



Meeting Report

Scaling Up One Health Approaches in the Greater Mekong Subregion

How to Successfully Operationalize One Health for a Green Recovery in the Greater Mekong Subregion

1. The meeting was attended from a large range of organizations across the Greater Mekong Subregion (GMS).¹ Pre-reading documents framing different aspects of One Health operationalization were circulated to participants before the meeting and are available on the GMS website.
2. **Sessions 1 & 2: Welcome remarks—Dr. Asadullah Sumbal (Principal Regional Cooperation Specialist, ADB) & Mr. Rikard Elfving (Senior Social Sector Specialist, ADB):** The purpose of the meeting was to continue to raise awareness of the importance and value of One Health as an inter-disciplinary, cross-sectoral systems approach to planning, implementing, and monitoring initiatives and services across the animal-human-ecosystems interface. COVID-19 has caused profound economic shocks and stressed health systems throughout the GMS, and efforts are required now to prevent a sliding back on poverty alleviation targets. The need for a One Health approach to a sustainable recovery post-COVID-19 is widely known, and the approach is recognized in the GMS 2030 Economic Framework. The GMS remains a hotspot for new and emerging infectious diseases, and therefore the need for strengthening existing One Health coordination and planning further practical operationalization of One Health.
3. **Session 3: Operationalizing One Health in the context of green recovery in the GMS—Prof. Barbara McPake (Nossal Institute for Global Health):** Operationalizing One Health requires different groups of stakeholders to work together. However, the form of ‘working together’ is rarely examined and different structures for One Health joint working are poorly defined. Conventional views of One Health often consider that activities should be integrated (i.e., the efforts of different sectors brought together within a single organization), but this is not necessarily so. Different factors can be used to identify where on the spectrum of *Communication*, *Cooperation*, *Coordination*, and *Integration* different parts of a One Health initiative should be placed. Where the timing of efforts from different sectors should be similar, *Coordination* or *Collaboration* is required. Conversely, where specialist technical skills are needed by different sectors, activities should be closer to *Communication* than *Integration*. Future considerations for operationalization should recognize that we are now starting from an understanding of the issues that drive the urgent need to take One Health approaches: the economic value of One Health is widely understood and frequently shows that using One Health is

¹ Supported 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 & response, including risk communication. (See <https://www.adb.org/projects/51151-001/main>)

cost-effective. However, we now need to move towards a better understanding of the institutional arrangements required to support operationalization. Choices about these arrangements will require qualitative judgements in context. In turn, these will further improve understanding of the economic value of One Health.

4. Session 4: Preventing pandemic risks in East Asia and Pacific (PREPARE)—Sitarmachandra Machiraju (World Bank): Domestic, peri-domestic and wild animals are bridges for pathogen transmission to humans. Preparedness is essential for addressing this threat but animal disease and wildlife systems preparedness has been undervalued and underfunded historically, and the chain of emerging infectious disease (EID) preparedness is only as strong as its weakest link. The ability and readiness of the East Asia and Pacific Region to avert spillover and disease spread can be assessed across areas such as Regional One Health coordination, policies and institutions, capabilities and skills, surveillance and laboratory infrastructure, animal disease control performance, and wildlife management systems. Food systems have been associated with many EIDs, and adopting a food systems lens covers preparedness and response to many different EID scenarios. This involves paying attention to multiple risk of transmission points in wildlife and food systems. This will also help address the threat of antimicrobial resistance (AMR). This approach reinforces the importance of domestic animal and wildlife health capacity in the region. Entry points for One Health interventions for healthy agri-food systems include food production, on-farm practices, consumers, market places, processing, and distribution and logistics. Operationalizing practices can include joint risk assessments, joint advisories, coordinated surveillance, joint detection and action, and joint risk communication.

5. Session 5: Proposed GMS Cross-border Livestock Health and Value Chains Improvement Project—Srinivasan Ancha (ADB): Animal health is often the weakest link to successfully operationalize One Health in the GMS. GMS countries with the highest risk of pandemics often have the lowest capacities to prevent detect respond and implement One Health, and there is a proportional relationship between One Health capacity and sectoral capacity in animal health. GMS Ministers of Agriculture supported creating animal disease control zones regionally in 2017, and Regional cooperation to strengthen cross-border livestock health and value chains received endorsement by the GMS Working Group on Agriculture in 2019. The planned work has six dimensions covering regional cooperation and integration on health security and trade, COVID-19 recovery, food security, climate change, inclusiveness, and innovation and sustainability. A range of areas for overcoming barriers, strengthening and entry points to successfully operationalize One Health in the livestock subsector has already been identified².

6. Session 6: Q & A—Currently, there are few measures of the efficacy of institutional cooperation arrangements. Organizations such as World Bank seek to compile information about financial allocations to different sectors to help understand how coordination and resourcing occurs.

7. Session 7: Practical examples of One Health actions in the GMS:

- (i) The Environment sector's role in One Health and sustainable development in Cambodia—Dr. Loeung Kesaro (Ministry of Environment, Cambodia):** The Environment sector is very important in Cambodia, and the Ministry of Environment provides social and environmental impact assessments to safeguard public health, indigenous communities, and other areas for a wide range of projects originating in other sectors. This means that the Ministry has good experience in community engagement for livelihood support and development that is well-aligned to One Health approaches, and helps integrate conservation and other environment sector objectives into the broader framework of One Health. Specific activities, such as management of plastic waste, are managed with clear human health outcomes. The Ministry's work with private sector initiatives such as ecotourism means it also has experience of involving the private sector in One Health, an aspect of One Health that tends to be less common than intergovernmental engagement.

² Details provided in the presentation notes

- (ii) **One Health and zoonotic disease management in the livestock sector in Yunnan Province, People's Republic of China—Dr. Guodong Dong (Yunnan Provincial Animal Disease Control Centre):** Yunnan is a very important region of China for animal production and has more animal species than anywhere else in the country. The province has formed an animal epidemic prevention system composed of three levels of veterinary administrative management, animal disease prevention and control, and animal health supervision and law enforcement. Recently the province has improved the socialisation service mechanism for animal diseases with leading enterprises and breeding professional cooperatives as the main body, and constructed a system for animal epidemic prevention, with headquarters at the provincial, prefectures, and counties located in Agricultural and Rural Affairs Departments. Approaches to zoonotic diseases include immunization plans for major animal diseases, monitoring plans for major animal diseases, and active responses to disease prevention and control. The Department has established an assessment expert database and formulated planning and operational procedures documents. Other areas of activity include SOPs for animal destruction and compensation, strengthening of veterinary laboratories, and enhanced training and awareness. Examples of successful disease control practices include prevention and control of *Schistosoma japonicum* and equine infectious anaemia in Yunnan.
- (iii) **Private sector approach to One Health—Dr Vo Ngan Giang (Country Technical Lead, TRANSFORM Project, Viet Nam):** Human health and livelihoods depending on livestock are threatened by One Health challenges including zoonoses, antimicrobial resistance and transboundary animal diseases. Farms are the locations where best practice and innovation can be implemented to address these threats. The TRANSFORM project takes a market-based approach from the outset and encourages practices that support both health and livelihoods. It uses a framework identifying different types of innovation ('The Ten Types of Innovation'). For example, it uses a 'channel' of small packages of technologies and tools that are accessible to smallholder farmers, or a 'service' of multisector biosecurity and farm management training. The project seeks to make continual investments in products and capabilities to help farmers manage changes to address One Health threats. Overall, the project critically recognises the importance of the private sector when it comes to animal health, addressing One Health threats and potential for positive long-term impacts on farmer livelihoods.

8. **Session 8–10: Small-group breakout discussions and feedback to the whole meeting:** The following notes capture some key comments emerging from the four brief breakout group discussions in the Meeting:

Theme 1: How can One Health practically support food security and safety in the GMS?

Opportunities exist for stronger public-private partnerships to address One Health threats like AMR. Challenges include difficulty of communication between sectors, and the tension between the need for increased productivity and safeguarding public health from foodborne threats.

Theme 2: How to operationalize One Health in antimicrobial resistance (AMR)?

Collaboration between ministries and institutions is key. AMR is an invisible threat and different stakeholders need to be empowered through awareness and communication activities to increase capability within specific One Health workforces, including the veterinary profession and farmers. Cross-sectoral surveillance uniquely adapted to One Health approaches is required. The threat that AMR poses to issues beyond human health, such as animal welfare should be recognized.

Theme 3: What are the next steps for zoonosis control in the GMS, especially after COVID-19?

Existing structures, including those developed specifically for COVID-19, need to be better integrated through greater discussion between sectors. Improved engagement can strengthen policy implementation. New efforts should consider how to be more anticipatory to

zoonotic disease threats, and could employ tools such as the foresight technique to achieve this.

Theme 4: How does the green recovery help sectors collaborate to prevent new diseases emerging at the human – animal-environment interface? The green recovery is not necessarily evident to all stakeholders in the region, and economic stimulus packages post COVID-19 are not universally 'green'. Risk communication and behaviour change on consumption of wild animals needs strengthening, however it is important to respect cultural differences in relation to wildlife use and consumption in the region. An approach mainly focusing on restrictions is unlikely to be successful. Further incentivisation at the local level is needed to encourage more disease investigation in different sectors.

9. **Session 11: Summary and next steps—Mr. Rikard Elfving (ADB):** The time is right to shift to One Health actions, supported by the Region's existing One Health coordination, that address prevention and resilience, and not just health response, across all sectors. One Health provides an opportunity to include environment and sustainability objectives in existing or new projects. There remains a need for strengthening beyond zoonosis control that supports existing sectoral needs. ADB technical assistance supports One Health in the GMS, including the creation of a One Health working group and support for future regional technical assistance linked to existing One Health networks and resources. ADB remains committed to DMCs to accelerate implementation of One Health approaches in agriculture and health projects in the GMS, with Ministries of Finance involvement. The Green Recovery provides an excellent opportunity for One Health operationalization and research, with medium and long-term financing supported by development partners. Going forward will require new partnerships with private and public institutions and technical agencies to scale up One Health actions aligned with national policies and strategies.