# Reflections from Munich: Operationalising One Health from Principle to Practice

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> **Key Takeaway from Munich 2026:** Cross-sectoral One Health collaboration fails not because of scientific disagreement, but due to divided ministry mandates, isolated budgets, and fragmented accountability. Operationalisation requires co-budgeted national systems, simple trigger-based notification protocols, and university-led neutral platforms.

## 1. A Bi-Regional Gathering in Munich

From October 15 to 16, 2026, I had the honor of representing the **Institute of Environmental Health and Sustainable Development (IEHSD)** and the Hanoi University of Public Health at the **2026 Multi-sectoral Dialogue on One Health** in Munich (Garching), Germany. Co-organised by the Asia-Europe Foundation (ASEF), the Center for Global Health at the Technical University of Munich (TUM), and the SingHealth Duke-NUS Global Health Institute (SDGHI), this international dialogue brought together policymakers, global health strategists, and researchers from across Asia and Europe.

The central theme of the event - *"From Principle to Practice: Operationalising One Health for Climate Change and Emerging Infectious Diseases in Asia and Europe"* - directly reflects our core mission at IEHSD: bridging the gap between high-level policy frameworks and actionable, daily health operations in local communities.

## 2. Unpacking the Core Barriers in Session 3

I served as a panellist in **Session 3: Operationalising One Health: Cross-Sector Barriers to Integration**, alongside international experts from the World Health Organization (WHO WPRO), Duke-NUS, the Friedrich-Loeffler-Institut (FLI), and the Infectious Disease Alliance. Our panel focused on why cross-sector collaboration frequently stalls when moving from signed strategies to real-world implementation.

While data fragmentation and software incompatibility are often highlighted as the primary barriers, our discussion demonstrated that the deepest obstacles are administrative, legal, and financial:

- **Separate Mandates:** Health, Agriculture, and Environment ministries operate under distinct legal mandates. No single agency naturally owns or receives funding for the 'in-between' spaces where diseases spill over.
- **Divided Budgets:** Preventive actions in animal or environmental health generate massive savings for public health, but the financial costs fall entirely on agriculture or forestry budgets. Without co-budgeting, collaboration relies on voluntary goodwill.

- **Isolated Accountability:** Ministry leaders are evaluated on single-sector targets (e.g., livestock production or human hospital beds), rather than cross-sectoral health security outcomes.

## 3. Sharing Viet Nam's Experience: Academic Networks as Neutral Platforms

Drawing from over 15 years of field experience in Viet Nam and Southeast Asia - including leading the **Viet Nam One Health University Network (VOHUN)** from 2012 to 2025 - I shared practical lessons on how institutions can overcome rigid ministry red tape:

- **Universities as Safe Meeting Grounds:** Academic networks bring medical, veterinary, and environmental faculties together without territorial ministry conflicts. Training future professionals jointly builds a shared field language and trust before crises hit.
- **Trigger-Based Data Sharing:** Instead of spending years trying to merge complex software databases across ministries, institutions should establish simple Standard Operating Procedures (SOPs). A pre-agreed notification trigger automatically alerts public health officers when an animal disease signal reaches a specific threshold.
- **Institutional Co-Budgeting:** To survive after external donor projects end, One Health operational line items must be embedded directly into national and provincial ministry budgets.

## 4. Asia-Europe Synergy in the Era of Climate Change

The dialogue underscored how global climate change is expanding the geographical boundary of vector-borne and zoonotic diseases across both Asia and Europe. Asia brings decades of frontline field experience in managing climate-driven spillovers and community surveillance. Europe offers strong regulatory frameworks and formal data governance structures. Combining Asian field adaptability with European structural design builds a robust bi-regional partnership.

## 5. IEHSD's Strategic Commitment and Next Steps

Returning from Munich, IEHSD is committed to translating these international dialogues into concrete national and regional actions across three priority pillars:

- **Pillar 1: Policy Translation & Governance:** Developing evidence-based policy briefs on cross-sectoral co-budgeting and trigger-based data protocols for national decision-makers in Viet Nam.
- **Pillar 2: Capacity Building & Joint Training:** Expanding interdisciplinary training modules in environmental health, climate adaptation, and disease surveillance across domestic and international university networks.
- **Pillar 3: International Research Partnerships:** Strengthening collaborative research projects with ASEF, TUM, SDGHI, and European partners to generate practical data on climate-driven health risks.

**About IEHSD:** The Institute of Environmental Health and Sustainable Development (IEHSD), is a leading research and capacity-building center dedicated to One Health, climate resilience, and disease surveillance in Southeast Asia.
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