

One Health: a call for ecological equity

The notion that the wellbeing of an individual is directly connected to the wellbeing of the land has a long history in Indigenous societies. Nowadays, the term One Health has become an important concept in global health. The One Health High-Level Expert panel defines One Health as “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 inter-dependent.” On Jan 19, we published a new four-part Series online on One Health and global health security, which analyses current understanding of potential public health emergencies and explores how effective adoption of One Health could improve global health security. Although the Series focuses on pandemic preparedness, One Health goes way beyond emerging infections and novel pathogens; it is the foundation for understanding and addressing the most existential threats to societies including antimicrobial resistance, food and nutrition insecurity, and climate change.

Modern attitudes to human health take a purely anthropocentric view—that the human being is the centre of medical attention and concern. One Health places us in an interconnected and interdependent relationship with non-human animals and the environment. The consequences of this thinking entail a subtle but quite revolutionary shift of perspective: all life is equal, and of equal concern. This understanding is fundamental to addressing pressing health issues at the human–animal–environment interface. For example, providing a growing global population with healthy diets from sustainable food systems is an urgent unmet need. It requires a complete change to our relationship with animals. The *EAT-Lancet* Commission takes an equitable approach by recommending people move away from an animal-based diet to a plant-based one, which not only benefits human health, but also animal health and wellbeing.

The COVID-19 pandemic provides an important example of the need for a One Health approach. Analyses of the successes and failures in managing the pandemic have prioritised health systems and the provision of vaccines and antivirals. But understanding the causes of the pandemic demands a broader ecological perspective. This lesson has not been fully learned and so we

remain susceptible to future lethal emerging infectious diseases. The Series recommends the involvement of more environmental health organisations to better integrate environmental, wildlife, and farming issues to help address challenges relating to disease spillover.

One implication of a One Health approach is the need to reduce human pressure on the environment—an important medical intervention in itself. Take antimicrobial resistance (AMR). Driven by antimicrobial use and misuse in human, animal, and environmental sectors, and the spread of resistant bacteria and resistance genes within and between these sectors, AMR inflicts a huge global toll. An estimated 1·2 million people died in 2019 from antibiotic-resistant bacterial infections with another 4·95 million deaths associated with bacterial AMR globally. Only by applying a One Health approach can action to address AMR be achieved.

One huge concern is the risk of worsening inequalities as One Health networks are largely situated and resourced in high-income countries. The current One Health architecture of institutions, processes, regulatory frameworks, and legal instruments has led to a fragmented, multilateral health security landscape. As the second paper in The Series points out, a more egalitarian approach is needed, one that is not paternalistic or colonial in telling low-income and middle-income countries what they should do. For example, demanding that wet markets be closed to halt an emerging zoonosis might be technically correct, but if it does not account for those who make their livelihoods from such markets, One Health will only worsen the lives of those it claims to care about. Decolonisation requires listening to what countries say and what their needs are. As the global economic crisis continues (The World Bank forecasts a sharp downturn in growth and soaring debt that will hit developing countries the hardest), One Health needs to be implemented sensitively.

The reality is that One Health will be delivered in countries, not by concordats between multilateral organisations, but by taking a fundamentally different approach to the natural world, one in which we are as concerned about the welfare of non-human animals and the environment as we are about humans. In its truest sense, One Health is a call for ecological, not merely health, equity. ■ *The Lancet*



For more on the **definition of One Health** see <https://www.who.int/news/item/01-12-2021-tripartite-and-uneep-support-ohlep-s-definition-of-one-health>

For the **Lancet One Health and Global Health Security Series** see *Series Lancet* 2023; published online Jan 19. [https://doi.org/10.1016/S0140-6736\(22\)01595-1](https://doi.org/10.1016/S0140-6736(22)01595-1)

For the **EAT-Lancet Commission** see <https://www.thelancet.com/commissions/EAT>

For more on the **global burden of antimicrobial resistance** see *Articles Lancet* 2022; 399: 629–55