

Diversity, equity and inclusion in One Health could crucially support prevention of health threats, but a change in mindset is needed

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Background and study design

One Health (OH) has been recognized as an approach to enhance the health of the environment, plants, animals and humans and to promote global health security. However, implementing OH is difficult, since it requires effective and equitable collaboration, communication and sharing. The OH High-Level Expert Panel (OHHLEP) definition of OH sets principles of diversity, equity and inclusion (DEI) at its core. We argue that, by addressing the barriers that hamper OH to adhere to these principles, the implementation of the approach could be significantly enhanced. We built on the OHHLEP definition of OH to map barriers preventing its full-scale application through a narrative review of the literature and semi-structured interviews to 12 OH professionals from different expertise, region of the world and level of experience.

Findings

Barriers were organized in five main categories (Fig. 1).

Mindset & Awareness
<ul style="list-style-type: none">• Siloed mindset rooted in anthropocentrism and poor awareness of socioecological determinants of human, animal, environmental health.
OH conceptualization
<ul style="list-style-type: none">• OH concept vague and incomplete, reductionist evolution neglecting social sciences.
Structural
<ul style="list-style-type: none">• Discrimination, colonial legacy, male-dominated not just policies supporting inequitable access to resources and opportunities.
Power dynamics
<ul style="list-style-type: none">• Poor participation and representation of interested groups, perceived importance of roles.
OH Governance
<ul style="list-style-type: none">• Fragmented, not operational, not inclusive.

Figure 1: Categorization of barriers to DEI in OH.

The Women for One Health Network (WfOH) is a young initiative that brings together women and other people involved with OH, committed to make this community more inclusive and equitable, as promoted by the holistic definition and underlying principles of OH. Since November 2022, more than 200 women from all regions of the world, age, race, and expertise have joined the Network. Members are committed to become a global voice in support of equitable OH action and awareness among decision-makers and stakeholders about structures and norms that prevent gender representation at scientific and policy events.

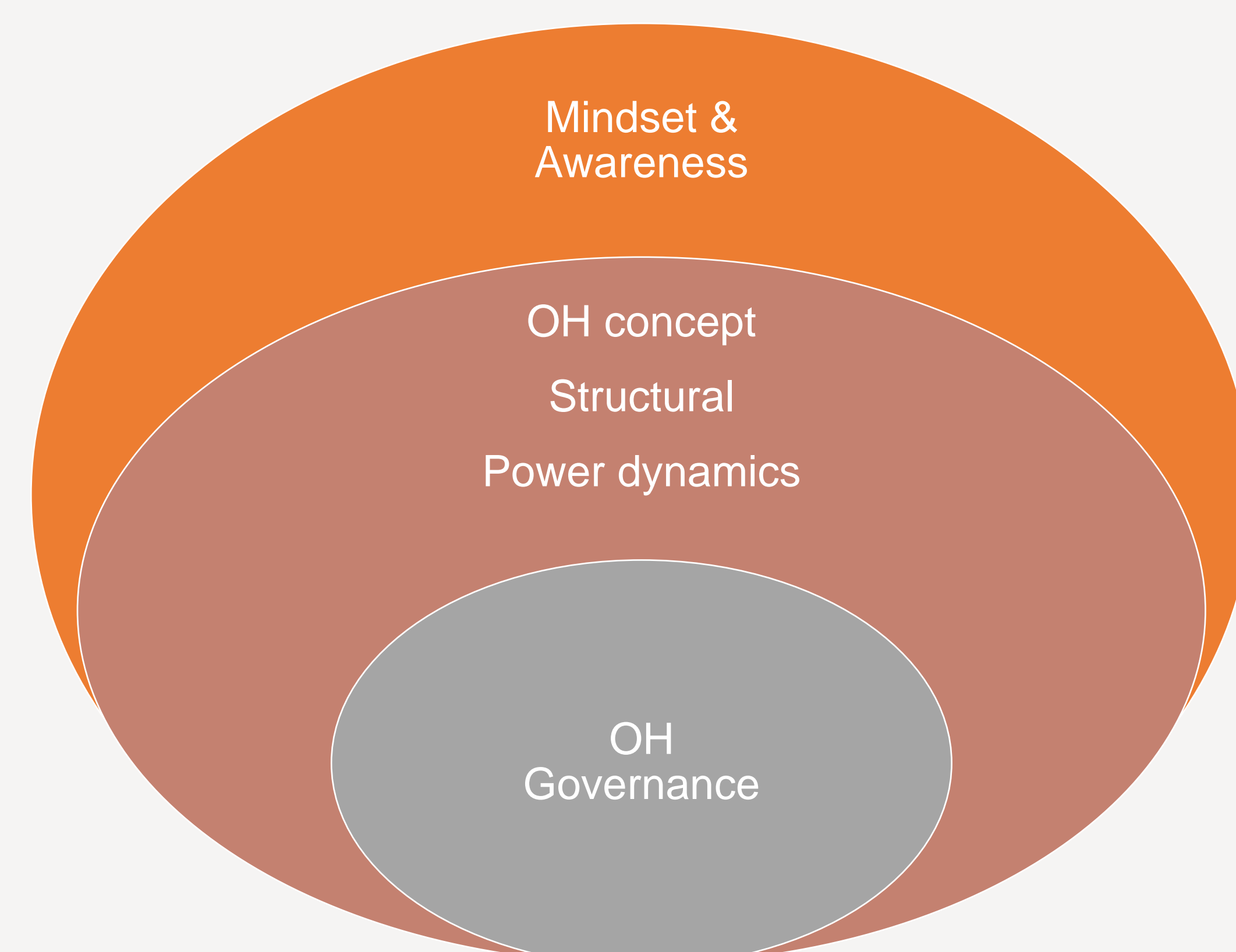


Fig 2: Relationship between barriers

A siloed mindset - not prone to collaboration and rooted in an anthropocentric and medicalized vision of health, poor awareness of the socioecological determinants and the different knowledge systems engaged in ensuring the health of humans, animals and ecosystems - forged the OH concept, and contributed to structural and power dynamics barriers, impeding the full adoption of DEI principles in OH. This resulted in a fragmented, non-inclusive and inefficient OH governance. Moving from an anthropocentric and medicalized vision of health and adopting a socioecological perspective could support the adoption of DEI principles in OH and address conceptual, structural and power dynamics barriers. This could finally result in a more functional OH governance incorporating socioecological perspectives and knowledge systems, and therefore foster prevention and global health security.