



## One Health in Action : Key Factors for National adoption and Implementation

### ↘ HIGHLIGHTS

- The Pandemic Agreement presents a major opportunity to advance the adoption and implementation of One Health-based prevention at the global level. However, many low- and middle-income countries have raised concerns regarding the balance between expectations and available financial and technical support. They are calling for assurances regarding international support and the conditions necessary for practical implementation.
- A PREZODE-led study covering more than 80 countries shows that while One Health has been widely institutionalized, this does not systematically translate into effective implementation on the ground. The following recommendations address how to translate structural frameworks into practical action.
- The effectiveness of national One Health strategies depends primarily on the quality of intersectoral collaboration, while institutionalization remains essential for sustainability.
- National priorities are not always sufficiently reflected in One Health strategies, which often focus primarily on zoonotic pandemic threats. Aligning with local needs is critical for long-term impact.
- Sustainable national financing is essential to ensure ownership, impact, and continuity, complemented by international support, particularly for low- and middle-income countries. Operational examples, regardless of origin, can serve as case studies and practical guidance, helping countries to develop effective One Health strategies and overcome governance challenges while allowing an equitable use of resources.
- “One Health champion countries” exist in all regions of the world and can play a key role in supporting regional adoption, including through South-South and South-North cooperation.

### → KEY ISSUES AND PROBLEM STATEMENT

With more than two thirds of emerging infectious diseases—and some of the most impactful pandemics—originating from zoonotic pathogens, and with environmental and socio-ecological determinants firmly established as major factors of both infectious and non-communicable diseases (NCDs), the interconnections between human, animal, and environmental health are no longer in question. Over the past decade, the One Health approach has gained global traction, driving significant investments and processes of institutionalization.

However, despite the recent adoption of the International Agreement on Pandemic Prevention, Preparedness and Response, important questions remain regarding how to effectively integrate One Health into multilateral and national policy frameworks and their effective implementation.

Since the 2006 avian influenza crisis, many countries have made substantial efforts to translate One Health concepts into national structures addressing pandemic prevention, preparedness, and response. While these efforts are well documented, limited evidence exists on their effectiveness and return on investment, particularly in terms of operational impact.

The COVID-19 pandemic further elevated One Health on the global agenda, reinforcing consensus

around the need for systemic and cross-sectoral prevention approaches. This momentum has translated into new international commitments, notably embedding prevention and One Health dimensions into the international Agreement on Pandemic Prevention, Preparedness and Response.

However, from a global health perspective, the focus on pandemic prevention is not systematically aligned with countries' priorities, technical capacities and financial resources. This misalignment has contributed to strong concerns in international negotiations, particularly around issues of equity, responsibility-sharing, and expectations regarding prevention efforts.

Yet, while the concerns raised by developing countries are legitimate and must be taken into consideration, some arguments put forward are partly shaped by preconceived ideas that do not fully account for differences across scales (local/sub-national/national/regional/global), sectors (human health, environment, industry...) and risk profiles. Bridging these gaps requires a better understanding of how One Health can be effectively institutionalized and operationalized across diverse settings.

Drawing on a global study led by the PREZODE Initiative, this brief explores how current One Health implementation pathways influence the effectiveness of efforts and identifies key levers to reconcile countries' perspectives and strengthen pandemic prevention at all scales.

## → KEY FINDINGS

### **ONE HEALTH IS WIDELY INSTITUTIONALIZED, ESPECIALLY IN LOW AND MIDDLE INCOME COUNTRIES**

Our study, based on a literature review, an international survey with more than 260 respondents from 80 countries, and expert interviews, shows that One Health institutionalization is often more advanced in low- and middle-income countries than in high-income countries, with the existence of national One Health platforms - as formal, cross-sectoral governance mechanism that enables joint decision-making and coordinated action across human, animal, and environmental health sectors. frequently supported by strategic plans targeting zoonotic risks and pandemic preparedness. However, many of these platforms were driven by the Global Health Security Agenda and established during crises and remain insufficiently integrated into national systems. As a result, they may, in some cases, operate in isolation, fail to address broader health priorities, and face sustainability challenges.

### **INSTITUTIONALIZATION DOES NOT GUARANTEE OPERATIONALIZATION**

While clearly providing an enabling environment, the establishment of One Health platforms or administrative structures is not sufficient to ensure effective implementation. In 80% of surveyed countries, perceived levels of operationalization

remain below 60%, regardless of the degree of institutionalization. Alternatively, the effectiveness of implementation is found to depend primarily on the quality of intersectoral collaboration—especially through mechanisms such as expert groups and scientific committees. Nevertheless, institutionalization remains important to ensure sustainability of efforts and coordination of practices and actions over time.

### **TECHNICAL CAPACITY EXISTS - BUT FINANCING REMAINS A MAJOR CONSTRAINT**

Most countries, including low- and middle-income countries, report having sufficient technical knowledge to implement One Health practically. However, financial limitations remain a major barrier to moving from pilot initiatives to system-wide implementation, preventing countries from translating key One Health principles (i.e. intersectoral collaboration, prevention at source, and integration into national systems) into sustained operational programmes.

Successful community-based and intersectoral surveillance initiatives, such as collaborations with hunter associations in Gabon or local monitoring systems in Madagascar and Guinea, demonstrate the feasibility of prevention at source. Yet, scaling up these initiatives requires sustained financing. While significant investments have been made in preparedness and response (e.g. laboratories, vaccines, protective equipment), prevention remains underfunded despite strong consensus among major scientific and inter-governmental organizations. To enable the effective implementation of prevention-oriented One Health strategies, catalytic international financing - combined with increasing domestic investment- is essential. In this regard, the Pandemic Fund represents a major opportunity by financing One Health activities while encouraging national ownership and co-investment.

### **LIMITED AWARENESS AND FRAGMENTED UNDERSTANDING**

Stakeholders' understanding of One Health governance and implementation remains uneven, with persistent confusion regarding institutional arrangements (including the type, mandate, composition, and positioning of One Health platforms within government structures) and operational pathways.

This reflects both a rapidly evolving landscape and fragmented interpretations of the approach. In practice, this creates confusion about who is responsible for what across sectors, how to move from coordination to concrete joint action, and how prevention priorities are defined and implemented across countries. For example, countries do not share the same understanding of what "One Health implementation" means—some focus on coordination platforms, while others aim for fully integrated policies and joint field action. As a result, expectations around commitments, financing, and accountability remain unclear and often misaligned in international negotiations. Such gaps may also affect international processes and generate North-South tensions as it has been observed in the Pandemic Agreement negotiations particularly around equity, responsibility-sharing, and differing expectations around prevention efforts.

## → PATHWAYS FOR ACTION

### REBALANCING OWNERSHIP AND EQUITY IN ONE HEALTH IMPLEMENTATION

Advancing prevention through One Health requires a **shift from externally driven models to country-led approaches grounded in local realities**. National systems must be designed to reflect **context-specific risks, capacities**, and community practices, rather than standardized global templates.

Addressing equity is central to this shift. This means **rebalancing power and decision-making** in global health governance, ensuring that countries—particularly in low- and middle-income settings—can define their own priorities, shape agendas, and access resources on fair terms.

Stronger alignment between international frameworks and national strategies is essential, alongside **more equitable partnerships** that value local knowledge, support long-term capacity, and foster mutual accountability.

### POLICY RECOMMENDATIONS

#### 1. Strengthen national ownership and priority-setting

- Governments must place prevention at the core of One Health platforms and pandemic strategies.
- National and local priorities must guide One Health implementation, beyond externally driven agendas.
- Inclusive, bottom-up approaches should define priorities and interventions.
- Local stakeholders must be fully integrated into decision-making processes.

#### 2. Strengthen intersectoral collaboration

- Governments must institutionalize and support financially national intersectoral mechanisms (platforms, committees, or bodies).
- Stakeholders across sectors should establish structured partnerships with clear roles, shared objectives, and joint accountability.
- Institutional arrangements must ensure transparent and equitable data sharing across sectors.
- Countries should invest in communities of practice to sustain collaboration and learning.
- Lessons from past crises and robust scientific evidence should inform the design, implementation, and evaluation of One Health strategies, including risk reduction, early detection, intersectoral coordination, and economic co-benefits

#### 3. Scale regional cooperation

- Countries with advanced One Health experience must support neighboring countries, sharing good practices and lessons learned.
- Regional platforms should facilitate peer learning, coordination, and joint action.

- International partners should provide targeted catalytic support to strengthen regional dynamics.
- Knowledge-sharing, capacity-building and local stakeholders engagement must be systematically prioritized.

#### 4. Ensure sustainable and equitable financing

- Governments must integrate One Health strategies into national budgets.
- International bodies should devote predictable and catalytic funding, particularly to support prevention at source in LMICs.
- Financing models must combine domestic investment and external support.
- Prevention at source through a One Health approach should be recognized as a global public good.
- Innovative co-financing mechanisms, such as those developed by the Pandemic Fund, should be expanded.
- The role of the private sector in scaling up One Health should be better evidenced and supported, through approaches adapted to national contexts.

#### 5. Strengthen evidence-based, coordinated, and inclusive governance

- Decision makers must ground One Health policies in robust scientific evidence and adapt them to national and local contexts.
- International partners, including PREZODE, should support country-led, tailored implementation pathways aligned with national priorities.
- Technical assistance must reinforce domestic leadership and existing systems, not create parallel structures.
- One Health should be embedded as a cross-cutting principle across international frameworks, with stronger harmonisation between them.
- National One Health platforms should be better connected to scientific bodies (national and international) to strengthen science-policy linkages.
- Countries should scale up cross-border cooperation, including joint research, surveillance, and data sharing.
- Governments and partners must ensure meaningful community engagement and connect local initiatives to sub-national and national decision-making.
- Structured science-society dialogue mechanisms should be established to translate evidence into action and integrate community knowledge.

## → CONCLUSION

Achieving effective pandemic prevention through a One Health approach requires moving beyond formal interministerial arrangements toward concrete, field-level intersectoral action. Countries must prioritize their own needs and contexts, rather than relying primarily on top-down, externally driven strategies.

To make One Health operational and sustainable, governments and partners must strengthen cross-sectoral collaboration, secure long-term domestic financing, and invest in regional cooperation mechanisms. Without these shifts, pandemic prevention risks remaining largely conceptual rather than delivering tangible impacts.

The adoption of the WHO Pandemic Agreement offers a critical opportunity to drive this paradigm shift by embedding prevention at source, fostering equitable partnerships, and strengthening One Health governance and implementation at the global scale. The upcoming revision of the United Nations General Assembly resolution on Pandemic Prevention, Preparedness and Response (PPPR) in September 2026 further represents a key moment to translate these commitments into actionable, country-driven approaches.

## ● AUTHORS

**Marisa Peyre**, co-founder and Global Science leader of PREZODE and deputy head of the integrated health research unit in CIRAD, [marisa.peyre@cirad.fr](mailto:marisa.peyre@cirad.fr)

**Servane Baufumé**, science-for-policy officer in Biodiversity and Health topics, CIRAD, in charge of PREZODE contribution to international affairs and global political agendas,

**Julie Meunier**, PhD candidate in science policy, CIRAD.

**Nina Jamal**, Head of Pandemics & Campaign Strategies, FOURPAWS

**Margarida Simoes**, Assistant Professor, University of Évora.

**Rico Ancog**, Professor, University of the Philippines Los Banos (UPLB), Scientist, University of the Philippines, Deputy Director for Administration, Southeast Asian Regional Center for Graduate Study and Research in Agriculture.

**Chloe Batie**, Postdoctoral Associate, Yale University School of Public Health.

**Alexandra Phelan**, Associate Professor, Department of Environmental Health & Engineering, Senior Scholar, Johns Hopkins Center for Health Security, Faculty Director (Policy), Johns Hopkins Institute for Planetary Health, Director, Health Security Track, Doctor of Public Health Degree Program, Johns Hopkins Bloomberg School of Public Health.

**Soawapak Hinjoy**, Veterinary officer, Advisory level (One Health expert), Department of Disease Control, Ministry of Public Health, Thailand; president of PREZODE general assembly.

## PROJECTS AND PARTNERSHIPS

PREACTS-AfriCam, PREZODE involvement as a relevant stakeholder in the Pandemic Agreement International Negotiating Body (2022-2025)

## KEY RECOMMENDATIONS

- **Strengthen national ownership and priority-setting:** Governments must anchor One Health strategies in national and local priorities, ensuring inclusive, bottom-up approaches and full integration of local stakeholders into decision-making.
- **Strengthen intersectoral collaboration** → Governments must break down silos by institutionalizing and financing strong intersectoral coordination with clear accountability and shared responsibility.
- **Scale regional cooperation** → Countries and partners must strengthen regional collaboration by promoting peer learning, sharing best practices, and supporting coordinated action and capacity-building across borders.
- **Ensure sustainable and equitable financing** → Governments and international partners must mobilize sustainable and equitable financing—combining domestic resources and external support—to scale prevention at source as a global public good.
- **Strengthen evidence-based, coordinated, and inclusive governance** → One Health governance must be grounded in scientific evidence, aligned with national priorities, and inclusive of local communities recognized as key actors in decision-making, while strengthening coordination across sectors and levels.

**Papa Seck**, One Health & Global Health Security Leader, former president of PREZODE General Assembly of (2023-2025).

**Elsa Leger**, Global Science Officer of PREZODE, INRAE.

**Robyn Alders**, Honorary Professor at the Australian National University, adjunct professor, at Cummings School of Veterinary Medicine at Tufts University, Lead, Socio-economic Working Group, OFFLU, co-chair of the Advisory Committee, Peste des Petits Ruminants Global Eradication Programme.

**Dr. Jens Jäger**, Delegate for the Research Field Health, EIC, Helmholtz Center for Environmental Research.

**Magda Robalo**, President and co-founder of The Institute for Global Health and Development (IGHD).

## REFERENCES AND ADDITIONAL INFORMATION

### REFERENCE

• Meunier J., Munyeme M., Hinjoy S., Baufume S., Seck PA., Peyre M.. 2025. One Health governance: implementation bottlenecks in the Global South. In : One health atlas. Roger François (ed.), Olive Marie- Marie (ed.), Peyre Marie-Isabelle (ed.), Pfeiffer Dirk (ed.), Zinsstag Jakob (ed.). Versailles : Ed. Quae, 138-139. ISBN 978-2-7592-4027-2 <https://doi.org/10.35690/978-2-7592-4027-2>

• Find here the policy brief and full reference



### ADDITIONAL INFORMATION

• PREZODE Governance mapping results: <https://prezode-initiative.org/en/the-one-health-initiatives-platform/>

• PREZODE Governance study information: <https://prezode-initiative.org/en/can-the-pandemic-agreement-support-meaningful-prevention-via-one-health/>