

Editorial

Ecohealth and the Developing World

There is a debate in rich countries about improving or worsening environmental conditions affecting human health. In poor countries of the developing world, there is no debate: The environment is too often under assault and people are suffering. When sustaining rapidly growing human populations reduced to adopting basic survival strategies, the resilience of ecosystems can be lethally undermined. But even before that, a series of perverse mechanisms can be set in motion, endangering the health of populations, like in the mountainous regions of the Andes, the Himalayas, or Ethiopia, where farming techniques often lead to soil degradation. Sometimes they result in collective poisoning because of the misuse of pesticides. In the Amazon, families struggling to clear their little plot of land in the forest release mercury that becomes toxic in the water environment and, through their fish diet, finds its way into their bodies and that of their children. People in Mexico City and Katmandu, despite their poverty or perhaps because of it, find themselves in circumstances that force them to produce polluted air and water that reduces their own life expectancy. In the mineral-rich regions of the Andes or India, the local mining industry provides much-needed jobs, but sometimes at the cost of poisoning the soil, which contaminates the miners' food and that of their families (full case studies are available at http://web.idrc.ca/en/ev-29393-201-1-DO_TOPIC.html). Faced with the reality of a global population of some 6.3 billion people, that is well on its way to 9 billion within the next 50 years, expanding mostly in developing countries, there is no doubt that people and ecosystems are part of the same equation.

The International Development Research Centre (IDRC), a Canadian public corporation dedicated to supporting developing countries through the funding and advancement of their own researchers, decided in 1994 to dedicate major resources to the Ecohealth approach. The

underlying hypothesis was that Ecosystem Approaches to Human Health (Ecohealth) would generate programs at low cost that could complement medical treatments or primary health care interventions.

IDRC based its Ecohealth Program Initiative on three methodological pillars: transdisciplinarity, participation, and equity.

- Transdisciplinarity implies an inclusive vision of ecosystem-related health problems. This requires the full participation of researchers, community representatives, and decision-makers.
- Participation aims to achieve consensus and cooperation, not only within the community, scientific, and decision-making groups, but also among them.
- Equity involves analyzing the respective roles of men and women, and of various social groups.

Eight years later, we can report that the Ecohealth approaches are alive and well within a network of dedicated researchers in several developing countries. But much more remains to be achieved, with two compelling priorities. First, Ecohealth approaches need a stronger and more lasting institutionalization. And second, Ecohealth researchers need to engage more directly in the productive confusions of policy-making.

The International Forum on Ecosystem Approaches to Human Health, held in Montreal in May 2003, gave proof of the value of Ecohealth—as science, and as a contributor to policy. The articles contained in the special supplement to *EcoHealth* (Volume 1, Supplement 2) testify to the remarkable diversity of these approaches, to their tested scientific validity, and to their real utility in improving public policy and practice. How do we now accelerate the science? And how do we put what we learn to practical use?

Institutionalization is a first and necessary answer. Institutions can finance research more efficiently and reliably, for the long run. They can speed the dissemination of new knowledge across regions and around the world. And they can promote equity by overcoming disparities of power—as in networks that join global organizations in collaborations with small communities and local nongovernmental organizations. Institutionalization can be established by setting up virtual networks through so-called communities of practice. Such virtual networks can constitute a proven and promising form of institutionalization. With their focus on capacity-building and knowledge-sharing, communities of practice are already starting to record significant results in promoting Ecohealth research. Better yet, they are fostering the practical application of that research to policy—in poor countries as well as in the richest market economies.

Ecohealth researchers will also have to involve themselves more actively in the politics and procedures of making and executing policy decisions. Engaging in the policy process does not come easily to many researchers. In truth, many resist all involvement in political-bureaucratic decision-making—repelled, or simply baffled, by the mysteries and compromises of it all.

But avoiding the policy process will be a damaging mistake. The inescapable fact is that most of the benefits of Ecohealth research can only be realized in a practical way

by informing policy-makers, and by altering policy itself. Little will be accomplished without participating in policy formulation, to influence policy decisions and the conduct, evaluation, and reformulation of those policies. Policy-makers want solutions that are practical, affordable, and politically feasible. Fortunately, Ecohealth comes to the policy table greatly advantaged in this respect. The underlying tenets of our methodologies—transdisciplinarity, participation, equity—are principles the policy community recognizes and values.

Moreover, Ecohealth research does much of the policy-makers' work for them: It synthesizes knowledge, accommodates and articulates differing interests, reconciles and innovates, and elicits popular consent and participation. Policy-makers will see these features for what they are—essential attributes of good governance. And they will be grateful.

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