



Meeting Report: Scaling Up One Health Approaches in the Greater Mekong Subregion

One Health in the Greater Mekong Subregion: Where are we now and where next?

1. The meeting¹ was attended by a large range of organizations across the Greater Mekong Subregion (GMS).
2. **Session 1: Welcome remarks—Dr. Najibullah Habib (ADB) and Associate Prof. Angus Campbell (Nossal Institute for Global Health):** The purpose of the meeting was to contribute to strengthening One Health action in the Greater Mekong Subregion (GMS). One Health is prioritized in the Long-term GMS Strategic Framework 2030² and the GMS Health Cooperation strategy³. It is important to build up One Health approaches in different sectors, including new economic tools, strengthen existing cross-sectoral networks and develop new ones at both national and regional levels. The One Health approach can provide multiple benefits, such as improving agricultural practices while also addressing the health of farmers. Addressing emerging zoonotic problems affecting people and animals or crops must be prioritized in the future. In cities, One Health will focus the need for improved sanitation, drinking water and the need for green space. It will also influence green supply chains, clean air water and soil, and reduce risks such as flooding. In summary, One Health is a green development solution that can support “building back better” as economies and the region emerge from COVID-19 and seek to create a sustainable, equitable future.
3. **Session 2: The status of One Health in the GMS—Associate Prof. Angus Campbell:** What do we mean by One Health? One Health involves closer cooperation to achieve any added value in terms of better health and well-being for humans and animals, financial savings and improved environmental services compared to working alone⁴. Conventional One Health approaches often put human health outcomes first, regardless of the impacts or needs of other sectors or potential additional benefits that could be delivered to non-health sectors. Conversely, a ‘systems’ One Health view attempts to ensure that potential benefits and impacts are considered across all sectors to improve efficacy and efficiency of implementation and outcomes.

¹ Financed by **ADB RETA 9571 Strengthening Regional Health Cooperation in the Greater Mekong Subregion**, which includes the following tasks implemented by the Nossal Institute for Global Health: (i) establishment of an integrated multisectoral business ‘model’ for One Health; (ii) regional consultations on One Health in the GMS with the aim of creating a working Group on Regional ‘Health Security & One Health’; and (iii) development of guidelines for using One Health approaches to improve outbreak detection and response, including risk communication.

<https://www.adb.org/projects/51151-001/main>

² https://www.greatermekong.org/sites/default/files/23RDMC/DAY1PM/DPM_Session_1.pdf

³ ADB. 2019. Greater Mekong Subregion Health Cooperation Strategy 2019-2023. Manila.

https://www.greatermekong.org/sites/default/files/gms-health-cooperation-strategy-2019-2023_0.pdf

⁴ J. Zinsstag et al. 2015. *The Theory and Practice of Integrated Health Approaches*. Wallingford: CABI Publishing International

4. The preliminary results of the review of GMS systems and policies provide a status update on One Health in the GMS. Most GMS countries have a national-level One Health coordination mechanism, supplemented in some countries by a Centre for Disease Control (for human and/or animal health) or similar. The role of the private sector in One Health planning, implementation, etc. needs further elucidation. Current One Health activities largely focus on a set list of zoonotic diseases with some variation between GMS countries. Foodborne illness and emerging infectious diseases (EIDs) are less commonly nominated in One Health plans although EIDs, including currently unidentified threats, are in national plans of some GMS countries. Other multi-sector activities may not be labelled 'One Health', despite using One Health approaches, and so may benefit from being promoted under the One Health banner. There is a range of financing mechanisms for One Health-related services within and between GMS countries, which may serve as useful case examples. The project will continue to consult with stakeholders across non-health sectors and will work in collaboration with stakeholders across sectors in each GMS country on One Health aspects of outbreak preparedness.

5. *Session 3: Panel discussion—Reflections on the current status of One Health activities and approaches in the GMS:* There is an opportunity and need to expand existing One Health activities and also apply lessons learned from COVID-19 response to other One Health issues in the GMS. Resourcing, especially human resources, is a critical component of disease preparedness planning and One Health will benefit from different approaches by different stakeholders with different expertise. This may be best identified from One Health skills mapping. Expanding disease surveillance to include wildlife more comprehensively requires resourcing for further implementation and would benefit from leveraging such a wider range of local expertise. Similarly, approaches to antimicrobial resistance (AMR) help with food safety more widely, including spillover to the environment and capacity developed from surveillance for highly pathogenic avian influenza (HPAI) provides a basis for wider surveillance activities. There is a need to widen One Health disease surveillance activities to achieve risk reduction, instead of just detection, of both targeted diseases and allied risks. Risk reduction pathways exist along value chains, and novel surveillance and risk reduction methods may simultaneously reduce disease risk and sustain livelihoods. One Health should recognize the interconnectedness of the GMS—"One GMS". There are good examples of existing regional collaboration, although the differences that exist across the region should be acknowledged in regional efforts.

6. *Session 4: Practical examples of applying One Health in the GMS—Dr. Pham Thanh Long (Ministry of Agriculture and Rural Development (MARD), Viet Nam):* In Viet Nam, joint risk assessments are conducted between human and animal health annually, along with multiple other cooperative and collaborative activities on zoonotic disease control and prevention. Viet Nam's National One Health Steering Committees are aligned with national priorities such as food security. Viet Nam has a national One Health university network and also conducts field-based One Health training for current human and animal health staff. Examples of zoonotic disease control activities include an ongoing national program for rabies control jointly developed by Ministry of Health (MOH) and MARD, anthrax and brucellosis control in northern provinces, joint risk assessments and longitudinal surveillance for avian influenza, and membership of the national emergency operations centre. Viet Nam's veterinary system has been involved in responses to COVID-19 control. A One Health partnership for 2021–2025 was signed by MOH, MARD and Ministry of Natural Resources and Environment (MONRE) in March 2021.

7. *Session 5: Questions and Answers (Q&A):* It is important that One Health includes cities and urban development. Urban animals, plants, and markets are key One Health interface. Calls for One Health action plans in the GMS must be very context-sensitive and often need to be country-specific. High-level commitment in the GMS to One Health was noted but more cross-sectoral collaboration is required to enact this commitment. The role of the private sector in One Health was emphasized. In some countries, the private sector "supports"

government One Health actions but the private sector and urban development have been largely overlooked in One Health up until now.

8. **Session 6: A One Health business case: Using an economic approach to value the benefits of One Health across sectors—Prof. Barbara McPake (Nossal Institute for Global Health):** The targets of One Health prevention investments are not quantifiable risks in the sense that would permit formal cost-benefit analyses to justify the volume of One Health investment. An alternative strategy to formal cost-benefit analysis is constructing ‘qualitative’ business cases for One Health using plausible and/or expert-predicted scenarios that include a range of multi-sector “One Health interventions” that have the objective of reducing the risks of those scenarios over the full set of potential influences and impacts. The relevant economic principles underpinning this approach are inefficiencies in resource allocation; public goods and externalities; economies of scope and joint production; distributional considerations; and incentive compatibility. One Health offers examples of each of these. The project will develop these qualitative studies representing three types of investment: disease control, management of antimicrobials, management of natural resources, and stakeholder input into the specific type of case study and relevant inputs and outputs was strongly encouraged.

9. **Session 7: Reflections and Q&A:** Food systems approaches overlap with and support One Health. Understanding the governance effects on societal trade-offs is important. The role of traceability technologies in food production helps to support One Health, particularly risk reduction strategies targeting critical control points along value chains in both rural and urban area.

10. **Concluding message:** Senior ADB staff Mr Bruce Dunn, Mr. Rui Liu and Mr. Rikard Elfving offered the meeting’s closing remarks. The commitment and ownership of One Health is quite strong among agriculture, environment, and health ministries. However, better understanding and improved tools for Ministries of Finance will be required in the recovery phase from the COVID-19 pandemic. Efforts will be supported through practical implementation frameworks for One Health, sharing more examples of One Health good practices from the GMS region and beyond. It also recognizes that multiple issues are not traditionally considered to be related to One Health or development (for example, wildlife crime) and therefore require new approaches and responses. ADB intends to facilitate the creation of “a catalogue of ideas” for One Health implementation and use targeting diverse, multi-sectoral outcomes for the GMS. Critical for moving forward the One Health agenda in the GMS-region is a strong network of professionals, technical agencies, and practitioners from the field. The final draft recommendations supported by the technical assistance will be circulated to key stakeholders in the region for their buy in and support. ADB is keen to reinforce existing networks and explore new opportunities to enhance One Health through technical assistance and possible investment projects going forward in post-COVID-19 situation.

Appendixes:

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2. [List of participants](#)
3. Presentations:
 - (i) [Project Overview](#)
 - (ii) [A Status Update of One Health in the GMS](#)
 - (iii) [One Health in Thailand](#)
 - (iv) [One Health in Viet Nam](#)
 - (v) [A ‘Qualitative Business Case’ for One Health Investments](#)