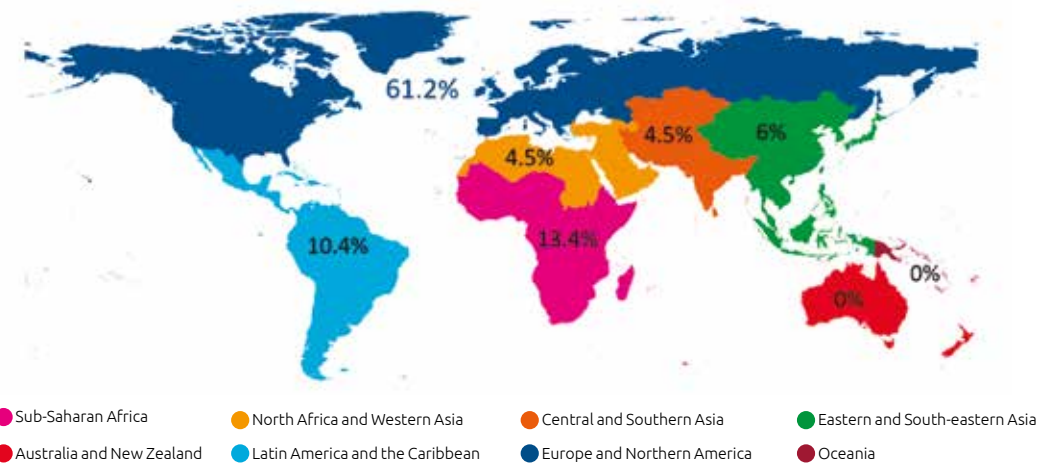


Figure 3: Geographic distribution of members

ESSENCE OF THE OSH RECOMMEN- DATIONS

“

The One Sustainable Health for all Foundation strives to contribute to the global awareness of the issues, but above all, solutions for reversing the negative trends perpetrated by humankind.



Four pillars for implementing OSH Recommendations

PUBLIC KNOWLEDGE of One Sustainable Health challenges and solutions is key to ensuring its integration and implementation, essential for securing its benefits. Educate through examples that converge existing and emerging understanding and practices in public, animal and planetary health. This, while including indigenous experience that favors biodiversity and sustainability. Communicate and educate to raise awareness through various channels and approaches “glocally” to reach all societal groups in an equitable manner so that no one is left behind.

FINANCE of One Sustainable Health approaches is strategic to ensuring the success of its operationalisation. Governments can raise awareness through targeted review processes designed to examine consistency of contradicting public spending such as Fuel subsidies vs Treatment of health impact of air pollution. Existing funding instruments having adverse effects on Planetary, Human and Animal health must be adapted or phased out so as to reduce the negative impact. Mechanisms for multisectoral financing and blended finance can allow local communities to adapt and act effectively by implementing locally-led solutions. One Sustainable Health practices can be encouraged through favourable taxation and subsidies. Intelligent One Sustainable Health taxation should encompass existing “environmental, Health and Social objectives” at the national and international levels.

DATA & SCIENTIFIC EVIDENCE are clearly identified as essential to ensuring effective understanding of the interrelationship between the multiple factors impacting One Sustainable Health. They serve as the foundation for decision-making, risk ranking and sustainable research funding. Indigenous, local, regional, national and international cross-sectoral research, data generation, collection, sharing and surveillance will foster evidence-based advocacy. They are the foundation for systems analysis that will offer calibrated and qualitative indicators by which to evaluate progress in equitable, inclusive and impactful implementa-

tion of One Sustainable Health initiatives and programs. In addition to integrating One Sustainable Health expertise within existing national and international panels and inter-governmental bodies and platforms, it is recommended to promote awareness and implementation of One Sustainable Health (For All) at the United Nations General Assembly. A strong recommendation is the establishment of a “One Sustainable Health Institute” initiated by Europe. It would oversee and guarantee independent curation and objective use of a comprehensive holistic database based on existing databases with improved interconnectivity including environmental and social data.

STRATEGY & GOVERNANCE must be optimised to foster local actions through public policies inciting and favouring regional, national and international One Sustainable Health initiatives. This requires empowering local and Indigenous Peoples through implementation of innovative finance mechanisms for solutions and actions combining health, social and economic data, environment and climate goals. Regulation and mechanisms for compliance, notably through financial and insurance markets, can be powerful instruments in certain areas of the world, whereas raising awareness of One Sustainable Health through information, public campaigns and sharing experience on concrete examples is impactful everywhere. The paramount role of Civil Society is underlined. Transformation of food systems, water dynamics and usage, microplastics are all intertwined with planetary, animal and human health as also illustrated by Antimicrobial Resistance (AMR) and the propagation of “pandemics” of non-communicable and infectious diseases.

The One Sustainable Health Forum offers a dynamic platform for interdisciplinary dialogue, catalysing change, fostering innovative strategies and actionable steps to promote global health equity integrating planetary, animal and human health to transcend boundaries and make a profound impact on global health outcomes, in support of the Quadripartite’s “One Health Joint Plan of Action”¹.

¹ <https://www.fao.org/documents/card/en?details=cc2289en>

Detailed Recommendations

01 PUBLIC KNOWLEDGE

1.1. Make One Sustainable Health knowledge integration and education a priority and raise awareness of One Sustainable Health challenges through public information campaigns, youth education, outreach to women's groups and vulnerable groups (e.g., illiterate people, marginalised communities, pastoralist, indigenous peoples), extension services, and workers, and the training of health and professionals from all sectors involved in OSH activities. To do that, it appears necessary to:

- 1.1.1.** Build on the rapidly emerging initiatives around the globe in the domains of One Health, Planetary Health, Integrated Public Health, Health Equity, and new Global Health.¹
- 1.1.2.** Build on relevant existing and emerging knowledge fields and new practices in public health, taking into account indigenous knowledge and the interactions with the ecosystems and the living communities broadly defined.²
- 1.1.3.** Integrate One Sustainable Health in "storytelling", "games" and curricula starting from the earliest period in education (e.g. Nursery school) to University. The example of sustainable agriculture, food transformation and consumption are highlighted.³
- 1.1.4.** Co-create, curricula and information campaigns including local specificities, using innovative approaches with communities, especially those living in vulnerable situations.

1.2. Incorporate, preserve, share, and ensure ownership of indigenous and local knowledge and know-how as an essential part of Global Knowledge. The convergence of locally-known preventive or curative interventions as well as custodianship regarding knowledge of food bio-diversity and biodiversity more broadly, should be integrated with current scientific knowledge through a participatory approach.

- 1.2.1.** Promote research on indigenous and local knowledge and to promote intellectual property rights of the originators of this knowledge (individuals and/or communities) by ensuring they receive the just monetary return.
- 1.2.2.** Promote intergenerational knowledge transmission about nutrition, health, environment protection and traditional practices.
- 1.3.** Health equity, gender equality, disability and social inclusion-sensitive approaches should be advocated when communicating on One Sustainable Health, if not legally compelled at all levels to ensure that they are incorporated in fundamental principles, actions and output of societal, commercial, educational, scientific and governmental institutions.⁴
- 1.4.** Nurture One Sustainable Health Literacy! All One Sustainable Health programs should proactively identify and address barriers to access One Health information and services to leave no one behind.

02 FINANCE

2.1. Establish close relationship with national funding agencies and Research Organisations in the area of Health Agriculture and Environment in different regions of the world. As example, in countries of the European Union e.g. INSERM (France), DFG, Helmholtz (Germany), Medical Research Councils in European Countries etc. in order to create and facilitate synergies between national, European and international funding mechanisms and strategies. Benefit from previous initiatives e.g. the EU Scientific Panel for Health, European Parliament and others.

2.2. Governments should eliminate harmful subsidy mechanisms to reduce or suppress their adverse effect on environment, animal and human health or negative environmental impacts in support of smart environment and health taxation for One Sustainable Health.⁵

2.3. Governments should establish review processes to examine the consistency of competing public subsidies (e.g. fuel subsidies vs air pollution and its health impact; beet/sugar cane production vs its health impact (diabetes treatments); high-storey concrete buildings vs neurologic disorders).

2.4. Promote smart environment and health taxation for One Sustainable Health. Environmental, health and social objectives in national or international taxation systems should be combined and foregrounded under the umbrella of One Sustainable Health.

- 2.4.1.** Implement taxes originally considered pertinent for "environmental protection", as One Sustainable Health taxes (e.g. fossil fuel/carbon taxes, addressing air pollution, intensive livestock (animal) production and other pollution taxes, including elimination of exemption of taxes on fuel for the airline and shipping industries.)
- 2.4.2.** Implement taxes originally considered for their potential to protect health and One Sustainable Health taxes (e.g. on tobacco, alcohol, Sugar-Sweetened Beverage (SSB)). Such taxes should be expanded to target industrial food

products that are detrimental to both environment and health, including abolishing subsidies or taxing sugar production and/or sales.

2.4.3. Encourage One Sustainable Health practices (e.g. biodiverse organic agriculture, extensive/pastoralist animal production systems) through favorable taxation and subsidies.

2.5. Establish mechanisms for multisectoral financing and maximise the potential for blended financing of country and local programs. Several financing instruments can mobilise funding in ways which help foster multisectoral investments:

- 2.5.1.** Program-based budgeting could help cuts across sectors and bring some sectoral interventions together, including animal, environmental and public health.
- 2.5.2.** Pooled funding mechanisms can be developed at country level to fund local programs based upon eligibility criteria.
- 2.5.3.** Joint biodiverse agricultural, health and climate incentives and purchasing arrangements can be used to encourage climate-conscious mitigation/adaptation behaviour.⁶
- 2.5.4.** All financing instruments - including grants, ODA loans, equity, or guarantees - should be used and channelled to environment-related action for health, in combination with grants to increase resource availability and concessionality.⁷
- 2.5.5.** Ensure flexible financing is channelled directly to communities on the frontlines. Financial instruments should be adapted to facilitate local access, use and accountability of funds and to facilitate co-construction and adjustments of projects by local communities in line with agreed priorities.⁸

¹ e.g. Food Systems Transformation as promoted by the UN-FSS held end of 2021 and that led to many actions (<https://www.unfoodsystemshub.org/en>) ; Addressing the impact of Microplastics on the food chain (Plant, Animal, Human). <https://web.archive.org/web/20190122195529/http://ec.europa.eu/research/sam/index.cfm?pg=pollution>

² As example in the field of international nutrition, increasing evidence is coming to light underlining the importance of promoting indigenous foods to sustain a "healthy" microbiota i.e., through natural probiotics.

³ Education on healthy food habits and early awareness of the impact of consumption modes on One Health must be part of school programs.

⁴ In sustainable food systems as example, food value chain development must be harnessed as a tool for women empowerment. Gender-based imbalances in the access to land and resources must be corrected.

⁵ "Stop harming" should be a first focus of public-policy reviews. A significant number of public financing instruments currently still have an adverse effect on planetary (environment), animal and human health. Phasing them out, or at least progressively adapting them, would have a dual positive effect through reallocation of funding and reduction of their negative effects. Fossil fuel subsidies worldwide amount to \$577 billion (World Bank). Agricultural subsidies such as those to the sugar industry also represent massive financial expenditure. Dumping practices, where surplus goods are sent elsewhere, prevent the farmers in those countries from making significant revenue by selling local produce.

⁶ One good example of dynamic currently created is the First Food initiative led by Unicef in West and Central Africa (<https://www.unicef.org/wca/fr/1st-Foods-Forum>)

⁷ <https://www.greenclimate.fund/document/sectoral-guide-health-wellbeing>

⁸ Communities need the resources to adapt and act effectively and punctually. Blended finance can catalyse agile and flexible financing that can be rapidly channelled to communities for locally led adaptation solutions.

03 DATA & SCIENTIFIC EVIDENCE

3.1. Develop evidence-based advocacy on One Sustainable Health through cross-sectoral data generation, collection and sharing.

3.1.1. Establish a database (conception, implementation, rules of sharing, data validation) along FAIR principles (findable, accessible, interoperable, reusable).

3.1.2. For a comparative approach (e.g. between different countries), establish a strategy for data collection protocol and homogenisation of information.

3.2. Scale up integrated surveillance systems, shifting away from siloed disease surveillance to syndromic surveillance (e.g. a “systems approach”)⁹, to integrate environmental, social and economic factors in addition to human, animal and plant health.

3.2.1. Establish an independent platform / agency / partnership which allows for and guarantees independent academic curation of a comprehensive holistic database beyond silos and helps prevent the use/abuse of selected and biased data sets.¹⁰

3.3. Establish an international cross-sectoral One Sustainable Health panel at or with the Intergovernmental Panel on Climate Change (IPCC) and the Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services (IPBES), bringing together independent experts from human, animal, plant and environmental health. Elevate One Sustainable Health (for All) to the United Nations General Assembly (UNGA).

3.4. Integrate a set of indicators for effective, equitable, inclusive, impactful implementation of One Sustainable Health initiatives and programs using disaggregate data per gender, age, disability, and social determinants of health.

3.4.1. Leverage “state-of-the-art” studies that have been developed to measure progress and establish pertinent indicators. In some regions this has been or is being done e.g. the Americas.

3.5. Encourage and finance local research projects and the development of scientific and socio-economic knowledge in close interaction with indigenous populations, local communities and governments (local and national). Build the evidence-base of effective local solutions.¹¹



⁹ i.e. surveillance of exposure to pathogens, chemicals, physical, and other environmental risks

¹⁰ e.g. consider the World Academies, Inter-academy Partnership (IAP) for collaboration in this initiative.

¹¹ i.e. For communities to be equipped with best practices to inform policy and to incentivise financial investment in biodiverse agriculture, climate adaptation, evidence on what works or does not and ways to access and use such evidence

04 STRATEGY & GOVERNANCE



4.1. Eliminate the boundaries between infectious and non-communicable diseases to promote better health by increasing spending on cross-cutting upstream environmental conservation and climate mitigation and adaptation interventions to promote health through better hygiene, sanitation, sustainable biodiverse agriculture and nutrition¹², behavioural change, prevention programs and education. To be effective, this must be implemented at the Local, Regional and National levels.

4.2. Reform the global mechanism to fund prevention of epidemics, pandemics and elimination of neglected diseases. Move beyond the existing ways in which many Global Health Initiatives (GHIs) such as the Global Fund to fight Aids, Tuberculosis & Malaria (GFATM) and the Global Alliance for Vaccines & Immunization (GAVI) currently support e.g. in purchasing.

4.2.1. Moving forward, these funds should evolve to regional purchasing mechanisms to ensure allocation occurs within spaces of sovereignty, which integrate the needs for both human and animal health counter-measures.

4.2.2. The potential to consolidate global funding mechanisms including through a joint global contingency fund for sustainable, bio-diverse agricultural systems, health and climate should be further explored, building on the experience of the Pandemic Fund lodged at the World Bank.

4.3. Shape markets and consumer behaviours through changes in public policy: Engage in attempts to promote One Sustainable Health practices which often imply shifting private expenditures towards more One Sustainable Health-friendly practices.

4.3.1. Raise awareness through information (e.g. public health campaigns, NutriScore, etc.) or shift behaviours through nudges. These are public actions, which require relatively small amounts of public resources, but have a high return on investment.

4.3.2. Regulation, and mechanisms for compliance, including regulation of financial and insurance markets, can be powerful instruments.

¹² The complexity of the increasing globalised food system requires a holistic approach and integrated actions at all levels, from private and public actors and across the whole food system from agriculture to trade, health, education, infrastructure ...using systems thinking

4.4. Support national adaptive social protection systems combining health and climate/ environment goals. Mechanisms to improve livelihoods including “Food Social Security” mechanisms, should be established including cash transfers and accompanying measures.¹³

4.5. Create One Sustainable Health Institutes. We move to establish a 'One Sustainable Health Institute' in every country (and region, like the European Union (EU), the Community of Latin American and Caribbean States (CELAC), Association of Southeastern Asian Nations (ASEAN), African Union (AU), ...) as it would be essential for human health, animal health, and planetary health which are interconnected and interdependent.¹⁴

4.6. Foster the transformation of Food systems towards agro-ecology and local and diversified food production, integrating food-safety and food security considerations. Country Food Systems Transformation Pathways offer an entry point through which to consider actions that integrate One Sustainable Health Approaches. Consultations at a country-level should take place and be supported.

4.7. Initiate and support regional priority projects with populations living near oceans and rivers (watersheds, coasts and islands) to stop the impact of intensive exploitation and pollution on marine and other water ecosystems, given that more than half the world's population will live less than 100km from the coast.

4.8. Systematically integrate One Sustainable Health considerations and objectives including urban food systems within urban and territorial planning.

4.9. Foster solutions to empower people in defense of One Sustainable Health actions in countries with "stable governance" (e.g. Legislation and Taxes) and in those where state is failing.

4.10. Centralise the voice of local communities in decision-making and solutions¹⁵. Specific solutions must be contextually defined and include local contexts, communities and people experiencing the direct impacts.¹⁶

4.11. Encourage evaluation of existing treaties and international agreements for opportunities to integrate One Sustainable Health approaches.

4.12. Foster and support legislation to declare degrading Biodiversity Hotspots, and other key planetary resources, illegal, thereby reinforcing the legal protection of high-integrity ecosystems.¹⁷

4.13. Identify and address barriers to access One Health services and information to help ensure that services and programs are inclusive and accessible.

4.14. Implement a One Sustainable Health approach including indigenous/local knowledge and well as sustainable agriculture/livestock production systems towards reducing or mitigating AMR.

SYNOPSIS

INTERNATIONAL WORKING GROUPS (IWG) & INTERNATIONAL PARTNER SESSIONS (IPS)

¹³ These can include training, skills development and household asset management, including for women, alternative income sources, expanded access to formal credit, environmental services, including protection of coastal areas, forests, ecosystems etc. Productive inclusion activities, such as income-generating ones that accompany cash transfers, can support endeavours that do not harm the environment, biodiversity, human and animal health (e.g. environmentally-friendly agricultural production practices).

¹⁴ The main reasons for why such institutes are necessary:
- Governance and finance are inextricably interlinked, and we need structures that can combine the two and move beyond status quo.
- Important drivers for this change are the SDGs, the Health-in-All-Policy concept, and the understanding that we are entering an era of polycrises to which both governance and finance need to respond in conjunction, urgently and effectively.
- There is emerging political acceptance and readiness for establishing an institution with this kind of responsibility.

¹⁵ While climate change is applicable globally, its impact disproportionately affects low- and middle-income countries.

¹⁶ One size does not fit all - development, implementation, and evaluation of solutions must be included in and driven by local actors themselves. The example of food transformation is underlined.

¹⁷ Aiming at 30% of protected areas by 2030.



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Our Impact

Mitigating environmental pollution's impacts, considering climate change & biodiversity, planetary boundaries towards One Sustainable Health.

ABSTRACT

Recognised as the basis of One Health Essentials Ecosystems, environmental component protection, management and remediation of water, air, land and soil are considered as both an approach and an outcome needed at all levels for ensuring quality human, animal, and environmental health and biodiversity. The mandates and priorities of the environmental sector need to be fully integrated into the OH decision-making and implementation, including environmental data, innovations, and solutions under the nine planetary boundaries. With the end goal to eradicate all forms of pollution by 2030, UNEP as EU Action Plans "Towards a Zero Pollution for Air, Water and Soil" consider that it is high time to 'reverse the pyramid' of action and rethink the way goods and services are designed, produced, delivered, performed, used, and disposed of. Global and local stakes of environmental pollution and degradation are complex and often transcend spatial and temporal scales. OSH-IWG1 made the choice to combine the harmonised integrated DPSIR framework to the most recent WHO, UNEP, FAO guidelines, integrated practices. This, including innovative monitoring and metrics, most comprehensive risk, and safety assessment frameworks. Three incentive Proof of Concept projects proposals have been delivered by IWG1 to promote and provide key concrete One Sustainable Health guidelines and engagement strategy frameworks at territorial levels with, by and for all, on the Water and Air environmental components. A dedicated training action is considered as an essential step to enforce awareness, education and capacity building and federate all stakeholders to tackle complex socio-environmental issues through implementation of One Sustainable Health approaches.

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MAIN OBSERVATIONS / KNOWLEDGE

Action Track 6 of the One Health Joint Programme Action (OH-JPA) 2022-26 launched by the WHO-UNEP-FAO-WHOA Quadripartite, strongly supports the integration and enforcement of the environment into One Health (OH) operationalisation. The mandates and priorities of the environmental sector need to be fully integrated into the OH decision-making and implementation, including environmental data, innovations and solutions under the 9 planetary boundaries.

Pollution touches all parts of the planet and is the largest environmental cause of diseases and premature deaths in today's world. Every form of air, water and soil environmental degradation has direct or indirect negative consequences for human, animal and biodiversity health. The WHO estimates that 24 percent of all deaths worldwide are due to environmental risks. With the end goal to eradicate all forms of pollution by 2030, UNEP coordinates the global plan "Towards a pollution-free planet" implementation. Under UNEP common vision, the zero pollution ambition adopted in 2021 by the EU Action Plan "Towards a Zero Pollution for Air, Water and Soil" considers that there is high time to 'reverse the pyramid' of action and rethink the way goods and services are designed, produced, delivered, performed, used and disposed of. First of all, pollution should be prevented at the source. Where fully preventing pollution from the outset is not (yet) possible, pollution should be minimised. Finally, when pollution occurred, it should be remediated and the related damage compensated (historic pollution). To prevent and mitigate these threats combined with climate change, public health and animal health/veterinary sectors need to speak with one voice and implement One Health in a harmonised approach. Water, air, land and soil environmental components protection and remediation are both an approach and an outcome needed at all levels.

24%

of all deaths worldwide are due to environmental risks

As both global and local stakes of environmental pollution and degradation are complex and often transcend spatial and temporal scales, OSH-IWG1 made the choice to consider and combine both:

- The harmonised integrated DPSIR framework, widely adopted by the OECD, EEA and FAO and applied to environmental (air, water, soil) components. The DPSIR framework considers the chain of causal links starting with 'Driving forces' (economic sectors, human anthropic activities) through 'Pressures' (emissions, waste) to 'States' (physical, chemical and biological) and 'Impacts' on ecosystems, human health and functions, eventually leading to political 'Responses' (prioritisation, target setting, indicators). This framework provides indicators to enable feedback to policy makers on environmental quality and resulting impact of political choices (to be) made in the future.
- The most recent WHO, UNEP, FAO guidelines at multilateral level, integrated solutions and innovative practices, in terms of monitoring and metrics, of most comprehensive risk assessment methodologies, risk management, decision making support systems and engagement strategy frameworks.

This work is not intended to replace the many initiatives already underway but aims to build on them through convergence, advocacy and contribute to the overall effort, by providing respective Proof of Concept (POC) projects proposals on *Water* and *Air* components, to operationalise OSH at territories levels under engagement strategies (3 POC brief available in annex A-B-C). Besides, Chemical and Waste related issues will be delivered under the next phase of IWG1 work, aligned to the current UNEP - Strategic Approach to International Chemicals Management (SAICM) working at the forthcoming Global Panel on the Chemical Pollution of the Environment" (GPCPE), intended to be the IPCC's mirror to promote chemical transition and safety around the world. See ICCM5 - Bonn, Germany, 23 – 24 September 2023. Regarding Soil, a connection with the Global Soil Partnership experts is initiated.

MAIN RECOMMENDATIONS

Urgent need to enforce a shift from diseases surveillance to exposure surveillance to reduce the occurrence of both Communicable and Non-Communicable Diseases.

Advocacy for an Integrated Approach on Air Pollution towards One Air

Air Pollution (AP) is at the heart of global public health, economy, agriculture, biodiversity, environment and climate crisis that both affects, and needs the urgent attention of, all sectors of society. The World Bank estimates that air pollution alone costs the welfare system more than USD 5 trillion every year. Air pollutants and greenhouse gases (GHG) often share the same sources, with Short-Lived Climate Pollutants (SLCPs) affecting both climate and air quality. Responsible for nearly half of warming today,

SLCPs are tens to thousands of times more powerful than carbon dioxide at warming the planet. Certain SLCPs have harmful effects for people, ecosystems, and agricultural productivity. In 2021, WHO published new stricter Air Quality Guidelines (AQGs)¹ for 6 classical pollutants (particulate matter (PM_{2.5} and PM₁₀), ozone (O₃), nitrogen dioxide (NO₂), sulfur dioxide (SO₂) and carbon monoxide (CO)). While helping governments take steps to meet new stricter WHO's AQGs, the Climate and Clean Air Coalition (CCAC)² under the WHO and UNEP's umbrella, is the only international initiative working on integrated climate and clean air solutions to stabilise the climate. Wide-spread, large-scale action on SLCPs maximise benefits for near- and long-term climate change, air quality, as part of national strategy in achieving the goals set out in the Paris Agreement and enhance countries' climate ambition, outlined in their NDCs (Fig 1). The CCAC works in the main emitting sectors to reduce SLCPs including waste, agriculture, oil and gas, transportation and heavy vehicles, cooling, and

Advocacy for a Global integrated approach to implement One Health approach to the Water Cycle

WHO Water Safety Plans (WSPs)³ involve assessing and managing risks associated with microbial, chemical, physical and radiological hazards and risks from the catchment to the consumer. Under a One Health perspective, Water is an essential resource of human, animal and biodiversity survival, and its cycle depends on the environment. The

AIR POLLUTION ALONE COSTS THE WELFARE SYSTEM MORE THAN 5 TRILLION USD EVERY YEAR

3000 ENGAGED CITIES

around the world are seeing progress in just a few years

household energy. The CCAC is a voluntary partnership of governments, intergovernmental organisations, businesses, scientific institutions and civil society organisations committed to improve air quality and protect the climate through actions to reduce SLCPs. The WHO-UNEP's CCAC platform and 2030 engagement strategy framework (Fig 2) supports territories stakeholders in mobilising, federating, funding, training and implementing combined solution areas for cities, countries or regions AP SLCPs reduction. 3000 engaged cities around the world are seeing progress in just a few years, by deploying these integrated solutions that reduce air pollutants, including SLCPs. CCAC Trust Fund resources will increasingly focus on supporting national action, while at the same time continuing to engage global leaders and decision makers, advance the transformation of key emitting sectors and provide policy-relevant research and analysis.

growing pressure of anthropogenic activities is leading to water contamination with biological, chemical, and physical contaminants inducing widespread impacts on human, animal and environmental health and affecting multiple earth systems. As water makes up 60 to 90% of the bodies of all living organisms (plant, animal, biodiversity and human), its intrinsic quality profoundly and sustainably determines the health of all living organisms. International bodies now support the transdisciplinary opportunity to place the water cycle surveillance as a sentinel surveillance nexus at territories levels under a One Health perspective. The surveillance of water bodies has recently benefited from advanced diagnosis innovations deployed under large international projects for both chemical and pathogens exposure, more predictive and protective monitoring, risk and safety management framework.

On one hand, the complex mixture of chemicals in water means that targeted chemical analysis alone cannot assess the total chemical burden.

Effect-Based Monitoring (EBM)⁴, became complementary to chemical analysis and provides information on early toxic modes of action induced by mixtures of all bioactive micropollutants present in different water bodies. More protective and predictive chemical mixtures monitoring and safety framework is about to be embedded in Water

¹ Air Quality Guidelines (AQGs) <https://www.ccacoalition.org/en/news/who-releases-new-stricter-air-quality-guidelines-save-lives>

² Climate and Clean Air Coalition (CCAC) <https://www.ccacoalition.org/en/resources/climate-and-clean-air-coalition-2030-strategy>

³ WHO Water Safety Plans (WSPs) <https://www.who.int/publications/i/item/9789241562638>

⁴ Bioanalytical Tools in Water Quality Assessment - SECOND EDITION - ISBN: 9781789061987 (eBook) <http://iwaponline.com/ebooks/book-pdf/899726/wio9781789061987.pdf>



AS WATER MAKES UP 60 TO 90% OF THE BODIES OF ALL LIVING ORGANISMS (PLANT, ANIMAL, BIODIVERSITY AND HUMAN), ITS INTRINSIC QUALITY PROFOUNDLY AND SUSTAINABLY DETERMINES THE HEALTH OF ALL LIVING ORGANISMS.

Safety Plans⁵ to ensure a more integrated and comprehensive water treatment performance efficiency (for both conventional and alternative water treatment schemes). Designed to better protect both human and ecosystem health, this paradigm shift in water chemical quality and safety assessment also provides the opportunity to be implemented under a One Health perspective along the water cycle.

On the other hand, wastewater bodies have recently proven an invaluable early detection tool in the fight against COVID-19. Wastewater-based epidemiology (WBE) has long been used to help inform broader infectious disease surveillance and mitigation efforts, such as the Global Polio Eradication Initiative. More recently, global projects were developed with the purpose to explore the potential of using sewage for continuous monitoring of chemicals of emerging concern (CEC), drugs, and antimicrobial resistance (AMR)⁶. Having experienced the value of this early warning system approach utilising developed sewerage infrastructure, the potential that WBE holds for providing cost-effective health surveillance insights for the world's most vulnerable and remote communities is currently enforced and promoted. The 'Wastewater for Health' report provides a guide to support the setup of wastewater monitoring programmes in low-resource settings, including WASH stakeholders. Water Cycle Epidemiology (WCE) framework is now recommended to become a global health monitoring tool at territorial level. In addition to Water Safety Plans (WSPs), WBE/WCE now offers a complementary predictive tool to better manage the required transdisciplinary risk assessment and management of water contamination, using an integrative and cost-effective One Health approach.

MAIN ISSUES TO MOVE FORWARD IN CONCRETE OPERATIONALISATION

Three Proof of Concept (POC) projects proposals have been delivered by IWG1 in order to promote and provide key concrete One Health engagement strategy frameworks at territories levels with, by and for all, on the Water and Air environmental components and associated with a dedicated training action considered as an essential step of change conduct to federate the territorial integration of Environmental Determinants into OH implementation. They will benefit from complementarity of other OSH-IWGs recommendations.

Integrate the CCAC engagement strategy framework as an OSH operational guideline on Air Quality - Figure 1

- Support One Health capacity building at country-level among CCAC stakeholders, in Nationally Determined Contributions (NDCs), National Biodiversity Strategies and Action Plans (NBSAPs), the Polluter Pays Principle (PPP), the Precautionary Principle to protect One Health

- Focus on geographic areas priorities and needs (African-Asia continents)

- Innovating funding mechanisms and economic models

Implement the One Water Approach on the Water Cycle - Figure 3

OSH ambition aims to promote and propose a proof of concept (POC) project that replaces the water cycle at the heart of adaptation with regards to today's Environment and Health, Biodiversity, Climate, planetary boundaries and Inclusivity stakes. The main purpose of a One Water One Health POC project is to implement the most relevant innovations intended to provide a One Health management envision for both territories and communities including the following objectives :

- Smart, Innovative Metrics and Safety Framework Implementation for both chemical and pathogen risks

- Enforced safety framework to enhance innovative water treatment performance upgrades and REUSE

- Watershed and River-basin Scale Governance, Affordability, Social, and Environmental Justice

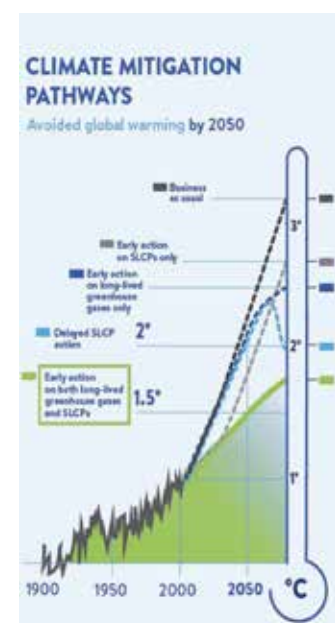
- Climate Change, Sustainability and Resilience, Circular Economy Challenge and One Health Impact

Deploy Awareness, Education, Capacity Building at territories levels to all stakeholders - Figure 4

- Encourage the integration of OH Environmental Determinants knowledge and Innovations-solutions with essential services professionals and territories strategies, under ESG, crossing all SDGs.

- Create an interoperable OH academic in-service training programmes for environmental, medical, agricultural, veterinary professionals, aiming to Protect, restore and prevent the degradation of ecosystems and the wider environment.

FIGURES



BY ACTING ON SLCPs

CCAC package of solutions that can reduce **black carbon, methane and HFC emissions**. Based on cost-effective technologies and practices that already exist. CCAC package of solutions can reduce global emissions by 2050 by:



DEVELOPMENT BENEFITS

There are also multiple development benefits to action to reduce short-lived climate pollutants. These benefits can be perceived almost immediately where action has been taken.

HEALTH
2.4 million avoided premature deaths annually from outdoor air pollution

FOOD SECURITY
52 million tonnes of avoided crop losses from 4 major staples per year

SUSTAINABLE DEVELOPMENT GOALS
Contribution to meeting the SDGs related to air quality, health, and food security

CLIMATE BENEFITS

0.6°C avoided warming by 2050

⁵ Neale et al, Effect-based monitoring to integrate the mixture hazards of chemicals into water safety plans - 2022 - Journal of Water and Health Vol 00 No 0, 1 doi: 10.2166/wh.2022.165

⁶ "One Health" approach to AMR tricycle protocol was developed by the World Health Organisation (WHO) to provide a standard protocol for integrated global surveillance of an indicator of antimicrobial resistance [extended spectrum beta-lactamases (ESBL) producing Escherichia coli] across the human, animal and environmental sectors. This protocol includes standard methodologies for implementing in low resource settings to help establish AMR surveillance, including wastewater monitoring.

Figure 1 : Why Reducing SLCPs is necessary to prevent the worst impacts of climate change (Elaborated from CCAC website)

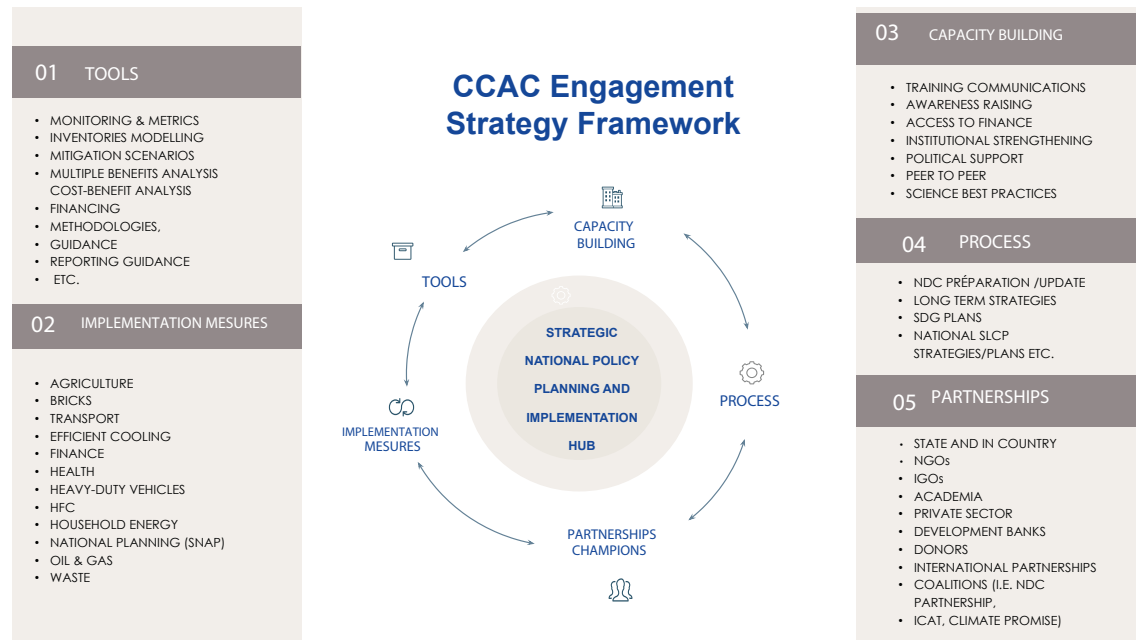


Figure 2: Elaborated from WHO-UNEP's CCAC engagement strategy framework (Elaborated from CCAC website)

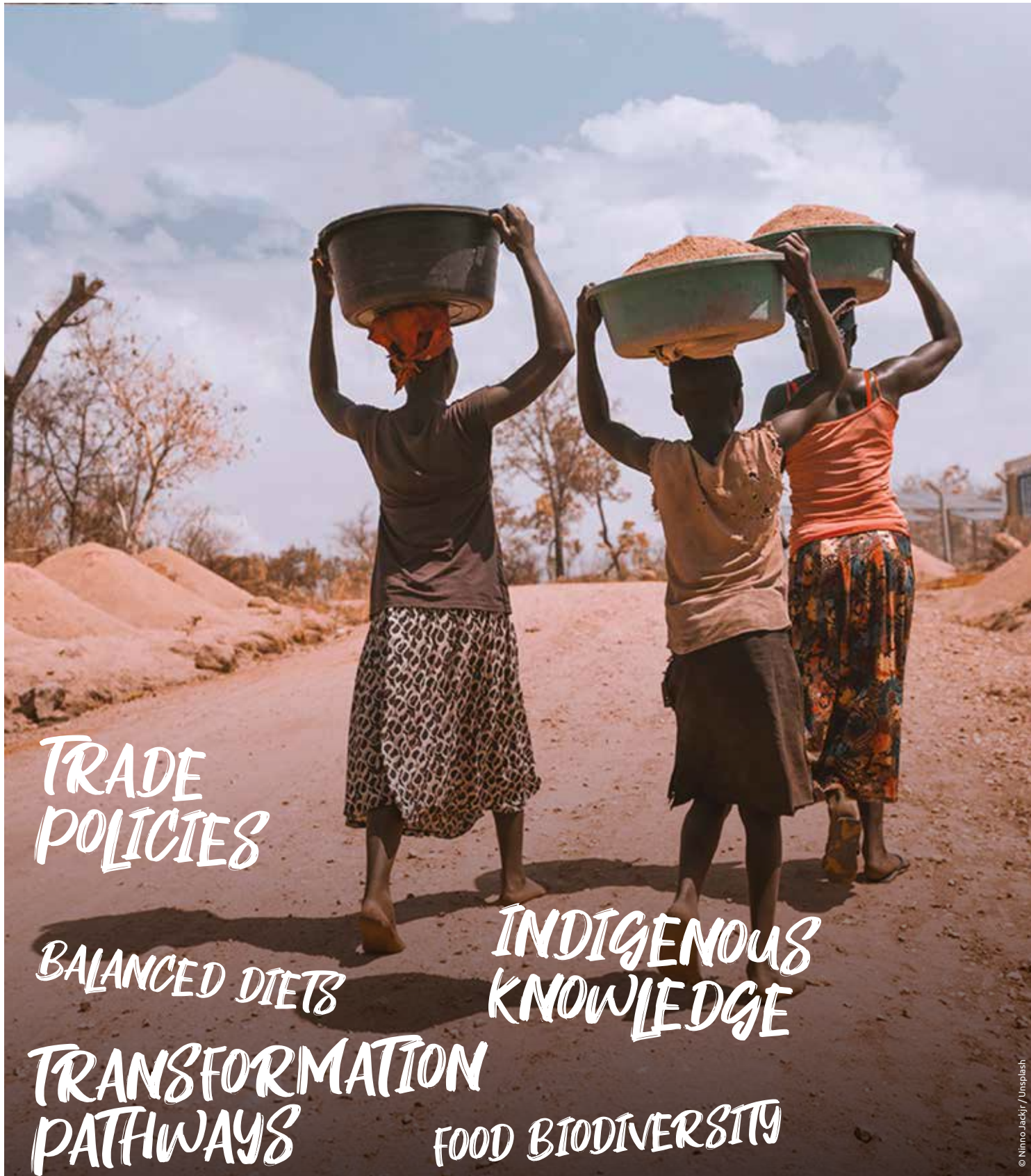


Figure 4: Certificate POC: Best Practices to Integrate the Environment into One Health at territories level

OSH Ambition : Put the Water Cycle at the heart of Adaptation POC
under Climate - OneHealth - Environment - Biodiversity - Water Stewardship Stakes

<u>Learning Territories</u> Participative Living Labs	<u>OH Diagnosis / Pilot study</u> Innovative Diagnosis based on Best Practices	<u>Adaptation</u> under OH lens & practices	<u>One Water One Health</u> implementation
Year 1 - S1 - continued on Y 2-3	Year 1 - S2	Year 2	Year 3
Awareness on One Water One Health to enhance engagement strategy Targets : territories decision makers, stakeholders, industries, CSOs, NGOs Stakes & opportunities under OH lens Advocacy Pilot Diagnosis présentation Water Stewardship / ESG / SDGs River-basin Scale Governance, Affordability, Environmental Policy Inclusiveness & Gender Climate Change, Resilience Health in All Policies	Diagnosis based on Innovative Metrics & Safety Framework From water contaminants emissions to exposure Campaign and sampling strategies Water Cycle Surveillance (EU / WHO) Pathogens detection in Sewage (Covid19&+) Chemical Mixtures toxic effects / detection Biosensing best practices AMR under GLASS - WASH Environmental DNA / Biodiversity Diagnosis results restitution Innovative Safety Framework Decision Support Systems /Performance Water Treatment / Abatement options Decision making	Adaptation In Practice River-basin Scale Governance, Affordability, Environmental Policy Water Stewardship / ESG / SDGs Water stewardship strategies Nature-Based-Solutions Affordability - Inclusiveness & Gender driven by social environmental equity Climate Change, Adaptation, Resilience Innovative Water Safety Planning Protect & Preserve water resources	Capacity Building to support long term engagement strategies Water Lab Knowledges transfer Water Lab capacities transfer Water treatment efficiency assessment / abatement options Water Safety Framework Water REUSE Schemes Water Stewardship strategies One Health in All Policies

Figure 3: One Water One Health Proof of Concept Project "envision"




Feeding Ourselves

Towards Sustainable Food & Nutrition

ABSTRACT

In the framework of the UN Food Systems Summit, addressing global food systems' sustainability and resilience, countries designed transformation pathways shared under FAO's guidance. Ethiopia's 2030 food system transformation exemplified this on the African continent, in alignment with the Africa Common Position on Food Systems Transformation. A One Health approach to these transformations would generate major impacts, unleashing their potential for shared wellbeing of all. Indeed, food systems impact human, animal, plant, and ecosystem health. In particular, safeguarding food biodiversity and indigenous knowledge plays a pivotal role in balanced, nutritious diets, soil health, and robust gut microbiomes, contributing to overall health and sustainability.

Our key recommendations are to use Country Food System Transformation Pathways as a practical entry point for implementing One Health. Multi-country consultations and case studies (e.g., Ethiopia) will help guide policy-making. The African Common Position provides a continental entry point for One Health. Lessons from this can inform replication in other regions.

Operationalisation raises several issues. Trade policies must be revised to balance environmental, social, and economic considerations, particularly regarding food biodiversity. Communication strategies for healthy diets and the promotion of indigenous knowledge are essential. Mutual understanding between food and health systems' actors is vital but mostly lacking. Investments are needed to upgrade food value chains, with a focus on agricultural model diversity, supporting sustainability, resilience and equity.

As a conclusion, a One Sustainable Health approach to food system transformation would generate major benefits, underlining the impetus to urgently address the gaps in knowledge and policies to leverage these efforts.

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MAIN OBSERVATIONS / KNOWLEDGE

In 2021, the UN Food Systems Summit (UNFSS) addressed the complex and interrelated challenges facing our global food systems. The summit aimed at catalysing changes in the way we produce, distribute, and consume food to make food systems more sustainable, equitable, and resilient while addressing challenges like hunger, malnutrition, and environmental degradation. Stakeholders, including governments, organisations, and businesses, made voluntary commitments to take specific actions to transform food systems. Transformation pathways were designed by countries and shared on a central database under the aegis of FAO. As a lead example on the African continent, Ethiopia designed a strategy towards 2030 for the transformation of its food system. This example fits into a more general movement on the continent, landmarked by the Africa Common Position on Food Systems Transformation.

We firmly believe that a One Health approach to food systems transformation will create major impact. Indeed, food systems are a prime example of interconnectedness between human, animal, plant and ecosystems health. The quality of the food we consume, the health of the animals involved in production, and the sustainability of agricultural practices all have direct and indirect impacts on human health. Transforming food systems with a One Health perspective can help reduce the risk of zoonotic di-

FOOD SYSTEMS ARE A PRIME EXAMPLE OF INTERCONNECTEDNESS BETWEEN HUMAN, ANIMAL, PLANT AND ECOSYSTEM HEALTH

seases by promoting safe and sustainable animal farming as well as minimising the misuse of antibiotics in animal agriculture. A One Sustainable Health approach emphasises sustainable agricultural practices, highlighting particularly the role of ecosystem health and biodiversity in people's livelihoods. Therefore, there is a need to promote collaborations between health and food systems, together with all involved actors and sectors.

The promotion of food biodiversity is integral to the One Health approach. Embracing a wide variety of plant and animal species in our diets not only nourishes human health but also ensures the well-being of ecosystems and the planet. Indigenous Peoples have historically safeguarded the rich tapestry of food biodiversity through

their sustainable agricultural practices and seed preservation techniques. Recognising their custodianship is pivotal in honouring tradition and wisdom while advancing sustainable food systems.

Enhancing food biodiversity translates to more balanced, nutritious, and eco-friendly diets. Diverse diets combat multiple forms of malnutrition and diet-related illnesses, by providing an array of vital nutrients and protective compounds. Furthermore, biodiversity-driven farming practices sustain soil health (soil microbiome), reduce the environmental footprint, and fortify the gut microbiome, which plays a pivotal role in human well-being. In this intricate web of connections, a diversified diet leads to better overall health outcomes, reduced healthcare expenses, and a more sustainable environment. In championing food biodiversity and indigenous knowledge, we not only ensure healthier lives but also safeguard the harmony of the planet in alignment with the One Health framework.

Appropriate policy instruments are needed to address the integration of a One Health approach into country and regional food systems transformation pathways to address coherence and equity power relations. Country and regional food system transformation pathways offer entry points of ongoing efforts through which to integrate the needed One Health approaches. By the political impetus it represents, the lead of some countries like Ethiopia on food systems transformation pathway appear as important case studies and opportunity for learning. Their understanding will allow identifying operational programs and pilot actions, bridging existing "silos" through interdisciplinary and multisectoral discussions/consultations. This would allow addressing priorities in the field in a consistent manner, working in complementarity with existing organisations and countries within the pathways designed under UNFSS.

It is important to harness these ongoing experiences and unleash their potential through the adoption of a One Health approach, while generating lessons through and for the diversity of social and ecological contexts across the globe.

More specifically, a One Sustainable Health perspective on food system transformation:

Food Supply and Environments

- Considers the impacts of agricultural and husbandry practices, on both the environment and climate, including antimicrobial resistance, interference between ecosystems and microbes, and avoidance of zoonotic spill-over events and potential consequences on humans.
- Meets current food and nutrition needs for everyone at all stages of the lifecycle without compromising the ability of food systems to meet the needs of future generations.

“

By the political impetus it represents, the lead of some countries like Ethiopia on food systems transformation pathway appear as important case studies and opportunity for learning.

- Ensures public health is prioritised across the entirety of food systems – production, processing, packaging, distribution, marketing, consumption and disposal.
- Promotes equitable physical, economic and social access to diets that are health promoting and support a diversity of cultures, socio-demographics, and lifestyles.

Food System Outcomes

- Improves food and water security, dietary quality and safety, and nutrition outcomes (addressing all the multiple forms of malnutrition (stunting, wasting, overweight and obesity, micronutrient deficiencies) and prevention of diet-related non-communicable diseases.
- Ensures protection of the public/consumers from false and unproven nutrition and health claims.
- Links non-communicable diseases linked to nutrition and the environment (including microbiota and gene-environment interactions leading to metabolic, inflammatory and auto-immune diseases).
- Promotes food safety and the avoidance of food-borne illness, unsafe and unhygienic food practices, and minimising zoonotic spill-over events.

Food System Drivers

- Minimises trade distortions and regulations that increase the trading of unhealthy food commodities.
- Reduces the impact of production practices on sustainability, the environment and climate.
- Encourages food choices that support long term environ-





mental and climate consideration with optimal outcomes for nutrition and health of all.

Integrates multiple sectors

- Integrates food systems and health systems.
- Provides support through safety nets and social protection to the most marginalised and disadvantaged in society.
- Highlights the trade-offs between multiple outcomes.

MAIN RECOMMENDATIONS

With respect to the One Sustainable Health Forum objectives, the areas of focus should consider how food systems can be improved to promote nutrition and health outcomes first and foremost and from a One Sustainable Health perspective give consideration to the above-mentioned.

Use Country Food Systems Transformation Pathways as an entry point for One Health implementation.

Country Food Systems Transformation Pathways offer an entry point through which to consider actions that integrate a One Health approach. A multi-country consultation should be organised on how to integrate a One Health approach to food system transformation. To inform that

consultation and collective efforts, the joint analysis of all available transformation pathways will highlight the extent to which One Health considerations have been integrated in the countries' strategy. A multi-country case study, *e.g.*, in Ethiopia and other countries leading food system transformation, including or not a One Health approach in their initial plan, should be conducted to identify innovative practices, as well as potential knowledge gaps and the need for more evidence. This will inform investment in related research and will in turn feed back into how country transformation pathways evolve considering the new evidence to propel the consideration of One Health actions within the transformation process further. This collective effort, joining scientists, policymakers, and a diversity of stakeholders, will establish guidance on how countries who already have food systems transformation pathways can address One Health, and how countries that may yet develop pathways can integrate consideration of One Health.

Harness the African Common Position on Food systems for continental and global impact

The Africa Common Position on Food Systems Transformation offers a continental entry point for the integration of One Health approaches into the Action Plans that will evolve. Based on the evidence generated from the previous recommendation, a consultation process should be conducted jointly with the African Union about the integration of One Health into actions conducted under the

African Common Position on Food System Transformation. The application of this approach should be considered in other regions to create a global impact of the lessons learned. To inform this replication of efforts and differentiation into adapted models, differences and commonalities between various social, economic and ecological settings in terms of One Health implementation in food system transformation should be addressed through the same multi-stakeholder consultation strategy.

MAIN ISSUES TO MOVE FORWARD IN CONCRETE OPERATIONALISATION

Throughout the implementation of the recommendations above, a One Health perspective on food system transformation will have to address the following issues. Trade policies around agriculture must be revised to account for its centrality in the health of humans and of the planet. Trade plays a crucial role in shaping agriculture worldwide, with major environmental and social impacts of uneven competition between agricultural models, and affecting food biodiversity. Environmental, social, and economic stakes must be balanced, to support the diversity of production, underpinning biological diversity, diet balance and overall system resilience.

Communication and information strategies to orient food choices towards diets with optimal outcomes for nutrition and health of all must be designed. To maximise the impact of any information-giving strategy around diets and agriculture, a preliminary development of health literacy around food must be conducted, in line with the idea of a One Health literacy.

Biases against indigenous knowledge and practices must be tackled through a mutually reinforcing dialogue with modern science and technology. To allow for a fair dialogue, valorisation of indigenous knowledge, especially regarding to food biodiversity and ecosystem health, must be accompanied by guarantees on intellectual property rights through bio-cultural protocol, taking account of the communal nature of indigenous knowledge as well as its spiritual significance.

Intersectoral collaboration will suffer from a lack of mutual understanding between actors engaged in food and health systems. Networked approaches should be mobilised to create the needed links.

Implement measures in favour of food safety, environmentally sound production practices, and correct information of consumers' choice, an upgrade of food value chains across the globe is needed, which calls for significant public and private investments. These investments should pay particular attention to actors operating disfavoured

agricultural models, to leave no one behind and support social, economic and biological diversity for overall system resilience.





Human-Ecosystem Relationships

Adapting Human-Environment paradigms for better human and planetary health

ABSTRACT

Our objective is to go beyond the perhaps unrealistic rhetoric of unity and holism, and ask: what does One Health in the 'real world' mean? And what needs to be done to better link research with policy and action for impact across sectors?

An increasing number of anthropological, biological and sociological studies have revealed how complex social, cultural, political, professional, economic and environmental determinants influence health interventions. These studies all highlight the importance of culture and values, the perception of the risks, etc.

Unfortunately, the characteristics and practices of populations are, most of the time, considered as brakes to action as well as risk factors. This reasoning, in terms of factors, makes values and populations simple levers of public policy. Thus, the social sciences must often respond to a so-called communication problem. This group proposes to move a step aside by putting the relationships between humans and the rest of the living world at the epicenter of the One Sustainable Health for all approach.

This approach makes it possible to overcome the historical separations of risk management and governance including between the "North and the South", through developing a more relevant typology following the classes of living areas: Urban and land management, land-use and farming, Coastal and oceanic areas including fisheries, Forests, etc., to analyse how human interactions with the so-called 'nature' can evolve and can be improved to achieve a One Sustainable Health.

There is an urgent need to better describe and analyse social representations of the relationship with "nature" in order to propose significant changes, starting with primary education and not limiting ourselves to professional and university training.

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MAIN OBSERVATIONS / KNOWLEDGE

The transformation of *Homo Sapiens* into an urban species, from villages to cities 8,000 years ago, had a profound impact on our relationship with 'nature'. The urban revolution (linked to an implementation of efficient infrastructures for water and energy distribution, waste management and communications among others) succeeded the agricultural revolution, which refers to the slow and arduous process of gradually domesticating livestock, cereals and other plant crops over many generations. Where humans produced enough food, the creation of towns and cities was also inevitable (Suzman, 2022), and this inevitably distanced us from 'nature'. How are we building our relationship with "Nature" today?

At the same time, and still today, other social groups, even if they may be demographically less significant, have main-



tained differentiated and situated ontologies with nature. So it's not a question of reinventing, but of restoring and repairing links with "nature" and the health of living beings, taking into account and in partnership with these other groups (IWG 6 - working with indigenous communities).

Moving beyond the notion of Nature as an object that humans can manipulate following their wills, we here consider the concept of Nature as a project, in which human beings become responsible for a shared future with Nature. In this group, we have decided to take a closer look at the foundations of our plural and complex relationships with what we have called 'nature' over the course of time and across cultural contexts, looking at both conflicts and innovations in order to understand what drives them.

In International Working Group 3, our objective involved investigating several intermediate steps such as:

- Analyse several competing "Western and non-Western" paradigms of human-environment relations to examine and assess strengths and weaknesses.
- Identify existing discussions on the evolution of relations between humans and the rest of the living world - there are groups and existing expertise that have studied and published reports on how humans must rearrange our relationship with the ecosystems, in particular animals and plants.

MAIN RECOMMENDATIONS

Promoting a bio-socio-anthropological approach

We are bio-socio-anthropological individuals. While living in nature would seem to be intuitive, access to nature has become more and more difficult today.

- Discuss the fate of nature and the associated risks at town and community level, and reflect on the cognitive, emotional and social skills required.
- Encourage the teaching of the humanities and social sciences at school and throughout life, including in higher education courses where this is not the core subject.
- Strengthen multidisciplinary prevention research in the field of health and the environment through Recognising their intricate relationships, and therefore the co-benefits of such prevention.
- Enhancing reflection on the global commons, starting at local level.
- Mental Health: More than a fifth of all healthcare in the world is devoted to mental disorders, with inconclusive results in relation to their costs.

- A Global Evaluation for Public Policies. While One Health approach invites us to take up this democratic challenge, the effectiveness of public policies is rarely evaluated from a global perspective, i.e., taking into account their economic, social, health, environmental and ethical consequences.

Changing our relationship with "nature" in our lives, experiencing nature for all

- Making access to nature an important part of public policy.
- Schools in nature: Identifying green spaces for schools that are underused during the week.
- Researchers and policy makers need to increase their attention and effort on planning how best to reconnect people with nature, which contributes greatly both to achieving healthy societies and overcoming a wide range of environmental issues.
- Environmental microbial exposure, particularly from soil, water and plants, shapes our health and reduces some of our illnesses such as asthma and allergies, linked to our disconnection from nature and the lack of stimulation of the immune system. In this context, the links between 'microbes and social equity' are rooted in new knowledge about the vital ecosystem services we derive from microorganisms. Thus, social inequality, when it hinders access to biodiversity, also hinders access to micro-biodiversity and its health benefits.
- The recognition of the rights of animals, rivers, etc.

Living in a (non)polluted world

- Promote transparency in public policies and strengthen the power of public authorities over activities that have an impact on the environment.
- While food production have to be sustained for food security, other viable strategies exist to reduce pollution such as decreasing livestock size and ban the substances glyphosate, neonicotinoids and promote viable alternatives.
- Agricultural education needs to change and stop serving industrial agriculture and instead support farming methods.
- Promoting planting of vegetables for local consumption, slaughter on the farm.

- Recovering "waste": farms, local authorities, industry (eco-design...).

Learning to work together

- Training in One Health approaches in organisations, at work, and even at an early age to practice working together.
- Draw on specific methodological innovations such as the One Health methodology (ENSV-FVI VetAgro Sup).
- Broadcasting the One Health Mural: for adults, experts, and at school.¹
- Promoting intersectoral collaboration and removing legal barriers to cooperation between doctors and vets: regarding crisis management, surveillance, screening tests, stocks of personal protective equipment (masks, gowns, overalls, headgear, respirators, vaccination aids, epidemiological surveys, etc.).

MAIN ISSUES TO MOVE FORWARD IN CONCRETE OPERATIONALISATION

Can One Health be part of the solution?

First, certain things may work in one context but not in others. It is therefore crucial to tailor strategies to the local conditions.

Second, a One Health approach also means conflicts, contradictions, competitions between professions.

Third, a major focus has been on capacity building, this needs specific methodological innovations (cf. A One Health Methodology).

Moreover, moving the agenda demands new forms of policy negotiation and involvement of different government ministries and international organisations.

¹ <https://ensv-fvi.fr/one-health-mural/>



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+4 Healthcare Access

Equitable access to quality health-related services

ABSTRACT

One Sustainable Health for all implies health equity, which should encompass not only human health and its determinants but also animal and environmental health. Health equity refers to access to services and information, quality of these services, and the health outcomes. These components of health equity provide indicators for surveillance and for assessing the impact of One Health interventions. Addressing health inequities within social systems and accounting for social determinants of health is warranted. It requires an inclusive and inter-sectoral approach so that those who live in marginalised, vulnerable situations and at risk are not left behind. The WHO building blocks initially designed for the assessment of human health systems may help to analyse the intersections of global health and health equity. The main recommendations to enhance health equity within the One Health approach pertain to: 1) Policy, advocacy and financing; 2) Implementation, organisational development and integration; and 3) Research, education and information. In order to operationalise these recommendations, health system reforms are undoubtedly necessary, but this is a slow process. Advocated strategies to hasten the process are first to raise the awareness of One sustainable and Equitable Health including among the OSH Forum partners, and second, to jointly design and secure funding for a One Sustainable and Equitable Health pilot study integrating the concerns of all the international working groups of the OSH Forum.

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MAIN OBSERVATIONS / KNOWLEDGE

Health Inequities Need to be Addressed to Ensure no One is Left Behind

Health inequities have dramatic effects on health outcomes, especially for those who experience or may be at risk of marginalisation due to intersections of specific determinants such as age, sexual orientation, gender identity, income, level of education, health literacy, disabilities and vulnerable livelihood situations. The consequences include limited access to health services, lower health status along the lifecycle, poor health outcomes with higher exposure to risks and stressors. The latter affect various genders differentially. Recently, it has been demonstrated that instabilities related to climate change further widen existing inequities.

A Broader Approach to Health Equity is Necessary

An inclusive and intersectoral approach (physical, mental, environmental and social dimensions of health) requires the consideration of social systems within which access to health-related services, resources and information are universally accessible.

The social determinants of health act as 'socially stratifying health opportunities and outcomes', which condition health equity or inequity. Sustainable approaches to health equity interventions include the health of humans, animals, environment and ecosystems.

Human, Animal and Environmental Health Need to be Considered as Inherent in Health Equity

Health equity concerns should be more explicitly integrated into the One Health approach. Poorer households tend to live closely together with animals with heightened risks of exposure to zoonotic diseases. In the same vein, poorer households are particularly vulnerable to environmental hazards, e.g. waste dumps or flood areas as well as to sudden and/or longer term climate change risks (floods, fires, droughts). As such, there are important co-benefits: improving the health of animals and the environment should contribute to reducing inequities.

As illustrated in the table below, multidisciplinary, intersectoral and intersectional interventions across structural building blocks initially designed by the WHO for health systems or human health offer various opportunities to equitably benefit each One Health domain. They require effective governance, financing, information sharing, products and technologies, human resources, and service delivery to ensure a comprehensive and integrated approach to health challenges. In this way, transversal, horizontal and vertical arrows are an attempt to demonstrate the intersections between activities as well as to indicate that any single example activity may be interdependent with sequential positive benefits to each One Health domain.

Health Equity to achieve One Health	Governance and Financing	Information	Technologies	Human Resources	Service Delivery
Human Health	Legislation for Health Equity Impact Assessments and Universal Health Coverage	Tailored health literacy initiatives with priority and for populations	Community spaces and services with and for priority populations	Inclusive and diversified health workforce, distributed according to population health needs	Tailored screening programs for increased access and effective use by priority populations
Animal Health	Regulations for Standards of Practice for animal husbandry and universal livestock insurance	Tailored agriculture and husbandry literacy with and for priority populations	Clean and safe drinking and irrigation water with and for priority populations	Inclusive and diversified veterinary workforce, distributed according to animal health needs	Tailored community-based animal health services with and for priority populations
Ecosystem Health	Regulation of heavy health polluting industries proximal to population centres and mandatory liability insurance for damaged green spaces	Inclusive and diversified environmental outreach initiatives with and for priority populations	Tailored measures to adverse climate events with and for priority populations	Inclusive and diversified strategies to address the intersecting determinants of an ecosystem with and for priority populations	Tailored community-based monitoring systems for water quality with and for priority populations
	Developing an integrated One Health Policy and Strategy with a focus on priority populations	Tailored One Health information and surveillance system with disaggregated data by PROGRESS+ strata	Developing One Health technologies for and with priority populations according to health needs	Developing One Health workforce approaches, e.g. community-based one health volunteers	Developing One Health service delivery approaches, e.g. One Health Workforce or integrated One Health vaccination programmes



A Multifaceted Framework is Needed to Facilitate the Integration of Policies and Actions on Health Equity Within the One Health Approach

IWG 4 is proposing a conceptual framework which offers a holistic and integrative approach as it includes multidimensional indicators of inequity and the needed actions for change, along with potential results and suggested health outcome indicators (see IWG 4 policy brief). IWG 4 discussed and detailed the types of interventions that are intended to improve health equity, considering jointly health, and health-related services, many of which can and may be outside the health sector.

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Improving the health of animals and the environment should contribute to reducing inequities.

Expected results which will need indicators and monitoring, are:

- Improved and inclusive access to health-related services and information
- Enhanced and holistic quality of the services
- Positive health outcomes

MAIN RECOMMENDATIONS

Policy, Advocacy and Financing

- To design and implement health equity and One Health policies and programs as converging and synergistic policies to bring co-benefits for humans, animals and ecosystems
- To consider the contributions of social determinants of health in One Health policy design and indicators to monitor and evaluate health inequities
- To address stigma and discrimination, even when these are unintended, in One Health programs and activities

“

However, health reforms are a slow process. Two strategies would, in our view, hasten the operationalisation of One Health for all.

Implementation, Organisational Development and Integration

- To ensure access to health and health-related services for all, identifying and addressing barriers that limit access for population groups that live in marginalised or vulnerable situations
- To integrate One Health technical programs with social protection measures
- To promote meaningful participation of those who live in marginalised or vulnerable situations at risk of health

inequities in One Health research, policy design and implementation, ensuring accountability of One Health programs

Research, Education and Information

- To include health equity within One Health formal curricula and training
- To implement inclusive health and human-centered design of One Health information
- To develop and test a short set of indicators to monitor the effects of One Health approaches on health inequities
- To use disaggregated data sets and live mapping on health inequities in communities where One Health policies and programs are implemented

MAIN ISSUES TO MOVE FORWARD IN CONCRETE OPERATIONALISATION

One Sustainable Health **for all** implies Health Equity. In order to move forward toward health equity, a number of challenges within health systems must be addressed and strengthened in a systematic way without delay.

Multidisciplinary, intersectoral and intersectional interventions across health system building blocks initially designed by the WHO for health systems for human health offer various opportunities to equitably benefit each One Health domain. They require effective governance, financing, information sharing, products and technologies, human resources, and service delivery to ensure a comprehensive and integrated approach to health challenges.

However, health reforms are a slow process. Two strategies would, in our view, hasten the operationalisation of One Health for all.

As a first strategy, we advocate for enhanced awareness of One Sustainable and Equitable Health - including among the OSH Forum partners. A more systematic integration of a broad health equity lens in One Health initiatives are imperatively needed to address drivers of health, to improve health for humans, animals and ecosystems. Promoting synergies between Health Equity and One Health through intersectoral and interdisciplinary collaboration, as well as community participation, will help move us forward in achieving the sustainable development goals (SDGs).

A second strategy would be to jointly design and secure funding for a One Sustainable and Equitable Health pilot study integrating the concerns of all the international working groups of the OSH Forum. This can be done in collaboration with the OSH Forum's international partners in Ban-

gladesh, Sénégal, Brazil or Lebanon. It is an example of an initiative which could confirm the feasibility and effectiveness of such an approach. It would also serve to improve the initially proposed conceptual framework, as well as to test various indicators of impact on human, animal and environmental health equity, based on equity components and social stratifying factors.



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HEALTH SYSTEM ONE HEALTH CLIMATE CHANGE
 FISCAL REFORM CLIMATE FINANCE
 HEALTH FINANCING

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Governance for all

Financing and other levers of change to foster One Sustainable Health Breaking silos: Financing One Sustainable Health

ABSTRACT

The 'One Sustainable Health' (OSH) concept offers an integrated, unifying approach to optimising the health of people, animals, plants and the environment. Devising sustainable and integrated solutions rooted in practice underpins the OSH mission. The fundamental proposition is that financing of, and investment in OSH will drive health, environmental and socio-economic benefits. The current financial architecture results in siloed and often uncoordinated financing of health and the environment, which acts as a disincentive to effective OSH financing. Intersectoral investment should be integrated into health system initiatives as well as directed climate change mitigation and adaptation. This should include mobilising additional resources, but also an adjustment of existing financing mechanisms, together with their underlying governance mechanisms. Taxation and subsidy reforms (such as fossil fuels subsidies), together with changes in funding instruments, will be needed to ensure effective financing of the OSH approach. Reforms are needed at all levels of the system, and should be locally designed involving local communities, scientists, and decision-makers. Breaking down silos for OSH financing will permit cross-sectoral data generation and integrated surveillance systems at global and national levels. These would incorporate a set of indicators of health equity while building the evidence base of effective local solutions subsequent to interaction with communities. An OSH panel should be established at the Intergovernmental Panel on Climate Change (IPCC) and Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services (IPBES), to foster advocacy and exchange of workable solutions to inform national and international policy-making and leverage further investment.

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MAIN OBSERVATIONS / KNOWLEDGE

The 'One Sustainable Health'¹ (OSH) concept offers an integrated, unifying approach to optimising the health of people, animals, plants and the environment. The consequences of climate change and other anthropic pressures on the environment include biodiversity loss, pollution and depletion of natural resources. Conflict and human migration exacerbate environmental challenges and put additional strain on health sector resources, creating a 'perfect storm' for human communities nationally and globally. Related equity issues are paramount, with those most affected, the vulnerable, poor, disadvantaged or displaced and those in low-income settings, often not the ones causing the problem. The impact on health can be acute, but can also have long-term consequences, for example on non-communicable diseases (NCDs) and life expectancy, and across generations, especially through effects on women, children or human fertility. Whilst many of the underlying issues were recognised in the Sustainable Development Goals (SDGs), progress towards attaining these has slowed or stalled, emphasising the need for urgent action.

Devising sustainable and integrated solutions rooted in practice, underpins the OSH mission. The fundamental proposition is that investment in OSH will drive health, environmental and socio-economic benefits.

MAIN RECOMMENDATIONS

Position health in the wider climate and environmental context

Raise awareness of the health co-benefits of climate and environmental action within the climate and environment sectors, to encourage greater climate/environment and health investment. Moreover, health indicators should be integrated in reporting efforts to reduce emissions and build resilience. To avoid goal misalignment, climate and environment finance for health-related activities needs to explicitly identify human, animal health and environmental goals in its design.

Reform the taxation agenda, at global and national levels, including:

Eliminate harmful subsidy mechanisms to reduce or suppress their adverse effect on environment, animal and human health or negative environmental impacts in support of smart environment and health taxation for One Sustainable Health. 'Stop harming' should be a first focus of public-policy reviews. A significant number of public financing instruments (fossil fuel subsidy, agricultural subsidies, dumping practices, etc.) currently still have an adverse effect on planetary (environment), animal and human health. Phasing them out, or at least progressively adapting them, would have a dual positive effect through reallocation of funding to health and reduction of their negative effects. Governments should establish review processes to examine the consistency of competing public subsidies (e.g. fuel subsidies vs air pollution and its health impact; beet/sugar cane production vs its health impact (obesity and cardiometabolic disease treatments); high-rise buildings and dense urban development vs mental health and heat stress treatments).

Promote and foreground smart environment and health taxation systems for One Sustainable Health by combining health and social objectives in national and international taxation systems.

- Implement taxes with potential to protect One Sustainable Health (e.g. on tobacco, alcohol, Sugar-Sweetened Beverages). Such taxes should be expanded to target industrial food products that are detrimental to both environment and health, including abolishing subsidies or taxing production and/or sales.
- Encourage One Sustainable Health practices (e.g. biodiverse organic agriculture, extensive/pastoralist animal production systems) through favourable taxation and subsidies.

Establish mechanisms for multisectoral investment and maximise the potential for blended financing of country and local programs.

Mobilise funding in ways which help foster multisectoral investments. Program-based budgeting could help cut across sectors and bring sectoral interventions together, including animal, environmental and public health. Pooled



funding mechanisms can be developed at country level to fund programs which support joint goals based upon eligibility criteria.

All financing instruments - including grants, ODA loans, equity, or guarantees - should be used and channelled to environment-related action for health, to increase resource availability and concessionality.

Expand health agencies accredited to access climate funds: climate global funding mechanisms need to be accessible to health partners (e.g. only WHO is currently accredited to access the Green Climate Fund).

Joint biodiverse agricultural, health and climate incentives and purchasing arrangements can be used to encourage climate-conscious mitigation/adaptation behaviour in the health sector.

Establish close relationships between national funding agencies and Research Organisations in the area of Health Agriculture and Environment in different regions of the world. This would allow increased support for further piloting and rigorous evaluation of health and climate co-financing initiatives (cash transfers, contingency funds, taxes, etc.). For example, medical research organisations in countries of the European Union e.g. INSERM (France), DFG, Helmholtz (Germany), could partner in order to create and

facilitate synergies between national, European and international funding mechanisms and strategies. This process could benefit from learnings gained in previous initiatives such as the EU Scientific Panel for Health, European Parliament and others.

MAIN ISSUES TO MOVE FORWARD IN CONCRETE OPERATIONALISATION

Support countries to develop their capacity to invest in One Sustainable Health.

Moving forward, countries are to develop their capacity to invest in One Sustainable Health. A Climate, environment and Health Investment Framework can help clarify, qualify, quantify, and drive climate-environment and health investments. Such a framework is currently developed by the World Bank, for the climate and Health agenda in collaboration with partners under the Alliance for Transformative Action on Climate and Health (ATACH) and the COP28 Presidency.

This '3 by 3' framework considers the activities and related financing requirements, the potential sources of financing, and the instruments that could be leveraged, to build country evidence on climate and health needs. This,

¹ The definition proposed by the One Health High Level Expert Panel posits that One Health is "an integrated, unifying approach that aims to sustainably balance and optimise the health of people, animals, and ecosystems. It recognises the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and interdependent." (See: One Health: A new definition for a sustainable and healthy future | PLOS Pathogens). To emphasise the need for sustainable solutions, this paper adopts attainment of One Sustainable Health (OSH) as its goal.

as well as those for building country capacity to respond to these needs, and scale country-tailored solutions and investments to tackle the climate and health crisis. As a next step to build the framework, a comprehensive institutional landscape assessment is being conducted to systematically map the different institutional sources and instruments that can be leveraged to scale up the needed financing for climate and health action. This will require continued in-depth engagement with partners, including other development banks. This framework could be expanded to include issues linked to biodiversity, pollution, AMR (antimicrobial resistance) and other health and environment relevant investment and adapted to be used by other international actors and/or directly by governments to assess their own.

Support countries to carry out a shared diagnostic process based on local consultation in order to design or update their *One Sustainable Health national strategy*. This should extend beyond preparedness of the health system (as per Universal Health Coverage (UHC)) and have strong ownership from the population. Ensure proper linkage at national level with Adaptation plan and National Determined Contribution process.

ALL FINANCING INSTRUMENTS - INCLUDING GRANTS, ODA LOANS, EQUITY, OR GUARANTEES - SHOULD BE USED AND CHANNELLED TO ENVIRONMENT-RELATED ACTION FOR HEALTH, TO INCREASE RESOURCE AVAILABILITY AND CONCESSIONALITY.



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Ensure flexible financing is channelled directly to communities on the frontlines to meet health needs arising from climate change and to build resilience.

Adapt financial instruments, including climate finance, to facilitate local access, use and accountability of funds and to facilitate co-construction and adjustments of projects by local communities in line with agreed priorities. Communities need the resources to adapt and act effectively and punctually. Consider integration of health goals in adaptive social protection schemes. Blended finance can catalyse agile and flexible financing that can be rapidly channelled to communities for locally led adaptation solutions.

Develop common targets and metrics (KPIs) between local, national and global levels.

This should include the development of project evaluation criteria and public health and environmental KPIs focused on One Sustainable / Planetary Health objectives. Evaluation and accounting requirements are key elements to shape the objectives and methods of operational projects. Designing and integrating One Health KPIs into international funding programmes would favour more transverse and cross-silo approaches.

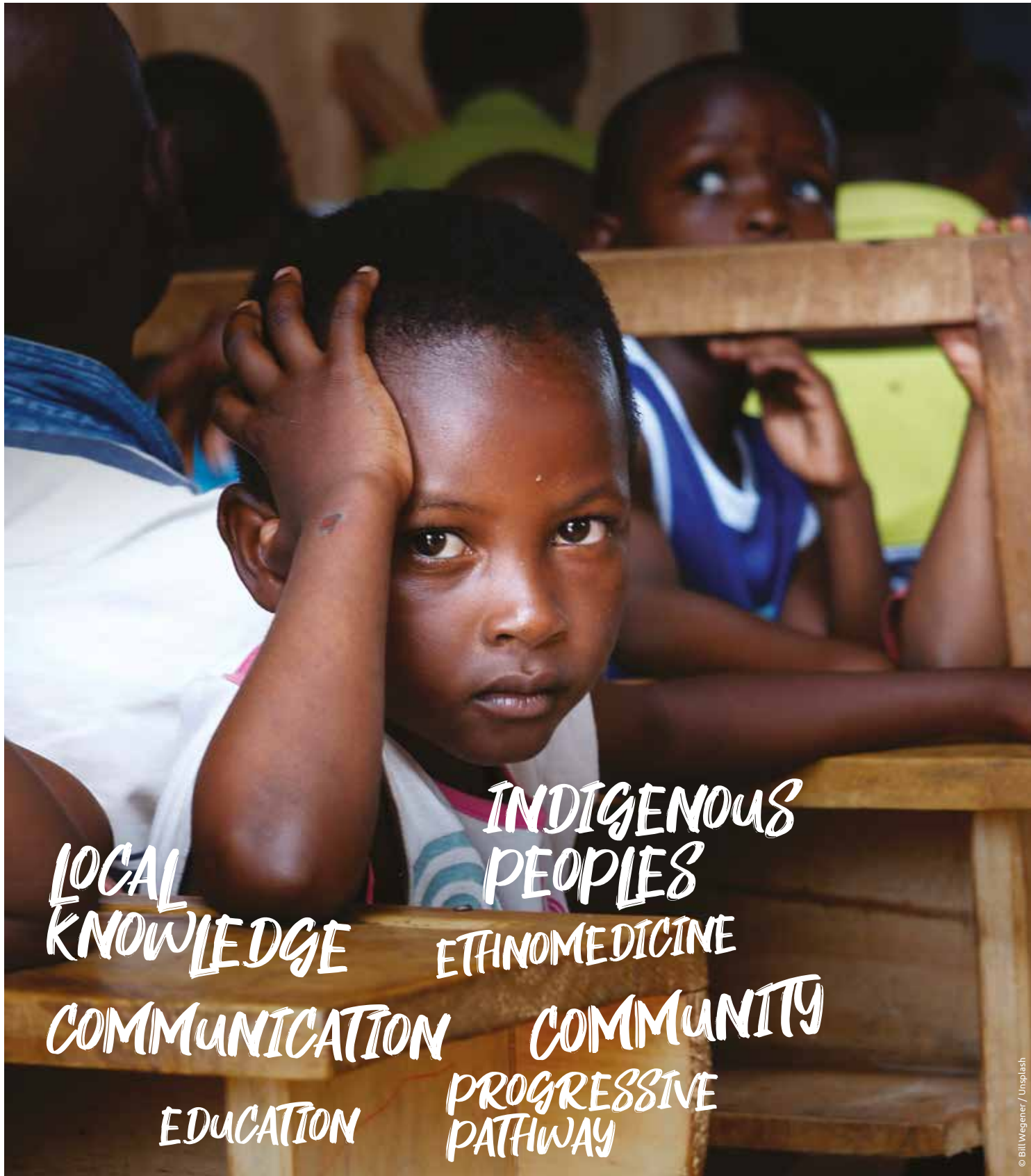
An OSH panel should be established at the Intergovernmental Panel on Climate Change (IPCC) and Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services (IPBES), to foster advocacy and exchange of workable solutions to inform national and international policy-making and leverage further investment.

Taken together, these recommendations provide a roadmap to realign and expand financing mechanisms across the health, environment and climate continuum to overcome existing silos and promote a One Sustainable Health approach. The immediate next step is a call to collectively assess / decide who are the key stakeholders who can impulse these recommendations and the ones who can effectively implement them.

*Please note that additional recommendations are presented in a more comprehensive document prepared by OSH-IWG5 members.



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LOCAL KNOWLEDGE
 INDIGENOUS PEOPLES
 ETHNOMEDICINE
 COMMUNICATION
 COMMUNITY
 EDUCATION
 PROGRESSIVE PATHWAY

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Local Practices

Developing One Sustainable Health practices & resilience within local communities

ABSTRACT

The objective of OSH International Working Group 6 is to foster commitment of communities through our joint engagement in a transformational change to improve our health and that of our environment, including that of our animals and prospects for an improved future. This is done through empowering communities taking into consideration the equity and inclusiveness issues, cultural sensitivities and specificities across contexts, including gender, education, and access to information and other goods and services. The incorporation of participatory approaches in working with local communities and Indigenous Peoples in collecting information of practices related to health and resilience (human, animal and environmental stewardship and biodiversity) and incorporation of science-based interventions to ensure a resilient future is proposed using a progressive stepwise approach. Education (formal and informal) and greater awareness is seen as paramount to ensure sustainable and best practices are followed, which in turn are tailored and accepted by the target communities. It is recognized that a definition of “community” remains broad, as an individual may see her/him/their self as pertaining to more than one.

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MAIN OBSERVATIONS / KNOWLEDGE

The OSH IWG6 vision and objectives

The objective of OSH International Working Group 6 is to foster commitment of communities through our joint engagement in a transformational change to improve our health and that of our environment, including that of our animals and prospects for an improved future. This is done through empowering communities, taking into consideration the cultural sensitivities and specificities across contexts, including gender, education, and access to information.

Definitions of community

Definition 1

“Group of interacting people commonly living in a common geographical location - rural, urban, or peri-urban - in social units larger than a household and smaller than a city; organised around common socio-cultural values and having some particular characteristics and/or interests in common. Examples could be a settlement, a village, a neighborhood in a city or even a diaspora of people (refugees, migrants, temporary workers) that are within a given environment.”

Definition 2

“A community can be defined in terms of physical space, philosophical space (political, religious, professional) but also in terms of occupational or recreational activities. Individuals can belong at the same time to different communities. Belonging to a specific community can be an individual choice or the result of different forms of cohesion. In a community people with different age, class, caste, sex, education, ethnicity have different access to resources and to power and thus are experiencing their community in distinct ways. Communities may connect people around a common aspect of their life, but people may have divergent opinions and desires in relation to other aspects of their lives.”

Education

IWG6 has emphasised the importance of education at the community level for transformation, which emphasises the formal (scholastic curricula) and informal (experience, nuclear family, multi-generational extended family, traditional practices) education or knowledge, especially in terms of reaching out to youth groups and marginalised communities.

Participatory approaches

IWG6 recognises the essential nature of listening to the peoples who are otherwise affected, often detrimentally, by decisions made by governments or “outsiders” who think they know best. In the stakeholder’s engagement planning, efforts should be done to promote equity (gender and social) and diversity. Participatory approaches require reaching out to those who stand to be affected by decisions and become an important contributor to the process – where ideally a consensus is reached. A true participatory approach is one in which everyone’s perspective is considered, especially those who are at risk of being under-served or excluded during the development and implementation of an initiative. Often, those individuals who have less education (formal) or of lower “status” in society, need extra support in having their concerns heard by planners, and whose ideas are important and worth sharing. Though time-consuming, the rewards of a participatory approach gives ownership to the participating communities and individuals specifically in high inequity settings.

IWG6 recognises that for sustainability in the One Health arena, there cannot be a top-down decision making and hope for uptake at all levels; there is a prerequisite to ensure that local concerns, priorities, and needs in developing national policies are well heard and incorporated.

Indigenous Peoples

Indigenous Peoples represent 476 million individuals spread across 90 countries in the world¹. Indigenous Peoples have retained social, cultural, economic and political qualities that are distinct from that of the prevailing individuals and communities of the dominant society in which they live. They are inheritors and practitioners of unique cultures and ways of relating to people and possess invaluable knowledge of practices for the sustainable management of natural resources. Though representing a little more than 5 percent of the world’s population, they account for 15 percent of the poorest, experience a high degree of socio-economic marginalisation and are at disproportionate risk in public health emergencies, lack effective monitoring, notification, and access to adequate health and social services.

The unique knowledge held by Indigenous Peoples across ecosystems, and their shared values with their environment, is recognised and could be better captured in the promotion of One (Sustainable) Health initiatives and communication. The indigenous elders are a priority for our communities as our keepers of history and traditions and cultures.

In developing community outreach programmes, the search for balance between current or prevailing scientific



knowledge and Indigenous Peoples knowledge and their communities needs to be harnessed should ownership and protection be gained. Indigenous Peoples’ knowledge is part of Global Knowledge. Such outreach efforts should be culturally acceptable and understood (language).

Local Knowledge

Local knowledge should be recognised as somewhat different to Indigenous Peoples knowledge, but it is also part of Global Knowledge. Local knowledge can be summarised as knowledge gained through experimentation (trial-and-error), observation and experience in the local culture and environment - often embedded in community practices, but continuously adaptive and changing. Local knowledge can be found in among rural people, urban communities, or maritime or mountain landscapes.

UNESCO’s Local and Indigenous Knowledge Systems programme (LINKS) “...has been influential in ensuring that local and indigenous knowledge holders and their knowledge are included in contemporary science-policy-society fora on issues such as biodiversity assessment and management (CBD, IPBES), climate change assessment and adaptation (IPCC, UNFCCC), natural disaster preparedness (ISDR) and sustainable development (Rio+20, Future Earth). Working at local, national and global levels, LINKS strives to strengthen Indigenous Peoples and local communities, foster transdisciplinary engagements with scientists and policy-makers and pilot novel methodologies to further understandings of climate change impacts, adaptation and mitigation.”²

In developing outreach programmes and suggested policy positions for OSH, ensuring convergence with UNESCO’s efforts (including the education arena) would be valuable.

Ethnomedicine (human, veterinary, plant)

Ethnomedicine comprises study or comparison within traditional medicine and practice often based on bioactive compounds derived from plants and animals (including insects) and practiced by various local communities or ethnic groups, especially those with little access to ‘western’ medicines. The practices can include medical anthropology, and most often transmitted to other in the community through oral traditions. Knowledge gained from ethnomedicine/ethnoveterinary medicinal practices can lead to discovery of novel drugs and cures for maladies elsewhere in the world.

IWG6 recognises the value of such localised medical practices (anthropological, sociological and in health care) and is keen to promote insurances that there is benefit to the local community for the ‘intellectual property’ that such discoveries provide.

¹ International Day of the World’s Indigenous Peoples (9 August). <https://www.un.org/en/observances/indigenous-day/background>

² <https://en.unesco.org/links>

MAIN RECOMMENDATIONS

Investments are needed in Communication, Awareness and Education (formal and informal) is essential to better appreciate the connectivity and interaction we have with land, water, food, and air quality. Parents, elders, teachers, school administrators, and commercial entities need to be part of the education platforms.

Indigenous Peoples and local knowledge is part of Global Knowledge and should be incorporated, preserved, and shared with others. The convergence of locally known preventive or curative interventions should be integrated with current scientific knowledge through a participatory approach.

Stepwise approaches to guide communities to progress to a resilient healthy future need to be developed.

MAIN ISSUES TO MOVE FORWARD IN CONCRETE OPERATIONALISATION

Methodology

IWG 6 proposes a progressive pathway approach to developing these practices and resilience within local communities. The progressive pathway concept is a step-by-step scheme whereby small but significant modifications or inputs are instituted by all participants (stakeholders) to improve human, animal, environmental and community health. Key to the approach is that the local community would need to develop its own vision of where it wants to be by a given period of time (*e.g.*, 5, 10, or 15 years) and identify the changes and inputs that would need to be put in place to arrive at the desired outcome. Such a scheme could and should incorporate the inputs of the other IWG where appropriate (especially in proposed interventions in developing educational curricula, for the stewardship of safe water and soil resources, improvement in nutrition and safe food systems, the interaction with wildlife and preservation of biodiversity).



“

Indigenous Peoples represent some 476 million individuals spread across 90 countries in the world.

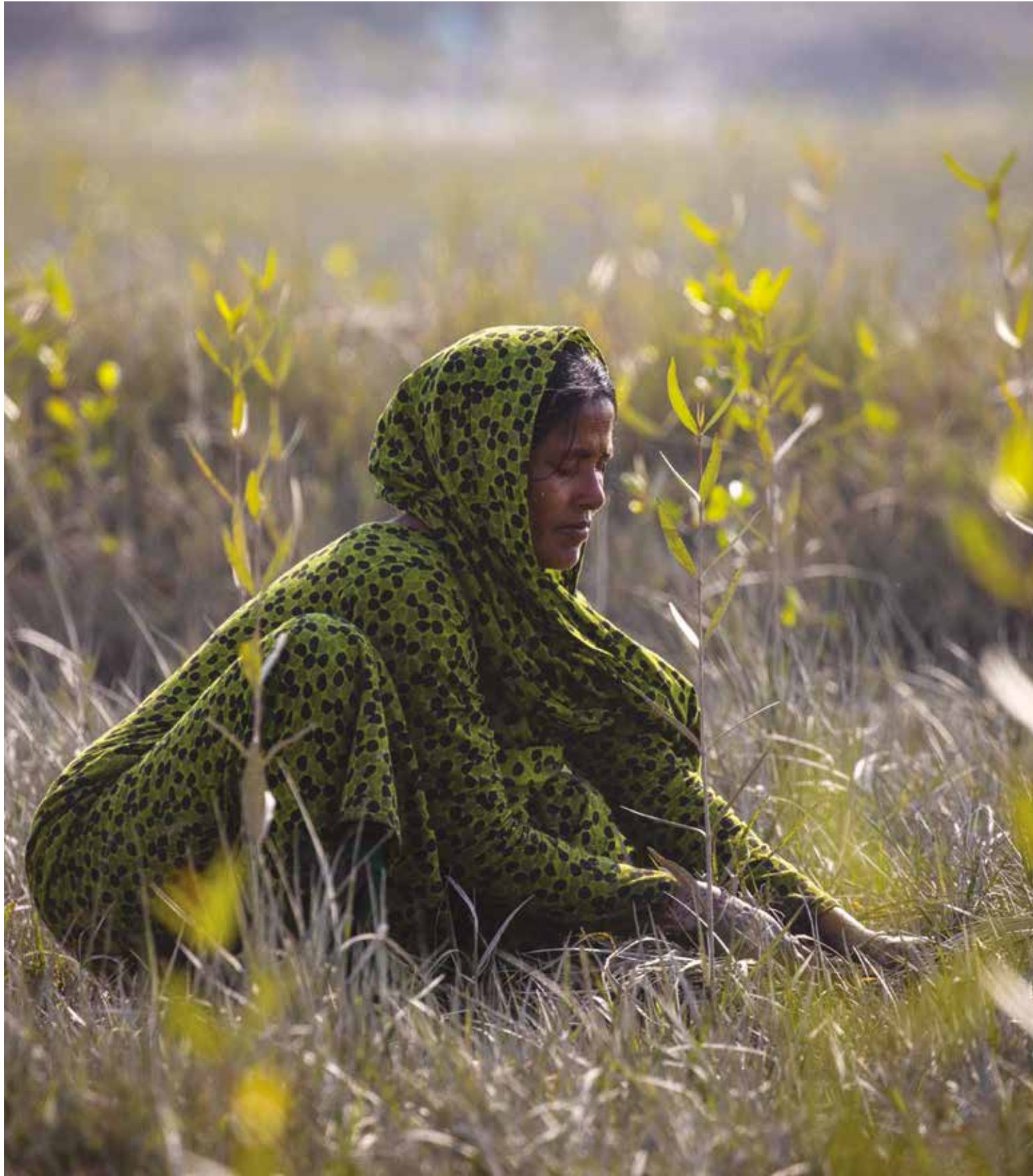
In the to-be-developed progressive pathway, metrics to show progress and identify gaps and obstacles can be incorporated. Recognising the importance of a community's resilience to known or unknown threats to health, the advent of a progressive pathway scheme is developed through participatory process with local stakeholders which would serve to ensure ownership.

IWG 6 recognises the different aspects of the scheme (*i.e.*, application of central policies at local level, primary and secondary education curricula, levels of communication and awareness, food preparation practices, access and availability to health care facilities) would require analysis of where a particular community 'finds' itself, and to proceed to the next step, tailored inputs would be required. These tailored inputs may include not only innovative ideas and creative funding plans, but also support from those that manage regional and central purses.

Policy Paper

The IW6 seeks to develop a policy paper that is intended to highlight and guide policy makers of the needs of specific communities. The policy paper calls for the proposal of collective action toward better recognition, preservation, appreciation and build upon of local and Indigenous Peoples knowledge related to human health, animal health, plant health and ecosystem conservation and stewardship with the objective of ensuring full community involvement in One Sustainable Health.





Bangladesh

OSH International Partner Session

WORKSHOP DECLARATION, June 6, 2023

Organising institution: Friendship

ABSTRACT

Professionals from several government institutions, Civil Society Organisations, NGOs, Educational institutions and private organisations participated in the One Sustainable Health for All Forum – Bangladesh, sharing vital insights.

This event culminated in a strategic 3-phased plan, aligning short-term, mid-term, and long-term goals to streamline One Health activities in coordination with the One Health Secretariat, Bangladesh.

Emphasising urgency and relevance, focus should be on initiating result-driven activities within the realms of One Health. Aiming to foster widespread awareness and knowledge, a comprehensive action-plan needs to be in motion, ensuring communities and stakeholders are well-informed at all levels.

Policy enhancement is at the forefront, with a critical review of existing policies and formulation of necessary upgrades. The crux lies in reinforcing and implementing these policies across the board. Multidisciplinary collaborative research takes center stage, generating evidence for well-informed policies and interventions at animal, human, and ecosystem levels.

Strategic advocacy and an enabling environment are pivotal to our mission, especially for high-risk populations. A holistic approach guides our endeavours, fostering a common ground for One Health practices.

Coordination, collaboration and capacity development are key factors, involving inter and intra-ministerial bodies, civil society organisations, NGOs, and the private sector. Integration of One Health concepts into operational plans is paramount.

A diverse One Health workforce is envisioned, incorporating technical, non-technical, social, and business communities. Education curriculum integration ensures a forward-looking approach. In unity, it is necessary to envision a future where One Health is an intrinsic part of healthcare landscape, leaving no one behind.

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MAIN OBSERVATIONS / KNOWLEDGE

Professionals representing various government bodies, Civil Society Organisations (CSOs), non-governmental organisations (NGOs), educational institutions, and private sector entities actively engaged in the One Sustainable Health for All Workshop held on 6th June 2023 at Dhaka, Bangladesh, offering crucial perspectives and knowledge.

Following addresses by the guests of honour elaborating on the concept and importance of “one health”, the attendees split into three tables, each with a chairperson, a facilitator, rapporteur and a specific subject for discussion. These were, “mitigating the impact of environmental pollution and climate change to have a better impact on health”; “sustainable food systems for improved nutrition and health for both human and animals” and “equitable access to quality health related services for humans and animals”. Each table discussed the current scenario relevant to the specific topic, the role of the government and stakeholders, existing challenges, how it can be linked with one health and the subsequent recommendations and strategies to move forward under the one health approach in Bangladesh.

Climate change exacerbates heat-related and respiratory ailments, impacting mental health. Lead and pollution pose risks. Dengue and other diseases escalate due to polluted water and changing disease cycles. Pollution-induced health issues are rising, emphasising the need for mindful construction and preservation of green spaces. Reproductive and maternal health suffer from climate effects. For effective community-level action, thorough research, robust data, and government funding are crucial. Coordination among ministries is vital, which requires swift resource mobilisation. Expert panels and streamlined authorisation processes are needed, with proactive public health initiatives. Collaborations with NGOs, INGOs, and the private sector are essential for impactful solutions. Significant challenges persist, notably a lack of stakeholder awareness, hindering effective implementation. Enforcement of crucial regulations pertaining to air quality and noise pollution remains deficient. Mere policy formulation proves inadequate, as health concerns are overlooked in the national climate adaptation plan. Addressing these gaps necessitates improved coordination, heightened stakeholder education, and proactive policy interventions for a sustainable, resilient future.

MAIN RECOMMENDATIONS

Comprehensive Strategy and Consensus Formation:

Develop a thorough three-phase strategic plan involving all stakeholders to streamline One Health activities, encompassing short-term, mid-term, and long-term objectives.

Improved Collaboration and Fusion:

Strengthen engagement and collaboration among inter and intra-ministerial bodies, civil society, NGOs, and private sectors to integrate One Health principles into operational plans, ensuring active involvement at both national and sub-national levels.

Enhanced Skill Development and Educational Integration:

Emphasise bolstering institutional capacity, promoting sustainable One Health initiatives, and cultivating a diverse One Health workforce by integrating the One Health concept into educational curricula and fostering cooperation among stakeholders on national and global scales.

MAIN ISSUES TO MOVE FORWARD IN CONCRETE OPERATIONALISATION

Plan and Policies

- To develop consensus on a 3-phased strategic plan including short-term, mid-term and long term across all relevant stakeholders to streamline One Health activities in coordination with One Health Secretariat, Bangladesh.
- To conduct multi-disciplinary collaborative research to generate evidence at the animal, human and ecosystem levels to develop appropriate policies and programmatic interventions.
- To initiate strategic advocacy and create an enabling environment for the relevant stakeholders to develop action plans, especially for the people at high risk in terms of One Health.
- To create a conducive environment through a holistic approach for a common One Health practice.

Coordination

- To strengthen the involvement of inter and intra-ministerial bodies, directorates, civil society organisations, NGOs, and other relevant sectors with integration of One Health concepts into operational plan.
- To ensure participation of NGOs and private sectors across the country/national and sub-national level relevant to the One Health.
- To develop and effectuate an integrated MIS for ensuring

coordinated and evidence-based reliable data collection and data interpretation and use in decision making process.

- To design and implement a robust coordinated surveillance system, with a special focus on Antimicrobial Resistance (AMR), zoonotic diseases, environmental and environmental health aspects to assess routine information, outbreaks and monitor conditions within a comprehensive One Health Framework.
- To foster collaboration among national and international level key stakeholders through establishing a functional network and partnerships to benefit (from and to) global interests mutually.
- To work on formation of “One-Health NGO / private sector Dhaka chapter” in coordination with One-Health Bangladesh and One- Health Secretariat, Bangladesh.

Capacity Development

- To strengthen institutional capacity of relevant government, non-government, academia, and corporate bodies to adopt One Health approach inclusion at different tiers in coordination with One Health Secretariat, Bangladesh.
- To take forward coordinated One Health Movement at the national and sub-national level in a sustainable way with an action plan for which resources needs to be mobilised.
- To create an enabling environment through developing a diverse One Health workforce encompassing technical, non-technical, social, and business communities by promoting sustainable capacity building activities.
- To include One Health concept in the education curriculum of public health program and other similar academia.





PAHO



PANAFTOSA
Pan American Center for Foot-and-Mouth
Disease and Veterinary Public Health



Brazil

OSH International Partner Session

CONFERENCE SOUTH AMERICA, June 6, 2023
Organising institutions: FIOCRUZ, PAHO/PANAFTOSA

ABSTRACT

Professionals from seven countries participated in the One Sustainable Health for All Forum – South America, sharing vital insights. Some of the key ones were:

Knowledge Empowerment: Empower communities with human, animal and plant health knowledge through collaborative learning;

Food Waste Mitigation: Strongly encourage strategies to combat the food waste levels. The amount of food currently wasted would be enough to feed the entire global hungry population.

Microbiome & Disease: Underline how current urban lifestyle has a major impact on the intestinal microbiome's role in immunoregulatory diseases.

AMR Transmission: Antimicrobial resistance (AMR) transmission among wildlife and its circulation between wildlife, domestic animals and humans are not understood, yet must be fully addressed.

Proactive Disease Control: Shift from reactive to proactive infectious disease control through primary prevention.

Amazon: Solutions to diverse healthcare challenges in the Amazon Region should specifically address remote locations, neglected diseases and deforestation.

Wildfire Impact: Emphasise the direct threats of wildfires to human health, particularly considering when it impacts populations already exposed to pollution and other global inequities, such as limited access to clean water and sewage.

Integrated Care: Advocate for integrating medical, social and legal assistance for vulnerable populations through collaboration across institutions.

Inspirational communication strategy: Highlight the use of images to inspire communities and promote a sense of belonging.

Gender & Climate: Address gendered climate change impacts and initiatives empowering women and supporting sustainable agriculture.

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MAIN OBSERVATIONS / KNOWLEDGE

Professionals from seven countries participated in the One Sustainable Health for All Forum – South America, sharing vital insights, critical observations and knowledge across aspects of human, animal and environmental health. The main highlights are listed below:

Rural Knowledge Empowerment:

The importance of enhancing rural populations' understanding of human and animal health, along with botanics was addressed. The need for actions that support and promote collaborative learning with these communities was emphasised.

Food Waste and Biomass Utilisation:

Astonishing statistics highlighted the global excessive food waste, especially in the USA and Europe, which amount to one-third of discarded food. The urgency of efforts to reduce waste and harness the value of residual biomass, potentially addressing global hunger, was emphasised.



Lifestyle and Microbiome Impact:

Discussions revolved around the profound effects of changing lifestyles and dietary habits on the intestinal microbiome. These changes were noted to potentially contribute to immunoregulatory diseases, including cancer.

AMR Transmission:

The need to better understand the transmission of antimicrobial resistance (AMR) among wildlife and its circulation between wildlife, domestic animals, and humans was underscored. Identifying the sources of AMR emerged as a critical concern.

Proactive Disease Control:

A shift from reactive to proactive infectious disease control is urgent and necessary, focusing on primary prevention strategies while addressing the underlying drivers of diseases.

Amazon Region Challenges:

Brazil's diverse Amazon region, with 30 million inhabitants, including 2% indigenous populations, faces unique challenges such as long distances, neglected diseases, sub notification, vulnerability, and deforestation. Proposed solutions aimed to enhance prevention of zoonotic disease spillover to humans, including biobanking and collaborative efforts, alongside active surveillance in targeted areas.

Air pollution and wildfire Impact:

The direct threats posed by wildfires to human health, particularly in terms of pollution, were compared to the dangers of smoking. Access to clean water and sewage was emphasised as a fundamental human right, with global inequities in this regard.

Integrated Healthcare:

The integration of medical, social, and legal assistance/support was discussed, especially for vulnerable populations like those in poverty, HIV positive individuals, and the LGBTQIA+ community. Calls were made for increased integration between institutions and governmental sections to strengthen the One Health Approach in Brazil.

Inspirational communication:

The power of images to inspire and engage populations and promote a sense of belonging was highlighted. A case example was shared concerning the pollution of Guanabara Bay before the Rio de Janeiro Olympics in 2016.

Gender and Climate Disparities:

Gender disparities in the context of climate change were discussed, emphasising that women, boys, and girls are 14 times more likely to die during natural disasters. Colombian women, particularly those in rural areas with ethnic affiliations, face multiple inequalities. The need to support and empower these women through initiatives and training was highlighted.

Small-Scale Animal Breeding:

Breeding animals on small properties was recognised as essential to reducing poverty and ensuring food safety, particularly during droughts and natural disasters. Strategies involving games, colouring drawings, and picture exhibitions were developed to educate school teachers and rural communities in Peru about infectious diseases and health problem recognition.

Regional Context:

South America is a diverse continent, rich in both culture and biodiversity. Its countries play a crucial role in global economics, climate dynamics, scientific research, public health, and overall well-being. However, it also faces unique challenges in the realms of social aspects, climate change, access to food, health systems, living conditions, zoonotic disease transmission, and environmental sustainability.

MAIN RECOMMENDATIONS

Social Inequities:

South America exhibits significant disparities in income, education, and healthcare access. Operationalizing One Health must involve strategies to bridge these gaps, including community-based education and healthcare outreach programs.

Biodiversity at Risk:

The region's diverse ecosystems are under threat due to deforestation, habitat destruction, and climate change. Protecting these ecosystems is critical for maintaining a healthy environment and preventing zoonotic disease outbreaks.

Climate Vulnerability:

South America is susceptible to extreme weather events, including droughts, floods, and wildfires. Adaptation and mitigation strategies must be integrated into One Health initiatives to address climate-related health risks.

Food Security:

Access to food varies widely across the continent, with some regions experiencing food scarcity. Operationalisation efforts should focus on sustainable agriculture, reducing food waste, and ensuring equitable food distribution.

Healthcare Systems:

Many South American countries face challenges in their healthcare infrastructure. Strengthening healthcare systems and promoting cross-sectoral collaboration are key to effective One Health implementation.

Zoonotic Disease Risks:

South America is a hotspot for zoonotic diseases due to its diverse wildlife and close human-animal interactions. Surveillance and research to identify potential disease reservoirs are crucial.

MAIN ISSUES TO MOVE FORWARD IN CONCRETE OPERATIONALISATION

Community Empowerment:

Empower local communities through education and training, enabling them to actively participate in One Health initiatives. This can include educating communities about zoonotic disease risks and sustainable practices.

Ecosystem Conservation:

Promote policies and practices that protect and restore ecosystems, such as reforestation and sustainable land management, to mitigate climate change and safeguard biodiversity.

Climate-Resilient Health Systems:

Strengthen healthcare infrastructure to withstand climate-related challenges. Develop early warning systems for weather-related health risks.

Sustainable Agriculture:

Encourage sustainable farming practices and support small-scale farmers to improve food security and reduce environmental impact.

Cross-Sectoral Collaboration:

Foster collaboration between healthcare, veterinary, and environmental sectors, creating a cohesive approach to One Health. Develop regional and international partnerships to share knowledge and resources.

Zoonotic Disease Research:

Invest in research to understand zoonotic disease transmission dynamics. Identify hotspots and potential reservoirs, enabling proactive disease prevention.

South American countries' importance on the global stage, both economically and environmentally, highlights the significance of effective One Health operationalisation in the region. By addressing the challenges unique to South America, professionals can contribute not only to the continent's well-being but also to global health, environmental sustainability, and scientific advancement.



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Lebanon

OSH International Partner Session

**USJ INTERVENTIONAL APPROACH:
Towards Sustainable Health for All: Health and Environmental Challenges in the Vulnerable Lebanese, June 22-23, 2023**
Organising institutions: USJ, Amel association

ABSTRACT

Saint Joseph University of Beirut, represented by a team of more than thirty researchers, is committed to carry out a multidisciplinary project that aligns with OSH's objectives of "International Working Groups" (IWG).

Six multidisciplinary groups were made up of several professors- researchers representing different specialties in order to develop sub-projects, each inscribed in the theme proposed by the "International Working Groups" (IWG) and aligned with the 6 working groups of the OSH. Proposals converge to constitute a main project adopting an integrated approach and entitled: "Towards sustainable health for all: health and environmental challenges in the vulnerable Lebanese context".

This project aims to identify health and environmental challenges from educational, medical, health, environmental and nutritional perspectives. All USJ institutions will be involved in the realisation of the project developed by USJ in partnership with NGOs. These NGOs will be the transmission belt between academic research and the application of decisions at the local level.

The NGOs are as follows: Amel, Chair of the Diane Foundation, Arc en ciel. The National Council for Scientific Research – Lebanon can be a facilitator for the implementation of such a project. The challenge of such approach is considerable, especially in a country that is facing unprecedented socio-economic crises, institutional and health. **So, the major question for Lebanon is how to implement a health for all approach in a country with a multi-crisis context?**

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MAIN OBSERVATIONS / KNOWLEDGE

Health for all is a real challenge in a context of environmental and health degradation. Lebanon, which is bearing the brunt of global warming, is experiencing the degradation of all its resources: water, air, soil. In addition, a new element can be added to this list of environmental problem: electromagnetic pollution emergence of new pollutants such as POPs, etc.

Concerned about the deterioration in the health situation in Lebanon, the USJ wanted to react by joining the one sustainable health for all foundation.

You will find in the following, the synthesis of the proposals of the different workshops corresponding to 5/6 IWG:

• IWG1: Mitigating the Impact of Environmental Pollution, Climate Change and Pressure on Biodiversity to promote Better Health Outcomes

Climate change is a reality in Lebanon, the air temperature has risen for about 3°C since the last century. Most of the environmental problems dealt with the "physical" and the human aspect (perception, behavior). Studies on impacts

are undergoing (especially the health aspects of air pollution, Well-being and climate ambiance). The main objective of the project consists of studying the mitigation actions that can be taken in a difficult social, political and economic context.

• IWG2: Towards Sustainable Food Systems for Improved Nutrition and Health

In this group, 2 axes were proposed; i) the measure of the concentration of emerging pollutant like the Persistent Organic Pollutants (POPs), including organofluorines derived from perfluorooctane sulfonic acid or PFOS, as well as perfluorinated alkyls or PFAS, and other organochlorine POPs, as well as certain heavy metals and other metals in subsequent matrices, in the environment, in food and in humans. These concentrations will be correlated with: dietary habits, anthropometric characteristics in newborns, sociodemographic factors, and non-communicable diseases in humans, knowing that these POPs and heavy metals are correlated with metabolic diseases (Obesity, Cardiovascular Diseases, Diabetes ...), to certain cancers and neurological diseases. ii) Antibiotic resistance in humans, animals and the environment; antimicrobial proteins. The microbiota in humans and the environment: influence on neurological disease and environmental sanitation.

• IWG 3: How must human interaction / relationship with nature transform to achieve One Sustainable Health?

In this group, the state of art showed, in spite of much research on climate change, urban heat island, governance and the relation human/environment, results are still limited. So, the preoccupation is how to transform what exists for better human health? Specially in a country where people don't consider environment as a priority. One solution is to bring together and engage private and public partners to promote new policies of action and commitment, while support them in the future.

• IWG4: Equitable Access to Quality Health-related Services

Cancer is a very important public health issue in the world and more particularly in our region. The burden of cancer in this region is experiencing alarming spikes. The region struggles to establish and maintain high-quality cancer registries and real-time, valid and reliable data that can inform policy and action. In Lebanon, because of the crisis, access to care, prevention and awareness have suffered greatly and have consequently affected the population's equitable access to care. Therefore, we believe that investing in early intervention and education can, in the long run, save lives, reduce health care costs and ensure equitable access to health care.

• IWG6: Developing OSH Practices & Resilience within Local Communities

It addresses health and environmental challenges in the Lebanese context. Therefore, we have retained the two key concepts namely, practices in favour of sustainable health and resilience of the Lebanese citizen to build a project that targets the perceptions of the local community about the real practices in favour of OSH and their suggestions in the actions to be undertaken.

MAIN RECOMMENDATIONS

USJ proposes the following priority projects:

Biomonitoring and mitigation: Diseases and risk factors, antibiotic resistance, pops, air pollution/climate/change, pesticides, cancers and Food surveillance

Emerging pollutants and health risks: (e.g., Micro plastic Electromagnetic waves)

Access to care for all: In the Lebanese context this seems to be a priority

If we focus on these 3 topics, considered as priorities, it is important to address them in their integrated dimension with an underline to the human aspect.

However, there are several aspects that deserve to be raised:

- Problems identified at the local scale (e.g., in Lebanon) concern the global scale. It seems pertinent to find a way for knowledge exchanges and feedbacks from other countries facing the same problems. The foundation can be a focal point for these scientific exchanges.

- Scientific knowledge should not be confined to an academic environment. So, the transition from scientific knowledge to a real social application in society is a guarantee of the success of the project.

- The legislative arsenal can contribute to the implementation of certain decisions. In addition, the guarantee of success is the social acceptance of changes in practices and behaviours. The challenge is daunting in a country where laws are difficult to accept and to apply.

- As we say in French, « *l'argent est le nerf de la guerre* ». The question of financing is essential for the launch of such projects whose impacts are national and international.

MAIN ISSUES TO MOVE FORWARD IN CONCRETE OPERATIONALISATION

In addition to the proposed projects, it would also be interesting to concretise the approach in the following way:

- The USJ has a strong base of knowledge. The information is scattered, so the challenge is to make an inventory by grouping all this knowledge in a database. In addition, it is pertinent to analyse the perception of such a theme and to collect recommendations about this subject.

- This first step is important because it will allow us, in an integrated approach, to identify the gaps in order to set up a larger unifying project involving NGOs and decision-makers. This project, based on the knowledge acquired within the academic community, will focus on the application, at the local level, of recommendations for the implementation of a sustainable health approach.

- Such an integrating project mobilises a scientific community, NGOs, private and public organisations, field work, an education and awareness-raising strategy, so the biggest issue remains finance.

Lebanon is an interesting country to study because, despite its small area, it is representative of the problems that regions in conflict or crisis are facing to implement a One health for all approach.



Senegal

OSH International Partner Session

FORUM
Tackling together health challenges of the social and environmental polycrisis, June 19 – 20, 2023
Organising institutions: Association Galien Africa, ENDA Santé, Foundation S

ABSTRACT

The Regional One Sustainable Health (OSH) for All Forum in Dakar, held on June 19th and 20th, 2023, provided a vital platform for discussions and outcomes relevant to global health challenges.

Distinguished figures like Prof. Awa Marie Coll Seck, Mr. Benoit Miribel, and Madame Nguissali Turpin graced the opening ceremony, emphasising the significance of regional cooperation in achieving sustainable health goals. Key messages revolved around regional collaboration, climate justice, and the invaluable contributions of communities to health solutions.

The forum's sessions covered an array of critical topics. Session 1A highlighted the detrimental impacts of environmental pollution and climate change on population health, stressing the importance of interdisciplinary collaboration and community involvement. Session 1B emphasised food sovereignty and nutritional security, especially in the face of climate vulnerabilities, advocating for local food self-sufficiency and sustainable agricultural practices.

Session 2 explored the intersection of climate change and Universal Health Coverage (UHC), emphasising the need to bolster health systems' resilience. Session 3 showcased community-based initiatives for climate change adaptation. Session 4 delved into the realms of One Health and Planetary Health, advocating for multisectoral approaches and community engagement.

The report concluded with a summary of key discussions and recommendations, highlighting the forum's role in preparing for the Lyon OSH Forum 2023 and emphasising the wealth of insights generated during the event. In essence, the Dakar forum reaffirmed the commitment of regional stakeholders to sustainable health solutions in the face of complex challenges.

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MAIN OBSERVATIONS / KNOWLEDGE

- The Regional One Sustainable Health for All (OSH) Forum in Dakar took place on June 19th and 20th, 2023.
- It served as a prelude to the OSH Forum 2023 on Inclusive and Adaptive Health Systems scheduled for July 5th to 7th, 2023, in Lyon, France.
- The main theme of the forum was adaptive systems and community resilience in addressing health challenges within the context of a social and environmental crisis.
- Prominent figures, including Prof. Awa Marie COLL SECK, Mr. Benoit MIRIBEL, and Madame NGUISSALI TURPIN, emphasised the importance of regional meetings in achieving sustainable health for all.
- Key messages from the opening speeches highlighted the significance of regional gatherings for promoting sustainable health, the impact of climate injustice in African countries, and the role of the forum's recommendations in global discussions.



MAIN RECOMMENDATIONS

- Session 1A emphasised the importance of addressing environmental pollution and promoting community resilience through interdisciplinary collaboration.
- Session 1B recommended promoting local food self-sufficiency, sustainable agriculture, and preventive measures to address food sovereignty and nutritional security.
- Session 2 recommended strengthening health systems' resilience to manage climate-related health challenges effectively in the context of Universal Health Coverage (UHC).
- Session 3 underscored the importance of involving communities in climate change solutions and tailoring awareness campaigns to specific populations.
- Session 4 highlighted the need for a multisectoral approach and community involvement in addressing health issues comprehensively, including antimicrobial resistance (AMR).

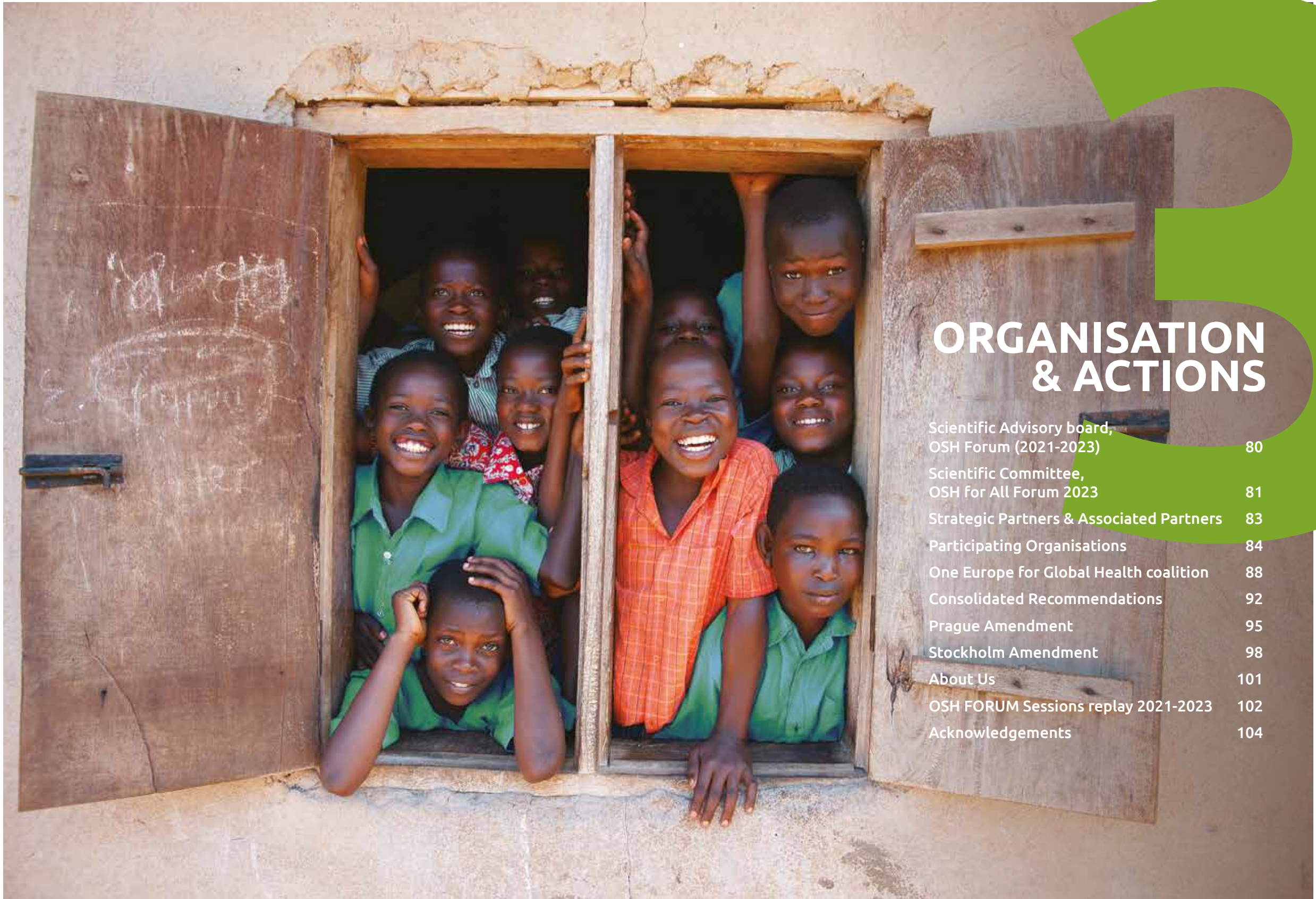
MAIN ISSUES TO MOVE FORWARD IN CONCRETE OPERATIONALISATION

- Implementing interdisciplinary collaboration and community involvement to address environmental pollution and enhance community resilience.
- Promoting local food self-sufficiency, sustainable agriculture, and preventive measures to achieve food sovereignty and nutritional security.
- Strengthening health systems' resilience to manage climate-related health challenges effectively under the framework of Universal Health Coverage (UHC).
- Tailoring awareness campaigns to specific populations and involving communities in climate change solutions.
- Establishing a multisectoral approach, community involvement, regulatory measures, local pharmaceutical industries, and public awareness campaigns to combat antimicrobial resistance (AMR).
- Ensuring that the recommendations generated during the forum are integrated into the discussions and actions of the Lyon Global Forum on Inclusive and Adaptive Health Systems.

“

Key messages from the opening speeches highlighted the significance of regional gatherings for promoting sustainable health, the impact of climate injustice in African countries, and the role of the forum's recommendations in global discussions.





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One Sustainable Health *for all* 2023



Global Forum on Inclusive and Adaptive Systems for Health

Tackling health challenges of the social and environmental polycrisis

Musée des Confluences Lyon, France

5-7 JULY 2023

Strategic Partners



Associated Partners OSH Forum 2023



Collaborative Partners



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Participating Organisations

Past and present (Alphabetical Order)







One Europe for Global Health Coalition

The One Europe for Global Health Declaration was conceived on the occasion of the European Ministers of Health and Foreign Affairs meeting in Lyon on February 9th, the meeting of European Health Ministers in Grenoble on February 10th and the virtual meeting of the European city mayors.

This European Civil Society Joint Initiative for Health aims to bring together voices and perspectives from a range of professional organisations across Europe. The “One Sustainable Health Forum” from Lyon (France), has thus consolidated the corresponding key recommendations from several civil society representatives in Europe.¹

¹ The Lancet One Health Commission; The Pan-European Commission on Health and Sustainable Development; European Global Health Research Institutes Network (EGRIN); The Horizon 2020 Scientific Panel for Health; M8 Alliance; The European Observatory on Health Systems and Policies; The European Health Union initiative facilitated by the European Health Forum Gastein (Manifesto for a European Health Union); The World Health Summit; Philea (EU network of foundations); Global Health Advocates; Santé Mondiale 2030; EURORDIS; BioMed Alliance etc.

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Preamble

The pandemic has painfully shown how social, economic, environmental, agricultural, political, scientific, technological, and commercial sectors are closely and dynamically connected to health, underlining the need to integrate the One Health approach across all sectors and policies. The value of individual and societal health is widely supported, and care for our planet earth is a top priority for European citizens.

It is acknowledged that major efforts have been made by member states, the European Parliament and the European Commission to improve collaboration across borders and national interests, however, under the spotlight of COVID-19, European Union (EU) health policy weaknesses have been unveiled. **This crisis has been a wake-up call and both immediate and long-term strategic action is needed.**

European policies are fragmented due to lack of continuity and coordination, within the EU and between the EU and its member states. This threatens health research, health care, prevention, crisis responsiveness, and EU health innovation competitiveness. Siloed programs have created boundaries between basic research and innovation, obstructing implementation in treatment, diagnosis, and prevention, evaluating cost-effectiveness, and ensuring an affordable health care system across Europe. Today 54% of cross-border donations by public benefit foundations in Europe are directed to health. We call on the EU to remove barriers for cross-border donations to unlock the full potential of philanthropy effectively addressing a health crisis which does not stop at country borders.

Although the new initiatives of the European Commission under EU4Health, Horizon Europe and the European Health Emergency preparedness and Response Authority (HERA) are encouraging steps towards **better alignment and communication across European Commission directorates and with member states**, they need to be taken further. The new EU policies under discussion should look beyond crisis management and threats of infectious diseases. An increase in funding within a fragmented system is not effective. **A coordinated approach, based on an ambitious vision, a comprehensive strategy and identifiable leadership, inspired by learnings from the pandemic, integrating the different facets of health is urgently required.**

“One Health” is based on the premise that, beyond targeted responses to individual health challenges, a holistic approach is needed to address these global issues. This encompasses human health, but also animal and environmental health, while considering the pressures from collective human behaviors and practices including, amongst others, pollution, global warming, deforestation, wildlife trade.

It intends to put forward three complementary dimensions convincingly, across regions, regardless of wealth, specific interests, and cross-cultural disparities:

- **Put health at the core of the implementation of the United Nations 2030 Agenda for Sustainable Development Goals (SDGs)** (see the figure at the end of the document) through its key role at many of the nexuses of problems to promote concrete changes that support a sustainable future.
- To facilitate convergence between the various preexisting approaches that **take into account the continuum between ecosystems, animal and human health, and societies as a whole.**
- **To facilitate dialogue between public and private actors**, academia, civil society, politics, and private sector in order to translate “One Sustainable Health” into practical and feasible programs, interventions, and policies to the **one overarching and humanistic common goal: Good Health and Wellbeing for All!**

The Essence of the OEGH Declaration

01 TAKE LONG-TERM COMMITMENT NOW FOR FUTURE GENERATIONS

During the pandemic, health has taken centre stage. Now is the time to preserve this momentum and ensure that health remains at the core of all policies with a new focus, not on the here and now, but on the challenges ahead. With the One Health concept at the core, it is essential to ensure that the ambitions for EU's digital and green transformations converge on health: digital transition is very much about access to and exchange of health data and green transition is very much about mitigating the health impact of climate changes. Health is also the key entry point to the

17 Sustainable development goals. A long-term commitment implies building more resilient societies and cross-country cooperation for pandemic preparedness¹ and response, recognising that human, animal, plant, and environmental health are interdependent. A long term-commitment also implies bolstering research and measures to combat antimicrobial resistance, and to address the unmet needs of non-communicable and rare diseases, with due focus on the increasing burden of mental health.

02 THINK & ACT "GLOCALLY"

The European Commission (EC) is to be commended for putting global cooperation and multilateralism on the agenda² at a time when increased protectionism and distrust compromise global cooperation in health and other fields. Health policies must be evidence-driven, coordinated, and aligned across cities, regions, Europe, and globally. In the face of the interlinked global crises of climate

change, biodiversity loss, and inequities the COVID-19 pandemic has highlighted the importance of transparent communication, rapid and effective sharing of knowledge and ideas - both the weakness and strength of the global response. It is essential that academic channels be kept open, even when commercial and diplomatic channels are subjected to geopolitical stress.³

03 TOGETHER IN EQUITY AND SOLIDARITY

The pandemic has revealed and exacerbated unacceptable inequities in health between rich and poor, between regions and continents and even within individual cities and countries. It is essential to support participatory, sustainable, and equitable health approaches, since pandemic

prevention, preparedness and response is only possible in solidarity with the most vulnerable (considering poverty, gender, age, minorities, Indigenous peoples, migrants, and those with underlying chronic health conditions).⁴ The technological and digital divide must be bridged.

High-quality and well-funded research is required to treat and prevent emerging infectious and neglected tropical diseases⁵. The EU should take the lead in such an effort and also continue to strive for Universal Health Coverage. It is

essential to adopt an EU-common position on the World Trade Organisation's (WTO) intellectual property rights negotiations to favour investment in vaccine and medicine production facilities on all continents.

04 LIMIT SILOS TO ENHANCE INTER-SECTORAL COOPERATION

The pandemic has painfully shown how socio-economic, political, environmental, agricultural, scientific, technological, and commercial sectors are intimately intertwined and dynamically connected to health. An inter-sectoral and sustainable approach requires multilevel governance (community, regional, national and global) where authority can be elastically ceded from one level to another depending on the nature and seriousness of the crisis at hand. A convergence on health recognises the need for sys-

tems thinking and trans-sectoral action.⁶ A trans-sectoral stakeholder platform is needed to holistically address and realise the co-benefits of strengthening human physical and mental health while recovering and conserving biodiversity and mitigating climate change. The Health Emergency preparedness and Response Authority (HERA) could potentially take on this role on an EU level. Additionally, the Global Health Policy Forum could be revived.

05 GOVERNANCE FOR EUROPEAN HEALTH UNION

It is proposed that the EU take a global leadership role in driving One Health and supporting sustainable health research and practice, which requires strong partnerships between public and private actors. EU's global health policy strategy should be adapted and strengthened⁷ to better align with the Sustainable Development Goals (SDG), while also rethinking international cooperation.⁸ The updated strategy should enable an integrated and complementary decision process by member states and

multilateral organisations like the World Health Organisation (WHO). The creation of a European Council for Health Research (Eu-CHR) as a coordination body should be considered. There is the need for an overarching One Health governance in Europe. It means that Health has to be included in the Green Deal and the European Digital Transition. A post-Covid Europe must be focused on health for all and must speak with one voice on Global governance for health.



¹ <https://www.nature.com/articles/s41591-021-01288-8>

² https://ec.europa.eu/info/sites/default/files/research_and_innovation/strategy_on_research_and_innovation/documents/ec_rtd_com2021-252.pdf

³ <https://academic.oup.com/eurpub/article/31/5/929/6357865>

⁴ <https://www.bmj.com/content/372/bmj.n59>

⁵ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00161-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00161-1/fulltext)

⁶ <https://www.bmj.com/content/376/bmj-2021-068124>

⁷ <https://www.sciencedirect.com/science/article/pii/S2666776222000126>

⁸ <https://www.cgdev.org/blog/pressing-reset-button-africa-europe-relationship>

Consolidated Recommendations



Health is at the crossroads of many issues and must be seen as a top EU priority. Investing in health and sustainable development is key for the safety and wellbeing of EU citizens. We call upon the EU ministers who met on February 9th, 2022, in Lyon-France to take global responsibility and make health a central priority for future EU actions. Think health globally!

CARING FOR PEOPLE AND THEIR ENVIRONMENT

GOVERNANCE

1. Affirm the European Union's (EU) explicit competence to take global responsibilities and action on health policy.
2. Develop strong health innovation systems that can mitigate the weaknesses that left so many people vulnerable.
3. Strengthen coordinating mechanisms with solidarity principles between members states.

CRISIS MANAGEMENT

4. Drive forward a global Framework Convention/Treaty for Pandemic Preparedness and Response.
5. Optimise investment in prevention of health threats, preparedness, and response, especially in the European Health Emergency preparedness and Response Authority (HERA).

6. Develop more robust country-reporting mechanisms that consider the One Health concept.

ONE HEALTH

7. Develop a One Health framework that, amongst others supports investments into green infrastructure, limits endocrine disruptors in the environment, improves access to non-toxic consumables and high-quality nutrition.
8. Promote One Sustainable Health to align the One Health concept with the Sustainable Development Goal (SDG's).
9. Implement widespread joint external evaluations based on a One Health approach aligned with SDG's.
10. EU policies on stopping global and imported deforestation need to be strengthened and legislation that recognises and gives legal personality to the eco-

system services and foundational health benefits of the environment must be explored.

MANUFACTURING AND LOGISTICS

11. Strengthen the EU's role in the regulation and distribution of medical and pharmaceutical products to ensure that such products are readily available to all member states.
12. Improve global supply chains, production capacity, and stockpiling with specific mechanisms to procure adequate supplies in emergencies.
13. Sustain investment in infrastructure and in the workforce to ensure that health services become more resilient in the face of changing health needs and future threats.

EUROPE EMBRACING GLOBAL HEALTH RESPONSIBILITIES

GOVERNANCE

1. Define an EU Global Health Strategy and action plan aligned with the SDGs.
2. Prioritise measures to link Global Health with the One Sustainable Health approach.
3. Invest in strong, resilient, and inclusive health systems with appropriate workforce guaranteeing universal health coverage and reducing out-of-pocket payments below 15% of total health expenditures in all EU countries.
4. Improve coordination of international funding for core capacities and global actions to support investment in health.
5. Propose a new policy framework across sectors, across countries, in contribution to the SDGs for mutually beneficial innovative R&D.

6. Adopt a common EU position regarding the ongoing World Trade Organisation (WTO) negotiations about IP rights to remove all existing barriers to the universal and fair access to medical products in the context of a global health common threat.

CLIMATE – BIODIVERSITY - HEALTH NEXUS

7. Link healthcare performance to SDGs and strengthen the EU's role in fighting climate change also in view of the many co-benefits for health.
8. Reinforce the Water-Energy-Food-Health Nexus and the Climate-Biodiversity-Health Nexus as an integral part of the G7 and G20 agenda.

INTERNATIONAL COOPERATION

9. Re-frame health as a central area of EU-African Union partnership and establish a Team Europe Initiative (TEI) to strengthen health systems and health research in Africa.
10. Enhance EU and its member states contribution to the global efforts to tackle global health threats (Covid pandemic - ACT-A; Global Fund, GAVI, etc.).
11. Support capacity bridging and reinforce on-site training of human resources in the One Sustainable Health approach in developing countries.

CRISIS MANAGEMENT

12. Facilitate sharing of pathogens, biological samples, genomic data, and development of timely medical solutions.
13. Increase laboratory and surveillance capacity to identify animal diseases and emerging pathogens in all countries.

INEQUITIES

14. Promote women's health, maternal and child health, and gender equality.
15. Promote Universal Health Coverage (UHC) and equal access to medicines, within and between communities, regions, and cultures across the globe, "leaving no one behind".

EMPOWERING WAYS TO BUILD EUROPEAN HEALTH UNION

GOVERNANCE

1. Improve communication and information by public authorities to citizens & *vice versa*.
2. Develop health democracy with balanced governance between society and political decision-makers, guided by scientific evidence and leadership for better understanding and trust.

3. Encourage and operationalise the One Sustainable Health approach at all levels within the European Commission that assimilates the silos while promoting more transversal integration.

4. Evolve HERA into a multistakeholder platform.

5. Establish a European Health Insurance Fund to cover rare diseases.

CRISIS MANAGEMENT

6. Build a European industrial base for vaccines, medicines, diagnostics, and other strategic health products.
7. Establish a Pan-European Network for Disease Control and a Pan-European Health Threats Council.
8. Develop digital health capacity and data management in respect of the EU Charter of Human Rights.

DIGITALISATION AND DATA

9. Define common minimum standards for interoperability of data systems (*e.g.*, European Health Data Hub) that could be used for rapid sharing and publication of harmonised health data.
10. Harmonise vaccination protocols and official / legal certification.
11. Develop robust national surveillance and country-reporting mechanisms that take into account the One Health concept.
12. Counter the threat of "fake news" by furthering transdisciplinary research and communication mechanisms for rapid generation, translation, and sharing of accurate and trusted science-based evidence from research to implementation.

13. Strengthen cooperation between the EU and Africa on digital health to promote mutual learnings, stimulate the development of innovation, and enable co-investments. A strong cooperation between CDC Europe and CDC Africa can advance the agenda in data sharing agreements and improve cross-border disease surveillance.

HEALTHCARE PROFESSIONALS

14. Address the unequal distribution human resources in health in Europe, providing support to regions that have difficulties in attracting health professionals.
15. Promote training and education of health professionals to common standards and foster learning health systems.
16. Implement measures to safeguard the rights of health professionals, including those from other parts of the world.

RESEARCH

17. Develop a globally coordinated approach to discovering, developing, and delivering effective and safe medical solutions.
18. Ramp up the European Reference Networks (ERN) for Rare Diseases and extend their model to other complex diseases.
19. Set out a comprehensive strategy for health research

with a structure that creates synergies between existing structures and performance: addressing fragmentation, providing continuity, supported by society, and with strong visionary leadership.

20. The creation of a European Council for Health Research (Eu-COHR) as a coordination body, will be an important and crucial step to implement the One Europe for Global Health Declaration and to overcome siloes and fragmentation in the health sector.



Main documents and reports used for the consolidated recommendations:

"Manifesto for a European Health Union" - by the European Health Union Initiative, facilitated by the European Health Forum Gastein (2020) <https://europeanhealthunion.eu/>

"Drawing light from the pandemic, a new strategy for health and sustainable development" - by the European Observatory for Health

"The European Union and the negotiation of the international pandemic treaty: interests at stake and potential contribution" - Elisabet Ruiz Cairó - GLOBAL HEALTH CENTRE POLICY BRIEF 1 2022

Note d'éclairage « Présidence Française de l'Union Européenne : Quels enjeux dans le domaine de la santé? - Santé Mondiale 2030, janvier 2022. <http://santemon-diale2030.fr/wp-content/uploads/2022/01/PFUE-éclairage-Santé-mondiale-2030.pdf>

Lancet. 2020 Jun 27;395(10242):1970-1971. doi: 10.1016/S0140-6736(20)31411-2. Epub 2020 Jun 16.

Lancet. 2016 Aug 27;388(10047):865-6. doi: 10.1016/S0140-6736(16)31426-X. Epub 2016

<https://ec.europa.eu/transparency/expert-groups-register/screen/expert-groups/consult?do=groupDetail.groupDetail&groupID=3279&NewSearch=1>

Prague Amendment

BACKGROUND

The One Europe for Global Health civil society coalition aims to bundle the voices from the diversity of professional organisations and citizens across Europe and around the world.

This initiative came to life on February 8th, 2022, through the commitment of several One Sustainable Health Forum members who mobilised in Lyon, at the occasion of the European Ministers of Health and Foreign Affairs meeting, during the French Presidency of the Council of the European Union.

The resulting Consolidated Lyon Declaration for a European Health Union urges European stakeholders in Global Health to make a long-term commitment now for future generations; act locally while thinking globally; come together in equity and solidarity; limit silos with more intersectoral cooperation and commit to good governance for a European Health Union.

After the first event organised in Lyon on February 8th, 2022, under the One Sustainable Health for All Foundation, the Lyon Declaration for a European Health Union was presented on February 10th in Grenoble (France) to the 27 European health ministers. Two official events took place

“

The youth of today are the leaders of tomorrow and through these discussions and debates all can learn, via sharing insights and opinions.



in October at the 2022 Berlin World Health Summit (WHS): a workshop on unifying Europe with "One Voice for European Global Health and One Health Strategy" and a side-event aimed towards "Building a European Health Union".

Following the decision to ensure the Continuity, Coherence and Consistency through subsequent Presidencies of the Concilium: Czech Republic, Sweden, Spain, Belgium etc., a meeting was held during the Czech Presidency in Prague, on November 30th, in partnership with the Czech Medical Association (CzMA).

THE CZECH PRESIDENCY

One of the focuses of the Czech Presidency is reinforcement of Governance and Funding mechanisms to stimulate innovation in various areas of import where One Health is implicated. During the session held in Prague on November 30th at the Czech Medical Association, some recommendations were adopted and included in the amendment to the Lyon Declaration: the place of the Youth; the One Health paradigm and the Climate Change issues; reinforcement of Governance and Financing.

The Czech Governmental level was represented by Mr. Jakub Dvořáček, Deputy Minister of Health. It is noteworthy that the preparation of the revised EU Global Health Strategy took place during the EU Czech Presidency. Further, the official presentation, was on the same day as the event in Prague. The Deputy Minister spoke to the process of adaptation of the EU Global Health Strategy. He has stated that all these initiatives clearly show that a strong political commitment at the highest possible level can bring tangible results leading to better health for all.

The main intention and additional value of the Prague event was to bring youth and the young generation on board. The representatives of the International Federation of Medical Students' Associations (IFMSA) Czech Republic, invited on behalf of medical universities' students, have expressed their readiness and willingness to be part of this initiative, emphasising the importance of inviting youth to the table at all levels, whether it is local, national or global. The youth of today are the leaders of tomorrow and through these discussions and debates all can learn, via sharing insights and opinions.

The event organised in Prague, was also the occasion for the Czech Medical Association (CzMA) to officially join the OEGH coalition. The Letter of Commitment to One Europe for Global Health has been signed. The CzMA thus has agreed to become an active member of the coalition to contribute to its ideas, philosophy of the holistic approach of health while supporting concrete activities. The example of the CzMA may serve as inspiration for other interested institutions who are not indifferent to the future of European and Global health.

PRAGUE AMENDMENT

1. The Lyon Declaration will be referred to as the **“OEGH Declaration”** to reflect the encompassing nature of its scope and future contributions during the subsequent Presidencies.
2. The National contributions will be referred to as **“Amendments”** with the format “City Name Amendment”.
3. **Governance & Financing** One Health & Global Health
 - 3.1. Governance
 - 3.1.1. Consistency and Clarity are needed to define the responsibilities of each international organisation regarding One Health and Global Health objectives. For example, articulation between EU Strategy and the Quadripartite program (WHO, WOA, FAO, UNEP), and with actions within member states.
 - 3.1.2. Agreement on definitions of key facets of One Health and Global Health will allow development of a common understanding that will facilitate communication and action, aligning strategies and move towards joint positions.
 - 3.1.3. Historically, and currently, health decisions reside with national or European authorities, whereas there are shared competencies in other sectors, such as fishing and environment. One Health competencies should be considered as shared national, European and International prerogatives. This includes data sharing.
 - 3.1.4. National public health institutions need to be at the centre of public health infrastructure.
 - 3.2. Financing
 - 3.2.1. Establish criteria for joint financing of One Health and Global Health actions / infrastructure.
 - 3.2.2. Optimise / Develop financing methodology to allow more effective translation of innovative research into life-saving treatments, as well as social and organisational improvements in an equitable manner.
 - 3.2.3. Establish equitable financing mechanisms for all LMICS including those in and around the EU,

to ensure co-investment in One Health (Public Health and Climate Health).

- 3.2.4. Strive to ensure Official Development Assistance (ODA) is applied to capacity building and infrastructure such as investment in global public goods and commons, for example, a network of public health institutions, production facilities for vaccines and medicines.
4. Highlight the importance of **Environmental health** in Global Health efforts
 - 4.1. Balance composition of “Climate Health”, “Animal Health” and “Human Health” committees to include members knowledgeable in the complementary expertise: animal, human or climate / environmental health. These different competencies must be integrated to become “One Health / Global Health Committees”.
 - 4.2. Encourage capacity-building & collaboration between animal and human health and climate health professionals.
 - 4.2.1. Generate a resource of case-studies illustrating key aspects of their interconnectivity.
 - 4.3. Embrace **“preventive / protective actions”** for Global Health
 - 4.3.1. Address the **“determinants of health”** including social and economic environment, physical and natural environment, individual characteristics and behaviours and political and commercial impetus.
 - 4.4. Empower the “European patient” through One Health and Global Health
 - 4.4.1. Give citizens the possibility to receive and access preventive care, health services, innovative / novel medicines, Food/nutrition more equitably/uniformly.
5. Centre **Youth involvement** to ensure **Sustainability** in European Health policies
 - 5.1. Education: to ensure the young health professionals have basic exposure to the concepts of One Health, these topics must be integrated into mandatory medical school and university curriculum.
 - 5.2. Connect Youth to stakeholders – Evaluate connectivity – establish role(s) and modus operandi.

FORTHCOMING STOCKHOLM 2023 SESSION

On February 9th, 2023, during the Swedish Presidency, the coalition is invited to participate in a day of hybrid conferences at Karolinska Institutet in Stockholm and online. The new EU commission Global Health Strategy will set the scene for the morning meeting within the Nobel Forum, arranged by Karolinska Institutet in dialogue with the Swedish Ministry of Health and Social Affairs and the Swedish Ministry for Foreign Affairs.

This meeting will be an opportunity to discuss the EU’s role and reach in Global Health, and hear distinguished guests and experts address the changing role of the EU as a global health actor with the aim to contribute to a European convergence on global health action with the new EU Global Health Strategy as a basis. Emphasis will be placed on the importance of having open and constructive cross-sectoral dialogue between academia, non-governmental organisations (NGOs), policymakers, and other vital stakeholders to reach the Global Health Strategy and ultimately the UN 2030 Agenda.

In the afternoon there will be a conference and round table co-organised with the OEGH coalition in view of proposing the essence of the Stockholm Amendment of the OEGH declaration.

The OEGH coalition aims to foster not only health in Europe, but health globally, based on Recognising the fundamental interconnectedness of humans and our health and actions, with those of animals and the environment.

It is essential to consolidate the voices of the citizens, crystallising them around concrete recommendations to implement One Europe for Global Health.

The February 9th seminar in Stockholm carries on the torch lit by universities and NGOs in Lyon during the French Presidency of the Council of the EU (“The Lyon Consolidated Declaration for a European Health Union”), through the World Health Summit in Berlin, on to Prague during the Czech Republic Presidency where the Lyon Consolidated Declaration has been renamed the “One Europe for Global Health (OEGH) Declaration” as set in the Prague Amendment and, moving forward, through the Presidencies of Spain and Belgium. The OEGH Declaration is a living document that caters for sustainability and long-term commitment with the message that we need “One Europe for Global Health”.

To safeguard health - planetary, animal and human, the OEGH Declaration calls for a long-term commitment for future generations, a global perspective, equity and solidarity, cross-sectoral cooperation, and improved governance.



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Stockholm Amendment



BACKGROUND

The One Europe for Global Health civil society coalition aims to improve and integrate Global Health and One Health priorities into European policies, strategies and actions by engaging European civil society and convening actors from all sectors.

This initiative came to life on February 8th, 2022, through the commitment of several One Sustainable Health Forum members who mobilised in Lyon, at the occasion of the European Ministers of Health and Foreign Affairs meeting, during the French Presidency of the Council of the European Union.

The resulting Consolidated Lyon Declaration for a European Health Union urges European stakeholders in Global Health to make a long-term commitment now for future generations; act locally while thinking globally; come together in equity and solidarity; limit silos with more intersectoral cooperation and commit to good governance for a European Health Union.

After the first event organised in Lyon on February 8th, 2022, under the One Sustainable Health for All Foundation, the **One Europe for Global Health Declaration** was presented on February 10th in Grenoble (France) to the 27 European health ministers. Two official events took place in October at the 2022 Berlin World Health Summit (WHS): a workshop on unifying Europe with “One Voice for European Global Health and One Health Strategy” and a side-event aimed towards “Building a European Health Union”. A meeting was held in Prague in November, 2022, in collaboration with the Czech Medical Association during the Czech Presidency of the Council of the EU, which resulted in the **Prague Amendment to the One Europe for Global Health Declaration**.

Following the decision to ensure the Continuity, Coherence and Consistency through subsequent Presidencies of the Concilium: Sweden, Spain, Belgium etc., a meeting was held during the Swedish Presidency in Stockholm, on February 8th, in partnership with the Karolinska Institutet.



THE SWEDISH PRESIDENCY

On February 9th, 2023, during the Swedish Presidency, the One Europe for Health (OEGH) coalition participated in a day of hybrid conferences at Karolinska Institutet in Stockholm and online. The new EU Commission Global Health Strategy set the scene for the morning meeting within the Nobel Forum, arranged by Karolinska Institutet in dialogue with the Swedish Ministry of Health and Social Affairs and the Swedish Ministry for Foreign Affairs. This meeting offered an opportunity to discuss the EU's role and reach in Global Health, and hear distinguished guests and experts address the changing role of the EU as a global health actor with the aim to contribute to a European convergence on global health action with the new EU Global Health Strategy as a basis. Emphasis was placed on the importance of having an open and constructive cross-sectoral dialogue between academia, non-governmental organisations (NGOs), policymakers, and other vital stakeholders to reach the Global Health Strategy and ultimately the UN 2030 Agenda.

The Swedish Government representation was led by Jakob FORSSMED, Minister for Social Affairs and Public Health. Two high level representatives of the European Commission, Gabriella FÉSUS, Head of Unit, DG International Partnerships, and Francisco PÉREZ CAÑADO, Adviser to the Director General on the External Dimension of Health, DG SANTE, were present to offer insight on European objectives, while being available for informal exchanges.

In the afternoon, a conference and round table were co-organised with the OEGH coalition in view of proposing the essence of the Stockholm Amendment of the One Europe for Global Health Declaration. A note describing the essence of meetings has been accepted for publication in the British Medical Journal.

STOCKHOLM AMENDMENT

1. Human Rights, Solidarity, Equity, Inclusion and Equal Partnerships

1.1. The EU must continue to be a strong voice for human rights. This needs to be well expressed in and derived from any strategy of the EU.

1.2. Create conditions for equal / equitable partnerships.

1.2.1. Methodologies and partnerships in problem identification, planning, acting and evaluation must be based on human rights, solidarity, equality, and inclusion while integrating local priorities and knowledge.

1.2.2. Strive to achieve common understanding and goals to favour intersectoral collaboration.

1.3. Stimulate conditions for building equitable work

forces to provide equitable health care and access to health services.

1.4. Encourage the European Union to intensify the identification of competent individuals and entities to participate in the discussions and corresponding actions.

1.5. Involve countries and communities in decisions regarding implementation of One Health and Global Health through a multi-stakeholder platform embedded in the governance.

1.6. Encourage and ensure equity, through fostering legislation with binding language.

1.7. Any consideration of health security must encompass the impacts of non-communicable diseases (NCDs) in addition to communicable diseases (CDs) under equal partnerships, while implementing the principles of solidarity, equity, and inclusion.

2. Implement One Health

2.1. The need to clearly define One Health is reiterated - notably in the context of Global Health, Planetary Health, and Animal Health.

2.2. Address the complexity of intersectoral collaboration and actions.

2.2.1. Identify where the complications are; Strive to remove / reduce / circumvent them.

2.2.2. Identify and work towards common goals and understanding with the different actors: Governments, Civil Society and Private sector – Glocally.

2.2.3. Sensitise / Educate donors on prioritisation of outcomes so they are intersectoral (broad vs singular impact).

2.2.4. Underline the importance of climate and environmental action within the animal and human health sectors, and *vice versa*.

2.3. Foster capacity building within institutions, enterprise and society.

2.3.1. Key role of Universities as source of intellectual, social and technical expertise regarding One Health / Global Health.

2.3.2. Build trust between Universities, Governments and Civil Society.

2.3.3. Include experts from the Global South and North.

2.4. Favour cohesion of articulation between international and national organisations.

2.4.1. Establish which entities and leaders are responsible for ensuring health and well-being "Glocally".

2.4.2. Promote dialogue & transparency.

2.4.3. Develop communication based on concrete examples to help raise awareness in Europe and globally.

2.5. Leverage clear examples of how to implement One Health.

2.5.1. e.g. AMREF example of Increase in Non-Communicable Diseases (NCD's) resulting from trade agreements favouring import of processed & fast foods.

2.5.2. e.g. via efforts of the One Sustainable Health for All Forum International Working Groups.

3. Integrate One Health into trade and economy

3.1. Operationalisation and Implementation require measurability of impact.

3.1.1. Encourage establishment of norms and values governing One Health / Global Health.

3.1.2. Involve local actors - identify realistic objectives to set the criteria.

3.1.3. Use science-based monitoring to set the methodology and measure the impact of implementation.

3.1.4. Establish common health metrics key to assess health investments, measure their impact on economic growth and societal well-being and to ensure health and financial system resilience.¹

3.2. Identify / reduce / eliminate trade policies in the EU that can have a negative impact on health, especially outside the EU, e.g. related to climate, agriculture, food and nutrition.

4. Youth

4.1. Education is key, starting from the youngest age.

4.1.1. Favour development of "stories" and support materials for youth vs age.

4.1.2. Leverage acceptable internet and social network conduits for older youth and young adults.

4.2. Favour involvement of existing youth organisations in monitoring progress of "Team Europe" and other international and national institutions towards operationalisation of One Health.

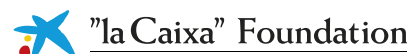
4.2.1. Consider the excellent potential of bilateral involvement of OEGH and Open Diplomacy² with potential to offer "in kind" support & contributions.

THE SPAIN 2023 SESSION

The upcoming Spanish Presidency of the Council of the European Union will offer a unique opportunity to bridge the Global North and South in the regional summit between the EU and the Community of Latin America and Caribbean states (CELAC), "... bringing together European, Latin American, and Caribbean leaders to strengthen relations between both regions. These summits are the main forums for dialogue and cooperation between Europe, and Latin American and Caribbean states."³

One Europe for Global Health Coalition aims to carry our message to the leaders present to stimulate awareness and catalyse concrete actions leveraging the conclusions of the One Sustainable Health for All Forum in July 2023.⁴

Several health issues have been identified for specific focus during the Spanish Presidency including Antimicrobial Resistance (AMR), HIV, promotion of European data regulation and Digital Health. The push for a new global health system and the pandemic treaty are also highlighted. The organisers of the discussions in Spain for the One Europe for Global Health Coalition will offer dialogue on select aspects bringing One Health, and implementation thereof, into the spotlight.



About Us

The One Sustainable Health for All Foundation was created on September 1, 2020, under the aegis of the Bullukian Foundation, in Lyon, France, as a response to the COVID-19 pandemic. Its objectives are to increase dialogue and innovative projects between public and private partners in favor of a holistic approach to health. This within the framework of a collaborative and inclusive action, without borders, aligned with the Sustainable Development Goals (SDG 2030).

The Sustainable Health for All Foundation is currently supporting two complementary activities:

- The One Sustainable Health (OSH) Forum, launched in 2021, to promote a "One Health / Planetary Health" trans-disciplinary approach. The OSH Forum organises regular events to raise awareness and bridge diverse organisations. It leads thematic Working Groups which aim to facilitate the operational implementation of projects integrating human, animal and environmental health.
- The Coalition One Europe for Global Health (OEGH), launched in 2022 during the French Presidency of the European Union, to promote the "One Health" approach and Global Health in the EU strategy.

OUR CURRENT TEAM

 Laurianne BARBIER Communication Manager	 Max CLARON OSH Forum Advisor OSH Forum Coordinator (2021-2023)	 Savannah FAIRCLOTH OEGH Advisor OEGH Program Officer (2022-2023)
 Hilal KASSEM IWG Secretariat Coordinator	 Joel LAROUSSE Chief of Staff	 Juan LUBROTH OSH Forum Scientific Committee Coordinator
 Benoit MIRIBEL Secretary General	 Jennifer MOSS Partnerships and Events	 Brian B. RUDKIN OSHA Foundation Advisor, OEGH Coordinator, "The Consolidator"
 Bruna TOSCANO OEGH Project Officer	 Casimiro VIZZINI Institutional Relations Officer	

OUR FORMER COLLABORATORS

Marie-Laure BOULOT OEGH coordination (2022)	Jean-Pierre ODDOU Chief of Staff (2023)
Mathilde CERVANTES Communication (2021)	Fabien QUINTARD OSH Forum Scientific Committee Coordinator (2021) and OSH Forum IWG Facilitator (2022/2023)
Nathalie CHAUMETON Administration (2021)	Ana Flavia SANCAO Communication Support (2023)
Johanna DURAND Partnerships (2022)	Madeleine TRENTESAUX Partnerships (2021)
Julia FOURNIER Communication Officer (2021/2022)	Léa SIMON Communication (2022)
Jules MATHAIS Communication (2022)	
Jean-Paul NOBECOURT Communication (2021-2022)	

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One Sustainable Health for All Foundation

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Jean-Pierre CLAVERANNE	Vanina LAURENT-LEDRU
Antoine FLAHAULT	Babette SIMON
Detlev GANTEN	Jean-Christophe RUFIN

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One Sustainable Health for All Foundation

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Koussai DELLAGI	Isabelle WACHSMUTH
Martina GLIBER	

¹ Report to the G20 Presidency and B20 Health Taskforce by Harvard University, The G20 Health and Development Partnership, WifOR Institute, Medicines for Malaria Venture.

² <https://www.open-diplomacy.eu>

³ <https://www.europarl.europa.eu/eurolat/en/eu-latin-america/celac-eu-summits>;
<https://eu-celac.com>;
<https://eulacfoundation.org/en/iii-eu-celac-summit-2023>;

<https://www.consilium.europa.eu/en/meetings/international-summit/2023/07/17-18/>

⁴ <https://www.open-diplomacy.eu>

OSH FORUM Event Replays 2021-2023



OSH Forum launch
April 6, 2021
PARIS



International Working Groups launch
July 7, 2021
LYON



Innovative One Health policy and governance for pandemic prevention
2021
OSH FORUM BERLIN



Implementing the One Health Approach: what is being done ?
2022
OSH FORUM GENEVA



One Voice for a European Global Health and One Health Strategy
2022
OSH FORUM BERLIN



OSH for All Forum 2023
July 5-7, 2023
LYON



Tackling One Sustainable Health Challenges
2023
OSH FORUM BERLIN



Founding dinner of the OSH Forum, on 2 October 2020 in Talloires with: Runa KHAN (Friendship), Jean-Paul MOATTI (IRD), Valérie FAILLAT (Foundation S), Eric COMTE (Geneva Health Forum), Sana DE COURCELLES (Représentation française à Genève), Jean-Christophe RUFIN (Académicien), Myriam SOULAS (Live by GL), Willem LEBEDEL (Friendship France) et Benoit MIRIBEL.

Lancement Opérationnel / Operational Launch
July 7, 14:30-16:30 (CEST), Lyon & Virtual

IWG 1	Antoine Andremont, Irina Ribarova, Sylviane Ratte, Patrice Debré
IWG 2	Babette Simon, Yves-Martin Prével, Mamane Zeilani, Pascal Revault
IWG 3	Serge Morand, Francine N'toumi, Nathalie Guerson, Benjamin Roche, Flore Pujol
IWG 4	David Heymann, Wim Quentin, Serge Breysse, Runa Khan
IWG 5	Andrea Winkler, Ole Petter Ottersen, Eric Comte, Hélène Delisle, Carlos Gonçalo das Neves
IWG 6	Eeva Furman, Antoine Lury, Kamel Mohanna, Hamidou Niangaly

Speakers at launch for Euronews, Lyon.



OSH, World Health Summit, October 2021, Berlin, Germany.



Speakers on stage au Geneva Health Forum in May 2022.



OSH Forum, July 2023, Musée des Confluences, Lyon, France.



OSH Forum, July 2023, Musée des Confluences, Lyon, France.

ACKNOWLEDGEMENTS

The OSH Forum exists thanks to the foundations that were able to back this initiative, supported by the FIDIAMES endowment fund, in the aftermath of the first wave of COVID-19 in 2020: the Bullukian Foundation, the Daniel and Nina Carasso Foundation, the Fondation de France, the Veolia Foundation and the French Foundation Center (CFF) which followed suit.

The partnership signed on 24 October 2020 at the Embassy of France in Berlin, between the One Sustainable Health (OSH) for All Foundation and the World Health Summit (WHS), was the act of commitment for the creation of the "One Sustainable Health" Forum (OSH). In the month that followed, on November 12, 2020, France and Germany supported the creation of the "One Health High Level Experts Panel" (OHHLEP) in collaboration with four UN agencies ("World Health Organisation" (WHO), "Food and Agriculture Organisation" (FAO), "World Organisation for Animal Health" (WOAH), "United Nations Environment Programme" (UNEP)) to define the "One Health" approach with its priorities for action.

The personal commitment of the members of the Scientific Advisory Board, which met at the beginning of 2021, made it possible to define the concept of "One Sustainable Health" and to agree on the six themes of the "International Working Groups" (IWG). Coming from diverse backgrounds, they agreed on the value of developing an OSH approach. We would like to warmly thank them for their commitment which allowed the OSH Forum to be joined by a diversity of experts and organisations (*cf. list of SAB members on page 80-81*). The partnership with the Geneva Health Forum, complementary to that of the World Health Summit (WHS), has enabled us to expand our network of international experts.

Following the commitment of the first foundations in 2020-2021, new partners have come to support the development of the OSH Forum and the "One Europe for Global Health" (OEGH) coalition, including: the French Development Agency (AFD), the Pasteur Institute, Fondation S, the SNCF Foundation, the Pierre Fabre Foundation, the "Fondation de l'Avenir", the Rudolph Virchow Foundation, the Edmus Foundation, the "Institut Mérieux", the "Institut de Recherche pour le Développement" (IRD), the "Métropole de Lyon" and the City of Lyon. Their commitment has made it possible to manage events each year to raise awareness of the OSH approach, to bring together a diversity of complementary organisations and to develop the "International Working Groups" (IWG).

Thank you to all the experts involved in the IWG, to all the leaders who commit their organisation to the OSH Forum (*cf. list page 83-86*), aware of the complementarities to be developed, as well as to the entire team of the OSH for All Foundation, who are greatly invested in this exciting adventure.

The OSH Forum and the "One Europe for Global Health" coalition would not have been able to develop in the same way without the personal commitment of Runa KHAN, Detlev GANTEN, Agnès SOUCAT, Ole Petter OTTERSEN, Awa Marie COLL SECK, Marie-Stéphane MARADEIX, Jean-Pierre CLAVERANNE, Patrice DEBRE, Benjamin ROCHE, Juan LUBROTH, Max CLARON and Brian B. RUDKIN. They have each played a key role in the development of these two complementary One Sustainable Health initiatives, and we would like to thank them warmly.

This borderless transdisciplinary adventure around the Living Planet continues and we thank you for taking the time to share an interest in it.

Benoit MIRIBEL

Secretary General
One Sustainable Health for All Foundation



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OSH Forum 2023



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