



**STAR
IDAZ**

International
Research
Consortium on
Animal Health

Bridging the One Health Funding Gap: Strategic Mechanisms for Integrated Research Coordination

Background

Global health security is threatened by a myriad of challenges that emerge at the human-animal-plant-environment interface. But despite recent international advocacy for a One Health (OH) approach to tackling these threats, research funding remains largely fragmented and siloed, with a heavy bias toward human health outcomes. This fragmentation risks hampering the implementation and impact of OH policies.

This evidence brief synthesizes findings from the STAR IDAZ IRC 2024 mapping report and a March 2025 OH funding workshop in Nairobi and subsequent report. The workshop involved over 40 participants from the Quadripartite (WHO, FAO, WOA, UNEP), the African Development Bank, and other key stakeholders to identify 13 core challenges to OH research funding and co-develop practical solutions for funders and scientists. The evidence brief contributes to a One Health research roadmap produced by the One Health Hub with support from UK International Development.

In this context, a One Health Working Group was established by STAR IDAZ International Research Consortium on Animal Health (IRC), the international consortium of animal health research funders and programme owners. The Working Group is focused on identifying recommendations for research funding mechanisms designed to improve the integration of OH approaches more widely into research and implementation.

Key points

Global OH funding comes mainly from international governmental bodies, national research councils, and specific global health initiatives. However, access to funding streams is restricted by “geographical remits” and review processes that favour traditional, single-sector domains:

- **Systemic barriers to integration:** The most significant hurdles include funding timeframes that are too short (often 2–3 years) to realise the benefits of holistic approaches, and “siloed governance” where priorities and funding are not joined up across ministries.



- **Evidence of added value:** Limited evidence of the economic or health “added value” and a lack of cost-benefit analysis make it difficult to convince finance ministries to invest in OH over traditional sectoral approaches. Transitioning research assessment culture away from simple publication counts to measurable policy impact is essential.
- **Review process bias:** Proposal reviews are often geared toward specific research domains rather than transdisciplinary integration, frequently lacking reviewers with an integrated OH perspective.
- **Proven success factors:** Successful schemes, such as the Ecology and Evolution of Infectious Diseases (EEID) programme, highlight that success stems from multisectoral co-design, longer durations, and “adaptive implementation” that allows projects to evolve flexibly.
- **Inequity in leadership:** While smaller organisations and those in low- and middle-income Countries (LMICs) often have significant expertise in OH issues, they frequently lack resources, such as trained personnel and equipment, to manage large grants. The exclusivity of certain journals and conferences also creates barriers to participation.

Recommendations

Adopt phased-structured

funding: Transition from 2–3-year projects to 5–9 year programmatic phases. This should include an initial pilot phase to strengthen sector-specific capacity (e.g., wildlife or plant health) and build cross-sectoral relationships and networks before full integration.

Mandate cross-sectoral review:

Ensure grant proposals are evaluated by balanced panels, including experts in multi-sectoral working, social scientists, and community stakeholders, to reduce “unconscious bias”.

Acknowledge all OH Pillars:

Promote collaboration across sectors and disciplines, ensuring the integration of social, environmental and veterinary scientists in public health work and curricula adaptation.

Incentivise researchers during

proposal stages: Award additional points during grant proposal reviews for projects that include a diverse set of regional partners and/or including cross-sectoral collaboration to broaden engagement and address geographical inequities and sector siloing.

Engage the private sector:

Provide specific incentives for collaborating with Small and Medium Enterprises to produce practical, market-ready outputs and encourage public-private partnerships.

Promote innovative

communication: Projects should allocate specific budgets for internal cross-sectoral communication plans and external advocacy to reach decision-makers beyond scientific papers.

*The STAR IDAZ report, which forms the basis for this brief, makes other recommendations in addition to the ones listed here.

Conclusion

Fragmented funding is the primary bottleneck preventing OH moving from theory to practical global impact. The STAR IDAZ IRC findings emphasize that both structural changes and innovative approaches to funding research – such as extending timelines, pooling funds, and requiring transdisciplinary co-design – can significantly enhance global preparedness.

Acknowledgments

Funded by the European Union under project 101082377 – SIRCAH2. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the REA. Neither the European Union nor the granting authority can be held responsible for them. SIRCAH2 also received funding from UK Research and Innovation (UKRI) under the UK Government’s Horizon Europe funding guarantee [grant numbers 10055666 and 10058793].



Funded by
the European Union

References: STAR IDAZ IRC (2024). [Mapping One Health: An Exploration of the Global Funding Landscape for One Health Research](#).

STAR IDAZ IRC (2025). [One Health funding workshop report: Identifying challenges and co-developing solutions](#).

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This evidence brief has been produced by the **One Health Hub**, a CABI-managed project:
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With funding from:

