The One Health Youth Dialogue was a 90-minute virtual event, which consisted of several different segments including:

- introduction by Maria Helena Semedo - FAO Deputy Director-General
- compilation of student videos about “what does One Health mean to you?” – six students from Ghana, Nigeria, Indonesia, Tanzania and the UK
- spoken word artist’s perspective on One Health – Monica Kamara
- student panel discussion - involving a Q&A section, followed by a dynamic conversation between the host and four students from Kenya, Indonesia and the UK
- antimicrobial resistance (AMR) song “I am Responsible” – Jovit Leonerio
- closing remarks by Maximo Torrero - FAO Chief Economist
A number of key themes relating to One Health came up during the dialogue and these are explored in more detail below.

1. What is One Health?

There was a general consensus among students that One Health means recognizing the interconnections between human, animal and environmental health and that these relationships can be complex.

Complex interconnections and knock-on effects

Students discussed that by recognizing the many interconnections between human, animal and environmental health, it is clear that shocks and challenges in one sector can have knock-on effects on other sectors. One student provided the example of the 2003 Highly Pathogenic Avian Influenza (HPAI) outbreak in Indonesia, which reduced the availability of poultry in the country and led to consumers adjusting their behaviour in the short-term. Such disease outbreaks clearly demonstrate the connection between animal and human health, as well as potential zoonotic disease risks. Another example raised was that changes such as deforestation, migration and industrialization have impacted on weather patterns in Kenya, affecting the resilience of some species and breeds of livestock and thereby potentially affecting food security. Students spoke about less predictable rainfall patterns and increased risks of flooding and droughts over the past five years. The possibility of unsafe water sources such as those contaminated with E.coli was also discussed and how this might affect childhood stunting in different agroecological zones in Ghana. This was linked to potentially wider disease risks, since flooding can cause bacteria such as E.coli and other pathogens to spread across larger geographical areas. One doctoral student, with an economics background, reflected on her own field research at the Ngorongoro Conservation Area in Tanzania, which highlighted the proximity between wildlife, livestock and humans and, therefore the potential for conflict and disease transmission.

Some positive knock-on effects due to these interconnections were also raised, for example, the mental health benefits of pet ownership during the current COVID-19 pandemic, especially during lockdowns. One student, who is also a practicing veterinary surgeon, described how many pet owners in the UK had leaned heavily on their companion animals to support their mental health during these difficult and isolating times. Students also brought up that due to increasing awareness of climate change, consumers in the UK, for example, are becoming more interested in where their food comes from and how it is raised, choosing higher welfare meat and sustainably-sourced fish when available and affordable. Given these complex relationships between human, animal and environmental health, a systems-thinking approach in the context of One Health could be very valuable.

Terminology

Students debated current levels of awareness of the term “One Health”, and some raised the point that many young people have still not heard of the term. Students with human medicine, veterinary medicine or public health backgrounds were more likely to know about the term from their training. In contrast, students from broader biology or economics backgrounds, for example, were less likely to have encountered it. However, the panellists felt that most young people would be able to understand the concept if someone already working or training in a One Health-related discipline gave them an example, such as antimicrobial resistance (AMR), and talked it through with them. Students generally believed that youth understood One Health topics quite well but were not necessarily aware of the term itself.

Gender equality

The concept of gender equality in the context of One Health was also brought up since women and girls often face increased health risks compared to men and boys. For example, one student spoke about how the task of water collection in lower-resource settings often falls to women and girls due to societal and cultural norms, putting them at increased risk of sexual assaults. Lack of latrine access was also mentioned as potentially having more serious consequences for women and girls due to inadequate menstrual hygiene and stigmatization. These conversations highlighted the importance of considering social and cultural factors as part of a One Health approach.

Knowledge and data sharing

The sharing of knowledge and data between countries and sectors was emphasised as a moral argument, as well as contributing towards efficient use of resources and potentially improved trade and economic outcomes. Students discussed the importance of top-down approaches such as legislation and protocols to tackle and prevent diseases in animals, humans, and plants, combined with bottom-up approaches that involve and empower local communities and value their knowledge and skills.
Global Health Security

The idea of global health security came up several times throughout the dialogue via student videos and the panel discussion. This suggested that young people are increasingly aware of the economic, trade and political aspects of One Health and not only the technical health aspects. Global health security can relate to factors such as risk assessment and mitigation, biosecurity measures, disease surveillance and outbreak prevention, as well as having implications for trade through a country’s disease status for a particular livestock species, for example. However, there is also considerable ambiguity about what the term “global health security” actually means. Students also acknowledged that global health security could have political connotations and that power imbalances and social justice issues often occur in the context of One Health.

2. How can a One Health approach be applied in practice?

Students agreed that the most important aspect of operationalizing a One Health approach is collaboration and partnerships across different sectors, disciplines and stakeholders.

Collaboration with clear and effective communication

Students discussed the importance of clear, effective and constructive communication in collaborations and partnerships, especially active listening and a willingness to learn from each other. Although, there was a significant emphasis that this should be a two-way process, some decision-makers and leaders, unfortunately, seemed yet unaware of the benefits of this concept.

Students agreed that effective communications should be fostered in collaborations and partnerships. Young people felt that open communication was essential for coordinating activities across sectors and disciplines, particularly for Neglected Tropical Diseases (NTD’s). Some students spoke about the limitations of siloed approaches to complex health challenges. Hence, the strengths and improved efficiency of collaborations and partnerships as part of a One Health approach. By coming together and forming diverse but inclusive teams, students felt positive health outcomes were more achievable.

A multidisciplinary approach

Students spoke about the benefits of bringing different disciplines together to work on complex problems. They discussed how this could allow for more efficient use of resources, encourage fresh perspectives, ensure a wide range of expertise and more diverse and potentially more productive teams. However, students also recognized that different disciplines are also likely to have their own specific priorities and that aligning those with the overall objectives of a multidisciplinary team can be challenging. The current lack of environmental representation in multidisciplinary teams involved in the One Health context was also mentioned, for example, ecologists and environmental scientists. Students noted that even for this online event, only the human and animal aspects of One Health were represented by the panel students areas of interest and expertise. However, steps are being taken to address this issue at the international level, with the Tripartite (FAO-OIE-WHO) extending collaborations with the United Nations Environment Program (UNEP) as part of an integrated One Health approach.

Big picture thinking, but context-specific

The interconnections between human, animal and environmental health have become more widely recognized during the current COVID-19 pandemic and the momentum regarding climate change has helped to engage young people in the wider One Health context. Throughout this dialogue, students emphasized that although One Health has a broad and holistic approach, this needs to be applied in context-specific ways and will mean different things in different settings. In other words, what works in one place may not necessarily work somewhere else. This also means acknowledging that places such as live animal markets and informal food sectors may pose higher animal and human disease risks compared to other settings, but there may be social and cultural aspects that need to be considered when trying to prevent and mitigate against these risks.

Fresh and innovative ideas

During the video compilations and panel discussion, students spoke about how youth can bring fresh and innovative ideas and perspectives to existing problems, which may contribute to new and creative solutions. In terms of operationalizing One Health, this point links in well with the idea of diverse but inclusive teams by emphasizing the need for both young people and older community members.

Sustainability

Young people described how putting a One Health approach into practice also means looking for more sustainable and long-term solutions. In particular, students discussed the importance of moving away from exploitative
and extractive processes that cause long-term harm to ecosystems, whether in relation to agriculture, land-use change, or aquaculture. The strength of multidisciplinary teams and diverse collaborations was again emphasized, with students speaking about the need for social scientists alongside technical health specialists.

**Authentic connections with decision-makers**

Students explained that many young people want to develop authentic connections with policy-makers and leaders rather than relying completely on virtual meetings and social media. They were keen for dynamic in-person conversations and were hopeful about developing successful professional relationships. Students again stressed the importance of respecting and valuing the perspectives and knowledge of others, especially local and indigenous communities, as well as respecting animals and ecosystems. Students also aspired to help tackle health inequalities, power imbalances, and social justice issues through these values-based collaborations and partnerships.

3. **How can we promote youth in the One Health context?**

Students suggested a multi-faceted approach to youth advocacy for One Health was needed, involving a combination of education (both formal and informal), various media channels, youth networks and in-person meetings and events.

**Education**

Students discussed the central role of education in promoting One Health youth engagement. Formal courses and more informal events and groups were considered, along with research and fieldwork activities. Voluntary opportunities and internships might be another good way for youth to interact with each other and gain new knowledge and skills relating to One Health. This discussion also highlighted the importance of including students studying disciplines such as environmental science and youth working in these fields for One Health collaborations, especially in relation to ocean health and “blue food”, which are often neglected in broader conversations despite their relevance to the Sustainable Development Goals (in particular SDG14). Students again suggested that providing examples of One Health topics, especially in a context with which they are familiar, is essential to engaging young people. It is also worth bearing in mind that evidence shows that better-educated people (including youth) do not necessarily follow best practices and good health advice. Trust in leaders and policy-makers is an essential factor shaping stakeholder behaviour. This links back to the relevance and significance of including social scientists in multidisciplinary One Health teams.

**Media**

Students spoke about the appeal of social media for young people, including Twitter, Facebook, Instagram and TikTok. There was a discussion about social media being able to reach a very wide range of youth because many people globally have internet access. However, others emphasized that more traditional forms of media such as radio may be more appropriate for people living in remote or rural areas without internet access.

The host and one student were also actors, and overall students embraced creativity and felt that theatre and maybe even dance challenges were likely to stimulate interest and passion in One Health. They highlighted that involving entertainers and artists could play a key role in normalizing One Health, considering their impact on youth. Similarly, podcasts could be another way of increasing awareness and engaging youth in One Health, particularly since several students spoke about their desire for dynamic conversations. One student wrote and played guitar in a song about AMR to increase awareness of the topic, which students generally felt was a fun and interesting way to spread an important message and encourage young people to engage with One Health. Some of the song lyrics even emphasized details of antimicrobial stewardship through the use of an appropriate class of antibiotics and an appropriate dose to reduce the likelihood of AMR developing, providing specific reminders to clinical practitioners.

**Networks and Groups**

Students also raised the role of One Health networks, such as student university initiatives in Indonesia, as useful ways to engage youth in the One Health context and bring a range of different disciplines together. But it was also pointed out that these types of initiatives and groups are often only accessible to university students or those with the right contacts. This led to conversations about finding ways of opening up such networks to young people more generally (including primary and secondary school students), as well as for youth from non-health backgrounds (such as economists), to improve access to and diversity of One Health networks. Again, social media and other forms of media such as theatre, short films, poetry, songs, and comics were considered as possible ways to engage a wider audience and encourage young people to join One Health networks.
Events
Young people also brought up the value of advocacy via events such as this online Youth Dialogue, as well as in-person meetings to develop rapport and exchange knowledge and ideas. Students also alluded to One Health Day, which takes place annually on 3rd November, as another good opportunity to engage with youth, whether in-person or online.

Improving visibility and “humanizing” leaders and decision-makers
There was general consensus that young people want improved visibility of health leaders and to “humanize” policy-makers and decision-makers, combining both bottom-up and top-down approaches. Linking back to earlier points, youth again emphasized that they are keen to develop real connections and have two-way conversations, rather than information simply being circulated to them with no option for follow-up discussions. Students also pointed out that feedback from leaders and decision-makers can be very helpful to them, for example, understanding how their ideas and suggestions may be feasible or not in practice.

Key Take-Home messages from the One Health Youth Dialogue

Interconnected and complex relationships
- Holistic and integrated approach essential
- Recognition of knock-on effects; a change in one area will affect other areas, sectors and people
- Understanding that social, cultural, political and economic aspects are all relevant to the One Health approach

Collaboration and partnerships
- Vital to address complex problems
- Diverse and multidisciplinary teams can bring creativity and fresh perspectives
- Encouraging an atmosphere of mutual respect where different experiences, views, skills and knowledge are valued
- Allows more efficient use of resources

One Health youth advocacy
- Social media, poetry, theatre and songs are all useful to normalize and increase awareness of One Health among young people
- Real in-person connections and two-way relationships and conversations are also needed to engage young people on a deeper level in a One Health context

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