



One Health research must give voice to Global South

Background

One Health has enjoyed growing popularity over the past decades and policymakers have gradually realized the utility of One Health approaches when tackling health challenges. There are now numerous bodies and initiatives designed to help drive One Health and to put its ideas into practice. The number and scale of One Health research networks have also grown.

The One Health Quadripartite's Joint Plan of Action (OH JPA) 2022-26 has outlined six Action Tracks (ATs) or priority areas. The plan stresses the importance of collaborations and partnerships that traverse sectors, disciplines, and geographical borders. However, the geographical distribution, structures, and power dynamics of such collaborations is not yet known. Having this understanding would offer new insights that can help guide scientific and strategic decision-making at local, regional and global levels.

This evidence brief contributes to a One Health research roadmap, produced by the One Health Hub with support from UK International Development.

It is based on a bibliometric analysis of 6168 publications from 2010 to 2024, guided by the Joint Plan of Action (JPA), where One Health appeared in the title or abstract. The study identified where the research was focused and the extent to which researchers from those countries were involved. This brief covers One Health research collaborations, while a second brief from the same study covers trends in One Health research topics.

Key points

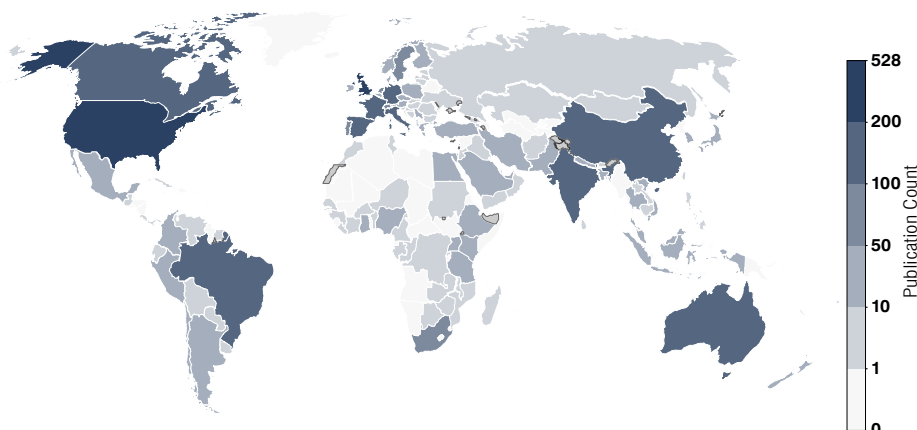
The study finds:

- Europe has published 40–60% of One Health publications annually since 2014. While the volume of publications has increased in all regions, growth has been most rapid in Europe, Asia and Africa. The relative share in North America has dropped.
- While most research is published by authors from high-income countries (HICs), there has been increasing output from authors based in lower-middle (e.g. India and Nigeria) and upper-middle (e.g. China, Brazil, South Africa) income countries (LMICs). These two groups of LMICs each account for approximately 20% of all OH research in 2023.
- One Health research as a proportion across a broad set of fields is highest in LMICs in Africa and Asia, likely due to historical data pointing to them as global hotspots for emerging infectious diseases including zoonotic outbreaks.
- Researchers in HICs have the most decision-making power in One Health research, with larger research capacity and greater funding portfolios. For example, 16 out of the top 20 most influential institutions, as well as 17 out of the top 20 most connected institutions, are from HICs. HIC-based institutions enjoy higher research output rates than their counterparts in LMICs across all action tracks.

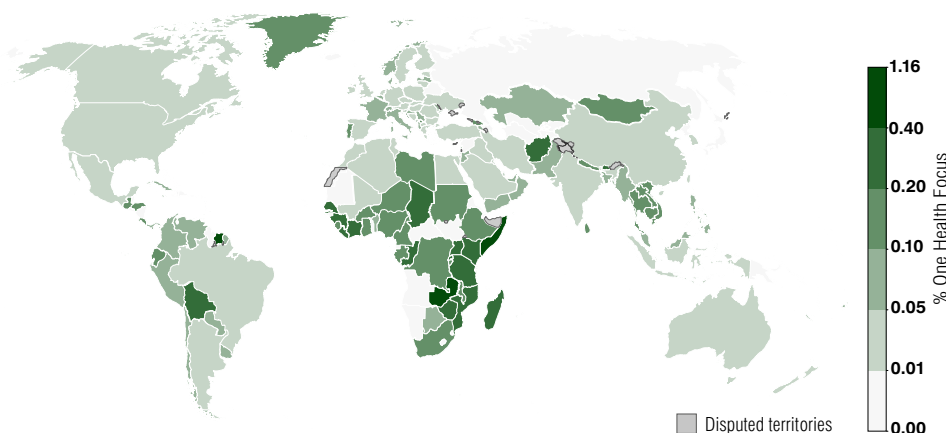
These imbalances have several implications:

- Researchers based in countries where studies are being conducted are unlikely to have any real influence over the agenda-setting of One Health research.
- Researchers in LMICs, and potentially policymakers, may struggle to drive research priorities that address local and regional needs and are subsequently forced to focus mainly on health issues deemed globally significant.
- The authorship inequalities and under-representation of researchers from LMICs may undermine local buy-in to the research and lead to research being ignored by local entities. In worst case scenarios, it could drive resentment and distrust between research communities.

One Health research by author affiliation



One Health research by country of focus



Recommendations

Significant efforts should be made to address the inequalities in decision-making power and to strengthen One Health research capacities in the LMICs. Researchers in LMICs need to be given greater opportunities to shape the One Health narrative and conduct research that directly benefits the health of populations and ecosystems in areas where they are based.

Investments in more equitable collaborations will be required to support this. In addition to traditional health research funders, there is a need for non-traditional One Health research funding bodies (such as the private sector) to support such initiatives.

Specific funding for One Health research in conflict zones is also needed, including studies analysing the role of internal and/or cross-border migration in the spread of disease.

Conclusion

Despite the growth in scientific output and international collaboration on One Health research in the past decade, there exist disparities in research power influence, with most One Health research projects being designed to study health issues in LMICs but led by researchers in or from HICs. It is important that these inequalities are addressed because, in the long term, failure to do so could hinder efforts to implement One Health approaches that reflect local priorities. As the first phase of the OH JPA comes to an end, this represents an excellent opportunity to not only review progress but also to remedy the issues affecting the implementation of One Health strategies.

Reference: Szomszor, M. *et al.* A bibliometric analysis of One Health research, guided by the Joint Plan of Action, 2010–2024. CABI One Health. 4:1, 0032 (2025). <https://doi.org/10.1079/cabionehealth.2025.0032>.

Contact: Helen Coskeran, Project Manager, One Health Hub h.coskeran@cabi.org