

**Opening Remarks at the Theme 4 Session**  
***Institutionalization of Ecosystem Approaches  
to Human Health Research and Practices***

**During the International Forum on  
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Bonjour, Mesdames et Messieurs. Permettez-moi, tout d'abord, de vous féliciter pour le concours que vous avez apporté à ce Forum international mémorable. Tous ensemble, vous composez une remarquable assise de chercheurs, décideurs et dirigeants communautaire témoignant solidairement de la vigueur de l'approche qui concilie écosystèmes et santé humaine.

En fait, c'est le Forum lui-même qui donne au thème de l'institutionnalisation abordé aujourd'hui tout son relief. Nous avons, au cours des séances précédentes, examiné l'écosanté sous l'angle du concept opérationnel et considéré des cas riches en enseignements qui prennent corps dans toutes les régions du monde. Nous avons pu constater par la suite l'importance des liens qui doivent subsister entre la recherche en écosanté et les politiques destinées à protéger cet équilibre entre écosystèmes et santé. Aujourd'hui, nous nous tournons vers le renforcement des institutions. La question à laquelle nous sommes confrontés est celle-ci : comment saurons-nous ordonner les stratégies d'écosanté de façon à les rendre productives, équitables et durables?

I will begin by quickly recounting for you the institutional experience of our own organization, the International Development Research Centre. Then I will address some of the imperatives of institutionalizing ecohealth approaches—why institution-building is necessary and valuable, and what it requires to achieve success.

I can say with some pride that IDRC has been supporting ecohealth research in more than 70 projects worldwide, in about 30 countries—from Kenya to Chile to Nepal and India. But I can also say that the institutionalization of ecohealth at IDRC has been neither inevitable nor always easy.

The origins of our ecohealth research reach back to the creation of IDRC itself, by the Parliament of Canada in 1970, and to the traditional biomedical approaches of the 1970s. These evolved into broader social and environmental approaches in the 1980s, and ultimately to the “healthy humans and healthy environments” programs of the 1990s.

Throughout this period, the environment was understood with increasing clarity as a key factor in determining human health. And the policy implication became equally clear: Better management of the environment and natural resources was necessary for the protection and improvement of the health of people.

In 1996, IDRC incorporated this fundamental and far-reaching insight into a new program initiative, which was called (you will not be surprised to hear) Ecosystem Approaches to Human Health. In a very real sense, this institutional change both reflected and fostered an important convergence in development research and policy formulation. Just as health researchers were accumulating growing evidence that illness could be caused by environmental stress and change, environmental researchers were compiling their own suspicions that environmental degradation was bound to harm human health.

But establishing the IDRC ecohealth program was also an acknowledgment of ignorance. The truth was that health researchers, like environmental and resource scientists, by and large still lacked any deep or comprehensive understanding of the connections between environment and health beyond their own disciplines. These were the connections that the ecohealth program initiative was set up to explore and explain.

Simply organizing an ecohealth program could not, by itself, fully integrate the two streams of research—much less generate sound ecohealth policy. Indeed, I would say that it took three or four more years for these different traditions to form a common vision—and devise a common language. Even in an organizational culture as cooperative and multidisciplinary as IDRC's, the institutionalization of ecohealth demanded patience, time, and determination.

At the core of that evolution of thinking and practice lie three enduring values. The first of those values is a commitment to transdisciplinary research and action. The second is the indispensable necessity of community participation, from research design, to decision-making and policy change, to practical application and evaluation. The third value is equity, specifically gender equity and social/economic fairness. Successful institutionalization of ecohealth approaches will have to be informed—and inspired—by these three values: transdisciplinarity, community participation, and equity.

Before moving on to suggest some of the requirements of institution-building, let me underscore two vital and practical lessons learned in the IDRC experience.

La première leçon pratique est que rien de vraiment durable, voire important, ne peut s'accomplir sans l'entière participation des personnes qui sont touchées davantage par les effets de la recherche ou des politiques. L'adhésion d'une collectivité informée est, il va sans dire, une des valeurs premières que je mentionnais il y a un instant. Mais elle est également une exigence opérationnelle si les interventions de la recherche ou des politiques doivent s'avérer efficaces, efficientes, équitables et durables.

Les chercheurs ont besoin de s'appuyer sur le savoir et la participation spontanée que seules les populations locales peuvent fournir. Les décideurs se doivent de faire appel à la participation entière des citoyens aux choix stratégiques qui sont censés gouverner leurs vies et l'avenir de leurs collectivités.

The second practical lesson I would emphasize here is that the solutions to ecohealth problems travel almost always through the policy process. That means researchers, and their community partners, have to know who makes policy decisions. And they have to know the structure and procedures, formal and informal, of the policy process itself. Sometimes this is knowledge familiar to the local community. But sometimes it is not. Either way, successful ecohealth approaches almost invariably engage the making—and changing—of political decisions in political processes.

Now, what are some of the imperatives of institution-building for ecohealth research and action?

What I propose today is by no measure an exhaustive or systematic list. But these requirements do emerge from the evidence of our experience at IDRC.

In my first category of imperatives belong the most obvious reasons why institutionalization becomes necessary as ecohealth approaches mature.

For example, institutionalization answers the requirement that ecohealth approaches involve three essential sets of actors—researchers, policy-makers, and people in their own communities. In this context, institutionalization integrates activity at every scale of operations, from a collaborative committee in the smallest village to the vast global organizations represented in this hall. Institutions create the space and procedures for reliable and lasting cooperation among researchers, policy-makers and communities.

As well, institutions at every scale help us to address, explicitly and transparently, the policy processes critical to the application of ecohealth knowledge and learning. As I have said, without engaging policy-makers not much can be accomplished of long importance. Institutions are instruments for closing the loops from research, to policy, to remedial action.

I might add that, as a benign side-effect, ecohealth approaches quite often generate local institution-building where little or none has existed before. In remote hamlets and big cities, the experience of collaboration in research and change has promoted the development of new and better approaches to governance and social cohesion that are more open, more participatory, and more accountable.

Institutions can also promote in practical ways the core value of equity. We can see how this happens in the thriving growth of global ecohealth networks, where the largest intergovernmental organizations and foundations work in partnership with the smallest of communities. These collaborations succeed despite striking asymmetries of power and wealth—in part by correcting inequities of gender, geography, or economic history.

J'en viens maintenant à la seconde catégorie d'impératifs, ramenés à une simple question. Que faut-il pour que l'institutionnalisation puisse être considérée une réussite? En d'autres mots, quels sont les résultats dont dépend nécessairement le succès des interventions d'une institution engagée en écosanté?

Je répondrais d'abord en faisant valoir ceci. La logique à laquelle obéit l'écosanté peut nous apparaître tout à fait évidente. Mais le progrès n'ira jamais de soi. L'avancée satisfaisante de la recherche en écosanté et des politiques qui en sont le prolongement requiert davantage que de l'évidence. Elle réclame du leadership.

They perform that function by encouraging the construction of a common language and common practices—not least in the kind of “community of practice” explored by members of this Forum. In IDRC, we are convinced that a community of practice, rooted in the realities of regional development, can contribute dramatically to stronger ecohealth strategies, especially at the interface of research and development policy.

But this implies another institutional imperative—the urgent accommodation of the different interests at work in science and in policy. This is a dichotomy well known to most of you, and I will not belabour the details of it. We must recognize, however, one aspect of it: Science looks to far horizons, contemplates ambiguity, and generally measures progress with slow care. Politicians and policy-makers want fast answers, they abhor complexity and uncertainty, and they prefer action to reflection.

Institutionalizing ecohealth must close these divides. By educating researchers in the needs of policy. By reminding policy people that trustworthy research takes time. And by accommodating both. Science needs to talk to policy in words that policy understands. Policy needs to give science the resources—and the time—that science requires. And both must learn how to interact effectively with citizens—to listen, to explain, to understand.

One practical accommodation—an imperative for researchers—is to produce interim answers and practical advice even as the search for bigger answers continues. Sometimes, policy progresses best in increments, not by great leaps and revelations. Institutions succeed when they facilitate the transmission of small and timely insights that inform policy and action.

And in the end, knowledge-sharing remains the bedrock function of ecohealth institution-building. The discovery and dissemination of knowledge can generate better policy, to be sure. But knowledge-sharing can also generate better governance. The shared discovery and consideration of a few hard facts can often help dispel superstition and prejudice, revealing new formulas for resolving old disputes.

I will end, if I may, with a word of gratitude—and a challenge. I express again my thanks to you all, for your participation in what is an enterprise of enormous value across the world. The challenge, shared by all of us here, is to build the institutions that will secure ecohealth strategies of research and policy that are effective, and fair, and enduring.

It is fair to say that ecohealth approaches have advanced this far by altering settled opinions, and disturbing conventional wisdom. We will know that we have succeeded when ecohealth is routinely institutionalized in sustainable development. We will have succeeded when ecohealth prevails as conventional wisdom.

Thank you.