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Evaluating One Health – An Integrated Approach

insights into interdisciplinary and cross-sectoral integration

Belgian One Health Symposium 2019

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NEOH is supported by

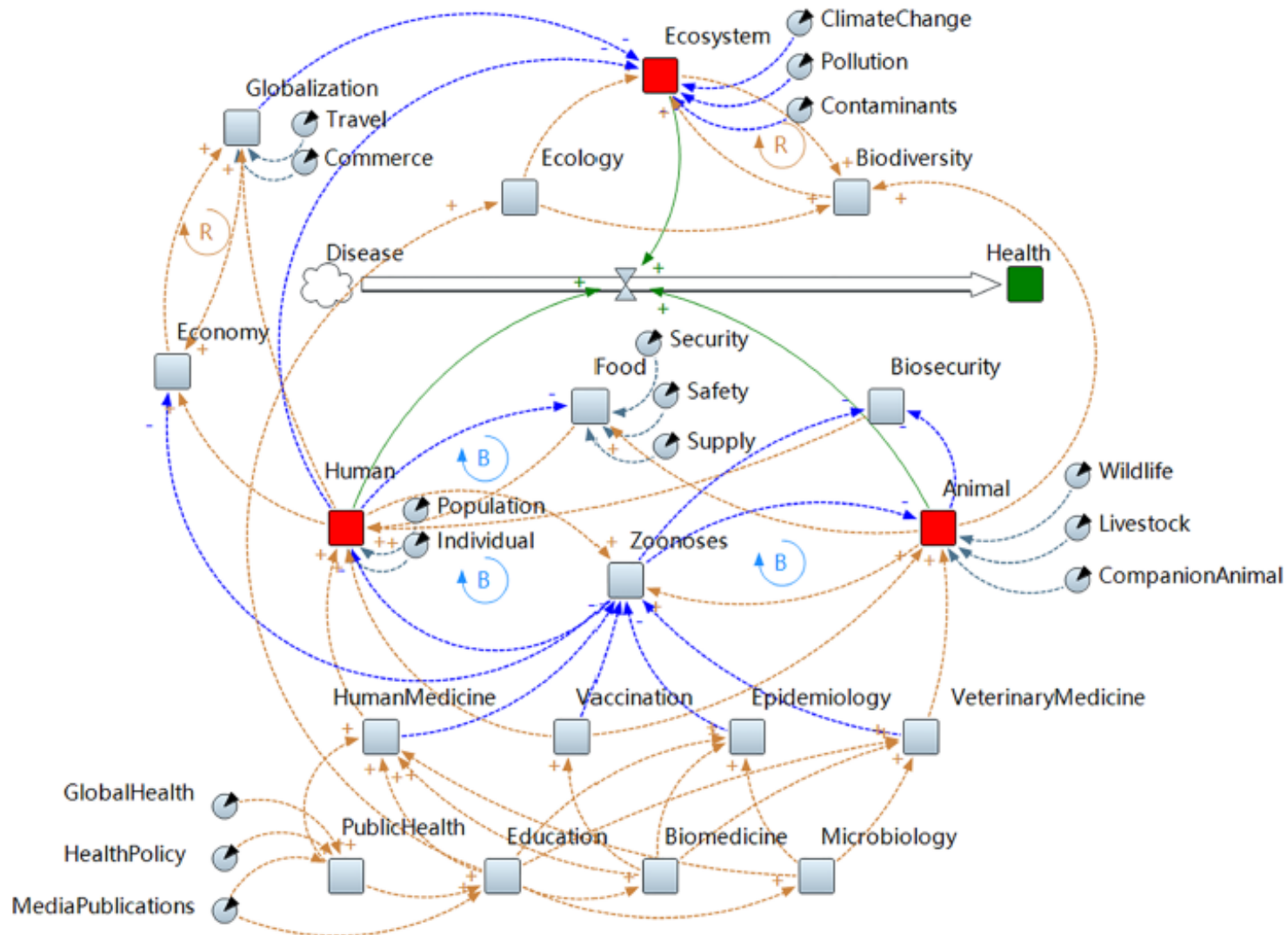




Outline

- Introduction to the Network for Evaluation of One Health
- System thinking and transdisciplinarity
- The NEOH evaluation framework
- Case Studies
- Conclusions

The One Health Cosmos



Xie et al. (2017) A system dynamics approach to understanding the One Health concept PLoS One 1–11.
doi:10.1371/journal.pone.0184430



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Introduction

The Network for Evaluation of One Health (NEOH)

Evolution of One Health

Drivers

Social

Economic

Environmental

The Approach

One Health Operations

Thinking

- Globally
- Multidisciplinary
- Multisectorial
- Multiple scales

Planning

- Common Aims, Problems & Financing

Working

- Transdisciplinary
- Transsectorial
- Teamwork
- Participation

Sharing

- Data
- Knowledge
- Resources
- Staff

Learning

- Knowledge Exchange
- Institutional Memory
- Feedback
- Self-Regulation

Systemic Organisation

- Polycentric
- High Connectivity
- Synchronisation
- Multidimensional

Supporting Infrastructures

The Promise

Outcomes

Sustainability

Health & Well-being

Interspecies Equity & Stewardship

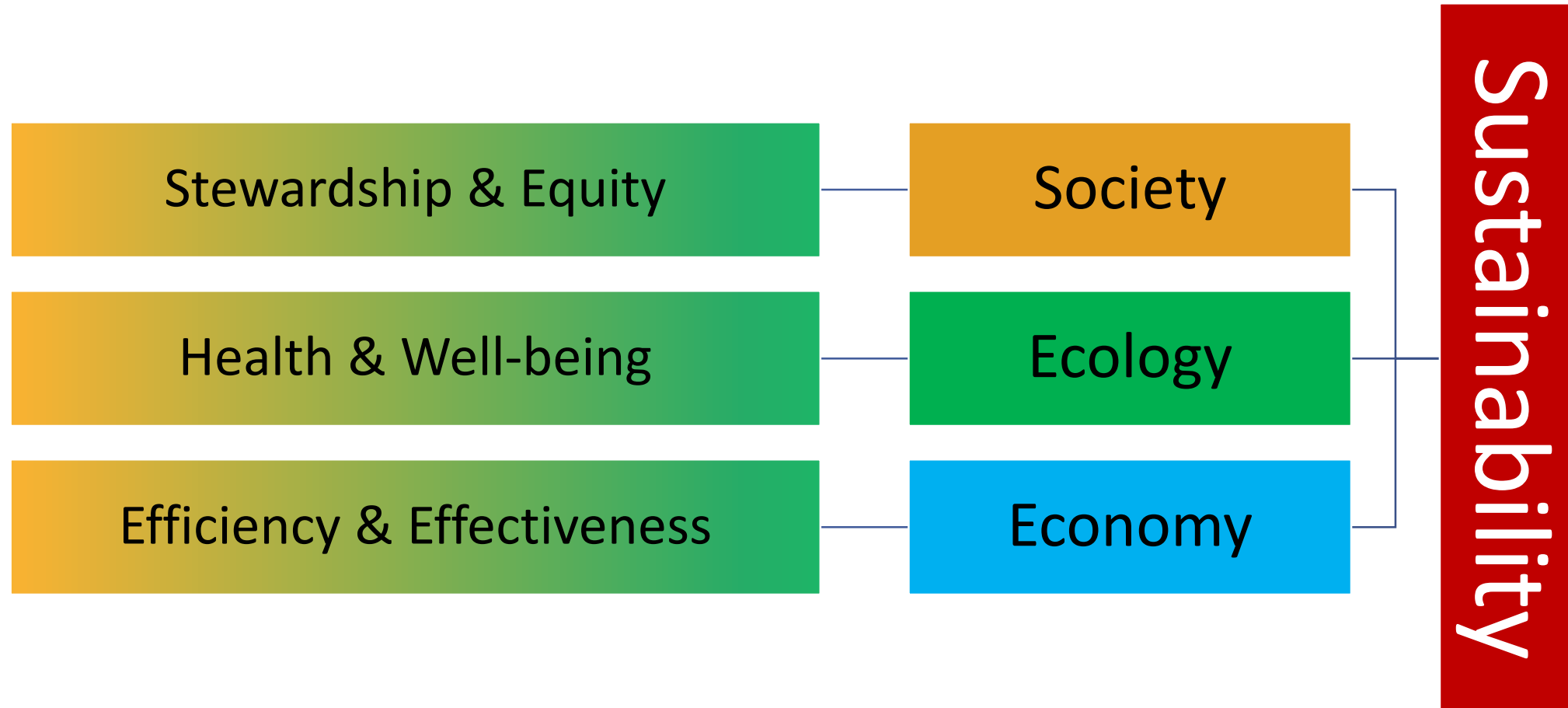
Effectiveness & Efficiency

Rüegg et al. (2017) A blueprint to evaluate One Health. Front. Public Heal. 5, 1–5.

doi:10.3389/fpubh.2017.00020 A



Expected Outcomes of One Health



Why a systems approach?

- ◆ One Health problems are «wicked problems».
- ◆ Multiple paths and interacting components.
- ◆ Cause-effect relationships are not apparent.
 - *No one is in control
- ◆ Some type of «selection process» at work on these components and the results of their interaction.
- ◆ Variation and novelty are being added into the system over time.
- ◆ System generates its own behaviour.
 - *Feedback loops
 - *Unpredictable, intractable

Adapted from
Timothy Ehlinger, 2015
University of Wisconsin-Milwaukee



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One Health as an Approach

Six Aspects of Knowledge Integration

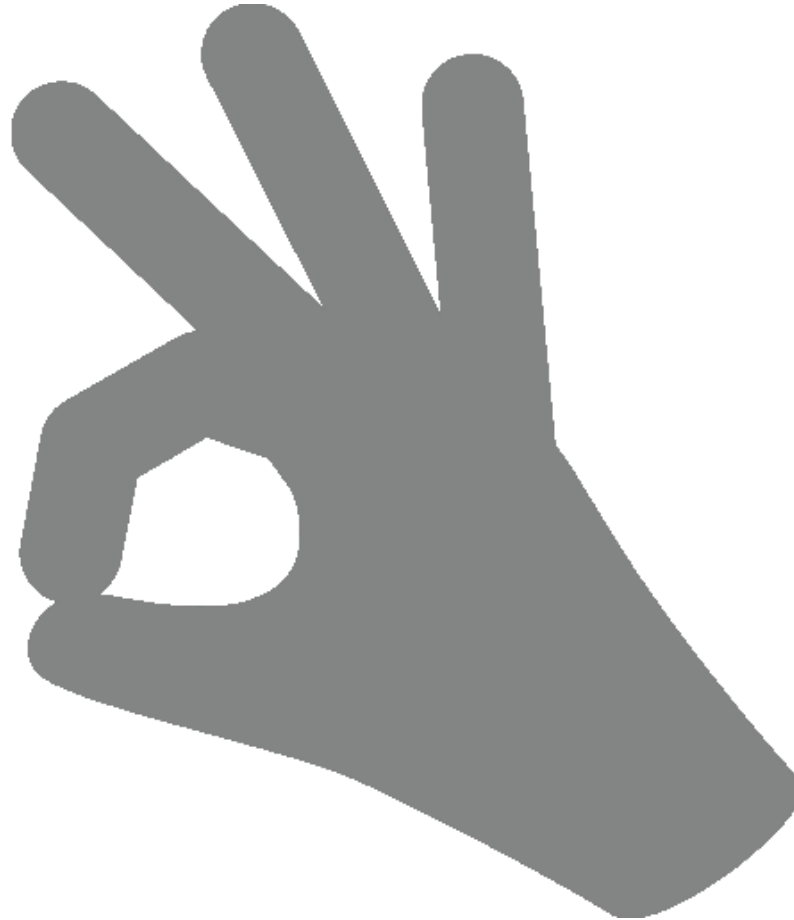


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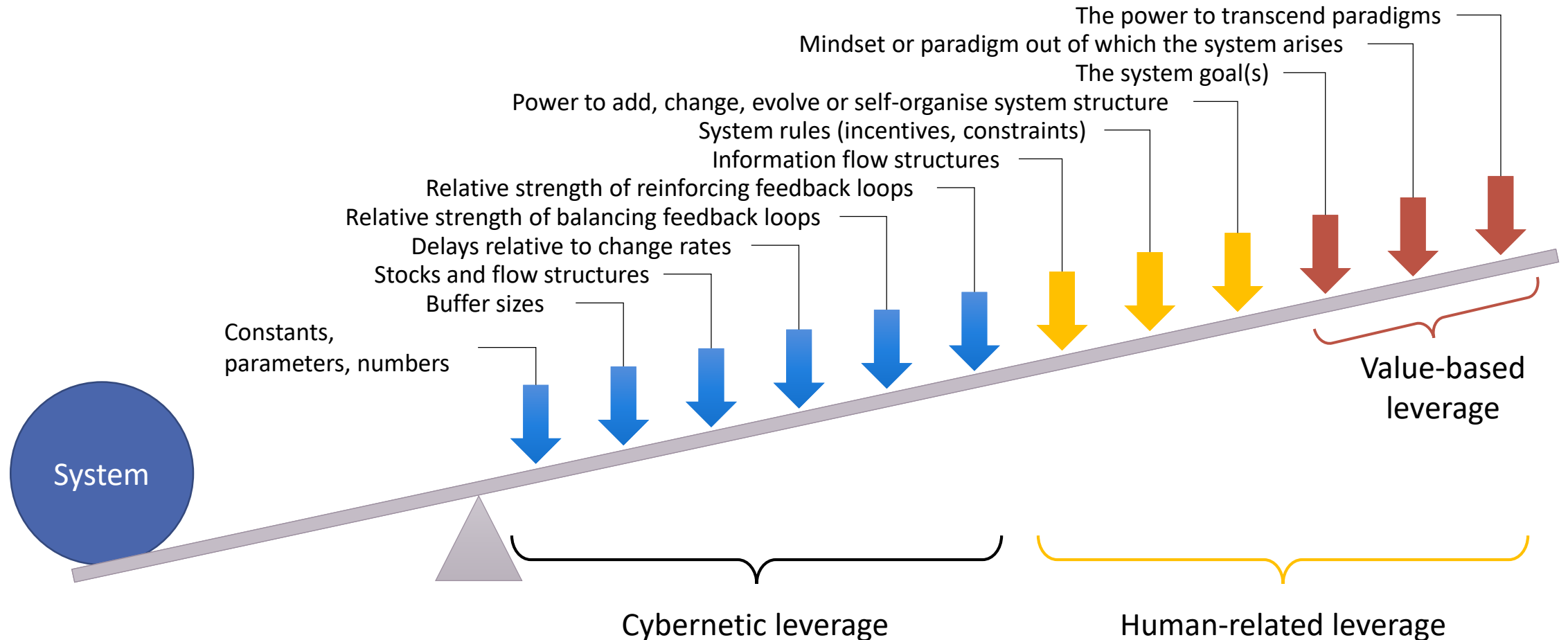


Network
for Evaluation
of One Health

Systems Thinking



Leverage points in Complex Adaptive Systems





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One Health



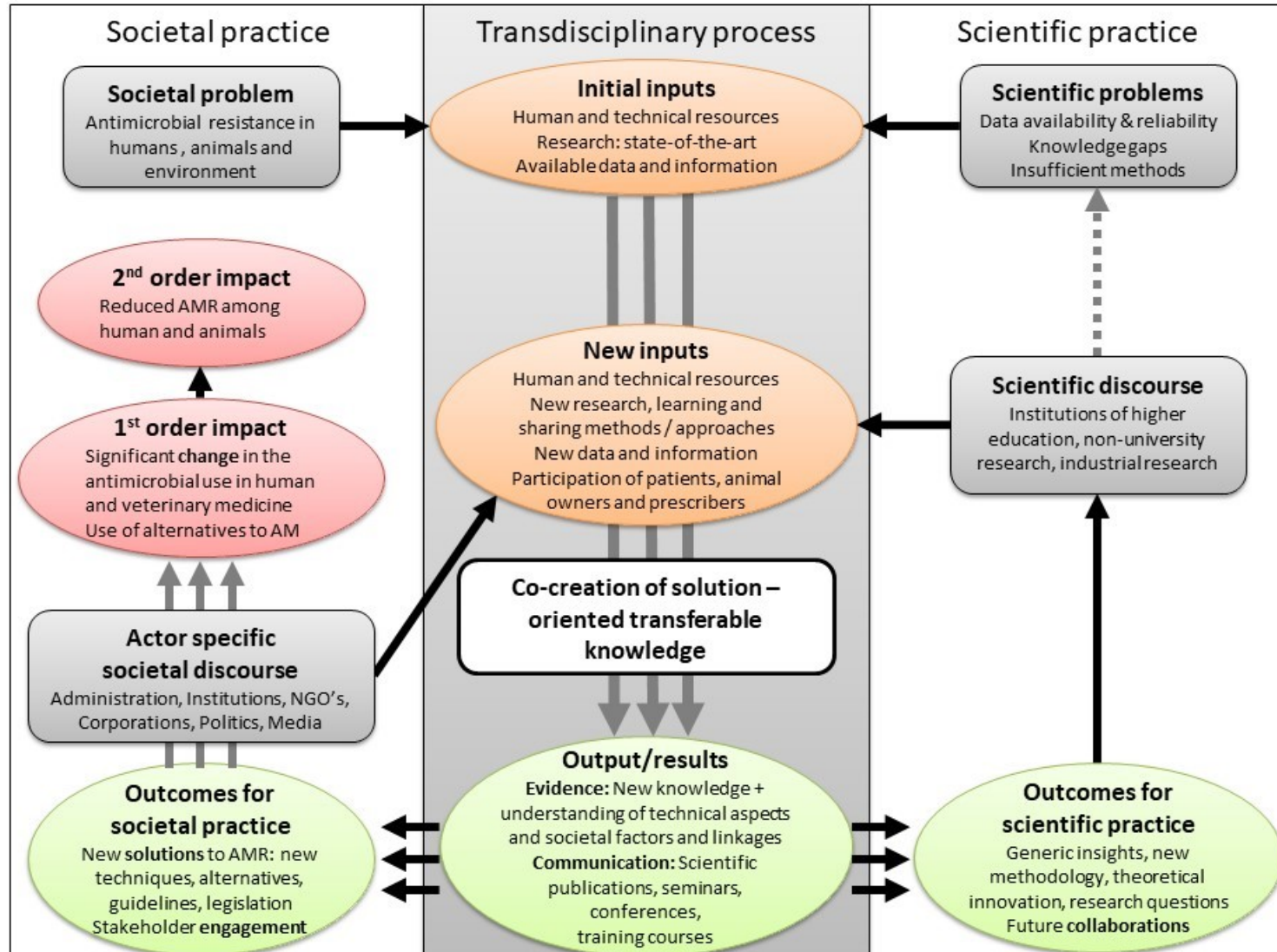
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emphasises that we
must decide in
awareness that we
are a part of nature,
not the crown of
evolution.

Systems Thinking in One Health

- Understand the context.
- Acknowledge and use **hierarchies** in socio-ecological systems.
- Consider beliefs about evidence, values about health, cultural grounding.
- Reflect on how and where the initiative is placed in relation to the system.
- Match / balance dimensions and scales in system and initiative.
 - Integrated approach to health.
- Target **underlying structures** of the system to affect **patterns** and **events**.
- Consider development over time, delayed effects and feedback loops.
- Consider the **three pillars of sustainability**
 - Ecosystem/environment, economy and society

Transdisciplinarity

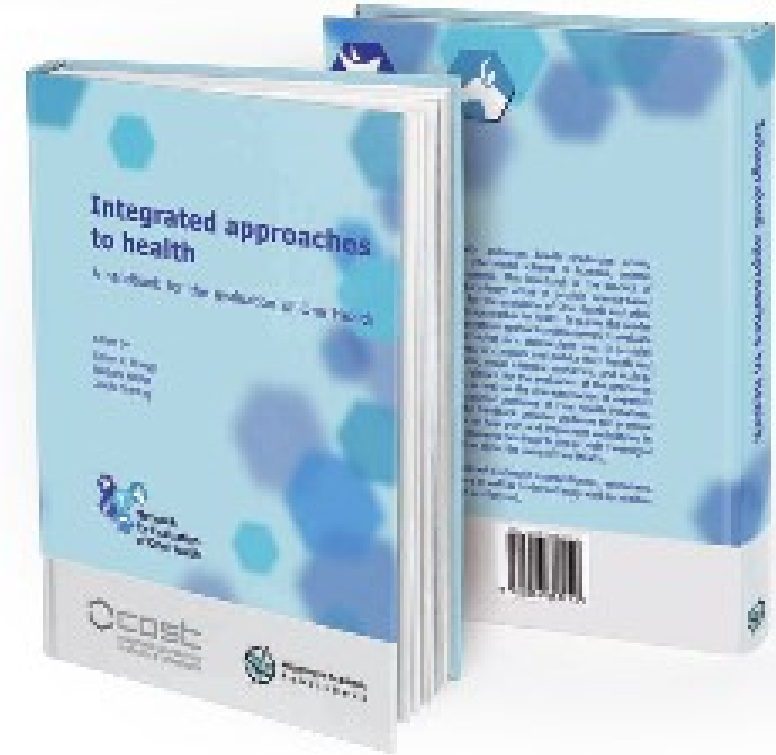


Rüegg et al. (2018) «A One Health Evaluation Framework» in «Integrated approaches to health: handbook for the evaluation of One Health»
www.wageningenacademic.com/neo



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free PDF & worksheets



The Evaluation Framework

Integrated approaches to health: a handbook for the evaluation of One Health

<http://www.wageningenacademic.com/neoh>





The Systems Approach

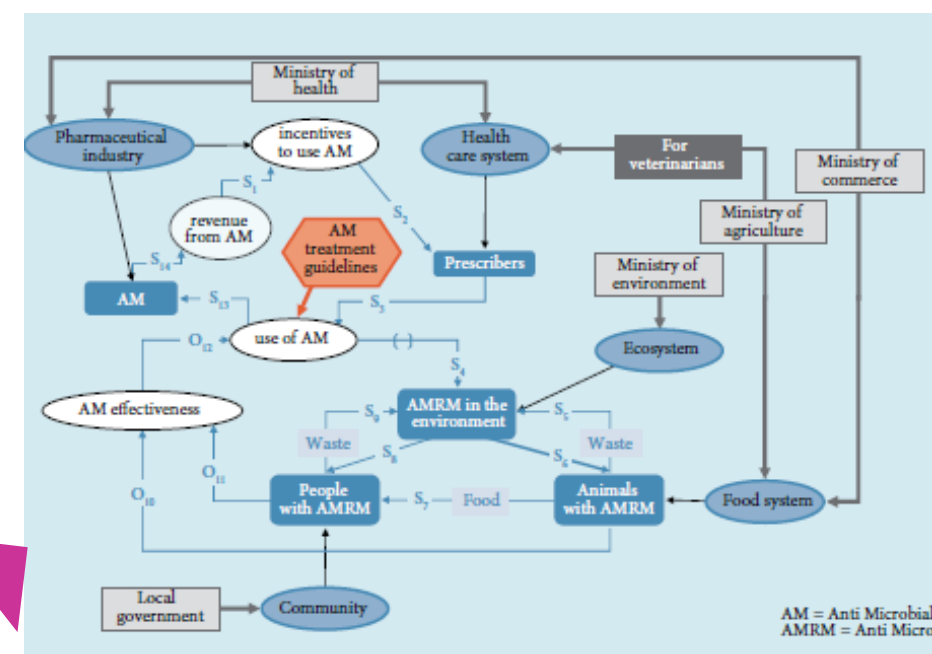


Table 3.1. An overview of how to describe the system at which the One Health initiative is targeted, i.e. the context of the initiative (adapted from Boriani *et al.*, 2017).

Aspect	Description	Secondary questions	Evolution
Aims	What is the context of the OH initiative - why does this system exist? What does it produce? For social-ecological systems that have no explicit aim, what are indicators that the system is intact/ healthy?	Perspectives <ul style="list-style-type: none">What does the system aim to do? Are there different declarations?What do the actors and stakeholders perceive the system does and how do those perceptions differ? (For social-ecological systems: how do the actors and stakeholders perceive/evaluate that the system is intact/operational?)Are there measurable outcomes/ indicators of the system?How do the declared, perceived and measured aims/outcomes relate?	Do the various aims/ indicators change as the system evolves with time?
Actors	Who are the actors? Who acts within the system?	Relationships <ul style="list-style-type: none">How do they affect the other actors/ stakeholders and the aim of the system?How are they affected by the other actors/stakeholders and the aim/ indicators of the system?How are the relationships distributed/ arranged?Which are the most important links?What are the processes between the related components?How can the links be characterised (slow/fast, strong/weak)?	Do the actors change their activity and behaviours as the system evolves (new trade-offs)? Does the system have secondary effects on the actors?
Stakeholders	Who are the stakeholders? Who is affected by the system?	Relationships <ul style="list-style-type: none">How are they affected by the actors and the dynamics of the system?How are the relationships distributed/ arranged?Which are the most important links?What is the nature of the processes between the related components?How can the links be characterised (slow/fast, strong/weak)?	Does the system have secondary effects on the stakeholders?



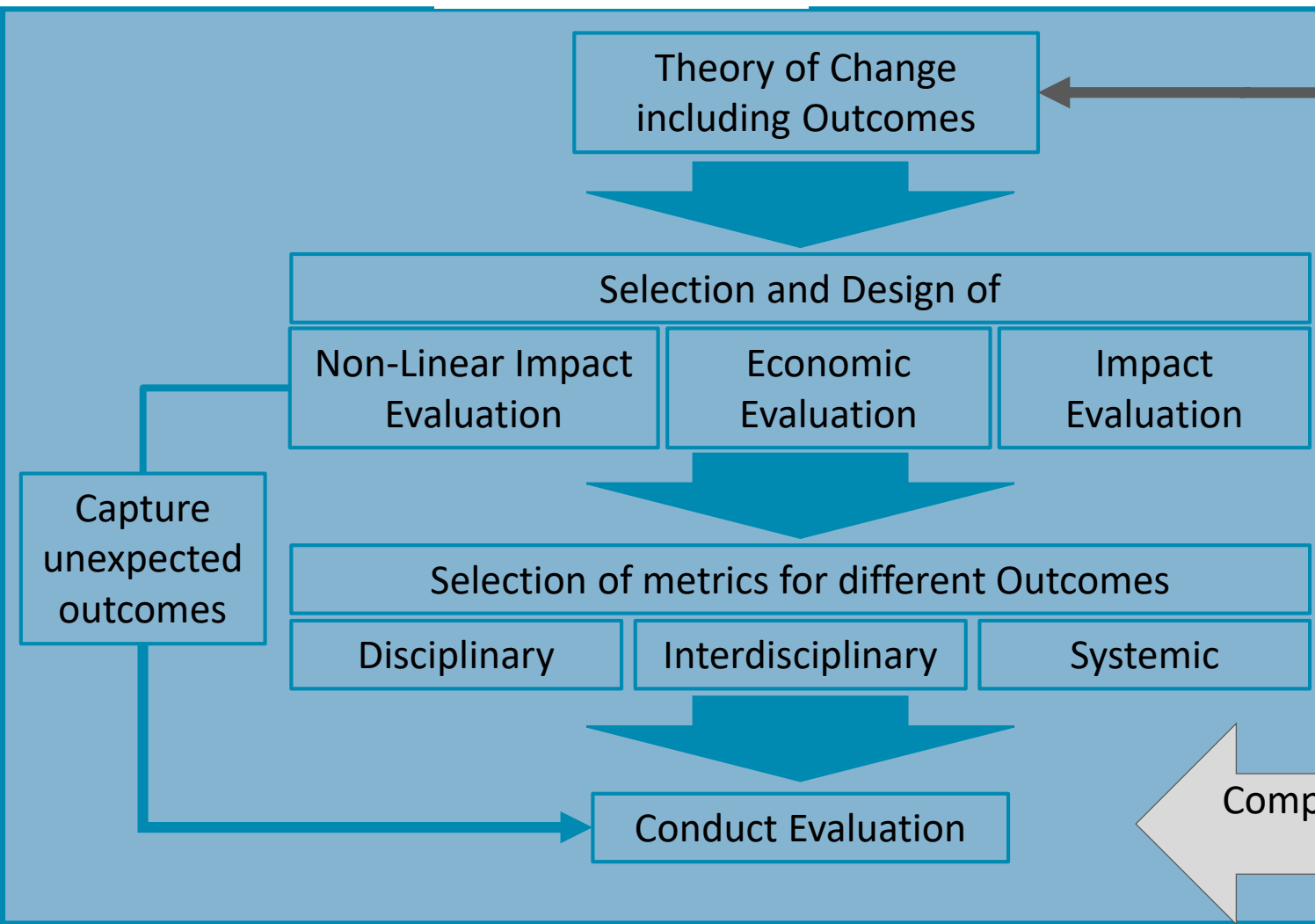
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NEOH Framework

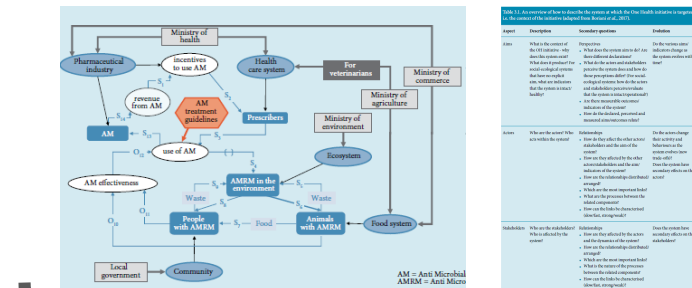


Network
for Evaluation
of One Health

The Promise



The Approach



Stakeholder	Intervention	Outcome
Pharmaceutical industry	Development of new drugs	Increased drug availability
Ministry of health	Regulation of drug use	Improved drug safety
Incentives to use AM	Financial incentives	Increased use of AM
Health care system	Provision of health services	Improved health outcomes
For veterinarians	Training of veterinarians	Improved veterinary services
Ministry of commerce	Regulation of trade	Improved trade conditions
Ministry of agriculture	Regulation of agriculture	Improved agricultural productivity
AM treatment guidelines	Development of guidelines	Improved treatment outcomes
Prescribers	Prescription of drugs	Improved drug use
Ministry of environment	Regulation of environment	Improved environmental quality
Ecosystems	Provision of ecosystem services	Improved ecosystem health
AM effectiveness	Use of AM	Improved AM effectiveness
use of AM	Use of AM	Improved use of AM
AMEM in the environment	Presence of AMEM	Improved AMEM in the environment
Waste	Provision of waste management services	Improved waste management
People with AMEM	Provision of health services	Improved health outcomes
Food	Provision of food	Improved food security
Animals with AMEM	Provision of health services	Improved health outcomes
Food system	Provision of food	Improved food security

Assessment of the
One-Health-ness

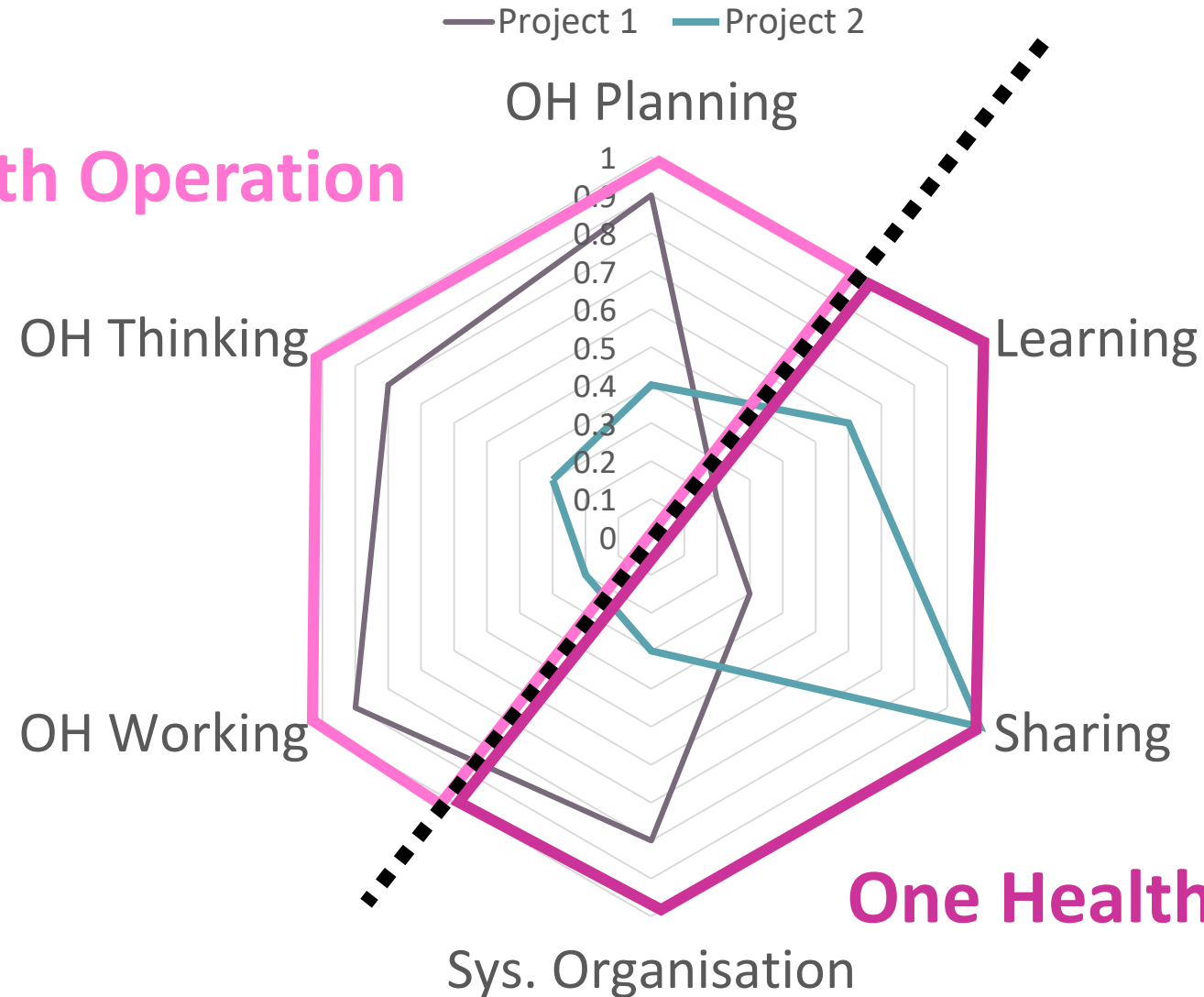
Compare One Health-ness
and Outcomes

One Health Index



One Health Index and Ratio

One Health Operation





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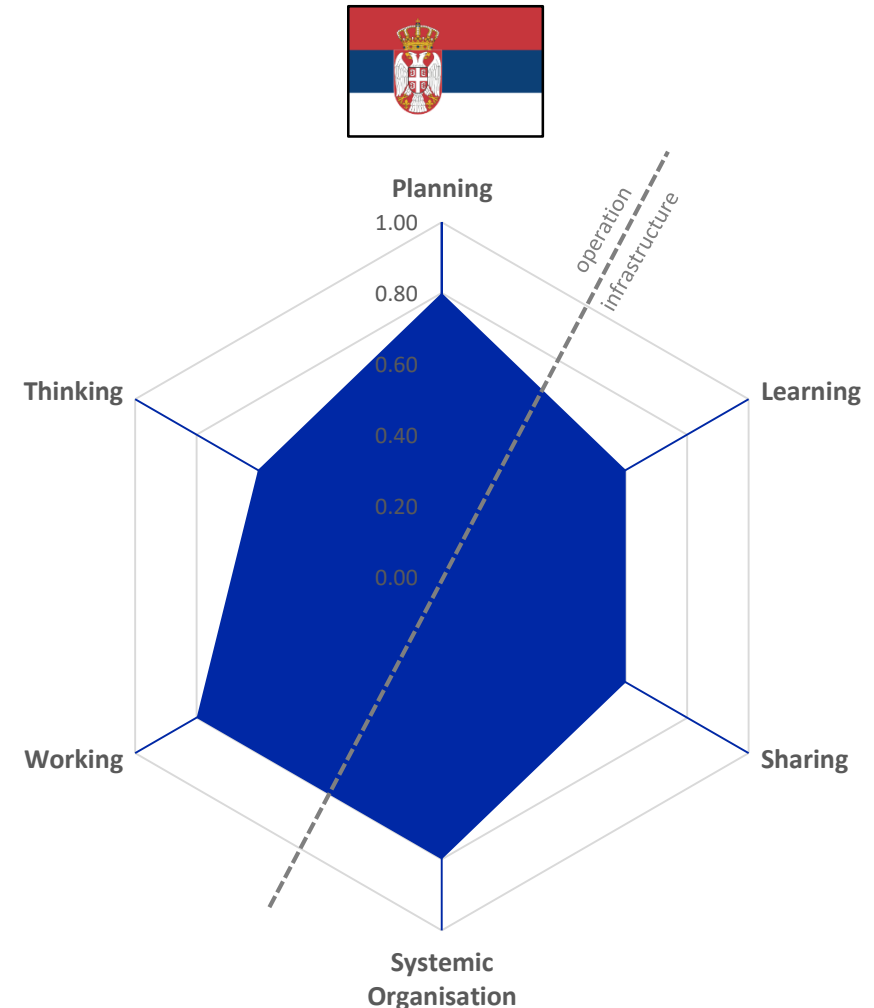
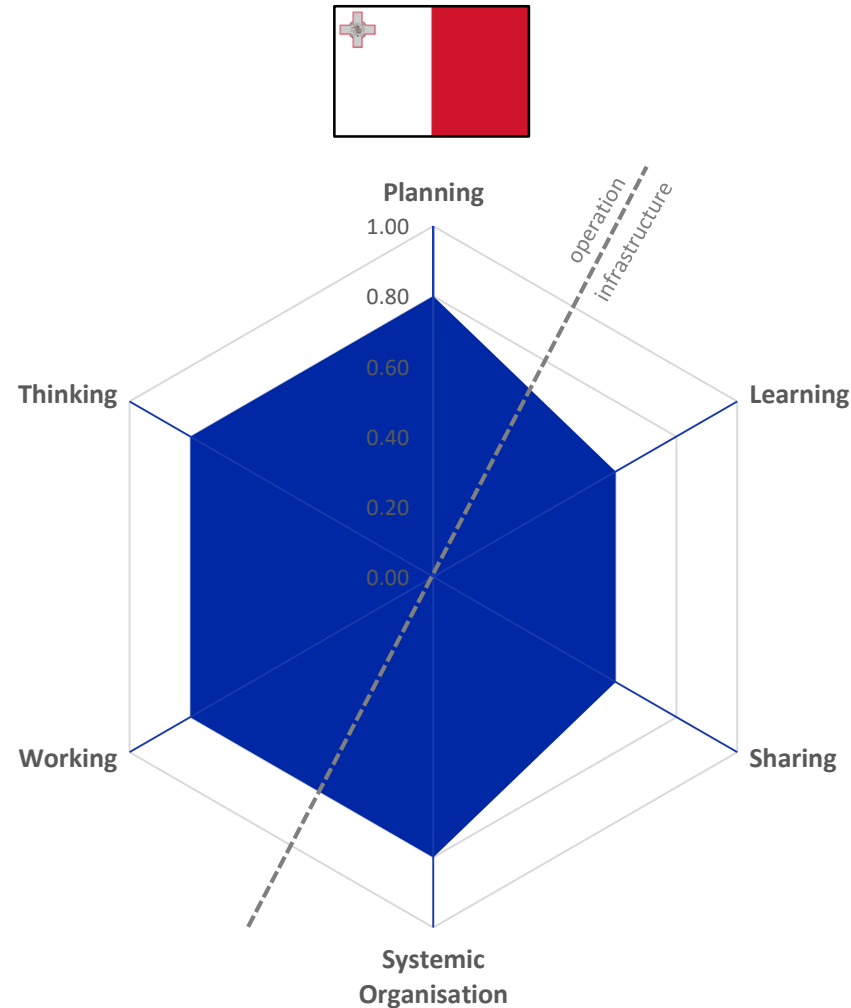


The NEOH Case Studies

Published in Frontiers: <http://www.frontiersin.org/research-topics/5479>



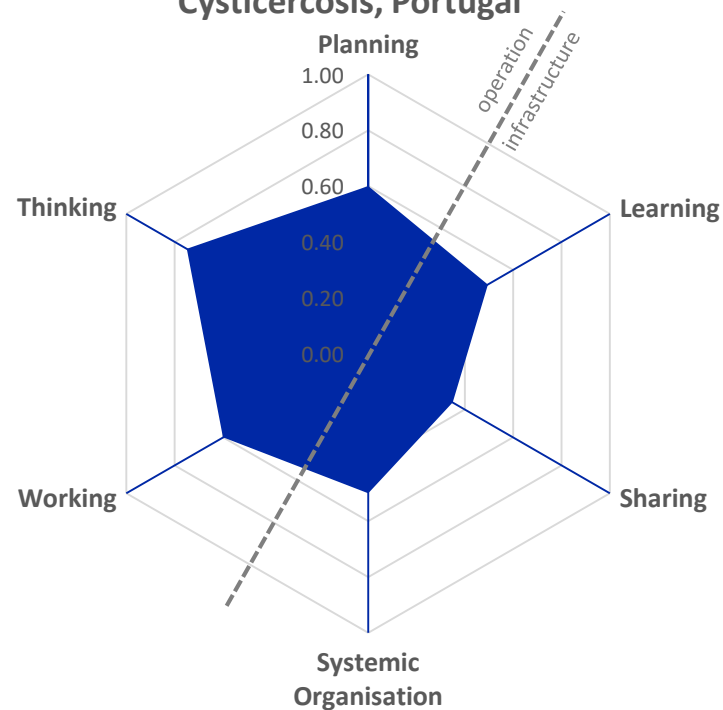
Brucellosis control in Malta and Serbia



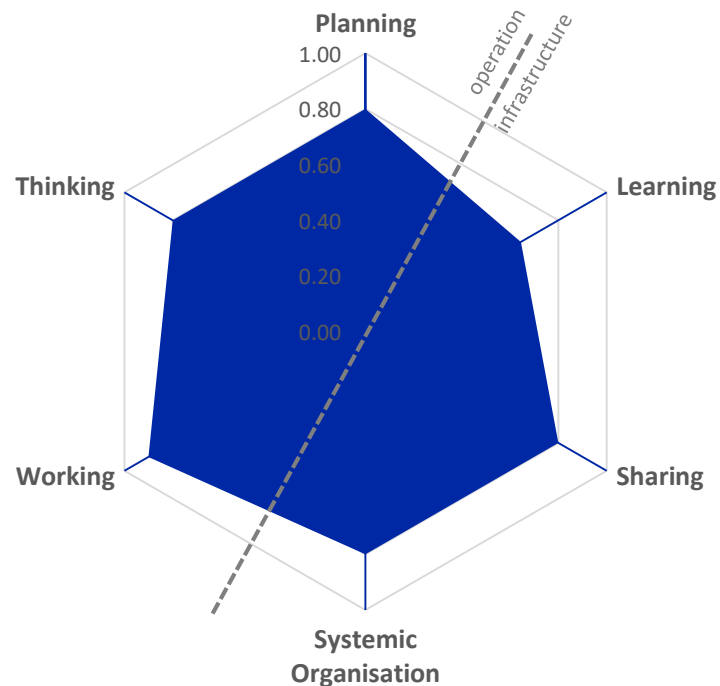


One Health Surveillance

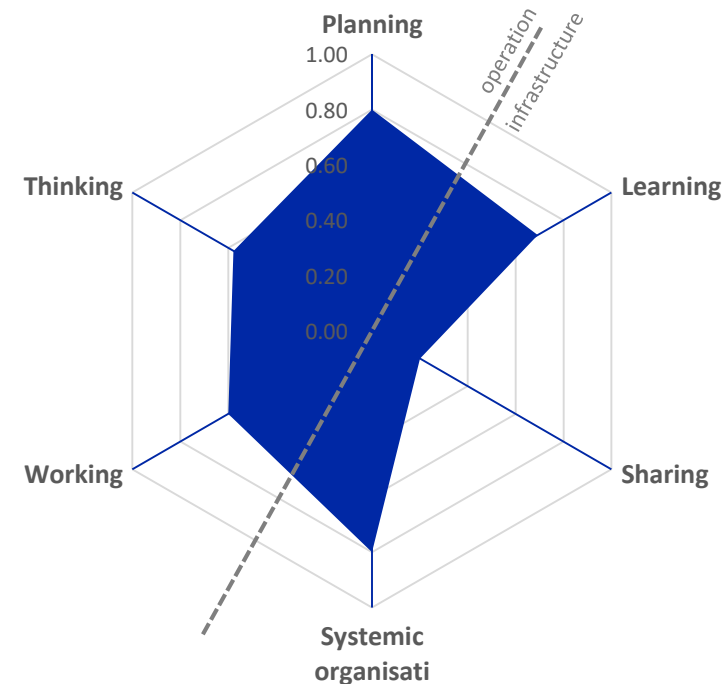
Cysticercosis, Portugal



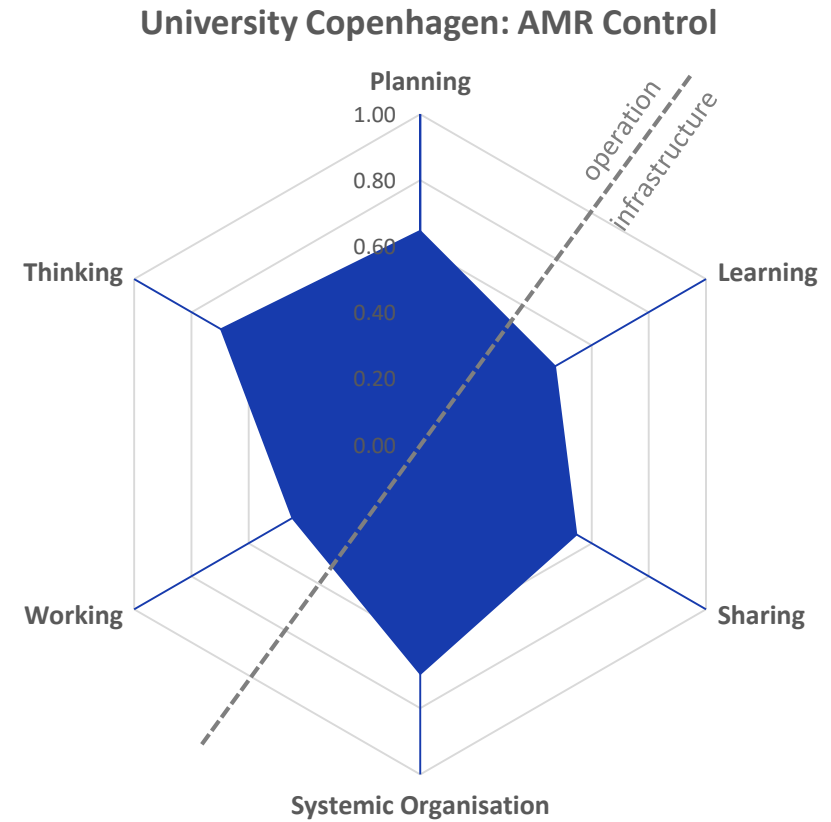
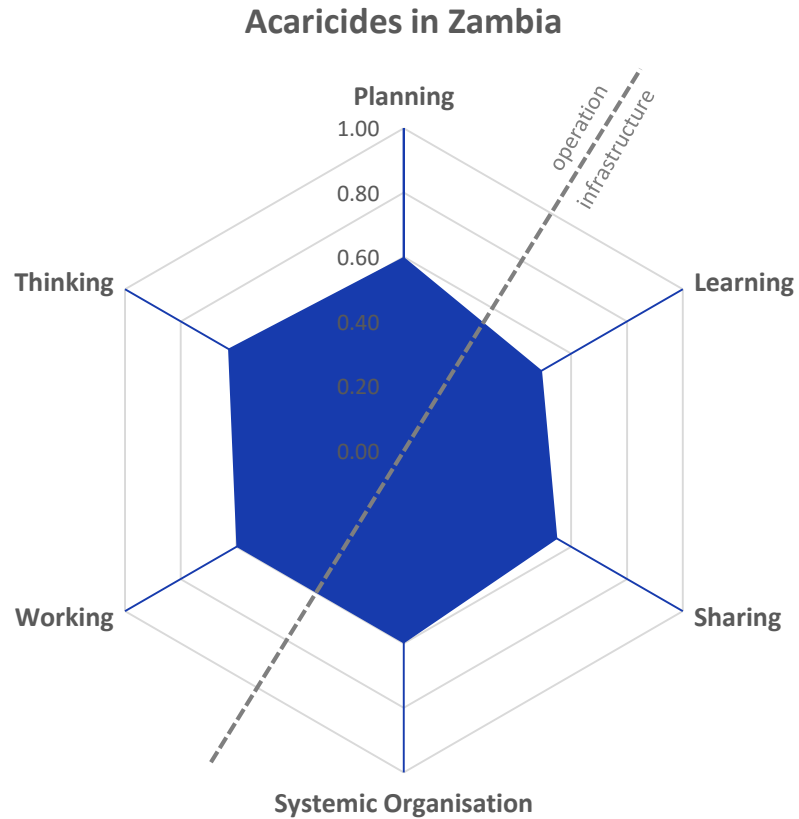
West Nile Virus, Italy



Southern African Inf Disease Surveillance



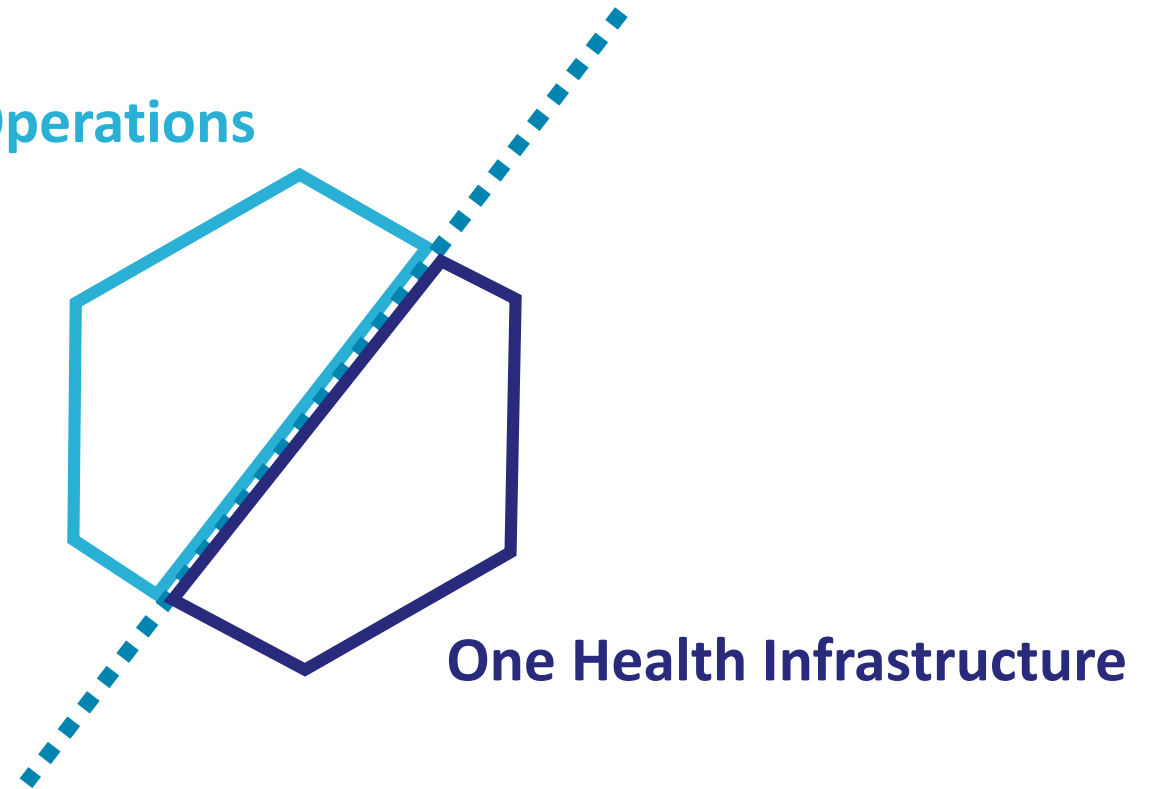
Development aid and academic programme



Balance Operations: Infrastructure

ID	OH-Ratio
H	1.37
	1.14
I	1.97
J	1.50
K	1.14
L	1.10
M	1.22
N	1.10
O	1.75

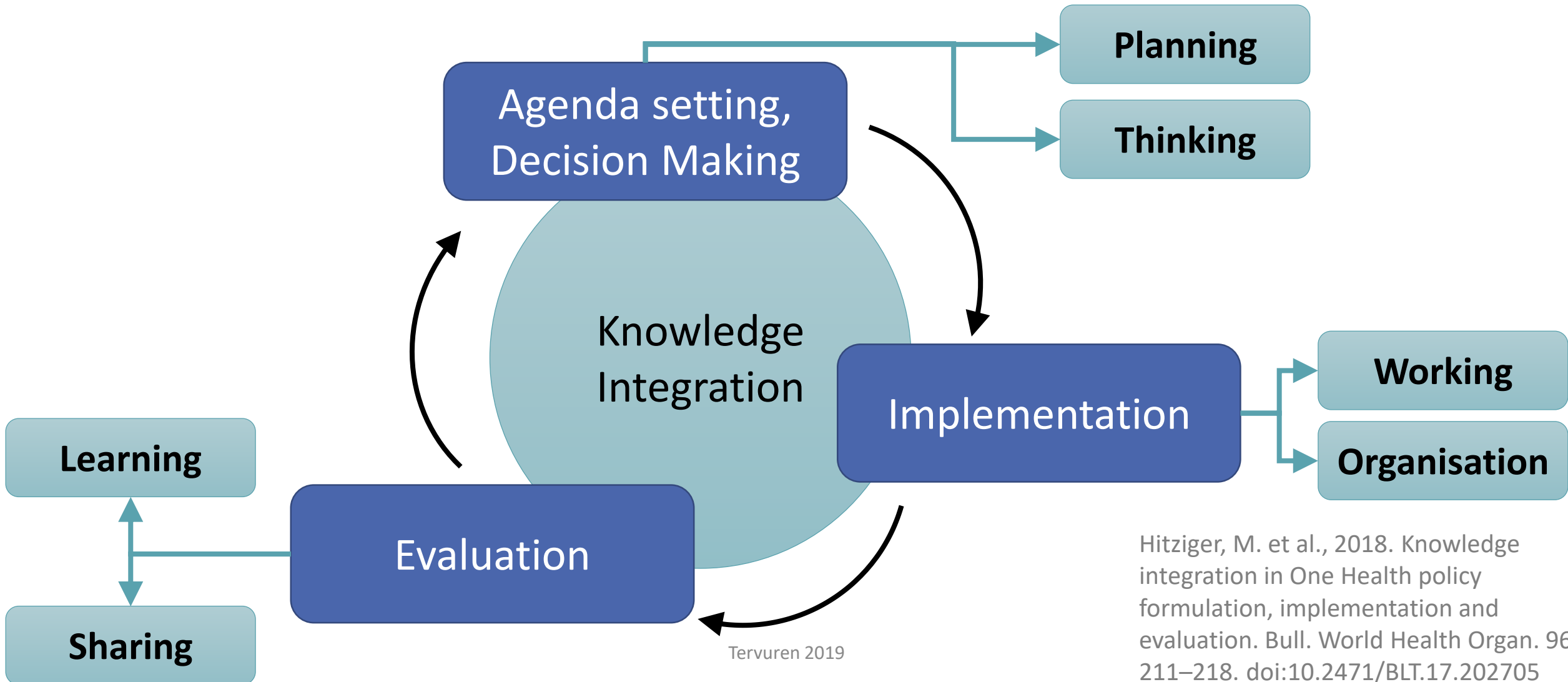
One Health Operations



Lessons learnt

- Knowledge Integration capacity is strongly context specific.
- Beyond evaluation, the NEOH framework is useful for planning integrated approaches to health.
- The scoring relies on individual perceptions.
 - *Can we generalise?

One Health and the Policy Cycle



Agenda setting,
Decision Making

Implementation

Evaluation

ID	Thinking	Planning	Organization	Working	Sharing	Learning
A	0.83	0.75	0.83	1.00	0.66	0.66
B	0.83	0.58	1.00	0.83	0.50	0.33
C	0.33	0.75	0.50	0.66	0.75	0.66
D	0.50	0.58	0.67	0.66	0.50	0.33
E	0.50	0.79	1.00	1.00	0.83	0.66
F	1.00	0.92	0.83	0.66	0.66	0.66
G	0.66	0.75	0.66	0.71	0.83	N/A
H	0.80	0.80	0.80	0.80	0.60	0.60
I	0.60	0.80	0.80	0.80	0.60	0.60
J	0.75	0.60	0.50	0.60	0.35	0.50
K	0.56	0.80	0.80	0.60	0.20	0.74
L	0.63	0.60	0.60	0.55	0.55	0.50
M	0.70	0.65	0.70	0.45	0.55	0.48
N	0.90	0.89	0.77	0.77	0.83	0.67
O	0.50	0.45	0.80	0.70	0.45	0.28
P	0.79	0.75	0.70	0.70	0.46	0.47

Conclusions

◆ The framework

- * provides a basis for **comparing** different One Health initiatives.
- * allows evaluation before, during and after a One Health policy or initiative.
- * is useful for **planning** One Health policies or initiatives.

◆ System Thinking

- * **requires time** and training.

◆ Policy Making

- * seems to **emphasise operational aspects** over infrastructure.
- * tends to **neglect evaluation**.

One Health - a peace building project

- Evaluation is a reason to talk
- We are NOT at war with the microbes
- We are NOT competing between
 - * Disciplines
 - * Companies
 - * Cultures
 - * Languages
 - * Religions
 - * Genders
 - * ...



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Thank you and good luck!