

# Review of: "The Imperative of a Comprehensive One Health Approach for Mosquito-Borne Disease Control in Indonesia"

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**Potential competing interests:** No potential competing interests to declare.

This manuscript provides a strong argument advocating for a One Health approach to vector management in Indonesia. The author identifies several key areas of focus, including potential directions to improve vector control and disease management that fall under the purview of One Health. The manuscript is overall well-written and summarizes the concepts of One Health quite well. There are three areas I strongly encourage the authors to improve in their manuscript.

1. **Specifics for suggestions:** The authors provide a number of suggestions for implementing a One Health program. However, these suggestions are very broad, generalized suggestions for implementing One Health guidelines anywhere. While the authors indicate some specific steps, like increasing surveillance efforts, there is very little that emphasizes what may be uniquely needed in Indonesia, compared to other locations. Given that this manuscript is Indonesia-specific, I would like to see more details about how specific goals are needed in Indonesia to meet the specific needs of the region, and how those may differ from other locations. In addition, it would be beneficial to include areas where Indonesia may already be implementing such efforts, or where related efforts have been tested (or if not already tested or implemented, regions where implementation may be successful due to existing infrastructure and support within Indonesia).
2. **No discussion of potential limitations:** The authors make many general suggestions, like increasing surveillance, increasing lab capacity, increasing health care capacity, without addressing any factors that may limit or hinder these. No mention is made of unique problems that Indonesia may have regarding implementation of One Health methodology. No mention is made of how resource limitations may impact this (resources including manpower, funding, space, or time). Without including these in the discussion, the manuscript seems to merely be about how One Health is beneficial, but not addressing the actual feasibility of implementing such efforts.
3. **With these suggestions,** it would be beneficial to include some examples (either within Indonesia or outside) where implementation of One Health has been successful. This success could be simply in terms of developing new strategies and guidelines, but ideally the success would also be reflected in reduced health risk or disease burden as indicated through surveillance, patient counts, or similar methods. Without these examples of successful implementation, the goals and methodology seem somewhat theoretical or academic, not having been shown to be successful in real-world application. I suggest trying to identify some other countries (ideally with similar situations, backgrounds, economic standing, populations, and health risks) where One Health has worked. If those don't exist, it can be addressed goal by goal - Country X improved surveillance efforts through A, B, C, and saw a reduction in disease burden by 18% (for example).

One minor nitpick - in the abstract, the authors use the word “comprehensive” three times in short succession. While I understand that One Health *is* a comprehensive approach, I suggest trying to find some analogous term to use instead.

In the first paragraph on page 3 (first paragraph under “Interconnectedness”), the sentence starting with “The loss of natural breeding sites” does not seem to reflect the final statement of “resulted in an increase in mosquito populations. It seems to me the statement should start “despite the loss of natural breeding sites.” The sentence with “interactions between humans and intermediate animals” is unclear. Do you mean intermediate hosts, as in the zoonotic host of a disease, or do you mean intermediate vectors, who transmit the disease?

The phrase “green education” is used and should be defined.