

ADB



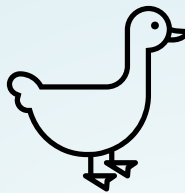
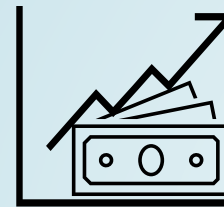
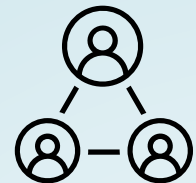
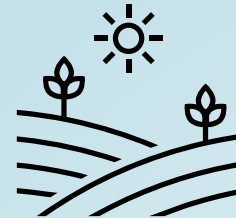
One Health in the GMS: *Where Are We Now & Where Next?*

Asian Development Bank
project RETA 9571



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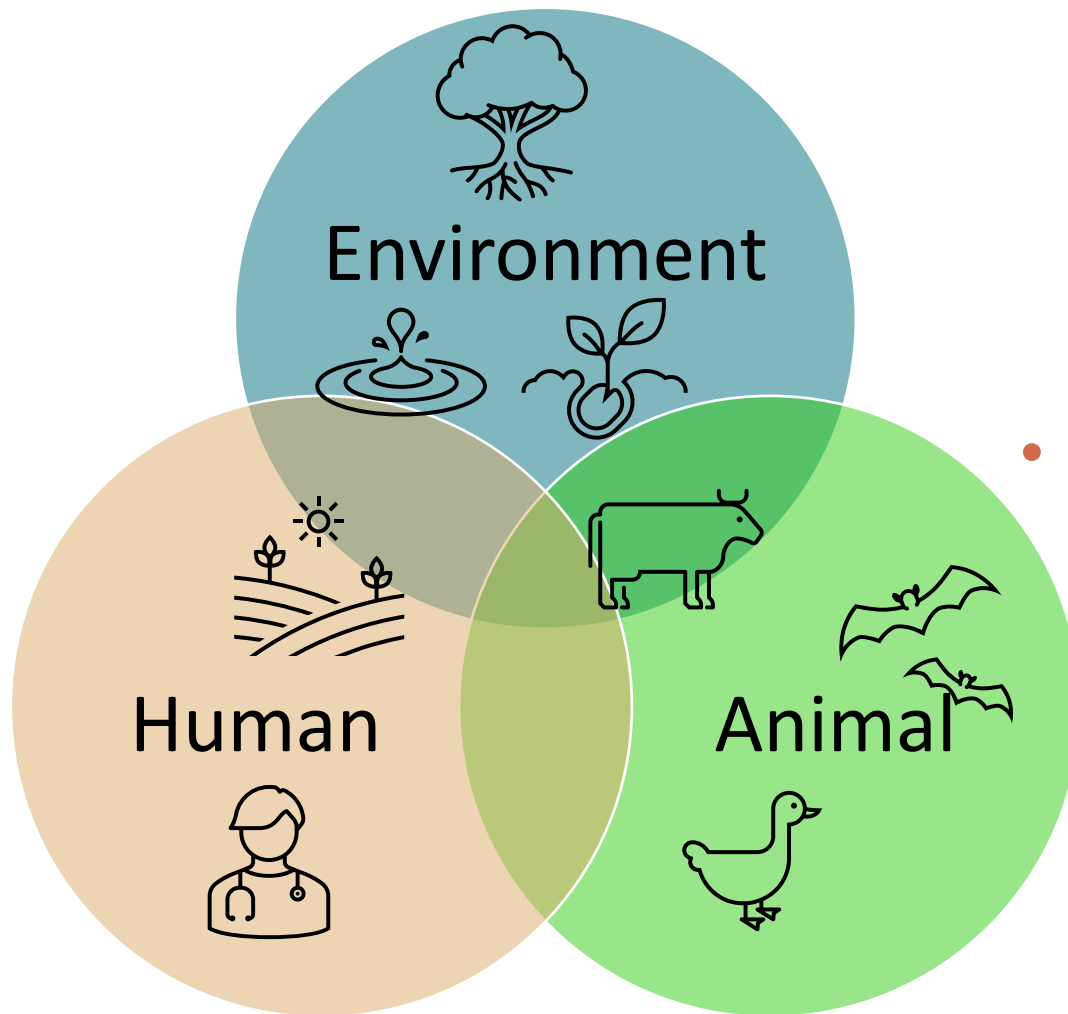
What Do We Mean by 'One Health'?

Angus Campbell, One Health Unit
Leader

Nossal Institute for Global Health



What Do We Mean By ‘One Health’?

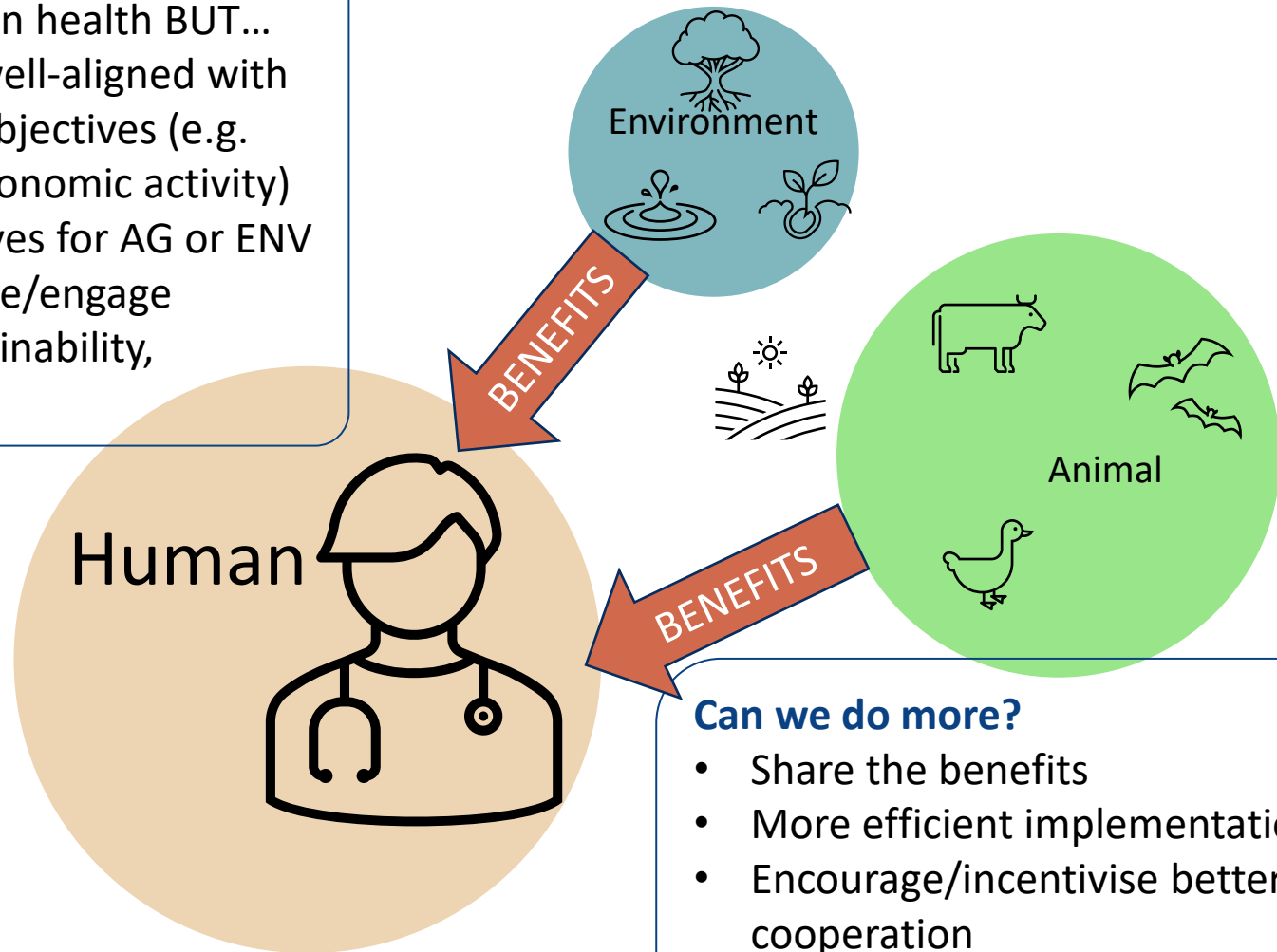


Closer cooperation to achieve “Any added value in terms of:

- Better health and well-being for humans & animals,
 - Financial savings and
 - Improved environmental services”
- compared to working alone*

A 'Traditional' View of One Health

- e.g. controlling zoonotic disease
- Benefits human health BUT...
- ...not always well-aligned with other sector objectives (e.g. livelihoods, economic activity)
 - Few incentives for AG or ENV to participate/engage
 - = Poor sustainability, inefficient

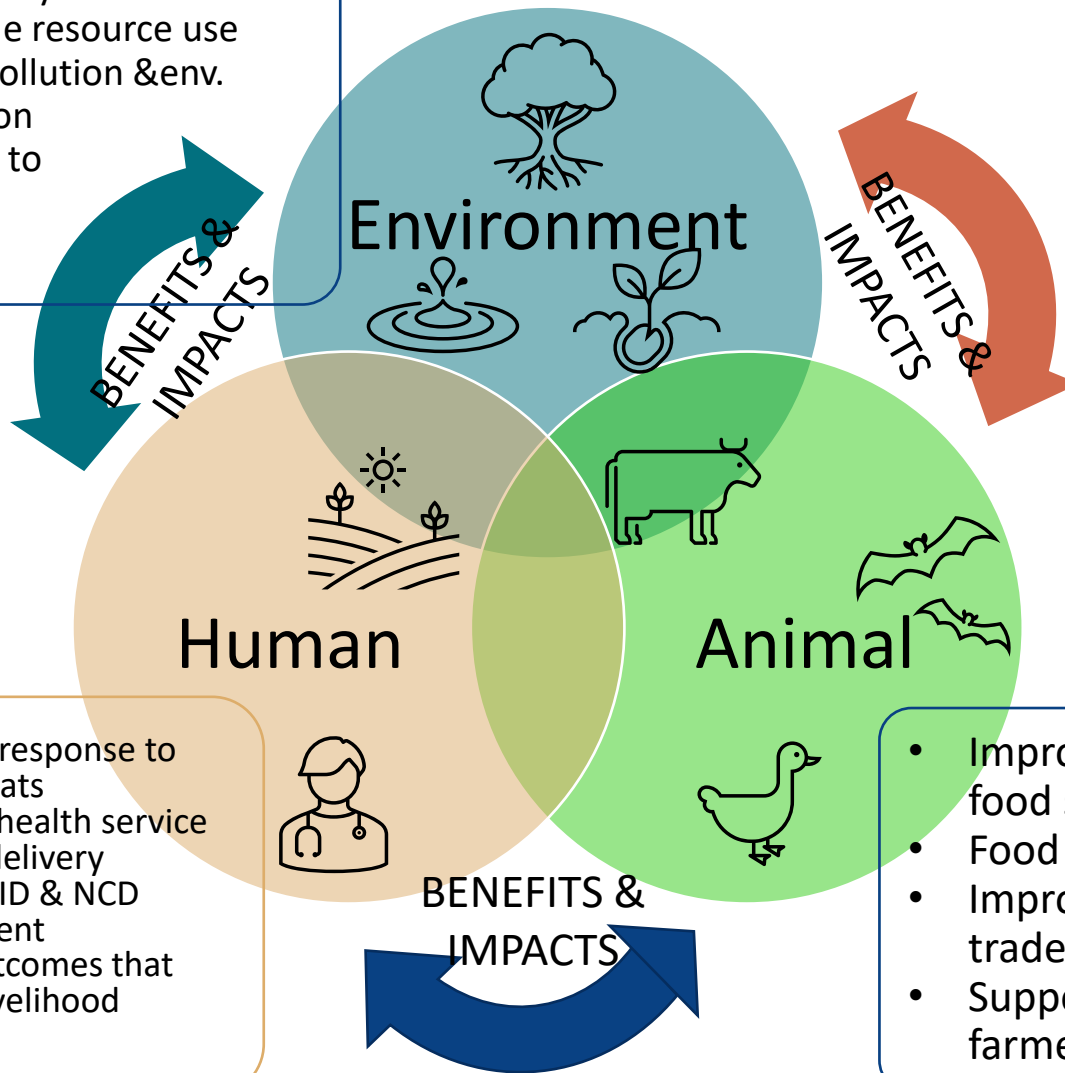


Can we do more?

- Share the benefits
- More efficient implementation
- Encourage/incentivise better cooperation
- Support sustainable development

A 'Systems View' of One Health

- Conserve biodiversity
- Protect ecosystem services
- Sustainable resource use
- Manage pollution & env. degradation
- Resilience to climate change



- Improved response to acute threats
- Equitable health service access & delivery
- Improved ID & NCD management
- Health outcomes that support livelihood security

- Improved productivity & food security
- Food safety
- Improved cross-border trade & market access
- Support for small-scale farmers

Recognise

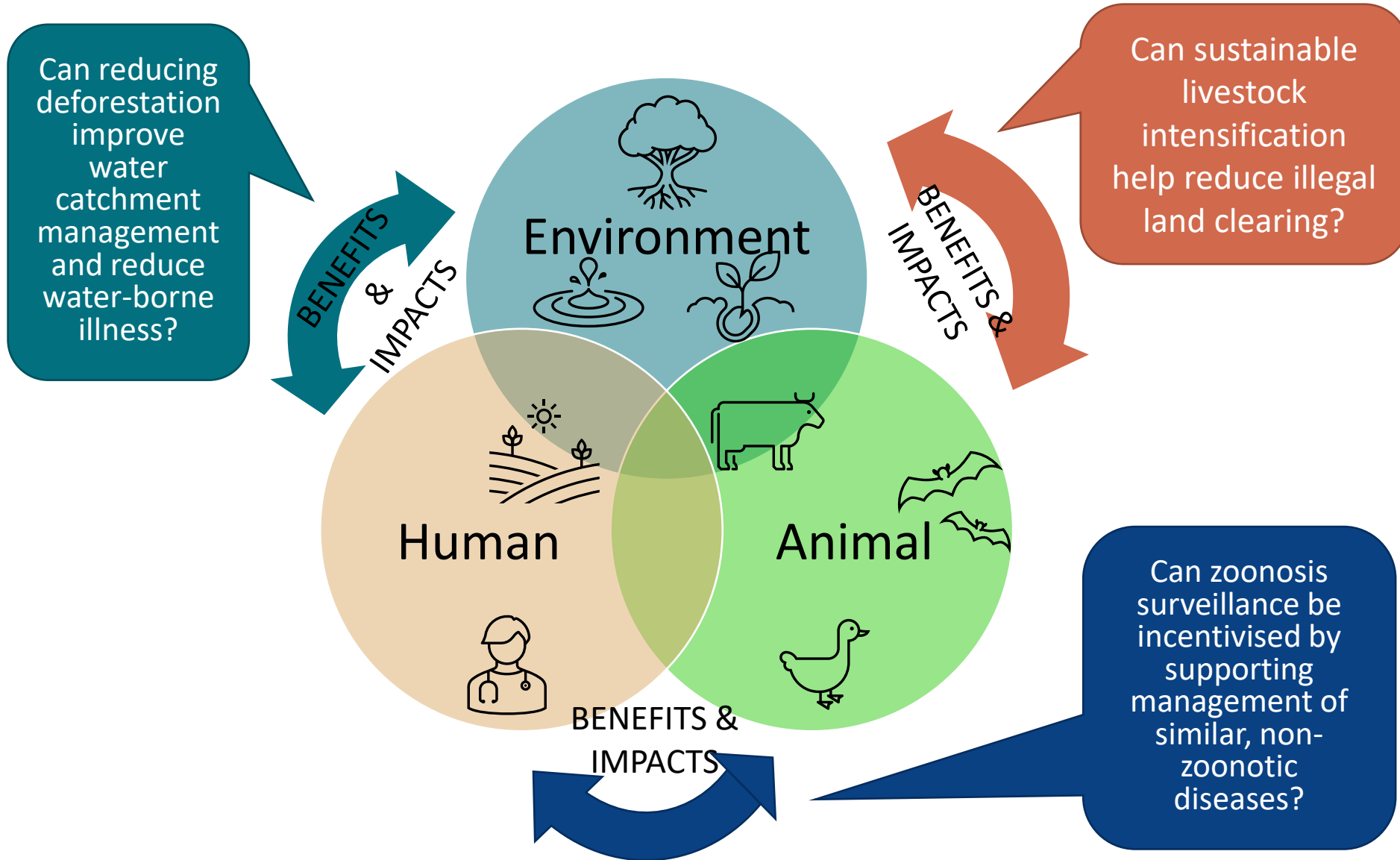
- **Benefits**

AND

- **Impacts**

to priority areas in each sector

A 'Systems View' of One Health





A Status Update of One Health in the GMS

**Preliminary Results of System &
Policy Reviews and Stakeholder
Consultations**

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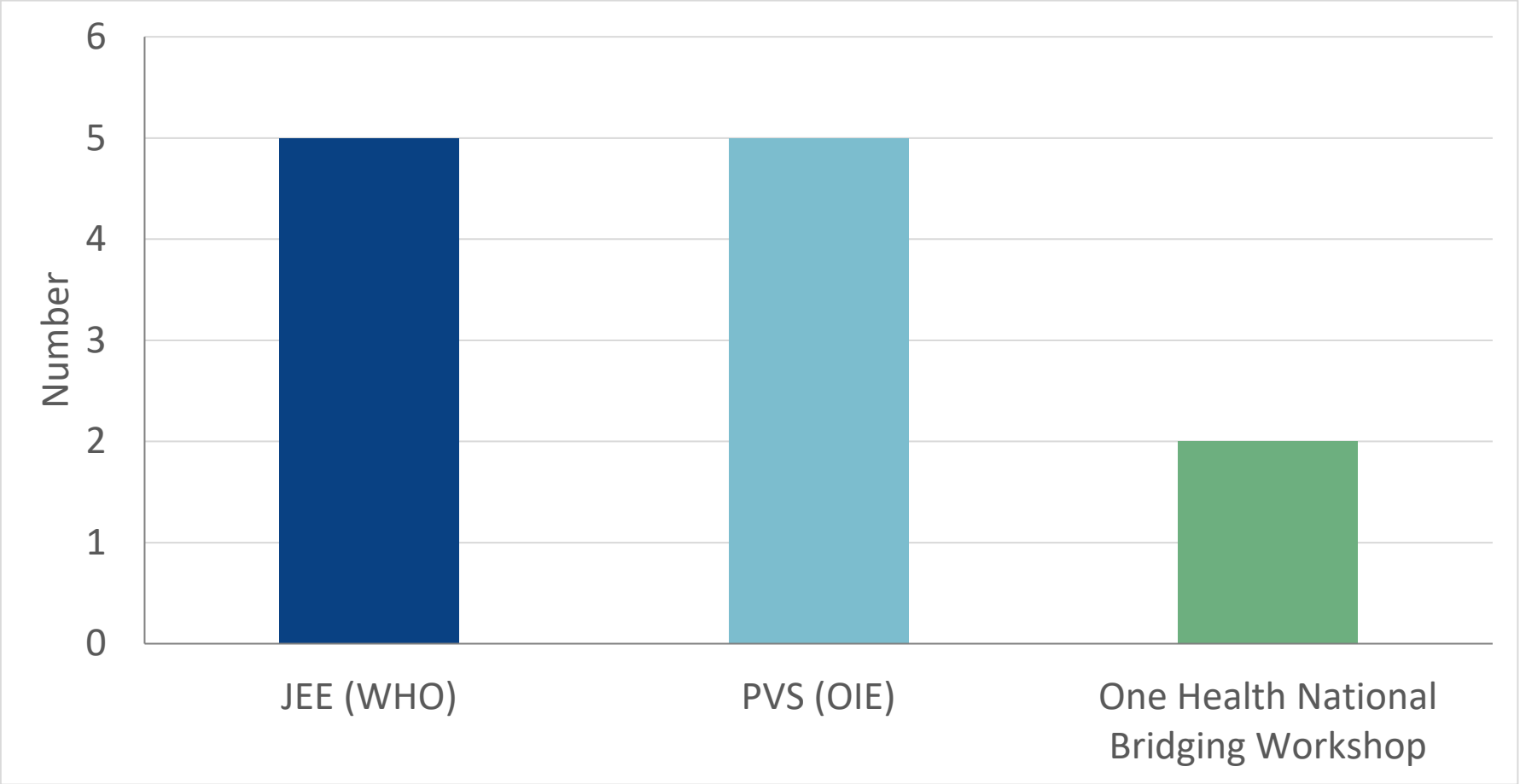
Reviews of One Health in the GMS

- Desktop reviews of Systems & Policies relating to One Health
 - Key institutions
 - System governance & structure
 - Existing assessments
- Stakeholder consultations: Health, Agriculture, Environment (ongoing)

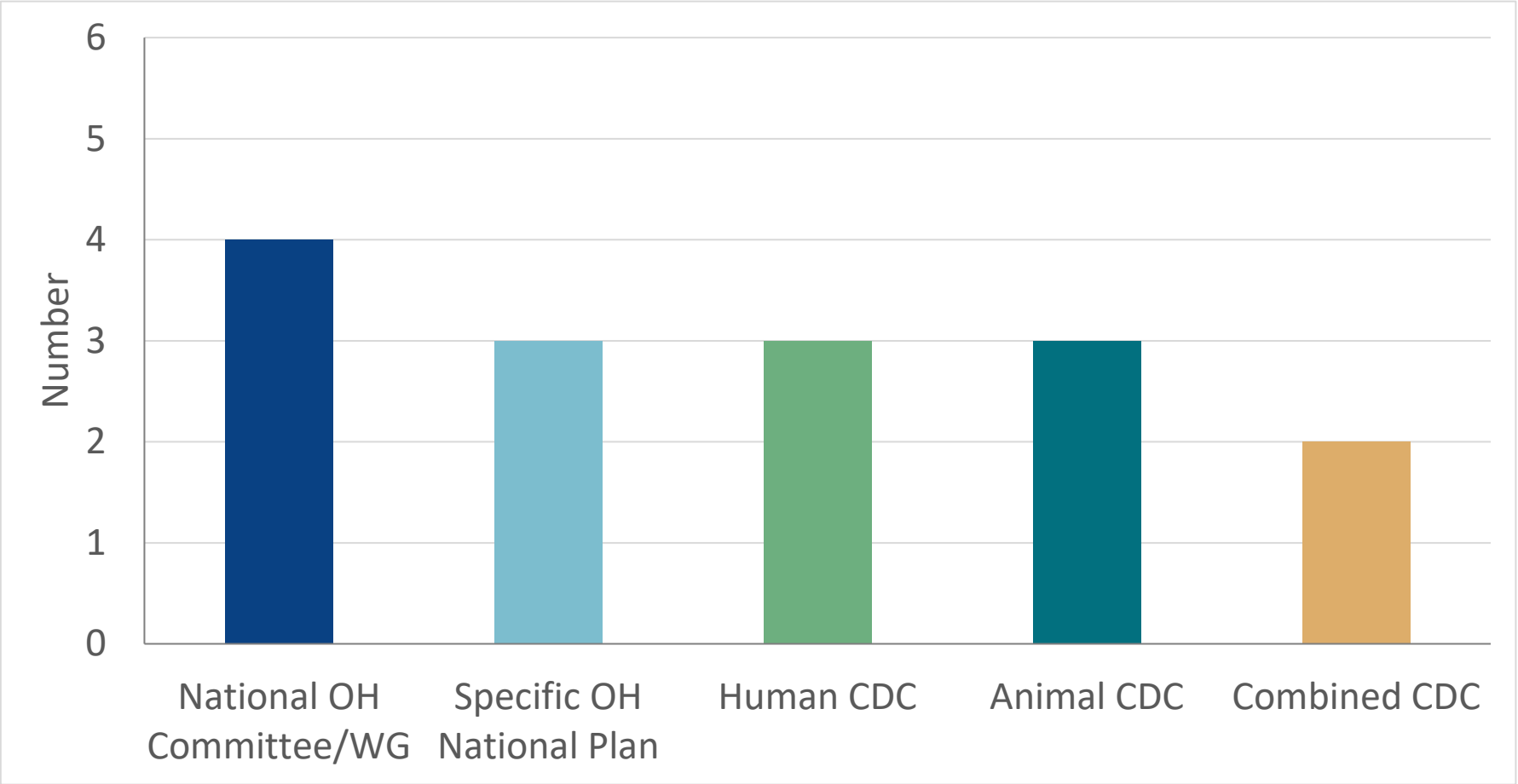
Stakeholder Consultations

| | Health | Agriculture | Environment |
|----------|--------|-------------|-------------|
| Cambodia | ✓ | | ✓ |
| Lao PDR | ✓ | | ✓ |
| Myanmar | ✓ | | |
| PRC | ✓ | | |
| Thailand | ✓ | | ✓ |
| Vietnam | ✓ | ✓ | |

External Assessments Covering One Health

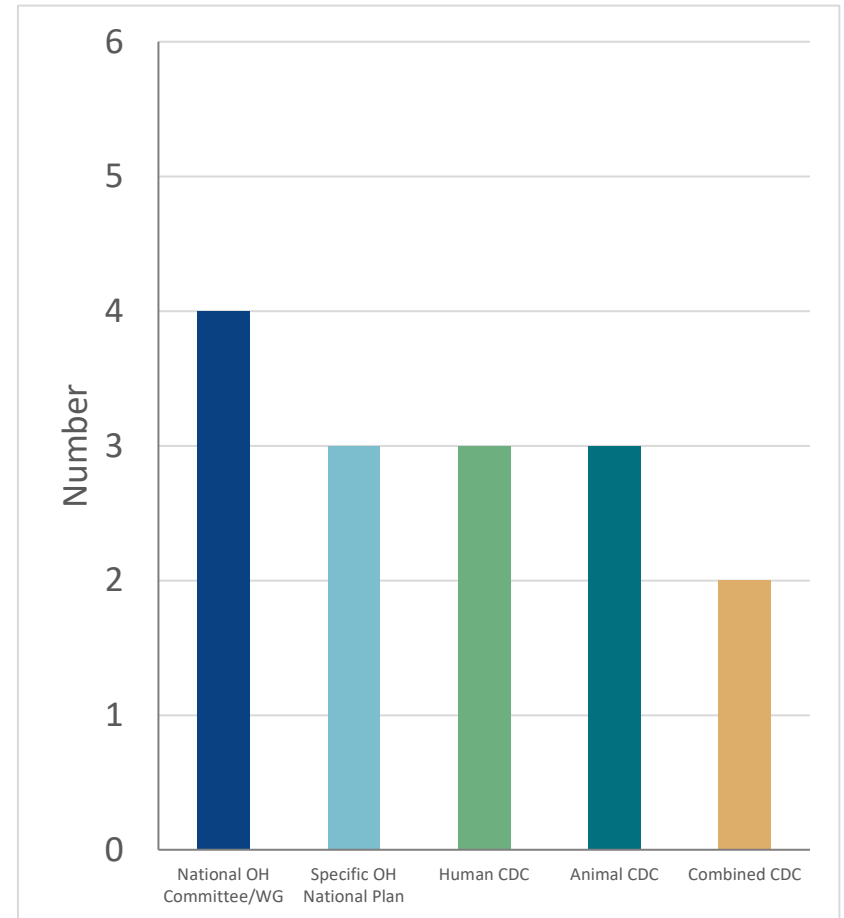


One Health Coordination Mechanisms

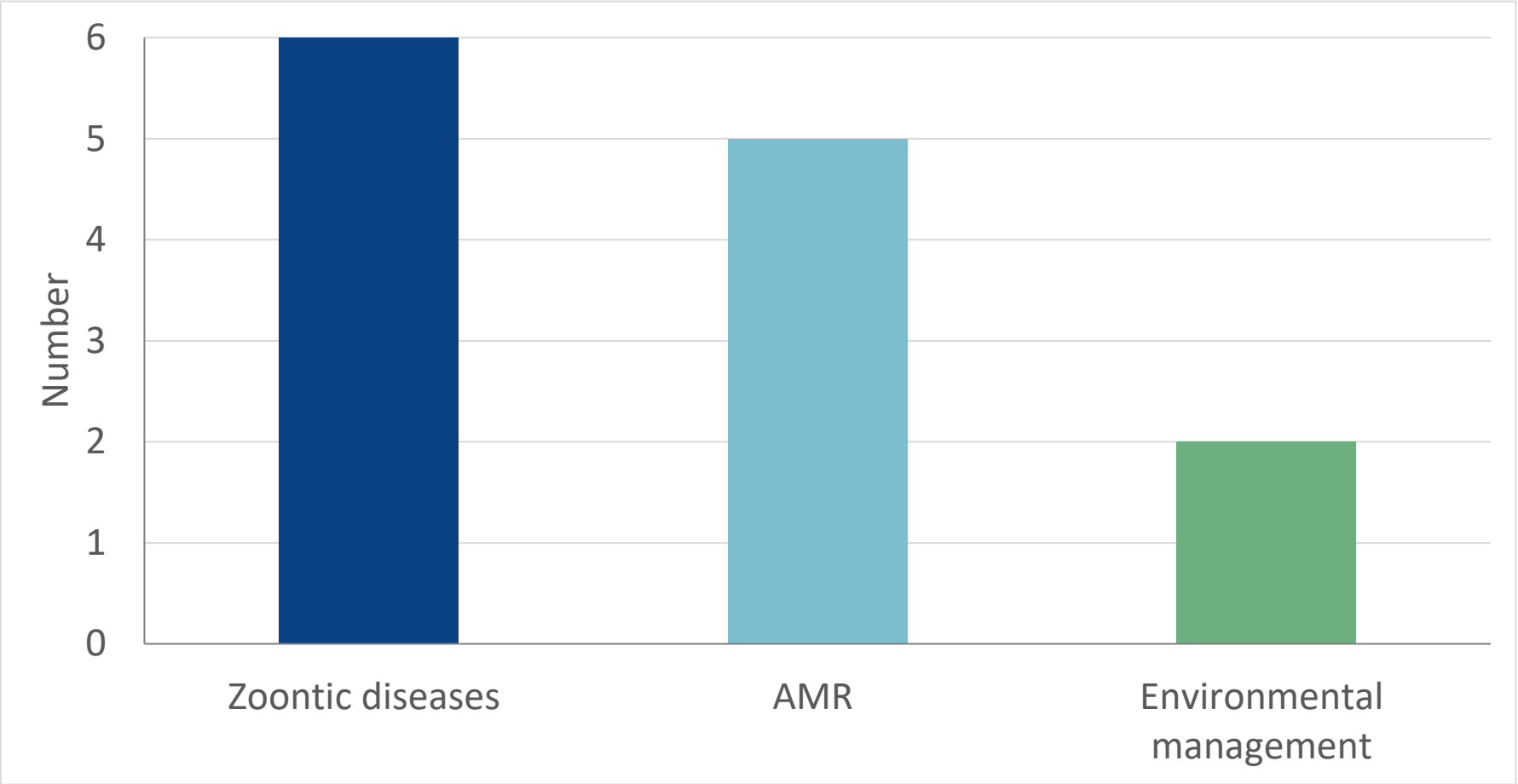


One Health Coordination Mechanisms

- Different mechanisms but covering similar areas
- Can coordination between sector-specific CDCs be increased?
- How do non-government stakeholders participate?

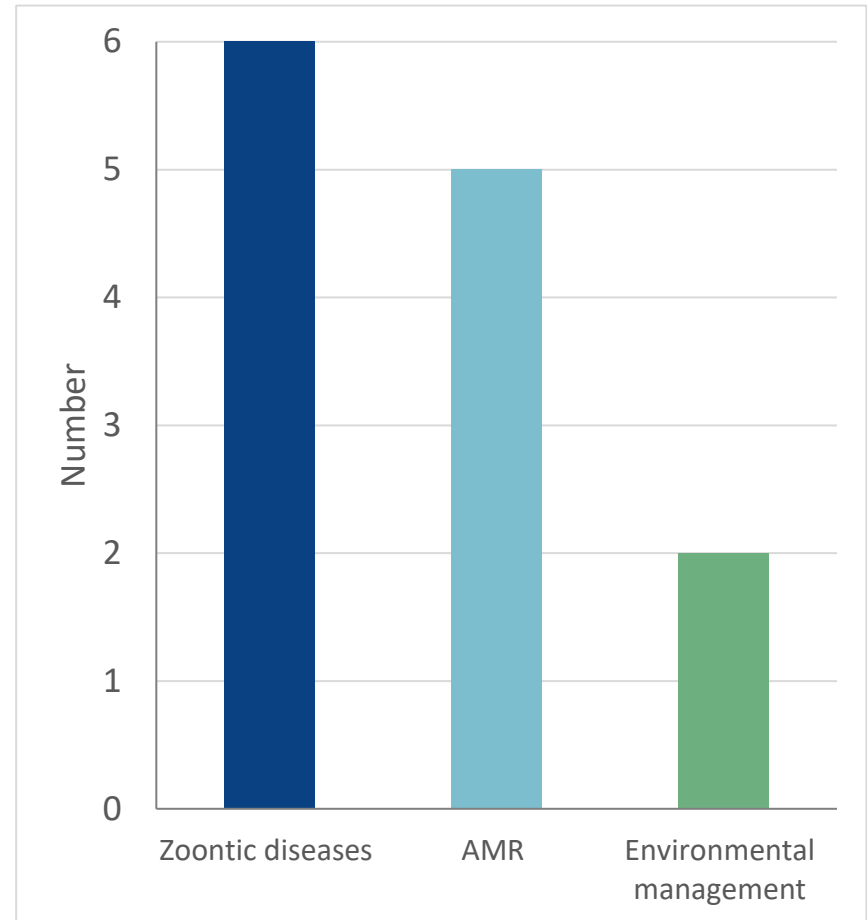


Multi-sector Coordination: Focus areas



Multi-sector Coordination: Focus areas

- Zoonoses cover list of 'important' pathogens/issues:
 - e.g. HPAI, rabies, AMR
 - Some variation across GMS
- Less frequently described:
 - Foodborne illness
 - Emerging diseases



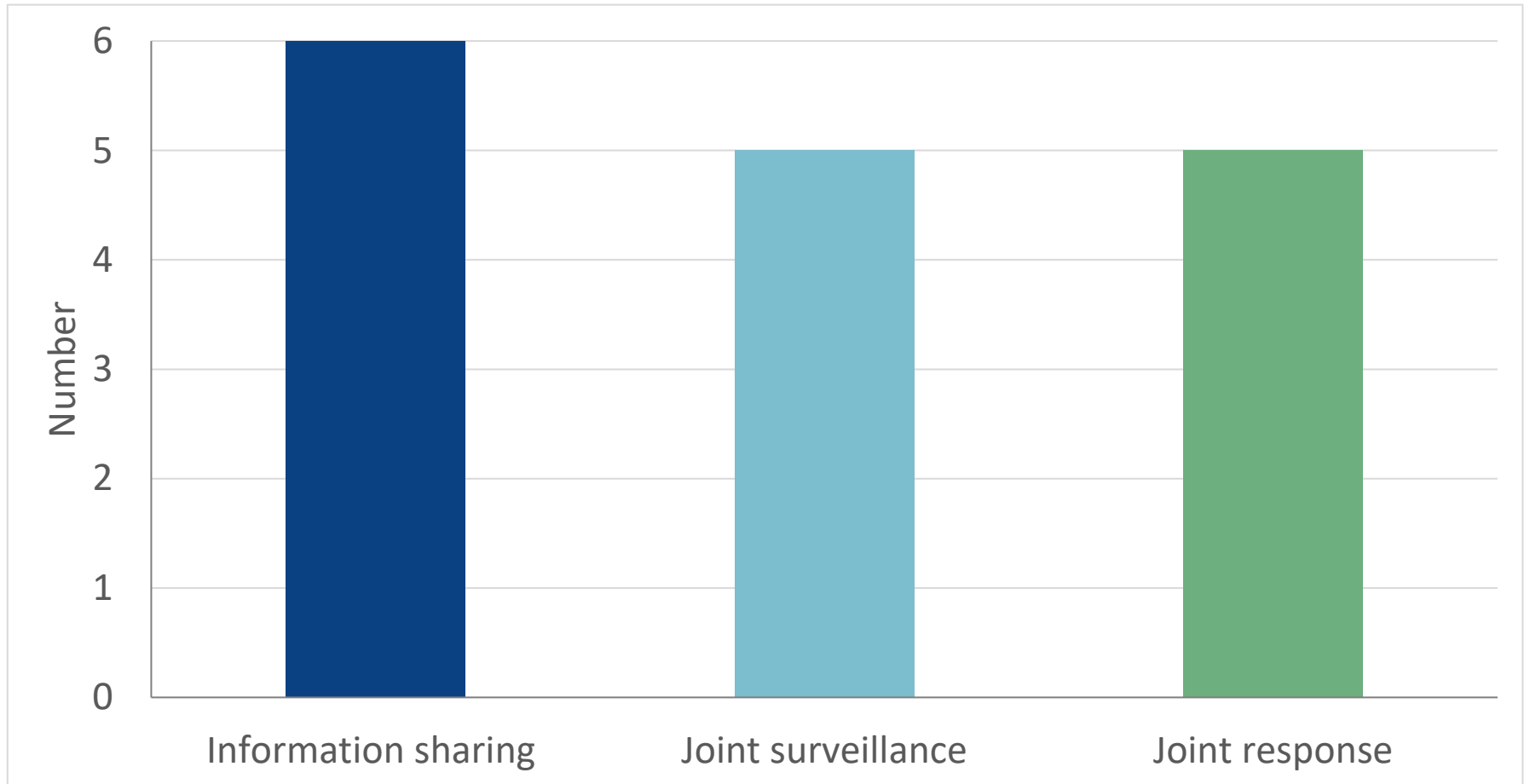
Multi-sector Coordination: Focus Areas

- The 'One Health' brand almost always covers:
 - Health security/disease control (zoonoses)
 - Antimicrobial stewardship

BUT

- Other multi-sector activities may not be labelled 'One Health' even though they probably are!
e.g. Cambodia: Ministry of Environment coordinates with Ministry of Health to deliver natural resource management & community hygiene training to villages in National Protected Areas
- *Can the GMS promote its 'non-zoonosis'/'non-disease response' Systems One Health activities more?*

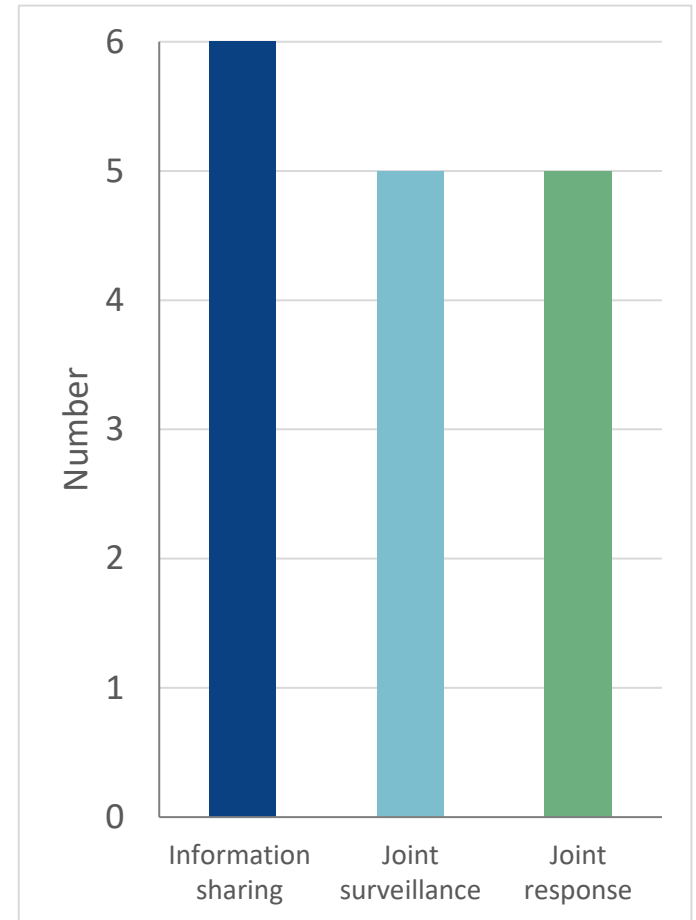
Multi-sector coordination: Types of Activities



Multi-sector coordination: Types of Activities

Info sharing & surveillance: Strengths & gaps

- Systems compatible across sectors?
- How to create value & engagement for different stakeholders?
- Measures of performance/validity (*timeliness, coverage, quality, etc*)
- What routine surveillance exists for 'other' issues (e.g. EIDs)?
 - In 'traditional' health/animal sectors
 - Wildlife
 - Other agricultural systems
 - At critical interfaces
 - For non-disease One Health issues



Financing & Resourcing One Health

- Keen to describe GMS examples of coordinating financing across sectors
- How does GMS address differences in funding models for service providers in different sectors?
 - e.g. public funding for human health but mainly private funding for animal health?
- One Health funding can also be challenging in decentralised funding models
- Can adopting ‘Systems One Health’ create better alignments with national sector development & investment priorities?

Thank You

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