

SOCIAL SCIENCE SESSION

This is a report of the session on Social science, transdisciplinarity and traditional knowledge systems that took place on 7th October 2016 in Brussels, in the framework of the European OneHealth/EcoHealth workshop organised by the Belgian Community of Practice Biodiversity & Health which is facilitated by the Belgian Biodiversity Platform



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INTRODUCTION

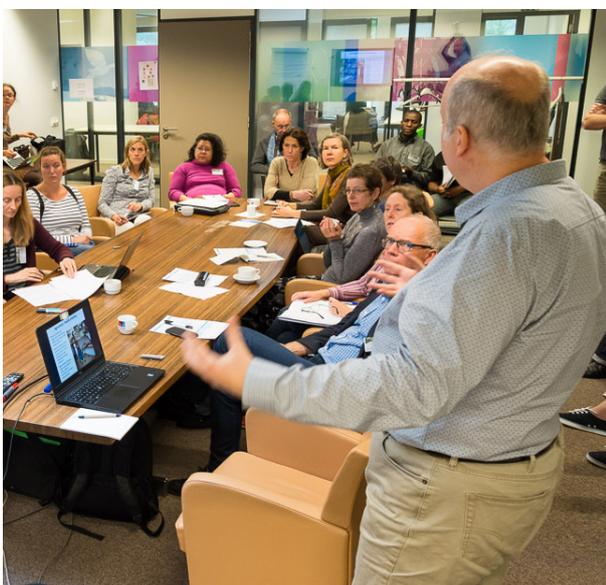
The session addressed the role of social sciences in interdisciplinary and transdisciplinary research and science – *interfacing with society and including lay and expert, traditional and new knowledge systems*. This approach is gaining increasing support and attention in many fields of interest. In some, this is well established (e.g. *health and medicine, based also on structured knowledge brokering systems*), whereas in other fields its development is more recent (e.g. *ecosystem services, wildlife management, environmental health, and, importantly, in the field of EcoHealth*). In the field of *One Health*, there still seems much to gain by including the social sciences beyond the restricted role of addressing the deficit of public understanding of the concept. In the



Hans Keune discussing about how to deal with complexity with Maurice Hoffmann

session: social science perspectives challenges, opportunities and barriers for and next steps for enhancing social science integration in *One Health/EcoHealth* practices were discussed.

PRESENTATIONS



Steven Belmain presenting

The session started with presentations from [Steven Belmain](#) (Natural Resources Institute, University of Greenwich) on *The role of social science in the OneHealth movement*, Melissa Parker (London School of Hygiene & Tropical Medicine) on *The biosocial approach*, [Séverine Thys](#)



Melissa Parker sharing information with the group

(the Institute of Tropical Medicine) on *The role of cultural anthropology in One Health*, and [Hans Keune](#) (Community of Practice Biodiversity & Health/ Belgian Biodiversity Platform) on *Complexity and social scientific decision support in the field of environmental health and ecosystem services*.

CONCLUSIONS

In *One Health*, experts seem to mainly focus on the local level and the need to work in “*the community*”. However, socio-anthropological research should be integrated at all levels and spheres (*national, global, etc.*) where the *One Health* movement is involved in, in order to challenge assumptions, which do not always reflect the social reality.

Another challenge that was addressed in this session was complexity: most *One Health* issues are complex in nature, both from a natural or health science perspective and from a social science perspective. The process of how to deal with this combined complexity, also from the scientific perspective, can be perceived as a social and normative process. Complexity deems us to choose what we want to take into account and how we want to work towards understanding and actions, as we can never fully grasp full complexity. These choices have an important

framing effect and are normative in nature, or in the words of Paul Cilliers (2005):

“Knowledge is provisional. We cannot make purely objective and final claims about our complex world. We have to make choices and thus we cannot escape the normative or ethical domain.”

The roles of social scientists in a zoonosis endemic area or during a zoonotic outbreak context are also very interesting to investigate because their involvement and integration in a disease control team is differently perceived, following a different process with different rules and expected outputs. The impact of this integration would also be received and managed in different ways. Nevertheless, in both of these contexts, by being largely relegated to communication to ease delivery and dissemination of pre-established knowledge (*because there is a deficit of public understanding*), the risk of social scientists to reproduce passively a

rather top down version of scientific expertise remains. Public health and, even more so, *One Health* by taking on human as well as non-human (including ecosystem) health, should therefore be considered as a social practice because health and ecological behaviours are shaped by communities and their living environments and often far from formal collective decision making. It was also considered crucial for the participants to state some clear definitions on what is disciplinary, and what multi-, inter- and transdisciplinary research means because most often these dimensions are mixed which can have a strong impact on how the social reality is described and interventions designed and implemented, often excluding the most vulnerable population. Because not every veterinary, medical professional or ecologist is able to do sociology in the field or interpret resultant data, a real expertise in the social sciences (defined broadly, including e.g. behavioural, legal and economic studies) and humanities is needed.

Moreover, time, efforts, tools, guidance and other prerequisites are needed for continued education within the biomedical sciences on what other approaches can add, and in turn within the social sciences and humanities on what biomedical sciences can add.

There were lively discussions also on methodologies, such as the balancing of essentialist and non-essentialist views of knowledge, the relationships between observer and actors roles of researchers, the importance of qualitative and mixed methods and generally open-form, heuristic and interpretative approaches, and the need to address political issues seriously as a topic of research.

As a follow-up of the session, a SWOT analysis was envisaged in order to involve more people in the discussion about challenges, opportunities and barriers for enhancing social science integration in *One Health/EcoHealth* (and environmental and human health) practices.



Séverine Thys presenting session conclusions in the plenary

Additionally, in order to improve qualitative and quantitative impact of social sciences research in the *One Health* movement, it was suggested to create a *Social Sciences platform for One Health* wherein an opinion paper about the role of social and cultural science

and scientists in the *One Health* Community of Practice could setup the basis and formalise this group. This could also serve to amend the continuous under-representation of involvement of and inputs from – and to – such disciplines in the *One Health* conferences.

Videos and presentations accessible at:
<http://www.biodiversity.be/health/58>