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Special Commentary

“One Health”: Have the Finance Minister Make It a Priority

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The Smithsonian Institution has a wonderful new exhibit, “Outbreak”, which commemorates the 100th anniversary of the devastating outbreak of the Spanish Flu. That pandemic killed anywhere from 50-100 million people, had untold impact on societies, the war effort, and economies. Since 1918 we have learned a great deal about the origins, pathways, and impact which result from any endemic, epidemic and pandemic. And we now have a not-widely-known label for it, “One Health”—but unfortunately a term not widely known or accepted.

Simply put, the interface between human, animal, plant and environmental health are fundamentally linked. HIV/AIDS, Ebola, Zika, each originated in animals and crossed over to humans. Extreme weather conditions result in mosquitos moving away from arid environments, to urban and semi-urban locations which make it much harder to contain any outbreak of malaria. Poultry and livestock draw their nutrients from the soil, plants, or from processed feed, all of which contain antibiotics, resulting in diminished human resistance to disease. In short, such linkages are known by scientists, in the literature, by professional practitioners, and by policy makers—but gain no or little traction.

Why? There are three main reasons:

First, few in the human medical profession are aware or have time or inclination to consider ties with veterinary medicine. With so much information coming at a general health practitioner or specialist, there is little space for absorbing what many consider far removed from their principal concerns. This despite the fact that there are similarities of symptoms, medicines, and treatments that have come from the animal side and are potent for human conditions.

Second, multidisciplinary issues and possible response are complex with many moving parts that need to be coordinated. When the human health sector, veterinary services, wildlife management, the agricultural and food regulatory services need to operate in harmony, many powerful constituencies feel threatened and bring to bear political influence to oppose change. There are seemingly few incentives or voices for collaboration across disciplines. Additionally, much of the potential gains are in prevention as contrasted to treatment, and therefore are seen as “in the distance”. Better to react rather than the arduous and politically unrewarding long view to build capacity to contain an uncertain potential outbreak.

Third, in low and middle countries in particular, but not exclusively, those who control the public purse strings—the Office of Management and Budget in the U.S. or the Ministers of Finance in most countries—are skeptics. Few Finance Ministers have taken to heart former U.S. Treasury Lawrence Summers view that pandemic risk makes investment in veterinary and human public health measures “possibly the most productive investments on behalf of mankind”. This despite past economic losses caused by avian flu outbreaks in Southeast Asia, estimated at exceeding \$20 billion (2003), or Severe Acute Respiratory Syndrome (SARS) outbreaks in East Asia and Canada that led to losses estimated at \$41.5 billion (2012). Looking to the future, antimicrobial resistance may reduce global domestic product by over 3% annually.

Presentation of possible future risks and requests for necessary funds are rarely put forward by any sector, or combination of sectors, willing to make a compelling case as to why a holistic, “One Health” approach is needed. With limited resources and a host of priorities, Finance ministries consider the health, social welfare, and wildlife management sectors as budget demanding but not revenue producing. The agricultural sector is seen as a productive sector generating revenue, with those powerful in the sector oftentimes opposed to actions which potentially impose new costs, requirements or regulation, and reduce short term profits.

If it is not the technical sectors, then it must be an entity that has overarching responsibilities, ergo the Finance Ministry. “He who has the gold makes the rules.” is another version of the classic adage. In the case of One Health, complementing external and some internal pressure, the evidence, the arguments, and the policies must be formed to convince to the Minister of Finance to take the lead in budgetary action. He or she needs to provide the impetus and resource window so that multiple sectors move in concert toward One Health solutions. It should not be a one-off, “mission accomplished” budget line item exercise, but rather, regular monitoring of the process, rewarding performance, and sustained interest in progress. An initial step that is not hugely resource draining is to provide incremental funding support for rapid information sharing among the various government ministries and non-governmental partners. It would be a win-win for all sectors and a beachhead to go much further. How about it, Minister of Finance?