IPPC and “One Health”

*Prepared by New Zealand*

1. Introduction

The IPPC has been considering involvement in the One Health approach. The 15th Commission on Phytosanitary Measures (CPM) 2021 requested a discussion on the extent of the involvement of plant health in One Health.

The One Health principles of linking animal health and human health have been widely supported. Incorporating a One Health approach into public health policy is expected to increase efficiency and cost effectiveness by inter-discipline collaboration and co-operation among public health, animal health and ecosystem health sectors[[1]](#footnote-2).

In May 2021 a One Health High-Level Expert Panel was established by FAO, OIE, UNEP and WHO. However, their focus is on the policy-relevant scientific assessment of the emergence of (human) health crises, and the development of guidance on a long-term strategic approach to reducing the risk of zoonotic pandemics.

2. Summary of CPM and Bureau discussions

In its September 2020 virtual meeting, the CPM Bureau discussed the potential role of plant health in the One Health approach, highlighting IPPC’s critical role in making international trade safer, while contributing to food security, and environmental protection, and noting how human health and animal health are directly or indirectly dependent on plant health.

The Bureau concluded that the current evidence, and current IPPC priorities and resources, do not justify a wider involvement by the CPM Bureau and the IPPC Secretariat, but remains available for future discussions on the role of plant health in the One Health approach.[[2]](#footnote-3)

At the CPM-15 2021, some contracting parties expressed their support that plant health should be an integral part of One Health and that the extent of the involvement of plant health in the One Health approach should be subject to further assessment.[[3]](#footnote-4) It was suggested that the IPPC Secretariat starts international cooperation with the other international organizations to investigate and describe areas of mutual interest and explore the possibilities of cooperation between the tripartite (WHO, FAO, OIE) and UNEP.

2. Issues and difficulties adopting One Health

We have reviewed some relevant papers and have identified there are some concerns regarding the implementation and efficacy of the One Health approach. The One Health concept has delivered benefits in terms of improving communication and networking among animal health and human health professionals. However, beyond this, literature suggests there is no way to assess the benefits of the approach. There has been little emphasis placed on measuring efficacy or cost-benefit of the One Health approach. In some studies, the efficacy of the One Health approach was only measured by subjective metrics such as stakeholder perception.[[4]](#footnote-5)

A paper submitted to the September 2020 CPM Bureau meeting[[5]](#footnote-6) indicated there is currently a lack of coordination between bodies, and this may mean there is duplication and that removing the interdisciplinary barriers that separate ecological, environmental, and evolutionary sciences from human and animal medicine is a major challenge to the implementation of the One Health concept.

Issues with the implementation of One Health also include: “*Some of the barriers hampering implementation in countries include fragmented and disconnected governance of health, animal health and environment, lack of clarity about the definition, concept and scope of One Health approach, under-recognition of its economic benefits, absence of an agreement between health, veterinary and environment professionals on way forward and inadequate training activities*”[[6]](#footnote-7) .

3. New Zealand’s position

New Zealand recognises there is a link between plant health, and animal, human and environmental health in that there must be sustainable and healthy plants in order to feed animals and human being, and that health plants are essential for a healthy ecosystem. The question for the SPG and CPM though is not whether there is link, but what action the IPPC should take to connect at an international level.

Codex is already engaged in the One Health approach through its close connection to the OIE, and covers issues such as pesticide resistance and residues within its mandate.

IPPC resources, including Secretariat staff time, are already under severe pressure. With current regular programme funds, and declining multi-donor trust fund contributions, we face significant risk in our ability to adequately resource the core work programme and deliver the Strategic Framework Development Agenda Items. Each of the Development Agenda Items is designed to deliver tangible benefits to contracting parties. The CPM has already determined that they are worthy of investment.

In New Zealand’s view, it is unclear what tangible benefits would accrue to contracting parties through substantial involvement of the IPPC Secretariat in the One Health approach at an international level.

New Zealand considers it is more likely that benefits will be delivered through engagement at a national level in the One Health approach among academics, researchers, and NPPO officers in contracting party countries, rather than engagement among International Standard Setting Bodies.

For the IPPC to engage effectively it could take a lot of resource at a time when Secretariat staff are under significant pressure. Secretariat staff are managing the core work programme and working to implement most of the SF Development Agenda Items. In addition, they are now supporting four new focus groups (Focus Group on Implementation of the Strategic Framework Development Agenda; Focus Group on Climate Change and Phytosanitary Issues; Focus Group on Communications; Focus Group on ePhyto Sustainable Funding). Working remotely has also significantly increased the number and frequency of meetings being held by the Bureau, SC, IC and focus groups. It would be hard to justify pulling resources away from this when the benefits are so uncertain from engaging in the One Health approach as an International Standard Setting Body.

Considering the current discussion and having reviewed available information, as well as the workload the IPPC Secretariat is managing, New Zealand believes that it is too early to commit to substantial engagement by the Secretariat in the One Health approach. However, New Zealand is still committed to discussions at the SPG and CPM to formulate a collective IPPC position.

New Zealand recommends that SPG:

1. *Agree,* there are clear links between animal health, human health and environment and plant health.
2. *Agree,* IPPC Secretariat resources are under pressure and care must be taken in how Secretariat staff time is invested.
3. *Agree*, that at this point in time, engagement in the One Health approach at a national level by academics, researchers, NPPO officers, other government officers and NGOs in contracting party countries, is more likely to deliver tangible benefits to NPPOs.
4. *Agree*, the IPPC Secretariat should maintain a watching brief on One Health development and providing a plant health perspective in meetings only as required, and report back to CPM and Bureau on a regular basis.
5. *Agree*, that SPG agreed recommendations should be discussed at CPM-16 (2022).

1. S.E. Baum et al Evaluating one health: Are we demonstrating effectiveness? [↑](#footnote-ref-2)
2. [2020-09 CPM Bureau Virtual Extraordinary Session Meeting Report](https://www.ippc.int/en/publications/88864/) item 6.1 [↑](#footnote-ref-3)
3. Statements from European Union and its 27 Member States CPM 2021/CRP/05. [↑](#footnote-ref-4)
4. S.E. Baum et al Evaluating one health: Are we demonstrating effectiveness? [↑](#footnote-ref-5)
5. 2020-09 CPM Bureau Virtual Extraordinary Session Meeting Report item 6.1 [↑](#footnote-ref-6)
6. R. Bhatia: *Implementation framework for One Health approach* Indian Journal of Medical Research 2019 Mar; 149(3): 329–331 [↑](#footnote-ref-7)