

Embedding One Health into the Global Health Architecture?

Overview, Challenges,
and Relevance of the Global Fund



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“One Health is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems.”

It recognizes the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and inter-dependent.

The approach mobilizes multiple sectors, disciplines and communities at varying levels of society to work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for clean water, energy and air, safe and nutritious food, taking action on climate change, and contributing to sustainable development.”

— The One Health High-Level Expert Panel

The concept of One Health, which designates the interlinkages between human, animal and environmental health, **comes with the recognition that human-induced deterioration of ecosystems, biodiversity loss and climate change accentuate risks to human health and food security.** Those interconnexions are robustly evidence-based. HIV, Covid-19, Ebola, SARS, mpox as well as 75% of emerging human infectious diseases come from the spillover of zoonotic diseases to humans. The over- and improper use of antimicrobials – antibiotics, antivirals, antifungals, antiprotozoals – and pesticides in agriculture and animal farming fuels the development of highly resistant pathogens. Extreme weather events and changes in temperature and precipitation patterns modify the geography and seasonality of vector-borne diseases such as malaria or dengue, placing millions of people newly at risk – while also affecting food production and subsistence farming.

A One Health approach underscores the need to tackle key health threats such as infectious diseases or anti-microbial resistance (AMR) in a multi-sectoral manner, from local to global, across human health, veterinary health, agriculture, habitat, water and sanitation, waste management, and other sectors.

The reform of the global health architecture could be an opportunity to embed **the One Health approach as a guide for better prevention, preparedness and response (PPR) to future threats to human health and wellbeing.** However, steep reductions in international aid budgets and brutal transitions question the very feasibility of a shift towards a One Health approach in low- and middle-income countries in a context of persistently high debt burdens and an upsurge in urgent needs, fuelled by health service disruptions and humanitarian crises.

The Global One Health Ecosystem: An Overview



Cross-UN agency coordination

Successive pandemic waves created a momentum for the establishment of a cross UN-agency coordination on One Health, which counts among the main driving forces behind the One Health agenda.

2007

The concept of One Health was first politically endorsed at **the New Delhi Ministerial Conference on Avian Influenza in 2007**, which marked the start of the engagement of WHO, FAO and WOAHA, leading to the formalization of the Tripartite as a permanent coordination structure across the three agencies – expanded to UNEP to form the Quadripartite in 2022, in the aftermath of the Covid-19 pandemic.

2022

In **2022**, the Quadripartite launched a **One Health Joint Action Plan** that outlines the agencies' strategy to advocate and support the implementation of One Health within their own mandates. Two important legs of the Quadripartite's Joint Action Plan are to support countries in the development of multi-sectoral policies and practices at national level, and to build high-level political support for the One Health agenda.

Science to policy

The One Health ecosystem is characterized by strong science-to-policy dynamics. **At the origins of the notion of “One World, One Health” are the 12 Manhattan Principles¹ formulated in September 2004 by a group of experts from academia and institutions gathered at a symposium “Building Interdisciplinary Bridges to Health in a Globalized World” at Rockefeller University.**

More recently, following of the Covid-19 crisis, *The Lancet* One Health Commission², as well three expert groups convened respectively by WHO-Euro, the Quadripartite, and the World Health Assembly, i.e. the Pan-European Commission on Health and Sustainable Development³, the One Health High-Level Panel⁴, and the Independent Panel for Pandemic Preparedness and Response⁵, have been pivotal in placing One Health at the centre of the global health reform agenda.

Experts are calling for a paradigm shift amid vital threats for human health and food security posed by pandemic risks, anti-microbial resistance (AMR) and vector-borne diseases, while also seeking to address the broader effects of climate change, environmental and animal health on non-communicable diseases and food security.

According to the expert groups, **integrated surveillance appears as a top priority across the scope of One Health interventions**, among a broader set of recommendations related to health systems strengthening, increasing animal welfare and planetary health, and actioning health and climate co-benefits.

Integrated surveillance appears as a top priority across the scope of One Health interventions.

The Prezode international research-to-policy project, set up in 2021 at the One Planet Summit, focuses specifically on **preventing zoonotic diseases, with a strong integrated surveillance component⁶.**

Prezode's membership reflects the diversity of stakeholders across the One Health ecosystem coordination

While Prezode primarily involves research and academic institutions across a wide range of countries and disciplines, it also counts NGOs and civil society groups among its members⁷ such as Four Paws, the World Veterinary Association (FVF) and the Asia-Pacific Council of AIDS Service Organizations (APCASO) – reflecting the diversity of stakeholders across the One Health ecosystem. 🌐

¹The Manhattan Principles (2004).

[View reference](#)

²Amuasi J, Lucas T, Horton R et al., Reconnecting for our future: *The Lancet* One Health Commission *The Lancet*, 395, 1469-1471 (2020).

[View reference](#)

³Pan-European Commission on Health and Sustainable Development, Rethinking policy priorities in the light of pandemics: a call to action (2021).

[View reference](#)

⁴One Health High-Level Expert Panel (OHHLEP), Adisasmito WB, Almuhairei S, Behravesh CB, Bilivogui P, Bukachi SA, et al. (2022) One Health: A new definition for a sustainable and healthy future. *PLoS Pathog* 18(6): e1010537.

[View reference](#)

⁵Independent Panel for Pandemic Preparedness and Response, Covid-19: Make it the Last Pandemic (2022).

[View reference](#)

⁶Prezode' Strategic Agenda has five pillars: Pillar 1. Understand zoonotic risks and risk activities; Pillar 2. Co-design solutions to reduce zoonotic risks; Pillar 3. Strengthen early warning systems to detect zoonotic risks; Pillar 4. Prototyping a global information system for surveillance and early detection; Pillar 5. Engage stakeholders and co-design One Health networks and policies (cross-cutting) (2022).

[View reference](#)

⁷"The PREZODE community includes members and observers from scientific, academic, and associative sectors, as well as governments".

[View reference](#)

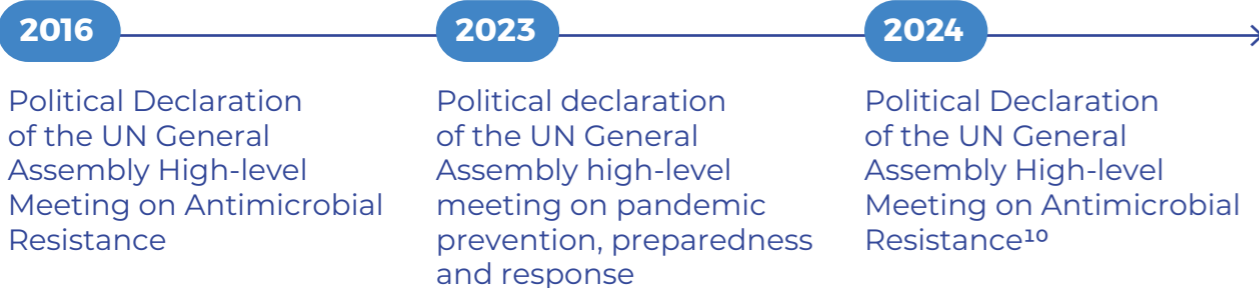
One Health in multilateral fora: mixed perspectives



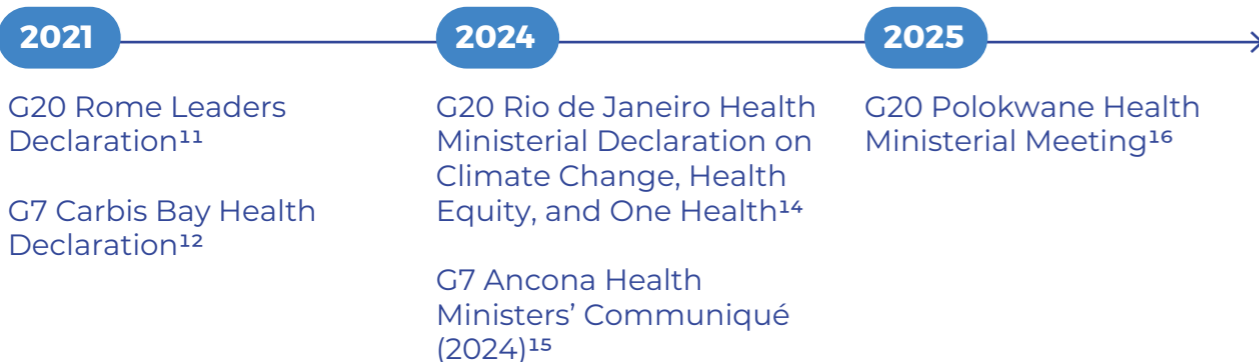
At global level, the Quadripartite, alongside champion States, has succeeded in progressively embedding One Health into thematic political roadmaps related to **pandemic prevention, preparedness and response, antimicrobial resistance, vector-borne diseases,**

and health and climate change, across key multilateral fora. Insofar as the themes of AMR, PPR, and health and climate were prioritized by presiding governments, One Health was also progressively recognized by the G7, the G20 and the COP in parallel to the UN bodies.

One Health in United Nations thematic roadmaps⁸



One Health in G7, G20, COP declarations⁹



⁸Political declaration of the high-level meeting of the General Assembly on antimicrobial resistance (2016).

[View reference](#)

Political declaration of the General Assembly high-level meeting on pandemic prevention, preparedness and response (2023).

[View reference](#)

Political Declaration of the High-level Meeting on Antimicrobial Resistance (2024).

[View reference](#)

The Belem Action Plan for the Adaptation of the Health Sector to Climate Change (2024).

[View reference](#)

"We commit to pursue a One Health approach at global, regional, national and local levels. To this end, we will enhance global surveillance, early detection and early warning systems, under

the coordinating role of the WHO, FAO, OIE and UNEP, and address risks emerging from the human-animal-environment interface, particularly the emergence of zoonotic diseases, while pursuing global efforts to fight antimicrobial resistance, while ensuring access to antimicrobials and their prudent stewardship, and continuing to address other critical issues, including non-communicable diseases and mental health"
G20 Rome Leaders Declaration (2021).

[View reference](#)

"We will champion an integrated and systems-based One Health approach across all aspects of pandemic prevention, preparedness, detection and response and work to foster a healthier planet."
G7 Carbis Bay Health Declaration (2021).

[View reference](#)

"We reaffirm previous G20 commitments to advocate for and implement a One Health approach, promoting collaborative intersectoral and multidisciplinary actions to address knowledge gaps and strengthen surveillance, prevention, preparedness, and response

WHO Pandemic Agreement

The inclusion of a full article on One Health in the Pandemic Accord adopted by WHA in 2025 – due to enter into force if the WHA finds a final agreement on benefit-sharing from pathogen access in 2026 – was a **historic step in terms of paradigm shifts, and in terms of WHA's efforts to raise its political role and shape national One Health structures and practices through collective legally binding commitments of Member States.**

Nonetheless, Article 5 of the Pandemic Accord comes with a caveat, as it specifies that Member Parties shall implement One Health measures "in accordance with national and/or domestic law and taking into account national and regional contexts, and subject to the availability of resources".

However, **One Health is absent from key international and regional roadmaps endorsed by African Heads of State, such as the Lusaka Agenda, the Accra Reset and the African Union's Agenda 2063.** Even though several African countries, such as Tanzania, Zambia, Rwanda, Uganda, Ethiopia, Kenya, Zimbabwe, Senegal and Namibia, have also had One health strategies and practices in place at national level for almost a decade¹⁰, and even though One Health is a central component of the strategy of the regional public health agency Africa CDC¹¹.

Overall, **One Health has a relatively low profile in global and regional discussions on global health architecture reform** – i.e. beyond the themes of PPR, AMR, and health and climate – and remains notably absent from major roadmaps on the future of development, especially the outcome documents of the UN Summit of the Future¹² in 2024 and of the Sevilla 4th UN conference on financing for development¹³ in 2025 – where the profile of health is relatively low in general. ●

Member Parties shall implement One Health measures "[...] subject to the availability of resources".

to potential future health emergencies, tackle Antimicrobial Resistance (AMR), infectious and neglected tropical diseases, and address other issues related to the health of humans, animals, plants and their shared environment"
G20 Rio de Janeiro Health Ministerial Declaration on Climate Change, Health Equity and on One Health (2024).

[View reference](#)

"8. Our actions are aimed at strengthening the capacity to address the global health threat of antimicrobial resistance, zoonotic diseases spread and the triple planetary crisis of climate change, pollution and biodiversity loss, including through effective implementation of the One Health approach. 9. To deliver on these commitments, we will therefore work together for a healthier future across three areas: strengthening GHA and pandemic prevention, preparedness and response, healthy and active ageing through life-long prevention and innovation and the implementation of the One Health approach with a focus on AMR and climate change"
G7 Ancona Health Ministers' Communiqué.

[View reference](#)

Chair's Summary: Health Ministerial Meeting, Polokwane, Limpopo, South Africa, November 7, 2025.

[View reference](#)

¹⁰One Health Observatory.

[View reference](#)

¹¹Africa CDC.

[View reference](#)

¹²United Nations Pact for the Future, Global Digital Compact and Declaration on Future Generations (2024).

[View reference](#)

¹³Compromiso de Sevilla / Outcome document of the Fourth International Conference on Financing for Development (2025).

[View reference](#)

More health security for less money: the impossible equation

The background features a complex abstract graphic design. It includes several overlapping white-outlined shapes: a large circle, a smaller circle, a rectangle, and a large cross symbol. The design is set against a gradient background that transitions from red at the top to yellow and blue at the bottom.

The caveat to Article 5 on the Pandemic Treaty, which conditions the implementation of measures to the availability of financial resources, highlights **the vital role of international financial solidarity flows to enable low- and middle-income countries to increase the One Health interventions**, particularly in the area of “deep prevention”, i.e. surveillance and response to pathogens before they spill over to humans.

While there is broad consensus on the importance of reducing LMICs’ dependency on foreign assistance, and on the relevance of embracing a One Health approach, **income levels stand out among the main lines of demarcation among Member States’ positions on the role of One Health and pandemic prevention in the negotiations of the Pandemic Accord**¹⁴.

One Health was among the main priorities of European countries for the Pandemic Treaty, reflecting the prominence of **One Health as a core principle of the Global Health strategies of the European Commission: Germany, France, Spain, the Netherlands, the United Kingdom**. It is also a cornerstone of the strategies of Sweden, Denmark, and Norway for their participation in the WHO.

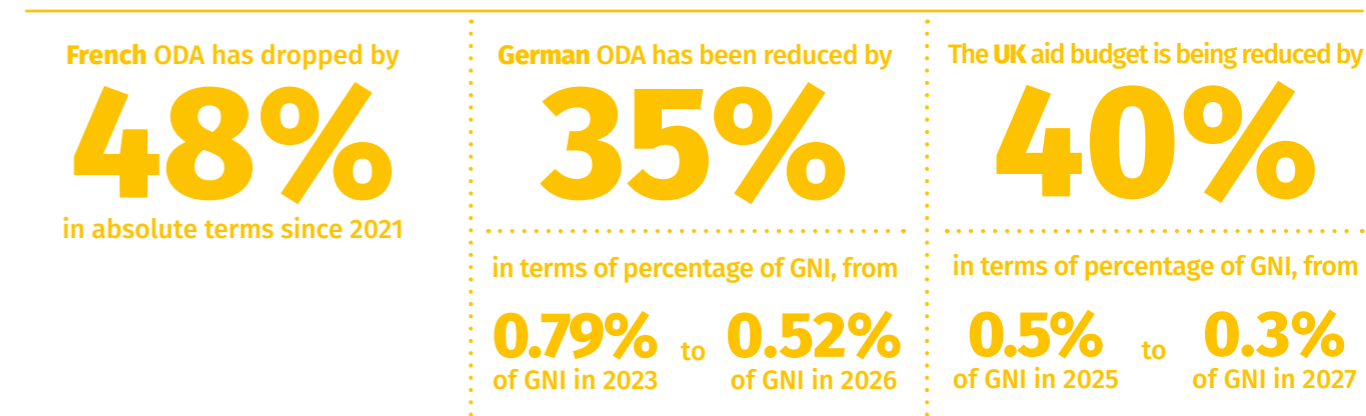
By contrast, according to observers, many lower-income countries – even countries having implemented One Health policies at national level – would not commit to doing more on prevention without high-income countries committing to granting greater access to medical countermeasures developed by their pharmaceutical industries, with pathogen information shared by LMICs. Many were also reluctant to take legally binding commitments on One Health in the light of the **massive discrepancy between the consequential efforts needed to develop One health capacities, and the scarcity of available financial resources**.

Indeed, developing a One Health approach comes with a cost. Necessary initiatives to develop integrated surveillance systems, for example, include:

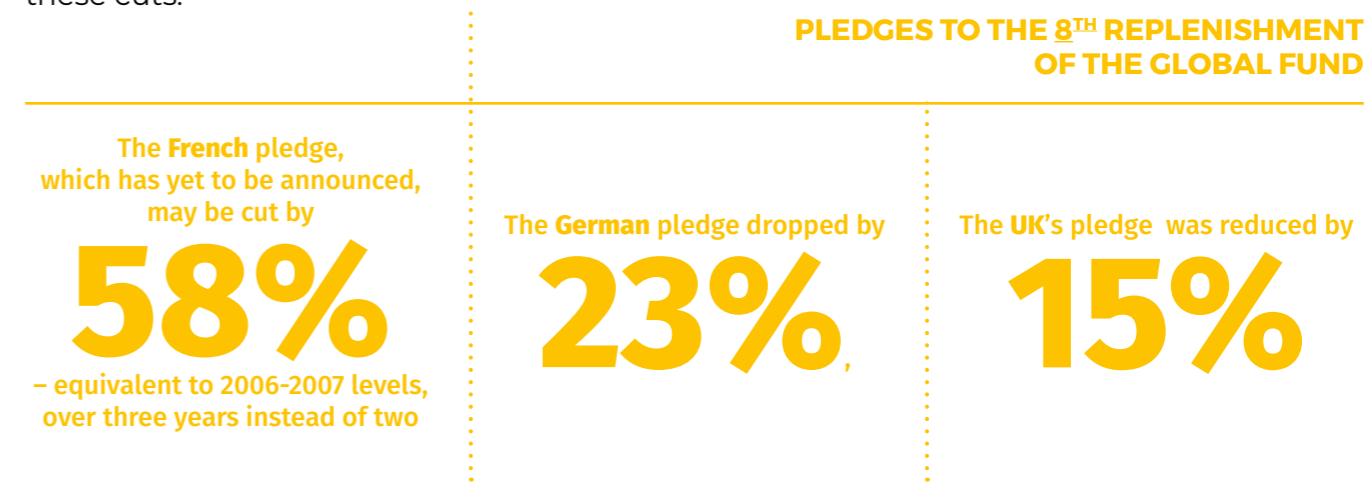
- **SUSTAINING EXISTING EPIDEMIOLOGICAL INFORMATION, ANALYSIS AND DATA COLLECTION SYSTEMS ACROSS HUMAN INFECTIOUS DISEASES, ENVIRONMENTAL AND VETERINARY SURVEILLANCE**
- **EXPANDING SURVEILLANCE GEOGRAPHICALLY AND IN LARGELY LACKING, UNDER-INVESTED DIMENSIONS SUCH AS GRANULAR METEOROLOGICAL DATA**
- **DEVELOPING DIGITIZATION AND INTER-OPERABILITY OF DATA**
- **RECRUITING AND TRAINING A SUFFICIENT WORKFORCE**
- **ENGAGING WITH COMMUNITIES AND EMBEDDING COMMUNITY SYSTEMS ACROSS ALL DIMENSIONS**
- **EQUIPPING KEY INSTITUTIONS – MINISTRIES, AGENCIES – WITH ADEQUATE RESOURCES AND CAPACITY-BUILDING FOR ROUTINE MULTI-SECTORAL COORDINATION AND PLANNING, BEYOND ON-OFF EMERGENCY SURGES**

¹⁴One Health: A Bargaining Chip in the Pandemic Agreement Negotiations? Nina Jamal, Geneva Health Files Newsletter n.88, 2024

Yet, as high-income countries were pushing LMICs to agree to increase their prevention efforts through One Health commitments, **a number of major European donors were simultaneously slashing their ODA budgets**, challenging the ability of LMICs to even sustain their existing detection, data collection, information and early warning systems.



Organisations and programs, such as **WHO, the Global Fund and UNAIDS, that have a major footprint in data and surveillance systems**, as well as the capacities of other core health systems to counter infectious diseases in low-income countries, have suffered from these cuts.



PLEDGES TO THE 8TH REPLENISHMENT OF THE GLOBAL FUND

COMPARED WITH THE 7TH GLOBAL FUND REPLENISHMENT CONFERENCE

OECD-DAC countries are drastically reducing their ODA flows, much more rapidly than the debt burden of LMICs is being relieved and way faster than partnerships with multilateral development banks and private sector are materializing – and **the more constrained the budgetary context, the less the incentive for countries with the highest burden and increasing incidence of infectious diseases**, to prioritize compliance with international expectations on preventing potential future diseases, over alleviating the burden of existing diseases for their societies and economies. ✘

The relevance of the Global Fund

The background of the slide is a gradient transitioning from yellow at the top to blue at the bottom. A large white target symbol is centered on the page, consisting of three concentric circles and a central bullseye. A white stick with a five-pointed star at its tip is positioned diagonally, pointing from the bottom-left towards the top-right, passing through the center of the target.

One Health is embedded in the Global Fund's Strategy 2023-2028, in objectives related to drug-resistant TB, malaria and climate change, contribution to PPR, and partnership. The Strategy orients the investments of the Global Fund,

which provides 59% of all international funding against malaria, 73% for TB, and 26% for HIV/AIDS. The Global Fund is also the largest multilateral supporter of health systems, with US\$ 6 billion invested between 2023 and 2025.

HIV/AIDS, Tuberculosis and Malaria in the One Health Agenda



AMR

Drug-resistant tuberculosis is identified as “one of the key components of the global challenge of antimicrobial resistance” by the UN and a regional emergency by WHO Europe¹⁵. Resistance to insecticides and treatment also stands out among the key factors of resurgence of malaria cases¹⁶, while bacterial infections are the second-leading cause of hospitalization among people living with HIV, who are particularly vulnerable depending on their level of immunity¹⁷. To prevent resistance, the Global Fund invests in access to new dual active-insecticide bednets and Multiple First-line anti-malarial Therapies (MFT), and community support for HIV and TB treatment adherence. The Global Fund also supports the detection of drug-resistant cases, contributing for example to the treatment of 120,000 people for drug-resistant TB in 2024. **Overall, the Global Fund has invested US\$74 million in combatting AMR by improving laboratory networks, AMR surveillance, and infection prevention and control between 2023 and 2025.**

¹⁵Tuberculosis Surveillance and Monitoring in Europe 2026, ECDC and WHO-Euro.

[View reference](#)

¹⁶The perfect storm of challenges facing malaria.

[View reference](#)

¹⁷Ford N, Shubber Z, Meintjes G et al., Causes of hospital admission among people living with HIV worldwide: a systematic review and meta-analysis, The Lancet HIV, 2015; 2, e438-e444.

[View reference](#)



MALARIA

Malaria is the most lethal vector-borne disease, with 282 million cases and 610 000 deaths in 2024 – 9 million cases more than the previous year. Malaria is particularly climate-sensitive, with **50-62 million people expected to become newly at risk of endemic malaria transmission and 37-48 million people at risk for seasonal malaria transmission by 2050 in Eastern and Southern Africa due to climate change.** The Global Fund provides 59% of all international funding to fight malaria. Multi-sectoral approaches are particularly relevant to the fight against malaria. In Ghana, the Global Fund supported a partner of the National Malaria Control Program, working on spraying houses with insecticide for malaria prevention (indoor residual spraying – IRS), to **collaborate with agricultural companies in the area to understand the use of insecticides in agriculture and conduct a joint survey to determine the insecticide pressure in the area.**



OVERLAPPING EXPOSED POPULATIONS

Nomadic populations in Chad and undocumented forest workers in the Mekong region, who live at the edge of the interface with livestock, wild fauna and deteriorating environments – due to draught, erosion or deforestation – are also particular at risk of malaria. Having developed partnership with communities for 20 years, **the Global Fund is among the few institutions that has been able to support linkages with, and health service provision to hardest to reach groups.**

The Value Added of the Global Fund Beyond the Three Diseases: The Case of Surveillance



FROM DISEASE-SPECIFIC TO MULTI-PATHOGEN SURVEILLANCE

In Mozambique, the National Malaria Control Program is able to detect upsurges in non-malaria fevers through routine analysis of fever and malaria data, allowing for example a dengue outbreak to be successfully investigated and responded to in the north of the country. In 2022, **as part of Global Fund support for wastewater testing programs for early disease detection in six countries, Mozambique's National Institute of Health established the Wastewater Environmental Monitoring Program**, which is now expanding into an integrated diseases surveillance (IDS) initiative across 3 regions and multiple pathogens including SARS-CoV-2, Influenza, Polio, and Cholera.



FROM DISEASE-SPECIFIC TO ONE HEALTH SURVEILLANCE

In Sierra Leone, US\$ 3.3 million from the Global Fund's Covid-19 Response Mechanism funding were allocated to strengthen surveillance and early warning systems and **support the establishment of the National Public Health Agency's One Health Data Hub**, especially the infrastructure and the development of data-sharing procedures and regulations. Event-Based Surveillance was also scaled up in four districts, with climate-informed early warning systems for priority diseases layered onto existing data collection pipelines.



STRENGTHENING LABORATORY CAPACITIES

The Global Fund is investing US\$ 400 million in laboratory strengthening and multi-disease diagnostics in 90 countries between 2024 and 2027. **Eight countries have already developed the capacity to safely handle dangerous pathogens like Ebola and mpox, as part of Global Fund support to upgrading over 186 labs** in eligible countries since 2024.



COMMUNITY ENGAGEMENT IN EVENT-BASED SURVEILLANCE

The Global Fund is supporting twelve countries for the roll-out of **event-based surveillance to detect and respond to emerging health threats, including, since 2024, community-based surveillance, i.e. initiatives whereby community workers report unusual events in real time.** In Malawi, in 2024, trained health volunteers equipped with digital reporting tools were able to detect and verify a cluster of fever and rash cases within 24 hours, enabling health authorities to identify a measles outbreak and respond just 48 hours later. ●

Pathways towards enhancing the Global Fund's alignment with the One Health agenda



a. Enhancing demand for One Health approaches at country level

As the Global Fund's model is based on country demand, the primary pathway for greater alignment of the Global Fund with the One Health agenda lies at country level.

Examples of steps that Global Fund partners can take along Grant Cycle 8 (GC8) at country level include:

- **SUPPORTING LINKAGES OF COUNTRY COORDINATING MECHANISMS WITH ONE HEALTH KNOWLEDGE AND EXPERTISE**
- **PROVIDING TECHNICAL ASSISTANCE TO INTEGRATE ONE HEALTH APPROACHES ACROSS NATIONAL DISEASE-SPECIFIC STRATEGIES**
- **PROVIDING CAPACITY-BUILDING TO NATIONAL MINISTRIES, DISEASE PROGRAMMES AND OTHER GLOBAL FUND RECIPIENTS, AS WELL AS NATIONAL AND REGIONAL PUBLIC HEALTH INSTITUTIONS**
- **ENGAGING IN HIGH-LEVEL ADVOCACY WITH LMIC GOVERNMENTS**
- **ADVOCATING FOR THE INTEGRATION OF ONE HEALTH EXPERTS ON THE GLOBAL FUND'S TECHNICAL REVIEW PANEL**
- **PRO-ACTIVELY TAKING A ONE HEALTH APPROACH TO IMPLEMENTING GLOBAL FUND GRANTS - MAINLY IN HUMANITARIAN AND CONFLICT SETTINGS**

b. Enhancing cross-agency alignment at global level

The Global Fund was deliberately created not as a new UN agency or programme, but as a partnership across different existing partners, including WHO and other UN agencies and programmes, governments, the private sector, private foundations, NGOs and communities. This made it possible to leverage existing expertise and capacities and avoid duplications, and to craft a multi-stakeholder governance, where voting power is shared across governments as well as non-governmental actors, including communities directly affected by the diseases.

The Global Fund takes part in global One Health inter-agency coordination indirectly, through its partnership with the WHO and other UN entities. The Global Fund also participates directly in broader global discussions on the future of the global health architecture, including the WHO-led process requested by the WHO Executive Board in February 2026.

At global level, partners can:

- **LEVERAGE COORDINATION AMONG AGENCIES AND MEMBERS OF THEIR GOVERNANCE BODIES - ESPECIALLY THROUGH THE WHO - LED PROCESS REQUESTED BY THE WHO'S EXECUTIVE BOARD - TO DEFINE AND ALIGN POSITIONS ACROSS THE BOARDS OF THE GLOBAL FUND, OF ITS CORE MULTILATERAL PARTNERS, AND OF OTHER RELEVANT AGENCIES AND INSTITUTIONS.**
- **TAKE PART IN GLOBAL FUND GRANT APPROVAL COMMITTEE MEETINGS, AND PROVIDE GUIDELINES, TARGETS, INDICATORS, AND OTHER TECHNICAL NORMS AND GOOD PRACTICES, THAT CAN FEED INTO GLOBAL FUND-WIDE POLICIES AND TECHNICAL GUIDANCE TO COUNTRIES FOR GRANT DESIGN.**

c. Addressing funding shortfalls

For its 8th replenishment, the Global Fund mobilized US\$ 12.64 billion, down from a target of US\$18 billion. Although robust in the context of ODA trends, the replenishment outcome requires the Global Fund country allocations for Grant Cycle 8 to drop compared with Grant Cycle 7, posing a major limitation to the Global Fund's ability to enhance its response to country demand for more integrated One Health approaches. 🌟

On average, countries will face a

9.3%

reduction in their core envelopes for GC8 compared with GC7 core allocations, which were already reduced by 10%.

The reduction reaches

23.3%

when taking into consideration the end of funding from the Covid-19 response mechanism – which was a major source of investments in health systems strengthening activities relevant to the Global Fund's core mandate, such as disease surveillance, support to laboratories and information systems.

The Global Fund does not operate under the authority of the WHO or the UN, but works in close partnership with the WHO, UNAIDS and UN agencies such as UNICEF, UNFPA, UNHCR and UNDP, which participate in GF Board and committees deliberations, and may also sit on Country Coordinating Mechanisms and/or implement of Global Fund strategic initiatives – mainly on technical assistance – and country grants.



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