



## **BLOCK 1:**

### ***Commitment to One Health***

#### **Overview**

A concept launched many decades ago, *One Health* (also known as *One World One Health*) took off in the early 2000s following initiatives by the United Nations, specifically the Food and Agriculture Organization (FAO) and the World Health Organization (WHO). The latter defines it as "an approach to designing and implementing programmes, policies, legislation and research in which multiple sectors communicate and work together to achieve better public health outcomes". One Health has gained in popularity and visibility following the COVID-19 pandemic and in light of antimicrobial resistance, two distinct global challenges, but which reveal the vulnerabilities of health systems and the need to promote a multidisciplinary and holistic approach to health challenges for the resilience of health systems.

One Health in fact refers to a multidisciplinary approach and an alliance of forces for the benefit of citizens – a feature of the way hospitals work every day. Efforts to promote health, prevent problems and provide care benefit from this collaborative approach towards the patient advocated by One Health. The patient is then a fully-fledged partner, not only for the health professional, but above all, with them, who is able to apply his or her technical and interpersonal skills. The quality of care should be considered in a broad and holistic manner, taking particular account of the level of literacy and needs of the patient, so as to provide them with the information they need to become a stakeholder in their own care. Attention must also be paid to the people surrounding them, to the ecosystem they are a part of, in order to enable patients to benefit from the necessary support and to try to anchor their care as close as possible to their actual needs.

## **Future prospects**

Faced with the heightened risks of new pandemics, there is a window of opportunity to "build back better, build a fairer and healthier world". The challenges are manifold: moving away from an essentially "institutional" approach; involving civil society in cross-sectoral and cross-disciplinary consultation; and effectively implementing the Belgian AMR Plan for 2020-2024, given that antimicrobial resistance is one of the biggest threats to public health, while extending the reflection to non-communicable diseases.

A form of systemic representation has been developed so as not to overlook the social component of health; it takes the form of a pyramid with the individual and their health at the top (state of physical, mental and social well-being, to apply the WHO definition). The pyramid is based on society and its collective welfare (including animal health). This society is much more than the sum of individuals' health. It has its own features on which health depends: level of insecurity, equality (or inequality), social cohesion, education, freedom of expression, democracy or a sense of belonging to society. The pyramid is itself based on the wider environmental dimension and the state of ecosystems. Systemic representation has the major advantage of reflecting and conveying an unambiguous message: individual health is based on the health of society, which in turn is based on the health of ecosystems. This ambition must be pursued as widely as possible.