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## Preventing future pandemics means taking a considered approach to wildlife trade and “wet markets”

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Calls for the regulation of wildlife meat, in response to the COVID-19 outbreak, can overlook the complex motivations of traders and consumers. With research showing that wildlife is an infrequent source of human illness, attempts to tackle the source of zoonotic diseases effectively should consider the broader range of interactions between humans, livestock, wildlife and ecosystems.

*This article is part of the series “Rethinking zoonoses, the environment and epidemics in Africa”, which examines the effect of changing relationships between human, animal and environmental health on epidemic risk.*

The outbreak of COVID-19 in 2020 brought international attention to the trade in wildlife, particularly to its capture or production and sale for human consumption. Although the origins of the virus remain unconfirmed, speculation that it had been transmitted via a Chinese “wet market” (a market selling fresh produce includes using water to keep it fresh) led to calls to ban the sale of wildlife. The Chinese government did impose a ban on the trade and consumption of meat from wild species, but it raised significant concerns about the fate of meat producers for whom wildlife

farming had been introduced as a deliberate **poverty alleviation strategy**. And beyond China, efforts to change wild meat consumption – even in the context of a global pandemic – are not straightforward.

One reason is the sheer number of people who **depend** on wild meat as a regular source of food and income. Another is the diverse and **complex reasons** why people actively choose to eat wild meat, even when other options are available. Recent **research** funded by the UK Darwin Initiative that we have completed in Cameroon showed that taste, accessibility, tradition and health could both **positively and negatively influence** a decision to eat wild meat – and to choose some wild species in preference to others. For example, in our research, people living around the Dja Faunal Reserve in South East Cameroon flagged health concerns associated with some species: dwarf antelope were thought to be lethal for small children and unborn babies and to induce epilepsy in adults. Conversely “white” meat species, such as pangolins and porcupines, were thought to be less likely to transmit worms than dark meat species.

Following the COVID-19 outbreak, we were interested to understand whether local perceptions of zoonotic disease risk had any influence on decisions about wild meat hunting and consumption. We found that a quarter of the people we interviewed had reduced their wild meat consumption – primarily because of the risk of catching COVID. In particular, people had been told that pangolins were a disease risk and so had started to actively avoid eating them.

Nevertheless, the majority of interviewees did not agree with the closure of wild meat markets, on the basis that this would significantly affect livelihoods. Furthermore, greater risks associated with COVID were highlighted: the loss of access to education, the loss of jobs and income earning opportunities, and the reduced availability of staple foods and household supplies. Perhaps more telling is that, as time passed, our **interviewees became more sceptical** about the link between meat consumption and zoonotic disease transmission: “At the beginning, when someone was cooking I was afraid to eat [wild meat]. But with time, it looks like [wild meat] is not even involved in the disease. So if I have a piece, I eat.”

A recent situation analysis conducted by the International Union for the Conservation of Nature (IUCN) concluded that wildlife is actually an infrequent source of human illness. Indeed, the report **highlights** that “contact with and trade of domesticated animals and their products are by far the most frequent source of recurring human illness.” The report does not seek to downplay the need for better monitoring and regulation of wildlife trade and wildlife markets, but it flags that a total ban such as

that called for at the start of the COVID-19 pandemic may do more harm than good by driving trade underground. Instead, it suggests the need for a "One Health" approach that takes into account the numerous and complex interactions between human, livestock, wildlife and ecosystem health.

In Cameroon, as elsewhere in Africa and globally, this means balancing the current investment in human and livestock health interventions with attention to wildlife and ecosystem health. Specifically, it means applying the biosecurity and veterinary health standards to wildlife trade that are currently applied to domestic livestock; enhancing scientific and research capacity to investigate and understand human-wildlife disease interactions; and investing in local capacity to monitor – and report on – wildlife disease emergence on the ground. More fundamentally, though, it means integrating ecosystem stewardship into local, national and global food production systems, economic systems and public health systems. These are politically challenging reforms, not simplistic quick fixes.

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*Featured photo by cottonbro.*

### About the author



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Dr Dilys Roe is the biodiversity lead at the International Institute for Environment and Development (IIED) – a UK-based sustainable development think tank – and Chair of the International Union for the Conservation of Nature (IUCN) Sustainable Use and Livelihoods Specialist Group (SULi). She has a PhD in Biodiversity Management from the Durrell Institute (DICE), University of Kent. Her work focuses on the human dimensions of conservation – including understanding and supporting the necessary conditions for effective community-based conservation – and on integrating biodiversity into climate and development policy. Dilys is a member of the UK Government Illegal Wildlife Trade Advisory Group; the Scottish First Ministers Environment Council; and the Board of Trustees of Resource Africa.

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