

Forests, woodlands & well-being

A summary prepared for the AHRP meeting, ILRI, 13-14 Jan 2009

Links between people's well-being and tropical forests are complex. Many factors, such as diet, poverty, land-use practices, population density and movements, types of forest, forest disturbance and connections to disease vectors influence these linkages. Forests provide an array of ecosystem services, preventing soil erosion, filtering and regulating fresh water, sequestering carbon and provide food, medicine, fodder and timber for millions of people. Complexity of linkages between well-being and forests are particularly acute with regards to pathogens.

Many researchers, including those at the Center for International Forestry Research (CIFOR), have called for better cooperation among a host of actors at all levels in the efforts to identify opportunities and deal with emerging problems, as the Center strives to improve well-being and forest management. Forest community groups, for example, need to work closely with both health professionals and foresters; and researchers and policy-makers from all administrative levels and from all disciplines need to collaborate more effectively. Within the CG system, the AHRP provides a good opportunity for designing and gaining support for collaborative work.



In view of this, with funding from the SIDA funded Swedish International Biodiversity Programme (SwedBio), CIFOR organized a series of seven workshops during 2007 and 2008. The aim of these workshops was to disseminate knowledge, facilitate dialogue between various stakeholders, and plan how to place forest and human health issues on the national and international agendas. The first four were 2-day events held in Brazil, Cameroon, Ethiopia and Indonesia. The second series of workshops were held in 2008 in Geneva, Stockholm and Washington DC.

The 2007 workshops were organized around four themes: 1) Logging and Human Health, including direct and indirect impacts on people's livelihoods; 2) Plant Based Medicines; 3) Nutrition; and 4) Policies, both formal and customary that support or impede public health care. The four countries were selected because of CIFOR's well established networks there and due to their geographical spread over three continents.

In early 2008, CIFOR, in collaboration with People and Plants International (www.peopleandplants.org) produced a multi-authored book on "*Human health & forests*" (Colfer, C (ed), 2008, Earthscan). This timely publication preceded the first Inter-Ministerial meeting on Environment and Health held in Libreville, Gabon (26-29 August 2008). Africa is a priority continent for collaborative research on links between environment and health and there is a real opportunity and a great need to bridge the "policy-to-practice" gap. To do this, we need to confront uncertainty and complexity, identify priority issues and discuss whether there is strategic value in going beyond the agricultural systems focus of the AHRP to form an inter-disciplinary group that also deals with forests, woodlands and well-being, identifying inter-sectoral linkages, policy options and next steps that help meet the AHRP goals. Based on discussions at the 2008 workshops in Europe and North America, the steps that may be worth discussing at this AHRP meeting would be to:



1. Through collaborative partnerships, organize access to several existing databases related to human health and environment. Some of these are global in scope, such as those held by WHO and GEO, while others are regional. Together they offer the opportunity of helping develop a nuanced perspective on health and environment links, enabling us to ask a series of "*what if..?*" type questions across selected landscapes that give the opportunity for comparison and contrast across sites;

2. Get funding through the AHRP for a collaborative project offering PhD grants to work on multi-scale analysis & interventions through partnerships informed by evidence-based research that also draws on local people's knowledge. This could link to adaptive management & social learning through appropriate indicators linking forest services & well-being, generating international public goods that help bridge the "policy-to-practice" divide;

3. Improve valuation studies to bridge policy gaps between environmental services, local livelihoods and people's well-being. e.g: Questions on forests, water and well-being or between forest based pollination services & links with crops with nutritional value. More broadly, what are the trade-offs between forest conservation and well-being? What are the relationships between land-use/cover change & health? Will oil palm expansion (& biofuels generally) increase or decrease human well-being (income, vulnerability & health outcomes)?

4. Finally, how will climate change & deforestation interact with human health issues?