One Health and the International Fund for Agriculture Development

1. Introduction

The International Fund for Agricultural Development (IFAD), one of the specialized agencies of the United Nations, was established in 1977 in response to the food crises earlier in that decade. Its mission is to assist the rural and peri-urban poor in low and middle income countries (LMICs), especially the individuals, families and small land holders, to improve livelihoods and more broadly their physical and social wellbeing. IFAD serves as a complementary financing window to the much bigger multilateral development banks (MDBs) and the major bilateral donors, taking its cues from the themes these large funders emphasize, as well as the broad goals of the international community for sustainable development. The interface of animal and human health, or One Health, has become a global concern, but it has not been featured in IFAD strategies, policies and programs.

IFAD will soon undergo negotiations to replenish its funding and decide on planning and program priorities. This eleventh replenishment negotiation is an ideal time for the organization to reconsider its objectives and incorporate a One Health approach into its plans and projects. IFAD as an organization would benefit from incorporating a One Health philosophy in its programming, and the One Health community would benefit from an IFAD focused on the linkages between livestock health management, food security, family income, better nutrition and human health.

In 2016 IFAD approved its fifth Strategic Framework covering the period 2016–2025, which is used to guide investments and activities. This new framework has four main purposes:

• To situate IFAD relative to key development challenges and the larger global development architecture, and articulate its contribution to the 2030 Agenda for Sustainable Development;
• To define and present IFAD’s overarching development goal, principles of engagement, strategic objectives, outcomes and pillars of results delivery;
• To orient the development of country strategic opportunities programs (COSOPs) and IFAD-supported investment projects, global and regional grant funded programs, and new policies and strategies; and
• To provide overall coherence to IFAD’s work and guide managers and staff across the organization to enable them to contribute more effectively to the Fund’s overarching development goal and core results agenda [1].

Based on this framework, IFAD will pursue three interlinked and mutually reinforcing strategic objectives to adhere to its goal, namely: increasing productive capacity and benefits from market participation for poor rural people, and strengthening the environmental sustainability and climate resilience of poor rural people’s economic activities. This expanded vision captures the holistic approach that is the essence of One Health, although more could be done.

2. IFAD past engagement in livestock

Livestock has long been identified as an area of interest for IFAD, and past strategies and some projects took into account the fact that smallholder livestock could be a major source of wellbeing for families and communities, and that the control of endemic livestock disease could lead to increased productivity, greater income, enhanced food availability, access and quality. These outcomes would in turn lead to better nutrition and improved outcomes in maternal and child health, but often these links were not emphasized. The organization’s 2010 Livestock Position Paper states “IFAD experience and lessons learned from both loan and grant projects confirm the fact that livestock is a valuable asset which plays a crucial role in herding and farming systems and comprehensively contributes to rural poverty reduction, with considerable effect on Community health: in many poor areas livestock products are utilised to treat diseases and health problems” [2]. But both in terms of portfolio concentration and staffing it was not considered among the highest priorities. Further, while there is passing mention of “exposure to human and animal health hazards (including swine fever, Rift Valley fever, and avian flu)” [3], IFAD strategy documents do not highlight the critical nature of the human health and animal health interface. There is no apparent treatment of infectious disease threats originating in animals, nor any expressed positions on excessive livestock and aquaculture use of antibiotics for other than preventive or therapeutic purposes.

3. The growing recognition of animal health

Approximately 60% of new viral disease affecting humans will emerge from animals, and some of these infectious diseases may become public health emergencies. The World Health Organization (WHO), the World Organization for Animal Health (OIE), and the Food and Agriculture Organization (FAO) work together to improve country capacity for prevention, detection, preparedness, and response to outbreaks before they move from a containable problem to an endemic or pandemic. Small livestock producers, processors, and marketers are the front lines in providing early warning to such potential disease outbreaks. But, they can perform this function only if they have the knowledge, understand the benefit to themselves and their families, know who to alert, and are given support to control outbreaks in their holdings.
Similarly, excessive and misuse of antibiotics in animals begins at farm level and continues throughout the distribution chain to consumption and contaminated waste, affecting both livestock and humans. Antimicrobial use in livestock is increasing at levels that will compromise disease management and potentially compromise animal welfare, add costs to livestock production, and have major impact on human health care, food security and poverty [4,5].

IFAD could become a positive force through its livestock projects by including components which strengthen awareness, understanding, monitoring and support for innovative solutions tailored for the needs of smallholders who raise sheep, goats, pigs, poultry, cattle, and aquatics, both in support of One Health and in advancing the judicious use of antibiotics.

3.1. Linking the One Health agenda to IFAD’s governance and eleventh replenishment

New, incremental resources and a broadened vision of how IFAD will accomplish its 2016–2025 framework will be required to integrate One Health into its principles of engagement. IFAD was created in 1978 by the then Shah of Iran and the then U.S. Secretary of State Henry Kissinger, as a means to recycle petrodollars to developing countries. The basic concept was that the Organization for Economic Cooperation and Development (OECD) and Organization of the Petroleum Exporting Countries (OPEC) countries would equally share in the funding of the institution, with the low and middle income country beneficiaries having equal voice to each of the donors. While IFAD governance has adhered to these principles, funding contributions have not been on a pari passu basis for most of its history. With the changes in OPEC fortunes and relationships, there is little prospect this will change, leastways with respect to comparative OECD and OPEC contribution levels in the near term.

IFAD’s tenth replenishment became effective on December 2, 2015 with a target of $1.353 billion, running from 2016–2018. The Fund’s 176 Member States are classified into three groups primarily OECD countries, low and middle income countries in three regional groups, and, OPEC countries. The power in the organization is with the Executive Board. Each group has a specific number of Executive Board members and alternates. There is current interest and intention to review the governance structure of IFAD and according to the Report to Congress from the National Advisory Council on International Monetary and Financial Policies, the US priorities include “working with other Member States to complete a review of IFAD’s governance arrangements”[6]. New governance structures will have important implications for the breadth of replenishment contributions, which countries are considered as potential donors, and a means to reintegrate countries that have limited their engagements over the years.

IFAD has played an important role in the past few decades, not just in building capacity, but in strengthening ties between countries, providing a forum for dialogue between nations, and serving as a means for “Agriculture Diplomacy.” IFAD played such a role in 1989–1991 in providing an informal forum for the United States and Libya - countries that did not have relations at the time - to explore cooperation in controlling an outbreak of new world screwworm in Libya, which was threatening to devastate its livestock and the rest of North Africa. At that time the United States had the only screwworm eradication facility in the world using the most effective sterile insect technique (SIT), which was operated by the Agricultural Research Service of the US Department of Agriculture. An IAEA Bulletin of April 1992 article, “Eradication of the New World Screwworm form the Libyan Arab Jamahiria”, credited IFAD with being an active participant in the planning of the highly complex and successful technical effort, and in obtaining the support of a wide range of external partners [7]. With proper attention, IFAD can continue to be used as a way to advance international cooperation, promote important conceptual frameworks such as One Health, and build global capacity to address AMR, even amongst nations struggling to cooperate in more traditional foreign policy arenas.

4. Conclusion

IFAD can enhance the success of its own programming by adopting a One Health approach and strategies to combat AMR, particularly as it looks to operationalize its 2016–2025 strategic framework. By doing so, IFAD could also provide leadership and promotion of agricultural practices that will benefit human and environmental health. The commencement of IFAD’s eleventh replenishment negotiations is an opportunity to consider emphasis on new development challenges posed by the animal/human health interface, and do so in the context of a rapidly changing global political landscape.

Conflict of interest statement

None.

References

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