Letter to Editor

The "One Health" Approach: From Endorsement to Accountability

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Citation Moradi S. The "One Health" Approach: From Endorsement to Accountability. Iranian Journal of Health Sciences. 2026; 14(3):205-206.http://dx.doi.org/10.22034/ijhs.14.3.1412.1

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Dear Editor

The "One Health" approach is now widely recognized in public health discourse. It is commonly presented as an integrated framework for addressing the interdependence of human, animal, and environmental health. The World Health Organization (WHO) defines One Health as an integrated approach that aims to sustainably balance and optimize the health of people, animals, plants, and ecosystems [1]. The COVID-19 pandemic further emphasized the risks of fragmented health governance and the need for stronger cross-sectoral preparedness [2].

However, the central challenge is no longer whether One Health is conceptually valid. The more urgent question is whether health systems are prepared to implement it in measurable and accountable ways. In many settings, structures responsible for human health, veterinary services, environmental health, food safety, and agriculture remain insufficiently integrated. As a result, One Health may be formally endorsed while its practical application remains limited.

For a health sciences audience, this implementation gap has direct implications for public health practice and policy. One Health should not be treated merely as an intersectoral slogan. It should be linked to clear governance arrangements, operational indicators, and accountability mechanisms. For example, implementation could be assessed through indicators, such as the existence of joint surveillance protocols, the timeliness of data sharing across sectors, the availability of shared budgets, and the presence of designated institutions responsible for coordinated response.

Recent evidence supports this concern. A systematic review of barriers and enablers of One Health implementation in low- and middle-income countries found that structural, institutional, and financial constraints continue to limit cross-sectoral action [3]. Similarly, a recent scoping review emphasized that operationalizing One Health requires more than policy recognition; it depends on governance mechanisms, resources, and coordination systems that can support integrated work in practice [4]. These findings suggest that the problem is not a lack of scientific legitimacy but rather a lack of institutional design for implementation.

This issue is also relevant to the Iranian and regional context. Health threats, such as zoonotic infections, antimicrobial resistance, food safety risks, and environmental health challenges require collaboration among the health sector, veterinary services, agriculture, environmental authorities, academic institutions, and local public health systems. However, in practice, collabora-

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tion may be weakened by separate data systems, unclear leadership during shared threats, and the absence of routine joint planning. Even when professionals recognize the importance of One Health, implementation may remain difficult if institutions do not share information, resources, and responsibility.

Antimicrobial resistance provides a clear example. Integrated surveillance for antibiotic resistance within a One Health context is increasingly recognized as essential for effective monitoring and response [5]. Nevertheless, surveillance cannot become truly integrated unless data from human health, veterinary, food, and environmental sectors are interoperable and regularly used for joint decision-making. Without such mechanisms, technical frameworks may exist on paper but remain weak in practice.

Professional education is also an important component of this implementation agenda. Public health, medical, veterinary, environmental health, and related programs should prepare graduates for collaborative work across institutional and disciplinary boundaries. This does not necessarily require adding more theoretical content about One Health; rather, it requires competency-based training in shared risk assessment, interprofessional communication, data interpretation, and coordinated response.

Therefore, the next step for One Health should be practical rather than rhetorical. Journals, universities, and health authorities can support this shift by encouraging studies and policies that report not only endorsement of One Health but also measurable evidence of its implementation. One Health should be evaluated based on shared governance, interoperable surveillance, joint financing, competency-based education, and clear accountability—not on endorsement alone.

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