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EM DEBATE

One Health – an ambiguous concept under debate

Maria Lucia Frizon Rizzotto[1,2], Ana Maria Costa[1,3], Alexandre Pessoa Dias[4], Heleno Rodrigues Corrêa Filho[1,5], Karen Friedrich[6], Lia Giraldo da Silva Augusto[7]

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THROUGHOUT 2024, SEVERAL EVENTS RELATED TO THE THEME OF ONE HEALTH took place in Brazil, such as Law No. 14,792, of January 5, 2024[1], which establishes the National One Health Day; Joint Action Plan, with the main lines of action[2] and the enactment of Decree No. 12,007, of April 25, 2024[3]. In addition to the urgency instituted in government spaces and academic institutions, there is the absence of a document clarifying this proposition in Brazil's health policy context. Some movements either defend or question the One Health approach, as has been happening in our country, where stakeholders in society and health professionals are unaware of the implications this proposal will have on the Unified Health System (SUS), its principles, and guidelines.

The Brazilian Center for Health Studies (CEBES), as an entity of the Health Reform Movement (MRS) that defends the right to health, constitutional principles and guidelines, and adopts the expanded concept of health anchored in its social and economic determination, prepared a text for debate[4] with the objective of provoking discussions about the implications of adopting the concept of One Health in the national context. It is about reflecting on the effects of this policy in confronting the inequities and inequalities that characterize our reality and in mobilizing institutions for the necessary adjustments in the face of the ongoing climate emergency. This editorial maintains CEBES' proposal to stimulate debate in the field of collective health and in the community that fights for the right to health. In this sense, we reproduce parts of the text mentioned above and the subsequent discussions after publication.

The starting point presented by CEBES for discussion is the Federal Constitution of 1988 (CF/88)[5], which guarantees the right to health through economic and social policies that contribute to the reduction of the risk of diseases and injuries, assuming, through the expanded concept of health, that there is a direct association between the absence of health, socioeconomic inequalities, and social injustice, that is, it reaffirms the importance of the theory of the Social Determination of Health (SDH) and of health as a product of social accumulation[6,7].

From this perspective, a policy that seeks to integrate human, animal, plant, and environmental health (One Health) but disregards aspects of the national reality, trajectory, theoretical references, political-administrative arrangements, and legal framework of our health system should be the object of reflection and discussion.

[1] Centro Brasileiro de Estudos de Saúde (Cebes) – Rio de Janeiro (RJ), Brasil.

[2] Universidade Estadual do Oeste do Paraná – Cascavel (PR), Brasil.

[3] Escola Superior de Ciências da Saúde (ESCS) – Brasília (DF), Brasil.

[4] Fundação Oswaldo Cruz (Fiocruz), Escola Politécnica de Saúde Joaquim Venâncio (EPSJV), Laboratório de Educação Profissional em Vigilância em Saúde (Lavsa) – Rio de Janeiro (RJ), Brasil.

[5] Universidade de Brasília (UnB), Faculdade de Ciências da Saúde (FS) – Brasília (DF), Brasil.

[6] Fundação Oswaldo Cruz (Fiocruz), Escola Nacional de Saúde Pública Sergio Arouca (Ensp) – Rio de Janeiro (RJ), Brasil.

[7] Fórum Nacional de Combate aos Impactos dos Agrotóxicos e Transgênicos – Brasília (DF), Brasil.

The interconnection between environmental, animal, and human health has been debated from different perspectives throughout history. Recently, the concept of One Health[8] has gained strength, defined by the World Health Organization (WHO) as an integrated and unifying approach to balance and optimize the health of people, animals, and the environment, being particularly important for preventing, predicting, detecting, and responding to threats to global health.

The understanding that the relationships between the human population and other animals and living beings on planet Earth are interdependent is widely recognized, and this fact has always been accepted in the explanatory understanding of the socio-environmental health determination model. In addition, it is understood that these relationships should be contextualized in all their complexity and not presented in a simplistic way[4].

One Health points out, with scientific evidence, the interdependence between living beings in what is conventionally called the 'biosphere,' but omits and simplifies when it does not make any reference to how human action (anthropic) disrupts ecosystems, destroys biodiversity, and causes the emergence of infectious diseases and climate change. Thus, the proposed solutions do not have the necessary impact on health and climate emergencies[4].

Since the beginning of the twentieth century, different bodies of the United Nations (UN) system, such as the Food and Agriculture Organization (FAO)[9] and the WHO, have promoted the One Health approach through the document 'One World, One Health'[10]. This approach aims mainly at actions integrating human, animal, and environmental health in zoonoses.

One Health's proposition has long existed in the United States of America and has been criticized in its territory. The resumption of this proposition by other international organizations comes in the wake of the COVID-19 pandemic, which is initially of zoonotic origin but with enormous socio-environmental implications in its determination process. Other zoonoses before COVID-19 also produced epidemics in the twenty-first century.

One Health's critics, with abundant evidence, demonstrate that these zoonoses arose fundamentally from the capitalist mode of production, devastating the environment through extractivist, deforestation, desertification, and loss of biodiversity, which, in Brazil, is due to the agribusiness model based on the production of commodities chemical-dependent and transgenic agricultural products, and the production of animal protein for export. Therefore, any approach that sets out to help mitigate and promote adaptation to the climate emergency must critically and responsibly confront this model of economic development[4].

The concept of One Health has gained relevance with the emergence of antimicrobial resistance, specifically to antibiotics, the greatest consumption of which occurs in livestock farming, selecting resistant bacteria with the potential to cause infections in humans that do not respond to existing and available antibiotics. We understand that there is an urgent need for agreement on the rational use of antibiotics in livestock farming, but the question is whether there is the political will to do so.

Recently, with the COVID-19 pandemic, the concept of One Health has gained more prominence, particularly in the context of the Pandemic Treaty[4]. Since the beginning of the negotiations, the One Health approach has been centrally included in the new instrument despite criticism, notably from countries in the Global South. The One Health approach adopted in the drafts of the Pandemic Treaty, especially from the European bloc's political agenda, sought to make countries equally responsible for collecting information on environmental, animal, and human health conditions in their territory and sharing it with the WHO, producing an information bank accessible to the world[4].

The countries' resistance was based on the economic aspect related to this approach since the countries of the Global South would have to invest their resources in health surveillance mechanisms and share the results with the rest of the countries without any retribution. Such information, however, could be freely used to develop technologies that the industry appropriates, especially pharmaceuticals, which protect its innovations through intellectual property mechanisms, charging high prices to the same countries that provided the data[4].

In the Brazilian context, the concept of One Health has been advancing for some time, both in institutional spaces, such as in the plan of the Brazilian Health Regulatory Agency (ANVISA) to combat antimicrobial resistance[11] and in the volume of academic articles that use this perspective. This year, the One Health proposal gained greater institutionality by disseminating Decree No. 12,007/2024[3], which established the Interinstitutional Technical Committee for One Health and the National Action Plan for One Health[2]. Both the composition of the Committee and the definition of the lines of action that make up the Joint Action Plan were not the subject of discussion in spaces of social participation, such as the National Health Council (CNS), nor was there any consultation with the public interested in the subject or with the legislature.

In the composition of this Committee, which aims to prepare and support the implementation of the National Action Plan for One Health, some absences draw attention to the fundamental historical actors in the permanent construction of the right to health and the SUS, such as the CNS, the National Environment Council (CONAMA), the National Council for Food Security and Nutrition (CONSEA) – without considering the absence of scientific entities, such as the Brazilian Society for the Advancement of Science (SBPC), involving the fields of Earth, biomedical and social sciences. Due to the specificities, the representative entities of collective health, such as the Brazilian Public Health Association (ABRASCO) and CEBES, and of Agroecology, such as the Brazilian Association of Agroecology (ABA), and the representatives of the territories of vulnerable populations, such as the Earth Group, already established in an interministerial manner. However, there is excessive corporate and business participation, such as the Federal Councils of Biology, Nursing, Pharmacy, Medicine and Veterinary Medicine, the Ministry of Agriculture and Livestock (MAPA), and the Brazilian Agricultural Research Corporation (EMBRAPA)[4].

Decree No. 12,007/20243 does not refer to CF/88[5] nor SUS but generically mentions the Plan without pointing out the political and legal basis of its institutionality. The understanding is that the CF/88 and the Organic Health Law[12] were relegated to the background in preparing the documents mentioned above. It is essential to point out that the intersectionality of economic and social policies called for health in the CF/88 and the SUS itself, due to its comprehensive structure of surveillance care, reinforced by the principle of comprehensiveness, could sustain the burning issues presented by the defenders of One Health for zoonotic diseases. In fact, the SUS has not advanced sufficiently in this area only because those who today defend One Health have always made a point of keeping themselves apart – see, for example, the vector control model, unchanged and politically maintained cohesively with the adhesion of the technical-scientific forums of those who work with communicable diseases. Nothing is more anti-ecological, anti-environmental, and against animal and plant health than the use of pesticides, euphemistically treated as 'chemical inputs', without considering the damage to the environment and to non-target biological agents, including human beings.

The serious health problems resulting from climate change require mitigation and adaptive measures; they require transformations that contradict the historical position of the Brazilian agrarian sector, which refuses to support a policy to reduce the use of pesticides

in Brazil and remains firm against a technological transition towards agroecology. This raises doubts about what these sectors will bring in terms of contribution to One Health since they deny and ignore the scientific evidence of damage to health and the environment by the hegemonic model of production of agricultural and mineral commodities that devastate the environment and the territories of traditional, indigenous, riverine and peasant peoples.

Recently, ANVISA and the Brazilian Institute of Environment and Renewable Natural Resources (IBAMA) lost their status as regulatory bodies for pesticides (products and services), concentrating power in MAPA. Health issues related to animals intended for food are assigned to this ministry, which historically has conflicts with the health and environmental sectors. Whenever there are demands to expand regulation and inspection of preventive aspects that affect human health and biodiversity and the issue of bee mortality and the disappearance of species, they take the opposite position.

The discourse instituted by 'One Health' places the level of the world of men, animals, plants, and the biological context on a single plane without considering the biopower and biopolitics existing in the relations between society and nature and capital and labor. It seems to us a step backward to replace public health policies, guided by the concepts of the field of collective health, only by the look of zoonoses control, 'good laboratory practices,' the 'use of drones' and 'gadgets,' dispensing with critical and social epidemiology, social sciences and humanities, political ecology, among other disciplinary fields that have been so well amalgamated in the confrontation of contemporary reality, which, from the middle of the twentieth century onwards, have shown how the harmfulness resulting from social and nature exploitation affects health in an interdependent way and is producing new and increasingly complex health crises[4].

Thus, the text[4] concludes with a series of questions that aim to provoke a debate on the subject: what are the theoretical-conceptual references and under what paradigm is the scientific rationality of One Health in Brazil based? What is the relationship between One Health and the economic, environmental, and social determination of health, and what does it bring in terms of innovation to collective health? What are the principles and foundations of One Health in Brazil, and how do they explain the defense of the universal right of the human population to health and the strengthening of the public, state, comprehensive, universal, and quality SUS? From implementing One Health, what changes in agricultural and environmental policies will ensure the maintenance of biomes, control ecological degradation, and preserve life? How can we advance in understanding health problems, overcoming simplistic approaches that do not consider complex contexts, or problematize the limitations of biomedical research when only focused on scales and economic relationships, such as cost-benefit ratios? How can we ensure social participation and investigative methodological approaches to understanding and coping with the impacts on health and the environment to which the interests of productive sectors bring socio-environmental liabilities, such as the issue of chemical contamination, air pollution, precarious work, expanded disasters, loss of biodiversity, deforestation, desertification, among others, in which the new pandemics are associated with them?

No exogenous proposal disregarding the principles and strategies for strengthening the public SUS as a state policy should be foisted on Brazil. The SUS cannot be diluted in processes that make it more flexible and privatized. Comprehensiveness is one of the principles that perfectly meet the perspectives of intersectoral actions aimed at focusing on the methods of social determination, especially those related to the mode of production, consumption, and climate change.

CEBES believes that democracy is health and that health and human life on Earth are socio-environmental processes that are historically determined and increasingly mediated by the ways of producing, working, consuming, valuing nature, and relating to the cultural dimensions of subjectivities, politics, culture, and the arts. Therefore, he reaffirms that health is a product of social accumulation and a popular achievement. Acting based on these principles implies intervening in biopower and biopolitics, in the command of institutional public health policies subordinated to the process of social participation and based on the assumptions of collective health based on the economic and social determination of health[4].

Collaborators

Rizzotto MLF (0000-0003-3152-1362)*, Costa AM (0000-0002-1931-3969)*, Dias AP (0000-0002-5594-7221)*, Corrêa Filho HR (0000-0001-8056-8824)*, Friedrich K (0000-0002-3661-6179)* and Augusto LGS (0000-0002-9322-6863)* have equally contributed to the elaboration of the manuscript.■

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*Orcid (Open Researcher and Contributor ID).

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