

CAN “ONE HEALTH” BE MORE THAN A SLOGAN?

Philosophical perspectives on health and the environment

One-day workshop, Friday 25 September 2026, Utrecht University
Organized by Silvia DE CESARE and Federica RUSSO



Swiss National
Science Foundation



Universiteit Utrecht



Descartes Center

The “One Health” approach, promoted since 2000 by international institutions such as the World Health Organization (WHO), emphasizes the interdependence between human health, animal health and the global ecological state of the planet. Despite the increasing endorsement of “One Health” in health and environmental policies, some unsolved conceptual confusions and practical difficulties are at present embedded in the approach. This one-day workshop aims at examining those confusions and difficulties in a philosophical perspective, in order to assess whether “One Health” can be more than a slogan.

Where: Utrecht, University Library City Centre, E (Corner Keizerstraat Wittevrouwenstraat), E.o.21

When: Thursday 24 September, 9:30-17:00

Registration: Participants must register (without fees) though:

https://forms.uu.nl/universiteitutrecht-beta/application_form_workshop_One_Health

Lunch and coffee breaks will be offered.

In case of questions, please write to s.decesare@uu.nl

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Philosophical perspectives on health and the environment

Friday 25 September 2026, Utrecht University

09.30 - 10.00

Welcome (Federica RUSSO and Silvia De CESARE) and coffee

SESSION 1 – Chair Federica RUSSO

10.00 - 10.40

Dan MCSHEA (Duke University)
Ju ZUFFEREY (KU Leuven) and Silvia DE CESARE (Nantes University)
Discussant: Stéphane TIRARD (Nantes University)

10.40-11.10

General discussion

11.10 -11.30

Coffee break

SESSION 2 – Chair Silvia DE CESARE

11.30 - 12.10

Jakob ZINSSTAG (remote speaker, Basel University)
Discussant: Federica RUSSO (Utrecht University)

12.10-12.40

General discussion

12.40 – 14.00

Lunch break

SESSION 3 – Chair Abigail NIEVES DALGADO

14.00 - 14.40

Aline POTIRON (Utrecht University)
Mathieu ARMINJON (HESAV Lausanne)
Discussant: Silvia DE CESARE (Nantes University)

14.40 - 15.10

General discussion

15.10 -15.30

Coffee break

SESSION 4 – Chair Stéphane TIRARD

15.30 - 16.10

Toine PIETERS (Utrecht University)
Lucia NECO (Weigeningen University)
Discussant: Abigail NIEVES DALGADO (Utrecht University)

16.10 - 16.40

General discussion

16.40 - 17.00

Closing remarks

TITLES AND ABSTRACTS

10.00 -
10.40

Dan MCSHEA (Duke University)
Ju ZUFFEREY (KU Leuven) and Silvia DE CESARE (Nantes University)

McShea

The Health of an Ecosystem: A Hierarchical Perspective

Within the "One Health" approach, the concept of health extends beyond individual organisms and species to entire ecosystems. But what constitutes a "healthy" ecosystem? I propose a unifying conceptual scheme: an entity is healthy when it performs the functions it was designed, evolved, or sculpted to perform. In this view, an organism is healthy when it functions as designed by the evolutionary and developmental processes that generated it. A bat is healthy when its echolocation system functions as designed by natural selection.

Applying this standard to ecosystems is not straightforward, since ecosystems do not reproduce in the conventional sense required for traditional natural selection. Here, I explore the possibility that selection operates on ecosystems in a different mode, what is called "persistence mode." Some ecosystems, and their variants, are more stable and persist better than others. Selection in persistence mode yields a different kind of functionality than selection in reproductive mode, generating a different standard for ecosystem health. For example, depending on the selective forces that generate an ecosystem, stability may or may not be healthy for it.

This perspective aligns with hierarchy theory, pioneered in the 20th century by Herbert Simon, Stan Salthe, Bill Wimsatt, and others. Hierarchy theory argues that nested, constitutive relationships can impart a degree of autonomy to adjacent levels. So while an ecosystem is (partly) constituted by its component species, these levels remain partly independent, and ecosystem health is decoupled from the health of those species.

Humans are subject to this same hierarchical decoupling. What is healthy for humans may not be healthy for the ecosystem they inhabit, and vice versa. Arguments that assume alignment between human and ecosystem health risk conflating ecological processes across distinct scales. And we risk harming ecosystems when we project human values onto them.

**Zufferey
and De
Cesare**

How Does "One Health" Relate to Environmental Ethics?

The One Health approach, promoted since the early 2000s by international institutions such as the World Health Organization (WHO), emphasizes the interdependent relationships between human health, animal health, and the overall ecological condition of the planet. Although it is increasingly prominent in public policy, the One Health approach is not without conceptual ambiguities and practical challenges. One particularly interesting question concerns the relationship between this approach and ethical issues. Indeed, whenever it becomes necessary to determine what should be preserved, protected, or prioritized, moral choices inevitably come into play. It has already been suggested that the answer is not univocal within the One Health framework. Drawing on the work of Beever and Morar (2019), Sironi, Inglese et al. (2022) identify a tension between a prudential version of One Health, which remains centered on human health, and a more radical version that prioritizes ecosystems, even when doing so may not benefit the human species.

A similar debate can be found in another field that likewise addresses moral choices concerning health and the environment: environmental ethics. The major positions within this field (anthropocentrism, sentientism, biocentrism, and ecocentrism) are based on fundamentally different assumptions regarding the entities to which moral value should be granted.

In this contribution, we examine the implicit normative assumptions underlying the One Health approach by asking: What is the relationship between One Health and the different positions in environmental ethics? We argue that One Health can be interpreted either through the lens of anthropocentrism (corresponding to the prudential version of the approach) or, at the opposite end of the spectrum, through the lens of ecocentrism (corresponding to its radical version). We then explore the more difficult relationships between One Health and the sentientist and biocentric positions. Our analysis is guided by the hypothesis that the One Health approach is morally underdetermined, i.e. that it is compatible with several distinct ethical frameworks. We suggest that this underdetermination may help explain both the institutional success of One Health and the conceptual ambiguities that continue to surround it.

TITLES AND ABSTRACTS

11.30 -
12.10

Jakob ZINSSTAG (remote speaker, University of Basel)

Zinsstag

One Health in human-environment systems: Linking health and the sustainable use of natural resources

Social-ecological system (SES) approaches have been used for strategic analyses of sustainable use of natural resources like rangelands, fishing grounds, livestock or forests. Elinor Ostrom's concept of "governing the commons" contradicts the so called "tragedy of the commons" that assumes that common pool resources are inevitably overused and irreversibly destroyed. We expand the SES to One Health in Social-Ecological Systems (OHSES) by including humans as a resource system that contributes to the human capital of a nation's gross domestic product (GDP). Ill health leads to a reduction of health and wellbeing benefits through premature death, disability or temporary reduction of work capacity. The OHSES analysis framework uses game theory and mathematical modelling for strategy evaluation and comparison. It enables us to analyse the system's current situation and find possible Nash equilibria, Pareto-optimal solutions, and best resource management strategies while maintaining sustainable ecosystem services. A first example on the elimination of dog rabies in Africa shows that when compared to human post-exposure vaccination, coordinated mass dog vaccination is the best strategy for all countries, leading to human capital benefits of US\$10 billion over a period of 30 years with the possible elimination of the disease. Inaction and all other strategies have lower welfare benefits and could not lead to the elimination of dog rabies. Further case studies relating human and animal health and sustainable natural resource use are proposed. Epistemological assumptions and ethical issues of a OHSES approach are discussed in the light of pressing needs to combine human and animal health with the sustainable use of natural resources to address the broader impact of the contemporary threats such as antimicrobial resistance, biodiversity loss and climate change.

Link to full paper: [One Health in human-environment systems: Linking health and the sustainable use of natural resources | CABI One Health](#)

TITLES AND ABSTRACTS

14.00 -
14.40

Aline POTIRON (Utrecht University)
Mathieu ARMINJON (HESAV Lausanne)

Potiron

Microbiomes as Interconnectors in One Health: Reconciling Competing Scientific Frameworks

The One Health concept considers the interconnections of animals, plants, humans, and their shared environment to “prevent, predict, detect, and respond to global health threats” (WHO). Such an ambitious agenda requires the integration of different perspectives and disciplines.

In this framework, microbiomes, i.e., communities of microorganisms, are thought of as interconnectors among these three compartments because they can travel from one to the other. Thus, some integration at this level should also be required to achieve a functioning One Health framework. However, microbiome research is not itself a coherent discipline. In particular, research on the human microbiome inherits the historical development of microbiology and its three paths: medicine, ecology, and molecular biology. This history influences contemporary practices and highlights integrative challenges that must be considered within the broader context of the One Health framework if one wants to meet the ambition of the agenda presented above.

Arminjon

One Health, Two Healths, Three Healths, etc. What Do Conceptual Issues Related to the Definition of Health Teach Us About Health Practices?

Supported by international health institutions, One Health is a movement that seeks to improve health and well-being through the prevention of risks arising at the interface between humans, animals, and environments. As such, One Health refers primarily to an integrated approach that promotes collaboration among human medicine, veterinary medicine, and ecosystem sciences.

Yet why was this new *practical* perspective framed through the *abstract* and highly contested concept of “health”, a notion that neither health professionals nor philosophers have succeeded in defining unequivocally?

In this talk, I will examine why conceptual definitions of health, such as Christopher Boorse's Biostatistical Theory (BST), come into tension with medical and public health practices. I focus on the BST not because it is beyond criticism, but because Boorse presents it as the conceptual foundation that has historically underpinned modern medicine.

Drawing on a series of historical and conceptual critiques, I argue that even in modern medicine, health has always been defined as situated within specific socio-environmental contexts. There can therefore be no single norm of health, but only a plurality of healths, some of which may be regarded as preferable to others. This leads me to argue that One Health has no future other than as a "from below" perspective.

TITLES AND ABSTRACTS

15.30 - 16.10	Toine PIETERS (Utrecht University) Lucia NECO (Weigeningen University)
Pieters	Leprosy beyond Human-to-Human Transmission: A Biomolecular Humanities Perspective on <i>One Health</i> Leprosy, or Hansen's disease, is often framed as a neglected tropical disease that can ultimately be eliminated through biomedical intervention. Yet this framing rests on a persistent paradigm in which transmission is understood as primarily, or even exclusively, human-to-human. My leprosy research challenges this assumption by bringing together historical ecology, molecular biology, anthropology, and the history of medicine within a biomolecular humanities perspective. Rather than treating the humanities as an interpretive supplement to biomedical science, this approach places historical and cultural analysis at the centre of research design, hypothesis formation, and public health interpretation. The case of leprosy shows why <i>One Health</i> must be more than a slogan. Evidence from animal reservoirs, environmental persistence, soil contamination, vectors, and long-term ecological change suggests that <i>Mycobacterium leprae</i> circulates through more complex pathways than older eradication models allowed. A One Health model of leprosy therefore requires attention to humans, animals, microbes, landscapes, colonial histories, migration, stigma, and local explanatory systems. In this sense, leprosy is not only a biomedical problem but also a historical and ecological puzzle. Suriname offers a particularly revealing case. Historical and biomolecular research on modern <i>M. leprae</i> strains indicates multiple introductions of leprosy connected to West Africa, Asia, Brazil, colonial labour regimes, and regional mobility. These findings complicate older racialized explanations of the disease, including labels such as "nengre siki" and "yu-sieki." At the same time, oral histories of Surinamese leprosy patients show how biomedical explanations coexist with treef, tyina, animal totemism, witchcraft, soil, food taboos, and medical pluralism. These accounts should not be dismissed as irrational residues. They are historically situated ways of making sense of suffering, contamination, kinship, environment, and cure. A biomolecular humanities lens makes it possible to connect molecular evidence with longer histories of meaning, classification, and lived experience. It asks not only where <i>M. leprae</i> came from, but also how disease categories, transmission models, and forms of stigma have been produced, circulated, and contested over time. In doing so, it helps prevent biomolecular data from being translated into simplistic origin stories or new forms of blame. Using leprosy as an exemplary case, this paper argues that One Health research more broadly requires reflexive modes of inquiry that integrate biomolecular, ecological, historical, and anthropological knowledge in order to understand disease as the outcome of entangled relations between microbes, bodies, animals, environments, infrastructures, and stories.
Neco	Health in Relation, Beyond the Human: Multispecies Livelihoods in Planetary Health and One Health While global health frameworks such as Planetary Health (PH) and One Health (OH) increasingly acknowledge the interdependence of ecosystems and human health, they often fail to capture how this interdependence is enacted in everyday life. By prioritizing large-scale ecological indicators or framing direct contact with other species primarily as risk, these frameworks tend to treat the "social" and the "natural" as separate domains, creating epistemological limitations that obscure multispecies relations at local scales and their importance for human and environmental wellbeing. This presentation introduces a research project currently under development that aims to address this gap through an inter and transdisciplinary philosophy of science, bridging classical philosophical tools with participatory, community-based research in Brazil. It analyses how "relationships" are framed in PH/OH research and policy, and empirically investigates how multispecies relationships are enacted in everyday livelihoods through philosophical ethnography. By treating multispecies relationality as a neglected dimension of health governance, it aims to generate conceptual tools that support both scientific understanding and more adequate and inclusive policy design at local and global scales.