

One Health Legistlation

Why in news?

The decade and a half old conceptual framework of One Health has now caught everybody's attention in the aftermath of the COVID-19 pandemic.

What is One Health framework?

- One Health concept professes that the **health of humans**, animals and the **environment is intricately connected** with each other.
- Due to this triadic connection, the challenges that come with protecting one aspect of this triad cannot be viewed in the disciplinary silos.
- The concept of One Health was first recognised in 2004 at the "One World, One Health" symposium, convened by the Wildlife Conservation Society in the aftermath of the SARS outbreak of 2003.

What is the issue with the implementation of One Health approach?

- In human health sector, the **International Health Regulations** (IHR) provides framework and mechanisms to detect and respond to disease outbreaks.
- In animal health sector, the IHR equivalent is the World Organisation for Animal Health's (OIE) **Terrestrial Animal Health Code**, which has mechanisms for surveillance and reporting of animal diseases.
- But, there is no coordination between these tools.
- Also, the environmental aspect of the concept was sidelined.

What are the International Health Regulations?

- The International Health Regulations (IHR) (2005) is a legally binding instrument of international law that aims to **protect global public health** and that can be effective in attaining One Health objectives.
- According to the WHO 2016, the purpose and scope of IHR areto prevent, protect against, control and provide a **public health response to the international spread of disease**.
- At the heart of IHR is the obligation of member states to **develop core capacities** those requirements that are critical to detect, assess, notify, report and respond to health threats.
- Some of the core capacities include zoonotic events and the human-animal interface, food safety, surveillance, points of entry, among others.
- **Public Health Emergency of International Concern** (PHEIC) are those probable extraordinary events that might threaten global health through the international spread of disease.

• Apart from laying the groundwork to establish core capacities, IHR details the decision support tool for assessing and notifying PHEIC.

What is needed?

- India is an exemplar for disease risk due to
 - $\circ\,$ high human and livestock population densities,
 - $\circ\,$ remnant regions of high biodiversity,
 - $\circ\,$ extensive animal-human interface, and
 - $\circ\,$ rapid development & landscape degradation.
- Preventive healthcare in India accounts for only around 10% of the country's overall healthcare expenditure.
- Primordial and primary prevention strategies are our best chance to prevent epidemic outbreaks and global pandemic threats, and protect the health of humans and animals.
- Legislation for One Health is needed as it can provide a backbone for the inter- and intra-sectoral approaches that underlie the concept.

What is India already doing?

- A recent white paper on "**Vision 2035: Public Health Surveillance in India**" published by NITI Aayogis an optimistic step in the right direction to encompass the One Health approach.
- But, there is very little focus on the integration of animal health and environmental health surveillance with public health systems.
- Nevertheless, it identifies opportunities such as the creation of health and wellness centres under the Ayushman Bharat Yojana for better access to healthcare as well as for public health surveillance.
- NCDC as NFP India, as an IHR state party, has made the National Centre for Disease Control (NCDC) as National IHR Focal Point (NFP).
- The NCDC reports to the Directorate General of Health Services under the Ministry of Health and Family Welfare (MoHFW).
- A legal mandate for inter- and intra-sectoral collaboration that fulfils the country's obligations under IHR should underpin the One Health law.

What are the key considerations?

Matters relating to health are present in central, state and concurrent lists, involving an array of central and state ministries blurring the lines between where the power and responsibility resides to combat health threats.

- **NIOH** The proposed National Institute for One Health (NIOH)must be set up as an autonomous and statutory body with a mandate to fulfil the obligations under the IHR.
- The NIOH, previously called the Centre for One Health, was set up as a satellite centre under the National Institute of Virology, Pune.
- It needs to coordinate with the other ministries. It also have to specifically coordinate with NCDC given that the latter is India'sNFP.
- IDSP- The Integrated Disease Surveillance Programme (IDSP) is a decentralized state-

level early warning system that comes under NCDC.

- It monitors trends in disease outbreaks to effectively detect and respond to disease threats through multidisciplinary rapid response teams.
- The IDSP is tasked with strengthening the intra- sectoral and inter-sectoral collaboration for zoonotic diseases.
- Given the grassroots reach that IDSP has, it will be important to keep clear communication lines between the NIOH and NCDC.
- **NMBHW** National Mission on Biodiversity and Human Well-being (NMBHW) under the office of the principal scientific adviser to the Government of India also has a One Health component.
- Given that the mission has a significant One Health focus, coordination between NMBHW and NIOH will be important.
- NBA National Biodiversity Authority (NBA) is an autonomous body under the MoEFCC to implement the Biological Diversity Act, 2002.
- It is mandated with the conservation and sustainable use of biological resources and equitable sharing of the benefits accrued by the biological resources.
- The NBA can create national-level action plans with coordination from the state biodiversity authorities to mainstream biodiversity-inclusive One Health approaches in existing legislations and policies.
- It can develop biodiversity-inclusive health metrics and indicators that give a better understanding of biodiversity and health interlinkages.
- NBWL -National Board for Wildlife (NBWL) was constituted under the 2002 amendment of the Wild Life (Protection) Act, 1972.
- It is meant to conserve wild animals and their habitats by critically considering developmental projects proposed in biodiverse areas.
- From a One Health standpoint, NBWL can consider biodiversity-health indicators and metrics to avoid the short-sighted impetus to give project approvals that can be detrimental to biodiversity & public health.
- Similarly, the State Board of Wildlife also has obligations at the regional level to ensure that genuine biodiversity-health interaction concerns are considered stringently, before the project approvals.
- **IWDSP** A wildlife disease surveillance programme on the lines of IDSP known as the Integrated Wildlife Disease Surveillance Programme (IWDSP) can be set up in each of the forest divisions.
- For India, IDSP needs to be monitored alongside the ICAR's National Animal Disease Referral Expert System as well as the proposed IWDSP.
- **Special focus** should be given to representatives of **tribal communities**, who often live in biodiverse forest areas as they face compounded risk in the form of being vulnerable to zoonotic diseases.

What is the way forward?

- As an IHR signatory, India needs to recognize the importance of monitoring and reporting on IHR implementation.
- Updating national legislation to reflect priorities, setting up of new institutions or modifying the structure of existing institutions to accommodate the efficient implementation of IHRmust be fast-tracked.

- In the aftershock of COVID-19, there has been an understandable focus on PHEIC and how to identify them.
- But, it is in the best interest of global and public health to pay more attention to primordial and prevention strategies.
- PHEIC depends on the existence of robust surveillance systems to monitor the outlier events that prevention strategies feed into.
- A One Health law that fulfils our obligations under the IHR will go a long way in protecting human, animal, and environmental health in the coming decades.

