

## Identifying the Barriers to Institutionalizing a One Health Concept in Responding to Zoonotic Diseases in South Asia

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**Abstract :** One Health refers to a collaborative effort between multiple disciplines - locally, nationally, and globally - to attain optimal health. Although there were unprecedented intersectoral alliances between the animal and human health sectors during the avian influenza outbreak, there are different views and perceptions concerning institutionalizing One Health in South Asia. It is likely a structural barrier between the relevant professionals working in different entities or ministries when it comes to collaborating on One Health actions regarding zoonotic diseases. Politicians and the public will likely need to invest large amounts of money, demonstrate political will, and understand how One Health works to overcome these barriers. One Health might be hard to invest in South Asian countries, where the benefits are based primarily on models and projections and where numerous issues related to development and health need urgent attention. The other potential barrier to enabling the One Health concept in responding to zoonotic diseases is a failure to represent One Health in zoonotic disease control and prevention measures in the national health policy, which is a critical component of institutionalizing the One Health concept. One Health cannot be institutionalized without acknowledging the linkages between animal, human, and environmental sectors in dealing with zoonotic diseases. Efforts have been made in the past to prepare a preparedness plan for One Health implementation, but little has been done to establish a policy environment to institutionalize One Health. It is often assumed that health policy refers specifically to medical care issues and health care services. When drafting, reviewing, and redrafting the policy, it is important to engage a wide range of stakeholders. One Health institutionalization may also be hindered by the interplay between One Health professionals and bureaucratic inertia in defining the priorities of diseases due to competing interests on limited budgets. There is a possibility that policymakers do not recognize the importance of veterinary professionals in preventing human diseases originating in animals. Compared to veterinary medicine, the human health sector has produced most of the investment and research outputs related to zoonotic diseases. The public health profession may consider itself superior to the veterinary profession. Zoonotic diseases might not be recognized as threats to human health, impeding integrated policies. The effort of One Health institutionalization remained only among the donor agencies and multi-sectoral organizations. There is a need for strong political will and state capacity to overcome the existing institutional, financial, and professional barriers for its effective implementation. There is a need to assess the structural challenges, policy challenges, and the attitude of the professional working in the multiple disciplines related to One Health. Limited research has been conducted to identify the reasons behind the barriers to institutionalizing the One Health concept in South Asia. Institutionalizing One Health in responding to zoonotic diseases breaks down silos and integrates animals, humans, and the environment.

**Keywords :** one health, institutionalization, South Asia, institutionalizations

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