

# Operationalising One Health for Health Security in Southeast Asia

Guidance for Health Security Partnership (HSP) Capacity-Building



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## Acronyms

AARs	After Action Reviews
ABVC	ASEAN Biodiaspora Virtual Centre
ACB	ASEAN Centre for Biodiversity
ACCAHZ	ASEAN Coordinating Centre for Animal Health and Zoonoses
ACPHEED	ASEAN Centre for Public Health Emergencies and Emerging Diseases
AHC KIIs	ASEAN Health Cluster Key Informant Interviews
AMR	Antimicrobial Resistance
AMS	ASEAN Member States
AOHN	ASEAN One Health Network
APHECS	ASEAN Public Health Emergency Coordination System
APHSAF	Asia Pacific Health Security Action Framework
ARES	ASEAN Rabies Elimination Strategy
COHFE	Competencies for One Health Field Epidemiology
EID	Emerging Infectious Diseases
EOC	Emergency Operations Centre
FETN	Field Epidemiology Training Network
FETP	Field Epidemiology Training Programme
GEDSI	Gender, Equity, Disability, and Social Inclusion
GHSA	Global Health Security Agenda
HP	Health Priority
HSP	Health Security Partnership
IAI	Initiative for ASEAN Integration
IBCM	integrated bite case management
IHR	International Health Regulations
JEE	Joint External Evaluations
JPA	Joint Plan of Action
JRA	Joint Risk Assessment
M&E	Monitoring & Evaluation
MCM	Multisectoral Coordination Mechanism

MEF	Monitoring and Evaluation Framework
MEL	Monitoring, Evaluation, and Learning
NAPHS	National Action Plans for Health Security
NTD	Neglected Tropical Diseases
OH	One Health
OTs	Operational Tools
PABS	Pathogen Access & Benefit-Sharing
RCCE	Risk Communication and Community Engagement
SEAOHUN	Southeast Asia One Health University Network
SimEx	Simulation exercises
SIS	Surveillance and Information Sharing
SOPs	Standard Operating Procedures
SPAR	State Party Self-Assessment Annual Reporting
TA	Technical Assistance
TCG	Technical Coordination Group
ToR	Terms of Reference
WFD	Workforce Development
WHO	World Health Organization

## Introduction

The ASEAN–UK Health Security Partnership (HSP), launched in February 2025, supports ASEAN Member States (Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, Vietnam) and Timor-Leste to strengthen health security, build resilient systems, and address climate–ecosystem–biodiversity disruptions that drive health risks [1].

One Health (OH)—the integrated approach spanning human, animal, and environmental health—is critical for tackling regional threats. These include zoonotic diseases such as avian influenza and rabies, antimicrobial resistance (AMR), and climate-ecosystem-related hazards including biodiversity loss, floods, droughts, and transboundary haze [2,3,16,17]. Post-COVID-19, such risks are compounded by inequities that disproportionately affect smallholders, women, migrants, Indigenous peoples, and other vulnerable groups [3,4], further underscoring the urgency of OH.

This paper positions OH as a cross-cutting enabler within HSP’s funding streams—multi-country grants, country grants, peer exchange awards, and the Technical Assistance (TA) Hub for Initiative for ASEAN Integration (IAI) countries (Cambodia, Laos, Myanmar, Vietnam, Timor-Leste). It serves as a standalone guide while also providing extracts that can be used in HSP applicant guidance, technical clinics, and regional peer learning.

## Why One Health Matters for ASEAN Health Security and Systems Resilience

One Health (OH) optimises health across people, animals, and ecosystems through multisectoral collaboration [2]. Southeast Asia, recognised as a hotspot for emerging infectious diseases (EIDs) such as Nipah virus, leptospirosis, and rabies, also faces heightened antimicrobial resistance (AMR) risks in aquaculture and persistent food-safety challenges [4,5]. Climate-, ecosystem-, and biodiversity-related disruptions—including floods, droughts, land-use change, and transboundary haze—alter vector patterns (e.g., dengue), drive species and pathogen shifts, and displace populations, with Asia recording the highest disaster impacts globally in 2023–2024 [3,16,17].

Preparedness levels across the region remain uneven, as reflected in Joint External Evaluations (JEE) and State Party Self-Assessment Annual Reporting (SPAR). Gaps include limited zoonoses surveillance, inconsistent vaccination coverage for priority zoonotic diseases, and underdeveloped environmental health integration. These weaknesses span core dimensions of One Health, such as governance and coordination, workforce capacity, and systems for evidence and data sharing.

Vulnerabilities are further driven by land-use change, deforestation, wildlife trade, intensive livestock and aquaculture systems, cross-border mobility, and uneven biosecurity enforcement. The impacts are disproportionately borne by marginalised groups—including indigenous peoples, migrants, and women in caregiving roles—underscoring the importance of embedding Gender, Equity, Disability, and Social Inclusion (GEDSI) in all One Health initiatives [5].

## 1. Common Approaches of ASEAN Member States (AMS)

ASEAN countries share a broadly similar trajectory in operationalising OH: institutionalising coordination, prioritising zoonoses and AMR, strengthening cross-sectoral linkages, and striving for sustainable financing. Variations lie mainly in the maturity of mechanisms and the extent of policy/legal integration.

**Institutional mechanisms for One Health** – All AMS have established, or are in the process of formalising, national OH coordination structures. Formats differ (e.g., interministerial committees, zoonoses councils, task forces), but each has a mechanism linking health, agriculture, and environment sectors.

**Priority health threats** – Zoonotic diseases (e.g., rabies, avian influenza, Nipah, Japanese encephalitis) remain central to OH agendas. AMR is universally recognised, with most AMS aligning with regional or national AMR action plans. Food safety and EIDs are recurrent themes.

**Cross-sectoral collaboration** – Collaboration across human, animal, and environmental health is emphasised, though maturity varies. All AMS highlight the need for clearer operational frameworks for data and information sharing across ministries.

**Capacity and resource gaps** – Surveillance, laboratory diagnostics, and risk assessment remain common needs. Financing sustainability for OH initiatives is a recurring challenge, particularly when scaling beyond donor-funded projects.

**Integration with regional and global frameworks** – AMS align their efforts with ASEAN priorities and global frameworks such as the Quadripartite One Health-JPA, while also contributing to regional networks (e.g., Field Epidemiology Training Programmes, simulation exercises, cross-border coordination).

**Governance and policy development** – Several AMS are pursuing or considering legal and policy instruments (e.g., OH councils, OH legislation). There is broad recognition of the need to embed OH into national health security and development policies.

**Community engagement and awareness** – Community participation is increasingly recognised, particularly in rabies control, food safety, and vector-borne disease prevention. Educational campaigns and local government involvement are widely used approaches.

*This synthesis is drawn from ASEAN Member State country reports presented during the First ASEAN One Health Network (AOHN) meeting, Putrajaya, 5–7 August 2025 [15].*

While AMS vary in maturity of One Health institutionalisation, they share recognition of cross-cutting enablers—such as simulation exercises, risk communication, digital interoperability, and sustainable financing—that reinforce their ability to address HP8–HP21 effectively.

## 2. Relevance to ASEAN Health Priorities and Frameworks

One Health is directly relevant to ASEAN Health Cluster 2 (e.g., HP8: Communicable diseases, EIDs, NTDs & Zoonoses; HP9: Public Health Emergency Preparedness & Response; HP11: AMR; HP12: Environmental Health and Climate-Health Risk), Cluster 3 (e.g., HP19: Human Resources for Health; HP20: Digital Health and Health Information Systems), and Cluster 4 (HP21: Food Safety). It is also aligned with the UK–ASEAN Plan of Action (2021–2026).

ASEAN has embedded OH through key regional frameworks and centres (platforms) [6–13]:

- **ASEAN One Health Joint Plan of Action (ASEAN OH-JPA, 2025–2030):** Aligns with the Quadripartite OH-JPA, advancing capacities across zoonoses, AMR, food safety, and environmental health.
- **ASEAN One Health Network (AOHN):** Provides policy coordination, joint surveillance, and multisectoral knowledge exchange.
- **ASEAN Biodiaspora Virtual Centre (ABVC):** Generates mobility analytics for integrated early warning dashboards.
- **ASEAN EOC Network & ASEAN Public Health Emergency Coordination System (APHECS – still under development):** Support incident coordination and cross-border outbreak response.
- **ASEAN Coordinating Centre for Animal Health and Zoonoses (ACCAHZ):** Strengthens veterinary diagnostics and zoonoses response.
- **ASEAN Centre for Biodiversity (ACB):** Maps ecosystem risks to inform OH prevention strategies.

- **ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED):** Serves as ASEAN’s regional hub for public health emergency preparedness and response, with a mandate that increasingly integrates OH considerations across sectors.

Globally, AMS recognise OH through alignment with key frameworks: the IHR 2024 amendments (effective 19 Sept 2025) embed OH considerations in National Action Plans for Health Security (NAPHS); the IHR MEF measures OH through SPAR (15 capacities, 35 indicators) and JEE (19 technical areas, 56 indicators); the GHSA 2028 Framework targets demonstrated capacity in  $\geq 5$  areas; the WHO Pandemic Agreement (2025) embeds OH with equitable Pathogen Access & Benefit-Sharing (PABS); and the Asia Pacific Health Security Action Framework (APHSAF) integrates OH across six domains [\[6–10\]](#).

For HSP Round 1 (October 2025), OH aspects can and should be embedded within the seven initial health priorities: zoonoses (HP8), preparedness (HP9), AMR (HP11), climate-health (HP12), human resources (HP19), digital health (HP20), and food safety (HP21).

Beyond individual priorities, recent ASEAN consultations (e.g., AHC KIIs in 2025) emphasise cross-cutting elements that influence how these priorities are operationalised. These include climate–health linkages, health systems resilience, GEDSI-sensitive approaches for vulnerable groups, and mechanisms for cross-border surveillance and response. Such elements are not stand-alone priorities but enablers of a more complete and resilient regional One Health system.

### **3. Building on ASEAN’s Emerging Opportunities**

ASEAN has already initiated several One Health–related mechanisms that provide a strong foundation for HSP-supported action. These include regional coordination through the ASEAN EOC Network, the ACPHEED, technical networks such as the Field Epidemiology Training Network (FETN) and Public Health Laboratories Network, and sectoral platforms like the ACCAHZ, the ABVC, and the emerging APHECS. Collectively, these platforms reflect ASEAN’s recognition that health security requires integrated human–animal–environment approaches.

At the programmatic level, regional strategies such as the ASEAN Rabies Elimination Strategy (ARES) illustrate how OH governance can be operationalised through joint vaccination, integrated bite case management, and shared monitoring. Similarly, regional initiatives on AMR, food safety, and cross-border outbreak response demonstrate how One Health is progressively mainstreamed across technical priorities.

For HSP, these represent immediate opportunities: proposals and peer exchanges can build on existing ASEAN mandates rather than creating parallel systems, while addressing remaining gaps such as fuller engagement of environment and biodiversity sectors, sustainable financing, and stronger monitoring frameworks. This approach ensures that investments not only fill critical gaps but also reinforce the coherence of ASEAN's broader health security architecture.

#### **4. Advancing Core Elements of One Health**

Building on the Quadripartite One Health Joint Plan of Action (2022–2026) and its recommended pathways for operationalisation, this paper adopts six One Health core elements as the foundation for HSP's approach. These elements are also consistent with the ASEAN OH-JPA (2025–2030), which serves as the regional counterpart to the Quadripartite plan. For clarity, the Quadripartite has also developed a suite of Technical and Operational Tools (OTs) to support implementation of these core elements: the Multisectoral Coordination Mechanism OT (MCM OT), Joint Risk Assessment OT (JRA OT), Surveillance and Information Sharing OT (SIS OT), Workforce Development OT (WFD OT), and Monitoring & Evaluation OT (M&E OT).

The six core elements are:

1. Shared understanding and definition.
2. Multisectoral workforce with joint training & expertise.
3. Formal governance, financing, and coordination mechanisms.
4. Joint evidence, data & knowledge sharing systems (including Joint Risk Assessment).
5. Integrated prevention, preparedness and response action planning that deliver co-benefits.
6. Shared monitoring & accountability through cross-sector indicators.

### **HSP's Approach to One Health**

HSP operationalises OH through catalytic multi-country and country grants, a peer exchange platform for knowledge sharing, and a TA Hub that supports design and implementation, with priority attention to IAI countries.

#### **1. Principles for Integration of One Health**

**Evidence-based & Demand-led:** Anchor proposals in SPAR/JEE/NAPHS and ASEAN OH-JPA/AOHN [6,7,13].

**Multisectoral & Cross-border:** Engage health, agriculture, environment, and food safety sectors through ASEAN technical networks and coordination mechanisms [13].

**Equity-centred (GEDSI):** Ensure inclusive participation, local-language risk communication, and attention to marginalised groups.

**Climate- and Ecosystem-aware:** Integrate climate-induced risks and biodiversity/ecosystem disruptions into surveillance and services [3,16,17].

**Sustainability & Institutionalisation:** Demonstrate pathways for domestic financing, policy/legal embedding, and long-term workforce development to ensure OH systems endure beyond project cycles.

## 2. Practical Applications of One Health (examples, linked to ASEAN Health Priorities)

- **Shared understanding and definition (supports HP8, HP9, HP11, HP12, HP21)**
  - Convene multisectoral OH dialogues (AOHN, SEAOHUN, ministries) to agree on a shared OH vision and principles.
  - Develop common guidance (glossaries, casebooks) contextualised for AMS.
  - *Example:* Regional OH workshops embedding consistent definitions across communicable disease, AMR, climate-health, and food safety priorities.
- **Multisectoral workforce with joint training & expertise (supports HP19, HP8, HP11, HP12)**
  - Update academic curricula and professional development programmes with OH competencies via SEAOHUN and local providers [12,13].
  - Institutionalise joint simulation exercises and After-Action Reviews across human, animal, and environmental health.
  - *Example:* Subregional exercises improving coordination between veterinary, environmental, and public health responders.
- **Formal governance, financing, and coordination mechanisms (supports HP9, HP19, HP20)**
  - Establish or reinforce evidence-based cross-sector OH committees (national to subnational) with clear ToR, mandates, and budgets [6,13].
  - Draft OH policy guidelines endorsed by ministries of health, agriculture, and environment.

- *Example:* Interagency OH committees expanding mandates to include financing, MEL linkages, and digital health integration. And, assessing impacts on disease risk reduction.
- **Joint evidence, data & knowledge sharing (incl. JRA) (supports HP8, HP9, HP11, HP20)**
  - Harmonise datasets (e.g., zoonoses case definitions via AOHN); develop interoperable dashboards using ABVC analytics.
  - Institutionalise Joint Risk Assessments to inform national risk management plans and guide 7-1-7 timeliness [11].
  - *Example:* Interoperable OH dashboards linking veterinary, environmental, and human health surveillance.
- **Integrated prevention, preparedness, and response action planning delivering co-benefits (supports HP12, HP11, HP21, HP9)**
  - Develop standard joint preparedness, prevention, and response plans with shared budgets.
  - Enhance market hygiene, aquaculture biosecurity, and AMR reduction pilots [5].
  - Integrate ecosystem and biodiversity resilience into action planning, addressing upstream drivers of spillover and climate disruption.
  - Apply integrated bite case management (IBCM) approaches, which have been shown to strengthen rabies detection and post-exposure prophylaxis uptake [14].
  - *Example:* Integrated OH–environment action plans combining human, animal, and ecosystem health financing streams.
- **Shared monitoring & accountability (supports HP9, HP19, HP20)**
  - Define cross-sector OH indicators (7-1-7 timeliness, vaccination coverage, AMR surveillance).
  - Link MEL frameworks to ASEAN OH-JPA and SPAR/JEE indicators.
  - *Example:* Regional OH scorecards tracking timeliness, coverage, and workforce competencies across multiple sectors.

There are various opportunities for the above applications to be integrated. Together, these applications demonstrate how OH core elements strengthen ASEAN Health Priorities HP8–HP21 in practice.

### 3. Expected Benefits

- Enable earlier detection and faster response, reducing outbreak severity and supporting HP8 (zoonoses/EIDs) and HP9 (public health emergency preparedness & response).

- Reduce spillover, AMR, and food safety risks, contributing to resilient environments and safer systems, aligned with HP11 (AMR), HP12 (environmental health & climate–health risk), and HP21 (food safety).
- Strengthen ecosystem and biodiversity resilience by addressing upstream drivers of emerging diseases and climate–ecosystem–biodiversity disruptions, reinforcing HP12.
- Enhance equity and trust through GEDSI-aware engagement, relevant across HP19 (human resources for health) and community-level preparedness.
- Expand regional learning and collaboration via ASEAN platforms [12,13], supporting all seven priorities.
- Institutionalise sustainable systems by leveraging existing infrastructure and financing pathways, embedding OH as a foundation for resilient health security across the region.

Together, these benefits are mutually reinforcing, demonstrating how strengthening OH core elements advances ASEAN Health Priorities HP8–HP21, supports ecosystem and community resilience, and underpins a coherent and sustainable regional health security architecture.

### *Illustrative Vignette*

A multi-country initiative targets critical gaps in zoonotic disease and food safety systems identified through international assessments. It begins with a joint evidence and risk assessment, integrating surveillance via a shared dashboard with advanced analytics, and strengthening laboratory quality systems. Multisectoral workforce training and peer exchanges link national institutes for capacity-building, ensuring rapid detection and response capacity at community and national levels.

At the governance level, formal coordination mechanisms are reinforced with clear roles, mandates, and financing pathways, ensuring coherence with National Action Plans for Health Security (NAPHS).

If a sudden outbreak of severe pneumonia of unknown origin were to occur, ASEAN One Health coordination platforms (e.g., ACPHEED, AOHN, APHECS) would be activated, enabling rapid confirmation, harmonised protocols, and cross-border coordination. At the local level, risk communication hubs would engage communities and Indigenous knowledge holders, while trained multisectoral teams could be rapidly deployed.

This vignette illustrates how a combination of joint evidence systems, a multisectoral workforce, and strong governance can deliver timely, integrated responses—demonstrating practical application of the One Health approach. In doing so, it not only

ensures sustained co-benefits for health, ecosystems, and livelihoods but also enables rapid containment of emergencies, embedding lessons that strengthen resilience for the future.

## Implications for Practice

### 1. For prospective grantees

Proposals should demonstrate how they contribute to one or more of the six core elements of One Health. While no single project can address all elements comprehensively, each proposal should:

- Contribute positively to at least one core element, and strengthen or fill gaps where elements are lacking, thereby moving AMS and ASEAN toward a more complete and resilient OH system.
- Explicitly link activities to one or more of the seven ASEAN Health Priorities relevant to HSP:
  - HP8: Communicable diseases, EIDs, NTDs & Zoonoses
  - HP9: Public Health Emergency Preparedness & Response
  - HP11: Antimicrobial Resistance (AMR)
  - HP12: Environmental Health and Climate–Health Risk
  - HP19: Human Resources for Health
  - HP20: Digital Health and Health Information Systems
  - HP21: Food Safety
- Establish or reinforce multisectoral coordination mechanisms with clear mandates, ToRs, and budgets.
- Apply joint evidence systems, including Joint Risk Assessment (JRA) with shared indicators and triggers, and SOPs for integrated surveillance and data sharing.
- Incorporate workforce development through joint training, simulation exercises, and After Action Reviews (AARs), explicitly including the environmental health sector.
- Integrate cross-cutting enablers:
  - GEDSI: participation of women’s groups, Indigenous knowledge holders, and marginalised communities in OH initiatives.
  - Climate–ecosystem–health: modelling, preparedness, and resilience for floods, droughts, haze, biodiversity loss, and other ecosystem disruptions.
  - Digital interoperability: ensuring that dashboards and tools are accessible, secure, and cross-sector compatible.

- Sustainability: demonstrating pathways for domestic financing and long-term institutionalisation.

## **2. For reviewers (TCG, TA Hub experts)**

In assessing quality, reviewers should verify that proposals:

- Contribute meaningfully to one or more of the six core elements, while supporting at least one of the seven ASEAN Health Priorities.
- Demonstrate credible governance and financing mechanisms with AMS government endorsement.
- Incorporate JRA methods, integrated surveillance, and shared monitoring indicators where relevant.
- Provide feasible MEL frameworks (e.g., 7-1-7, coverage metrics), GEDSI integration, and sustainability pathways.
- Uphold data governance, ethics, and safeguarding standards.

## **3. For ASEAN/UK stakeholders**

Stakeholders should assess whether proposals:

- Advance policy coherence by aligning OH core elements with ASEAN Health Priorities (HP8–HP21), IHR, GHSA 2028, the Pandemic Agreement, APHSAF, and the ASEAN OH-JPA.
- Contribute to sustainability by embedding OH governance, financing, and workforce development into AMS systems.
- Support regional learning by producing reusable public goods (e.g., SOPs, curricula, dashboards) and enabling peer exchange.
- Strengthen ASEAN’s collective OH capacity across prevention, preparedness, detection, and response.

## **4. Alignment with ASEAN OH-JPA (2025–2030)**

To ensure coherence, HSP-supported activities should be explicitly anchored in the ASEAN OH-JPA medium-term plan. This entails applying the Quadripartite *One Health Operational Tools* (e.g., JRA OT, Surveillance & Information Sharing OT, Workforce Development OT), integrating biodiversity and ecosystem considerations in line with Action Track 6 on sectoral integration, and contributing to OH-JPA’s financing and resource mobilisation objectives. In addition, proposals should leverage digital innovation, including AI and big data for integrated surveillance and modelling, while strengthening culturally appropriate

community engagement and advocacy approaches. Together, these measures ensure that HSP-funded activities not only fill immediate technical gaps but also advance ASEAN's shared vision of sustainable, multisectoral, and resilient One Health systems.

## 5. Opportunities under HSP in Support of ASEAN OH-JPA (2025–2030)

The **ASEAN OH-JPA** provides the medium-term roadmap for strengthening One Health across the region. Its pathways of change—governance, workforce development, data and evidence, financing, sectoral integration, and advocacy—mirror the six One Health core elements outlined in this guide.

Within the ASEAN–UK Health Security Partnership (HSP), funding and collaboration opportunities can directly advance the ASEAN OH-JPA through:

### Pillar 1 – Grants Facility

- **Governance and coordination:** Seed funding for AMS to strengthen or formalise OH councils at all levels and inter-ministerial/multisectoral coordination mechanisms, applying **Quadripartite Operational Tools**—notably the *Multisectoral Coordination Mechanism Operational Tool (MCM OT)*, alongside *JRA OT* and *SIS OT* where relevant; aligned with OH-JPA Pathway 1.
- **Workforce development:** Comprehensive OH workforce programmes (COHFE-aligned curricula, FETP Plus, management training), drawing on the *Workforce Development OT (WFD OT)*; advancing HP19.
- **Data and evidence:** Integrated dashboards using ABVC/ACPHEED, piloting climate- and biodiversity-sensitive modelling with AI/big data, guided by the *SIS OT* (Pathway 3; HP12, HP20).
- **Prevention and response:** Simulation exercises (SimEx) on zoonoses, AMR, and food safety, linked to the *JRA OT* for risk governance and the *M&E OT* for tracking implementation (HP8, HP9, HP11, HP21).
- **Food safety:** Development of a regional Food Safety Emergency Response Framework and national plans, consistent with Pathway 2 (tools above adapted as applicable).

### Pillar 2 – Peer Exchange Platform

- **Knowledge exchange / Regional learning / Community engagement / Research & innovation:** Enable AMS-to-AMS mentoring and peer exchange, showcasing how partners have applied the *MCM OT* to operationalise OH committees, the *SIS OT* to

harmonise surveillance and data-sharing, the *WFD OT* to institutionalise training, and the *M&E OT* to track indicators and outcomes.

By aligning HSP-funded activities with the ASEAN OH-JPA's medium-term plan, AMS can ensure that proposals and exchanges not only address immediate grant requirements but also reinforce the coherence of ASEAN's broader health security architecture—building sustainable, multisectoral, and resilient One Health systems.

## Conclusion

One Health (OH) is integral to the ASEAN–UK Health Security Partnership (HSP), advancing health security through multisectoral, equitable, and climate–ecosystem–biodiversity–aware action anchored in UK–ASEAN collaboration [1]. ASEAN frameworks/platforms together with Quadripartite and global instruments (Quadripartite OH-JPA 2022–2026 and operational tools, IHR 2024 amendments, IHR MEF, NAPHS, GHSA 2028, WHO Pandemic Agreement, and APHSAF) provide the scaffolding for institutionalising OH across the region [2,6–10,13,16,17,18].

By systematically advancing the six core elements of One Health, ASEAN Member States (AMS) can build resilient, equitable, and sustainable health systems. Embedding OH in HSP Round 1 priorities (HP8, HP9, HP11, HP12, HP19, HP20, HP21) ensures practical entry points for integration.

For implementation, HSP can catalyse impact by:

- Developing OH tools and guidance (e.g., JRA templates, RCCE checklists, competency frameworks) aligned with Quadripartite and ASEAN standards, and drawing on the Quadripartite Operational Tools (MCM OT, JRA OT, SIS OT, WFD OT, M&E OT).
- Launching a peer exchange calendar and repository of reusable public goods.
- Supporting dashboards or scorecards that track OH progress through shared indicators (e.g., 7-1-7 timeliness, JRA completion, AMR and food safety surveillance, vaccination coverage, and cross-sector agreements such as MoUs and ToRs) [11].

Through these steps, HSP will not only strengthen national and regional preparedness but also reinforce coherence across ASEAN, Quadripartite, and global frameworks—ensuring sustainable outcomes for ASEAN and Timor-Leste by embedding domestic financing, institutionalisation, ecosystem–biodiversity integration, and regional learning mechanisms.

## Key Takeaways: Operationalising One Health under HSP

- **Framework alignment:** The ASEAN–UK Health Security Partnership (HSP) embeds One Health (OH) within ASEAN frameworks (ASEAN OH-JPA, AOHN, ABVC, EOC Network, APHECS, ACCAHZ, ACB) and global instruments (IHR 2024 amendments, NAPHS, GHSA 2028, WHO Pandemic Agreement, APHSAF, Quadripartite OH-JPA), creating strong foundations for institutionalisation.
- **Core elements:** Advancing the six OH core elements—shared understanding, multisectoral workforce, governance and financing, joint evidence and JRA, integrated action planning with co-benefits, and shared monitoring—provides AMS and Timor-Leste with practical pathways to resilient and equitable health systems.
- **Practical entry points:** Embedding OH into HSP Round 1 Health Priorities (HP8, HP9, HP11, HP12, HP19, HP20, HP21) ensures grants, peer exchange, and technical assistance are targeted, catalytic, and regionally coherent.
- **Catalytic action:** HSP can accelerate impact by producing OH tools and guidance, facilitating peer exchange, and deploying dashboards/scorecards to track shared indicators (e.g., 7-1-7 timeliness, JRA completion, AMR surveillance, vaccination coverage, cross-sector agreements).

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