APPLYING A DIPLOMATIC TOOLKIT TO ADVANCE ONE HEALTH: THE CASE OF THE ARCTIC COUNCIL

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Since 2015, the Arctic Council Sustainable Development Working Group has supported Operationalizing One Health, a project to strengthen human-animal-environmental health collaboration in the circumpolar region.

Project defines One Health as an approach for developing and sustaining multi-discipline collaborations and partnerships to address complex health issues at the environment, human and animal interface for the early identification, prevention and mitigation of health risks.

Co-leads are Finland, Canada, United States – but every AC member and nearly all PPs have participated in some aspect.
Why the Arctic?

- Critical approach for addressing the “human dimension” of resilience in Arctic communities and in the circumpolar region
- Reflects AC member states and Permanent Participants priorities and approach to the natural world
- Bridge from observation to action
THE ARCTIC – VAST BUT CLOSE
EXAMPLES OF ONE HEALTH PHENOMENA OF CIRCUMPOLAR CONCERN

- Harmful algal bloom leading to an unusual mortality event in marine mammals, with implications for health and food security
- Social concerns about harvested food safety due to environmental contamination or zoonotic diseases
- Arrival of vector-borne disease in novel areas as ticks expand range
- Forest fires
- Detection of avian influenza in wild birds
Because the Arctic Council is a diplomatic forum rather than a technical body, it is an unorthodox One Health stakeholder.

Nonetheless, the project has drawn from a unique array of diplomatic tools to advance One Health:

- All Arctic countries are member states
- Role of permanent participants
- Potential role for observers
- Ability to convene
- Tradition of conducting exercises
- Collaborative mindset toward community engagement and scientific cooperation

WHY THE ARCTIC COUNCIL?
Three key pathways to the goal:

- Information sharing
- Exercises
- Collaborative investigations (potentially with the coordinating support of One Health “hubs” or centers of excellence)
► Survey of One Health awareness and practices
► International Visitor Leadership Program to the United States
► Oulu conference

RESULTS TO DATE – INFO SHARING
**Arctic One Health Survey**

**Why One Health?**
- Abundant international and circumpolar phenomena in the Arctic, owing to increasing regional integration and connectivity
- Many have implications for humans, animals, plants, ecosystems
- Harmful algae blooms - unusual mortality event in marine mammals - implications for health and food security in subsistence communities
- Social concerns about harvested food safety due to environmental contamination
- Arrival of vector-borne disease in novel areas in ticks expand range
- Wild fires
- Detection of avian influenza in wild birds
- Need for greater international and inter-sectoral cooperation

**Method**
- **Dates**: January 1 to March 31, 2016
- **Language**: English
- **Methodology**: Experiential, Non-Discriminatory, Chain-Response ("Snowball" Method)
- **Platform**: Survey Monkey
- **Format**: 26 multiple-choice and open-ended questions on knowledge of, experience with, and interest in the One Health approach in the Arctic region
- **Quitter**: Over the past five years, have you lived in, worked in, or done research in the Arctic region?

**Who Responded?**

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51 percent of responders aware of One Health concepts
13 percent had received One Health training
95 percent interested in international One Health collaboration

Responders provided 147 recommendations on how a One Health approach could bolster climate resilience

**What We Found**

**Conclusions**
- High levels of One Health awareness and interest in circumpolar cooperation in the circumpolar region
- Low levels of formal training at baseline
- Diversity of interests/concerns/opportunities to consider

**Motivations**
- Develop communication materials/notebooks
- Implement daily practices
- Maintain situational awareness
- Improve communication and info sharing among

**Why Not Engage?**
- Too Long/Challenging
- Don’t have the POC
- Not interested in info or coordinating
- Doesn’t fit into existing responsibility

**Dissemination and Coverage**

![Survey Chart](chart.png)
IVLP TO THE UNITED STATES
Current status of contaminants (Abass et al., 2018)

Current status of human and wildlife infectious diseases in the Arctic (Waits et al, 2018a and 2018b)

Current status of drinking water and sanitation (Miettinen, manuscript 2018)

TremArctic

INVESTIGATIONS
One Health is a key strategy for regional resilience and health security

One Health approaches are already well-established at local levels in much of the Arctic – Council plays a key role as a platform and convener

Iteration, iteration, iteration

Moving from exercise to application – challenging but critical

Key role of nongovernmental institutions such as businesses, nonprofit groups, and academia

Importance of known centers of excellence – the Ghostbusters problem (when there is an emergency, “who ya gonna call?”)

LESSONS LEARNED – FOR THE ARCTIC
LESSONS LEARNED – FOR OTHER DIPLOMATIC FORA

- Start by taking stock – levels of awareness and activity are often high but hard to see from afar
- Tailor activities to match need/demand
- Governments yes (national/subnational/indigenous), but nongovernmental stakeholders too
- Stepwise progressions and sustained efforts
- Balance local concerns and broader regional perspectives
THANK YOU!

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