

Beyond silos: integrating diversity for a stronger One Health

Although the One Health principles emphasise the need for inclusion and engagement of local communities and marginalised voices, notably through participatory and collaborative approaches that recognise traditional knowledge, the One Health definition endorsed by the Quadripartite does not explicitly cover the aspect of workforce diversity.¹ From an anthropological perspective, group diversity refers to a range of human differences, rooted in social identity and constructs, including (but not limited to) ethnicity, gender, sexual orientation, race, or nationality. The current One Health framework overlooks this concept, conflating or restricting it to the notions of transdisciplinarity and multidisciplinary, which primarily reflect diversity in expertise but does not capture the broader idea of group diversity.

However, evidence suggests that when solving complex problems, diverse perspectives are essential, not only because the problems can be observed and tackled from multiple points of view, but also because diversity encourages creativity and collaborative thinking, leading to enhanced solutions to scientific and societal issues.² Teams that encompass a diverse mix of genders, sociocultural backgrounds, and perspectives, while fostering inclusiveness, tend to be more productive, more competitive, more innovative, and better equipped to find effective science-based solutions. Notably, diversity in teams enhances community participation, particularly when researching minority populations.³ This community participation becomes crucial when studying complex health issues and their underlying factors, in which health inequalities are a core concern. Objectivity in science, crucial for generating reliable, reproducible, and

unbiased results, is inherently linked with diversity. A diverse group of scientists ensures a broader exploration of hypotheses, methodologies, and interpretations.⁴ Consequently, diversity contributes to more robust and fair scientific processes by challenging assumptions, fostering critical thinking, and promoting a more holistic understanding of complex issues. Additionally, collective intelligence, which arises when individuals collaborate as a group, is challenged by so-called groupthink,⁵ which occurs in highly cohesive groups in which premature consensus is reached, leading to ineffective decision making. This phenomenon, especially described for decision-making process under conditions of stress (eg, crisis management or a public health emergency), ultimately results in narrowed thinking and flawed decisions.

Currently, One Health should transcend transdisciplinary boundaries and actively promote social diversity within its networks, strategically incorporating it in its key principles. Our goal should be to cultivate, prioritise, and sustain diversity at all levels of the One Health workforce. This commitment is essential in improving the effectiveness of integrated, collaborative approaches towards innovative, sustainable, fair, ethical, and more effective solutions to public health issues.

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