STAR IDAZ | International Research Consortium on Animal Health

One Health funding workshop report

Identifying challenges and co-developing solutions

12-13th March 2025
International Livestock Research Institute, Nairobi, Kenya

STAR IDAZ IRC is the 'Global Strategic Alliances for the Coordination of Research on the Major Infectious Diseases of Animals and Zoonoses - International Research Consortium'. It is a global consortium that brings together funders and programme owners for research on animal health to maximise funding for coordinated animal health research. To achieve its aim, STAR IDAZ facilitates networking among funders, researchers, industry experts, policymakers and other stakeholders to collaborate on research and innovation in the field of infectious animal diseases. This document was produced by SIRCAH, the Scientific Secretariat of the STAR IDAZ IRC.

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More information on STAR IDAZ IRC can be found at www.star-idaz.net

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Executive Summary

STAR IDAZ International Research Consortium (IRC) is an international network of animal health funders and programme owners aiming to improve coordination of research activities to accelerate the delivery of control methods for infectious animal diseases and zoonoses. One Health has been identified as a priority topic for the STAR IDAZ IRC with a focus on research funding mechanisms and improving integration of One Health approaches more widely into research and implementation. The One Health Working Group was established with experts from a diverse range of sectors and disciplines, producing the 'Mapping One Health: An Exploration of the Global Funding Landscape for One Health Research report in August 2024.

To build on this, a workshop was held by STAR IDAZ in Nairobi, Kenya on 12-13 March 2025 to identify current challenges for funding research with a One Health lens (and funding One Health more broadly) and collaboratively co-develop practical solutions to address these challenges. More than 40 participants representing a range of sectors, disciplines, organisation types and geographical regions attended the workshop. Public sector, academia, philanthropic foundations, charities, funders, programme owners, the African Development bank, all four Quadripartite organisations, members of the One Health High-Level Expert Panel (OHHLEP), and other key One Health stakeholders were represented. Following introductory and keynote presentations, participants divided into breakout groups to discuss and agree on the main challenges to funding research with a One Health approach then co-developed practical solutions to tackle these 13 challenges, followed by plenary discussions to reach consensus. The results from this workshop will be used to develop an Executive Summary document of recommendations for IRC Partners and wider funders, programme owners and resource partners to help integrate the One Health approach into the research they fund.

Introduction

The **STAR IDAZ IRC** **One Health Working Group** was established in 2022 and covers a diverse range of sectors and disciplines, including One Health experts, veterinary scientists, medical doctors, epidemiologists, ecologists, plant scientists, social scientists and engineers. The Working Group aims to produce guidance to optimise funding and associated mechanisms for research with a One Health approach and to better align the priorities of the research community and funders. The outputs of the Working Group will support STAR IDAZ IRC to improve global, cross-sectoral coordination of research funding and the associated mechanisms to embed One Health approaches more widely into research and implementation.

Following a series of workshops and a survey, the Working Group produced the Mapping One Health: An Exploration of the Global Funding Landscape for One Health Research report, which looks at the One Health funding landscape and includes an initial exploration of the challenges of funding research with a One Health lens.

A One Health funding workshop was held at the International Livestock Research Institute (ILRI) campus in Nairobi, Kenya on 12-13th March 2025. The workshop brought together a diverse mix of researchers, funders, programme owners and other One Health stakeholders, including all four of the Quadripartite organisations.
The **objectives** of this workshop were to:

- Identify current challenges for funding research with a One Health approach effectively, and for funding One Health more broadly
- Collaboratively address these challenges to co-develop a set of suggested solutions to better align the needs of the One Health research and wider community with the priorities of funders and programme owners
- Outline possible follow-up activities to monitor and evaluate the recommended actions

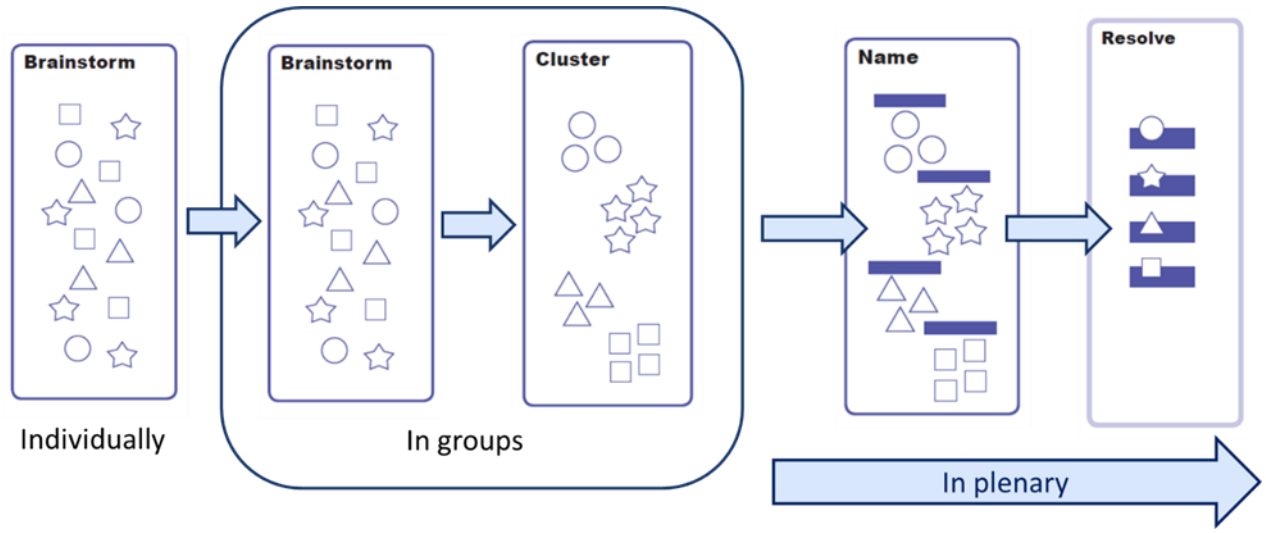
More than 40 participants participated in the workshop, representing the public sector, academia, philanthropic foundations, charities, funders, programme owners, the African Development bank, all four Quadripartite organisations, and the One Health High-Level Expert Panel (OHHLEP) were represented. A full workshop agenda can be found in Annex 1.

To support constructive discussions at the workshop, STAR IDAZ IRC produced two reports on the relevance of One Health for animal health and the available sources of funding and funding mechanisms for research; Why One Health matters for animal health and Investing in research with a One Health approach.

Workshop process and methods

To identify the main challenges to funding One Health research, a **consensus method** approach was used (see Figure 1). This approach provided participants an opportunity to individually generate initial ideas, clarify and refine the main challenges in breakout groups, then cluster into key themes and name the main challenges in plenary. This method was selected to ensure inclusivity, allowing all perspectives to be heard and to maximise participation.

Figure 1: Consensus method approach, adapted from ICA:UK, Institute of Cultural Affairs, 2014



To co-develop solutions to the main challenges identified, participants worked in breakout groups before discussing in plenary, using the process shown in Figure 2. Participants were asked to think about practical, concrete solutions, including ways to improve the efficiency of existing funding mechanisms, as well as new and innovative solutions. Participants representing funding bodies and programme owners were encouraged to reflect on feasibility and sustainability of the proposed solutions.

Figure 2: Method for co-developing solutions to address the main challenges to funding research with a One Health lens

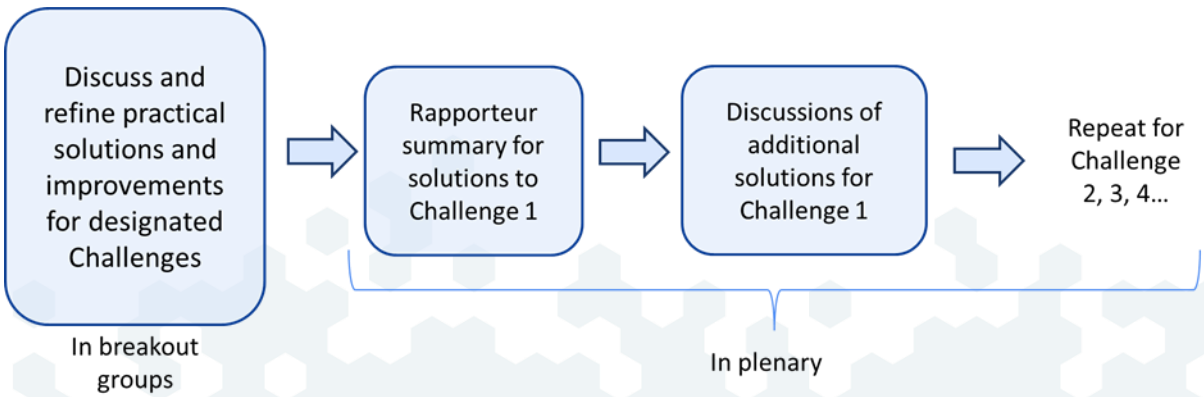


Figure 3: Breakout Group - Brainstorm

Figure 4: Plenary - Clustering

Main challenges to funding research with a One Health approach

Together, participants identified and agreed on 13 main challenges to funding research with a One Health approach:

- Inequity and exclusion
    - Covered issues such as exclusivity of science dissemination models (conferences, publishing in high-impact journals), language barriers on calls for proposals, small number of well-known One Health individuals becoming overburdened in some contexts
- Funding models not fit for purpose
    - Included structural funding challenges, lack of capacity, perceived lack of management for funding mechanisms, governance challenges
- Territoriality
    - Territoriality of research themes, sectoral themes, competition between sectors, government ministries, regions
- Siloed governance structure
    - Funders structurally siloed, lack of joined-up funding priorities, funding from silos filters down to sector or disease-specific resource allocation, results in fragmentation and duplication
- Inconsistent understanding and application of One Health research

    - Clarity about what One Health means (e.g. are three sectors always needed?), clarify exactly what a One Health approach means for specific projects, possible difficulties with communicating the nature of a funding call when One Health is involved
- Lack of financial resources
    - Insufficient financial resources for projects and programmes (e.g. relatively small amounts of funding for complex projects) or inefficient use of resources, often dependent on external funder or organisational budget cycle for funds, co-investment and co-financing can help leverage further financial resources
- Short funding timeframes
    - Funding not long enough for One Health projects (e.g. two to three years), often need longer timeframes to realise the value and benefits of integrated and holistic approaches to complex challenges
- Lack of flexibility
    - Insufficient flexibility in terms of project budgets (e.g. actual spending must explicitly follow budget lines), project team members etc., challenging for projects to stay agile
- Lack of motivation and leadership, funding transparency
    - Researchers perceived a lack of motivation from funders in terms of funding One Health, felt it was not always transparent when funders do fund One Health because some projects are not explicitly labelled as One Health, perceived lack of leadership for One Health approaches
- Lack of communication
    - Perceived inefficient communication of One Health to key decision-makers and stakeholders, lack of advocacy for One Health, public awareness (does the public see the value of One Health?)
- Lack of sustainability
    - Impacts of projects after funding stops, lack of strategy or framework for longer-term sustainability, insufficient science-policy interface for longer-term impacts
- Lack of evidence of added value of One Health
    - Limited evidence of added value affects ability to convince funders to invest, uncertainty regarding potential economic outcomes of research projects (funders and policymakers are used to seeing cost-benefit analysis, cost-effectiveness analysis or return on investment figures), lack of use case studies makes it difficult to show the benefit of One Health approaches versus traditional, sectoral approaches
- Lack of prioritisation for action
    - Priority-setting for One Health agenda perceived as top-down, funding mandates not aligned with needs and priorities, One Health funding calls usually problem-oriented but could be solution-oriented, need a strategic application of One Health (only need complex approaches to complex problems), lack of focus on implementation as more concerned with publications

Political issues and instability were also raised as another key challenge. However, participants agreed that this was beyond the scope of the workshop to address, although governance aspects did come into many of the co-developed solutions.

Practical co-developed solutions

Inequity and exclusion
Co-developed solutions
Move to innovative online communication and networking models, including making better use of facilitators.
Cap proportion of project budget for conference registration fees
Utilise technology and free translation services
Funding to upgrade internet access and data, as part of wider capacity building
Value and fund existing networks (e.g. Network for Ecohealth and One Health - NEOH) to broaden engagement and introduce 'new entrants' to experienced researchers – mentorship, avoiding duplication of the establishment phase of networks
More seed funding to support application stages and light-touch applications, with capacity-building forming an important part of the value in projects
Encourage changes to publishing model and culture. Fewer, high-quality papers can contribute to capacity-building through robust peer review.
Active and intentional co-designing before starting to write proposals, to help minimise exclusion and help to measure impact

The high costs associated with attending conferences in-person (registration fees, visa costs, travel and accommodation costs etc) was raised as a barrier to participation and is not always the most effective use of resources, especially if the same senior people consistently attend. Participants felt there should be less emphasis on in-person conferences and more focus on investing in and developing dynamic online engagement to encourage a broader range of sectors and perspectives. To better support meaningful virtual engagement, facilitators and online tools should be more effectively utilised. If there is a shift to less in-person meetings, participants noted it would be important to better value existing networks and relationships, while also ensuring that more junior researchers do not miss out on opportunities that they might previously have come across through in-person meetings.

It was proposed seed funding should be available to support applications and grants, especially for LMICs; this would support co-creation of the project proposal and be beneficial when individuals are overburdened, such as key country or instructional figures in One Health.

Participants advocated for utilising technology, such as large language models to generate prose, and free translation services where available, such as Google Translate. This would help to level the playing field when completing funding application templates.

Participants also suggested encouraging shifts in publishing culture and models, including forming larger groups to produce fewer, high impact papers. This would encourage more comprehensive and robust publications, more efficient use of time and resources, and promote interdisciplinary collaboration.

Smaller organisations or those in low-and-middle income countries (LMIC), which may lack experience in managing large grants, should receive support to enable them to lead and manage consortia. This support could come from funders, helping to balance leadership within consortia and addressing power inequities. Additionally, it was suggested that funders and resource partners should focus on geographic areas with limited capacity.

Participants emphasised the importance of mobilising domestic resource, particularly in LMICs, to support implementation and collaboration. Limited budgets may lead to One Health approaches being deprioritised by governments and domestic funders, particularly finance ministries. To address this issue, a strong evidence base showing the added value of a One Health approach is needed. Scientists need to advocate for country priorities to secure better support from governments and resource partners.
It was noted funders may have a select pool of research organisations with proven project delivery experience. This pool is especially limited when funding has a specific focus, such as disease-specific or geographic remit. Funder representatives emphasised the need for investments to demonstrate positive impacts for end-users/beneficiaries.

Funding models not fit for purpose

Co-developed solutions
Longer inception periods or timelines to support co-creation and investing in building partnerships
Innovative structures to funding model
Identify the specific topics, areas, or stages of a project that would benefit from a One Health approach - ensuring its effective and practical application
Better engage LMICs funders
Advocacy for One Health – including creation of a Global Partnership on One Health

Participants discussed the importance of co-creating a research project, which should begin during the project proposal stage. By increasing inception periods and providing seed funding during application stage, applicants would have more opportunity to engage wider stakeholders, sectors and users in the development of the research project. This would encourage a One Health approach by allowing researchers to properly, pre-emptively consider which sectors and disciplines should be involved in the research and the correct stage to engage with them. It would also encourage a higher impact output, as it would allow time for researchers to consult with the end-user on their requirements and prerequisites. No consensus was reached on an ideal inception period, but suggestions ranged from five years to over ten years, depending on the project scope

The need for a pragmatic approach to the application of the One Health lens was discussed, highlighting the importance for funders and researchers to pinpoint where One Health approaches can be most effective. This could be regarding research topics or the stages of a project that would benefit from a One Health approach to improve outcomes. Participants discussed the importance of understanding what One Health is and what constitutes a One Health project, to align expectations. By targeting interventions, resources and efforts can be directed to areas with the greatest potential impact to improve outcomes. Additionally, identifying priority areas for a One Health approach could help in advocating for policy changes and secure investments.

For longer-term advocacy to tackle this challenge, some participants proposed the creation of a Global Partnership on One Health. This would include a range of stakeholders such as policymakers, funders and researchers, while signposting to core funding opportunities, seed funding and implementation schemes. A Global Partnership on One Health could also help to increase awareness and understanding of what makes a One Health project.

To better engage LMIC research funders, discussions emphasised the importance of encouraging LMIC Governments to prioritise One Health approaches in their research agendas and programmes. Promoting South-South cooperation and collaboration, including joint funding initiatives, was highlighted to leverage shared resources and encourage regional capacity building. Additionally, it was suggested that high-income country (HIC) funders should expect co-investment from LMICs to ensure mutual commitment and sustainable funding for One Health projects. This has a clear link to mobilising domestic resources in LMICs to support implementation and collaboration.

For co-investment to be successful, there needs to be high-level alignment on priorities, even if specific objectives and outputs are slightly divergent. The Pandemic Fund has shown how effective co-investment can be, while co-financing leverages even more resources. Domestic resource mobilisation was highlighted as an essential component to funding One Health research projects and implementation, contributing to sustainability and ownership.

Territoriality - individuals, sectors, countries
Co-developed solutions
Ensure grant proposals are reviewed by both: a) people with expertise of multi-sectoral working (not necessarily One Health experts) b) individuals from different sectors
Develop a set of indicators to assess the effectiveness of collaboration among project participants
Encourage joint funding calls
Incentives to broaden stakeholders involved, e.g. when relevant, awarding additional points during project proposals reviews

Participants discussed the need for diverse grant proposal reviewers, as well as flexibility. For example, being mindful that a sector expert would not necessarily be able to review a proposal that extends beyond their expert area.

To encourage better relationships within projects and minimise territoriality, it was proposed that funders should be more involved in managing relationships. This could be done through incentivising collaborative practices or making relevant indicators a project requirement. Participants discussed the importance of developing process-oriented indicators assessing the application of One Health approaches, how effectively participants are working together, and the added value of using One Health approaches. While it was acknowledged that such indicators might not always be necessary, indicators would be useful when identified as important.

Suggestions that could contribute to or guide indicators included:

- the Network for Ecohealth and One Health (NEOH) evaluation framework for integrated approaches in health
- Use of systems mapping and theories of change (ToCs) to:
    - Lay out expectations for different partners and stakeholders
    - Clarify roles and responsibilities
    - Detail which project stages need full integration and communication across sectors and disciplines to ensure effective application whilst reducing overburdening
- Use of Network analysis to:
    - Identify key stakeholders, understand relationships and existing collaborations, and ensure all relevant sectors and disciplines are represented
    - Allow targeted engagement to improve effective collaboration and optimise resource use
    - However, it is a lag indicator and can only be used after the project has been funded

Participants felt it would be helpful to have other indicators that could be constantly monitored throughout the duration of the project, to help address territoriality.

Assessing the changes in networks involved in projects at the start and end was noted as important by participants. Methods such as network analysis could be considered, although this can be relatively expensive and so could be more suitable to support at programme level.

The National Science Foundation (NSF) had a good example, with a joint Biodiversity on a Changing Planet (BoCP) fund. The BoCP was led by the NSF and international collaborative proposals were submitted jointly to partners including the National Natural Science Foundation of China (NSFC), the São Paulo Research Foundation (FAPESP) of Brazil, and the National Research Foundation (NRF) of South Africa.

Ecology and Evolution of Infectious Diseases (EEID) was another joint fund that was set up in two phases:

- Phase 1: Following initial review, selected projects are funded to begin research and support the establishment of collaborations, with predefined indicators evaluating collaboration effectiveness and the role of different stakeholders in the project.
- Phase 2: Projects demonstrating significant progress, potential impact and strong collaboration may receive additional funding to continue their research and expand their scope.

EEID was jointly funded by the National Science Foundation, BBSRC, Defra, United States-Israel Binational Science Foundation (BSF) and National Natural Science Foundation of China (NSFC).

Another solution suggested providing incentives for projects to work in different regions or through small and medium enterprises (SMEs) could be effective for addressing territoriality. For example, awarding additional points for these aspects in the final assessment of a project proposal.

Participants raised the importance of mapping stakeholder ecosystems before embarking on a project. They also emphasised the importance of language, trust, respect and relationship building for successful One Health collaborations, which often takes a long time to develop

Siloed governance structure
Co-developed solutions
Select the appropriate partner for a project/programme
Appoint an independent chair/facilitator
Establish an overarching framework help coordinate, communicate and collaborate between silos
Lobby to remove restrictions caused by sectoral siloes, e.g. remove barriers in academic funding
Pooled funding models
Incentives to encourage effective working across silos, e.g. when relevant, awarding additional points during project proposals
Adaptive/ad-hoc governance systems tailored to the situation

Participants agreed that silos are difficult to breakdown and so instead, focused on how to effectively operate across those silos. Selecting an appropriate partner for the specific project could help to mitigate against siloed project design and implementation. They also felt an independent chair or facilitator could help to ensure balance and equity between different sectors and disciplines, by keeping discussions "neutral" so that no single group or collaborator dominates within project teams during project development or implementation stages. Participants agreed that an overarching framework to help coordinate, communicate and collaborate between silos would be helpful, and the UK Research and Innovation (UKRI), a unified oversight body of nine research organisations, was provided as an example. UKRI coordinates and supports collaboration across its individual research councils providing a unified strategic direction and fostering collaboration between the individual organisations.

Participants noted that silo issues often filter down, from siloed funding to research teams. To limit this narrow flow, one solution was to consider pooled funding with multiple partners. In pooled funding models, the budget goes from multiple funders, potentially working in silos, into one collective pot. However, it was acknowledged that funders may be resistant to pooled funding, if there is the expectation it is in addition to existing research budgets. Some participants felt that pooled funds can duplicate and complicate the funding landscape, although the Antimicrobial Resistance (AMR) Multi-Partner Trust Fund was given as a strong and successful global example. Other participants felt that new, innovative financing mechanisms such as the Pandemic Fund have also added extra complexities to the funding landscape.

There was agreement that strong leadership and champions from the One Health community would be needed to lobby to remove restrictions caused by silos.

Participants observed that government contacts are usually fixed, resulting in the same experts often being involved. Some participants felt this was reinforcing siloes, and a higher turnover rate would help to address this and introduce new perspectives. However, in contrast, other participants noted excessive turnover can be detrimental, as it takes time for policymakers to build up expertise, which can be lost with high turnover. In contrast, practitioners tend to remain consistent. The debate centred on finding the optimal balance, with two

main suggestions; either maintaining policymakers in place for some time, but the practitioners turn over more often or policymakers turn over more often, but practitioners stay in place for some time.

Similarly, as for territoriality, participants suggested incentivising researchers to work effectively across silos, by giving weighted scores or additional points to project proposals that explicitly include this aspect. There was also a suggestion that crowdfunding could help to break down silos, for example for AMR.

Participants also suggested adaptive or ad-hoc creation of governance systems when there is a need, like there is for AMR, rather than always having it in place.

Inconsistent understanding and application of One Health Research

Co-developed solutions
Encourage flexibility from funders on definition and application of One Health between different projects
Allow flexibility in *how* One Health initiatives are funded, e.g. combination of broad and narrow call scopes
Closer monitoring from funders during projects to ensure One Health approach
Enable feedback on call guidance and methodology from potential applicants and government agencies during the design stage of funding schemes to ensure a One Health approach is encouraged

Participants noted that many projects labelled as "One Health" are often three different research projects under the same umbrella, rather than adopting a holistic, integrated, systems-thinking approach. There was consensus among participants on the need to allow flexibility in the definition and application of One Health between different projects, encouraging a pragmatic approach. While some funders and programme owners may not favour the term "One Health", participants noted that they might be willing to fund projects taking a One Health approach. By not embracing a pragmatic approach, there is a risk of missing funding opportunities. Additionally, participants from research institutions acknowledged that if One Health is perceived as too broad and lacking clear boundaries, it may deter potential funders.

There was also support for flexibility in *how* One Health initiatives are funded; participants proposed a combination of broad calls that encompass many elements of One Health, alongside specific topics that reference applying One Health approaches. Showcasing flagship projects effectively implementing the One Health approach demonstrates practical applications. This suggestion closely links to addressing challenges around funding models being not fit for purpose and a lack of flexibility.

To ensure integrated, holistic and One Health approaches are applied, participants proposed closer monitoring by funders throughout the project lifecycle, aligning with an earlier solution for the challenge around territoriality. This monitoring could involve surveys and Artificial Intelligence (AI)-driven evaluation tools conducted every 12-18 months.

Another proposed solution was to enable feedback from potential applicants, researchers and government agencies during the design stage of funding schemes. This would enable adjustments to the call guidance and

methodology; however, it was anticipated funders would be resistant to changes in call scope. Participants suggested a 10-day feedback window after funding calls are launched or following the pre-launch, allowing for potential modifications to the guidelines and evaluation criteria.

Participants also discussed the role of social scientists in the funding scheme design process to ensure it is balanced and addresses any power dynamics. This aligns with solutions for the challenge around inequity and exclusion, indicating that proposed solutions could benefit multiple challenges.

Lack of financial resources
Co-developed solutions
Conduct a comprehensive landscape review of available funding, including where One Health approaches are applied but not explicitly mentioned
More efficiently leverage existing resources through collaborative or joint grant writing, bringing together multiple research teams
If funding is restrictive, prudent use of PhD students to achieve more and broaden scope of existing research projects
Funders co-fund activities with other funding agencies
Smaller work package, supporting the core funding criteria
Mobilise more domestic resources, particularly to support longer-term capacity building
Better leverage private sector investment – e.g. through Public-Private Partnerships (PPPs)

Participants recommended conducting a comprehensive landscape review of available funding, including funding sources and mechanisms that do not explicitly mention One Health. It was discussed that there is likely more funding available for One Health initiatives than there are explicit One Health requests for proposals (RfPs).

Another proposed solution was to leverage existing resources through collaborative or joint grant writing, bringing together multiple research teams to write a grant proposal covering multiple connected areas. This would increase efficiency and collaboratively address a unique problem. Participants also discussed leveraging work that is already being implemented and considering how further research funding could support more operational questions.

There was also a recommendation to utilise PhD students more effectively and prudently. Students' resources could broaden the scope of narrowly defined calls to incorporate a more integrated, holistic and One Health approach. However, it was also noted that supporting students' careers development was crucial to contribute to capacity-building.

Funders at the workshop advised that the framing of a research proposal can make a difference. Researchers should carefully consider how to embed One Health components of One Health within narrower funding calls. There was agreement that it is not necessary for all funding calls to be explicitly One Health-focused. Participating funders suggested that researchers could identify opportunities to address sector-specific research calls while still applying integrated and holistic One Health approaches.

Participants felt that as long as core criteria were met, it would be feasible to include a smaller work package focusing on One Health. For example, where call scopes are broad or not specific to One Health, there might still be opportunities for a small component of the project proposal to incorporate One Health aspects and build synergies, whilst meeting core funding criteria.

Another proposed solution was for funders to co-fund interdisciplinary research calls with other funding agencies, to achieve desired collaborative results, while also meeting their individual strategic needs. This practice is more common for sector-specific funding calls (e.g. the EU Partnership on Animal Health and Welfare - EUPAHW) and could be utilised more widely for interdisciplinary research or research activity that could benefit from One Health approaches. There is potential for STAR IDAZ IRC to facilitate this by matching relevant partnerships and consortia within its network and facilitating co-funding efforts.

Participants again emphasised the importance of mobilising domestic resources. For example, collaborating with a local authority to co-fund infrastructure (e.g. laboratories) and build capacity, enabling the local authority to respond more effectively to One Health issues in the long term. Building interest and understanding within local government through capacity-building could lead to more practical and sustainable action, allowing the local investment in the work while aligning with their priorities.

Participants advocated for bottom-up approaches, providing end-users with the skills and training to implement projects and train others, thereby contributing to capacity-building. Researchers, funders and programme owners could all play a role identifying these opportunities.

Another recommendation was to better leverage the private sector's financial resources by framing the good value of investing in One Health research and implementation. This links closely with the challenge of showing the added value of One Health.

Participants noted that PPPs have already been very successful in the veterinary domain in Africa and there could be scope for broader applications in terms of One Health. However, this requires a change in thinking, as applying for funding grants through calls for proposals remains the standard approach. There were discussions that thinking more broadly could open up more funding opportunities.

Figure 5: Plenary - Discussing and refining co-developed solutions

Figure 6: Plenary - Practical next steps

Short funding timeframes
Co-developed solutions
Phase-structured funding
Short-term preliminary funding for project development
Extended timeframes, e.g. five to eight years

Participants agreed that the funding duration for many research projects with a One Health approach is often too short. They discussed and suggested three possible solutions.

Firstly, a phase-structure of funding was proposed as ideal for providing longer-term funding, potentially more programmatic rather than project-based. An example framework could involve three-year phases within a total nine-year timeframe. A three-year stand-by window could be provided to strengthen the capacities for any of the sectors (animal, human, plant, environment, wildlife), with an incentive to continue the One Health research afterwards. Phased funding could also allow flexibility to involve new stakeholders during the project. For this approach to be feasible, principles for success would need to be agreed in advance among funders. A unique collaborative funding prize was given as an example of phase, longer-term funding; the AgriResults Brucellosis Vaccine Fund, funded by a collaborative initiative between the governments of Australia, Canada, the UK, the US and the Gates Foundation, and implemented by GALVmed. It uses a phased approach to fund vaccine developers to develop and register a vaccine for *Brucella melitensis* in small ruminants in LMICs.

Another solution proposed was short-term preliminary funding for project development, acting as a learning phase. It can be hard to understand exactly what is needed for a One Health approach, so preliminary funding for a learning phase could allow time to better understand the context, explore the risks of implementation or chances of success, and identify stakeholders who should be engaged with the research project, whilst building capacity and trust with diverse partners. This initial stage may offer the opportunity to establish whether research teams have the required competencies and technologies. Another short-term option could be to provide smaller amounts of funding to organisations that often do not receive funding, to minimise risks for funders and build capacity.

Participants widely supported the idea of extending project timeframes, ideally between five to eight years. However, it was recognised that the increased costs associated with longer project funding would likely result in fewer projects being awarded. It was emphasised that projects should be evaluated on their feasibility of implementation and sustainability, while considering the diversity of stakeholders involved. Funders noted that the longer a project lasts, the higher the perceived risk thus hesitation from funders to invest in the longer timeframes. They also made the point that longer-term projects, such as those exceeding five years, could be affected by significant government changes.

Lack of flexibility
Co-developed solutions
Co-produce funding mechanisms between researchers and funders to better address the complexities of One Health
Allow flexibility in the allocation and management of research budget

Participants emphasised the need to advocate for increased flexibility when addressing complex One Health issues, including around more adaptable funding mechanisms. To achieve this, a convincing argument must be presented, highlighting the added value of increased flexibility. It was recommended that a range of stakeholders should co-develop funding mechanisms, to ensure a comprehensive understanding of both the funding structures and the intricacies involved in One Health initiatives and research. This could be done through stakeholder meetings, consultations and roundtables. It was proposed that, once funding has been awarded, it is important to allow flexibility in the allocation and management of research budgets, enabling adjustment in deliverables and approaches as new data emerges or situations change.

Lack of motivation and leadership
Co-developed solutions
Promote and showcase successes to decision makers
Advocacy by funders to buy into national research/project priorities
Capacity strengthening of project implementers
Co-develop projects with decision makers - include PPPs and identify how to incentivise them
Allocate budget for communication in all research projects

To overcome this challenge, participants highlighted the need to promote and showcase successes to decision makers, adapting messaging to fit with their priorities. This links well to a previous point on demonstrating the added value of One Health.

There was agreement that projects should be co-developed with decision makers where possible, identifying how to incentivise them to continue supporting One Health approaches. Participants noted that involving the private sector, for example through PPPs, could be valuable in the co-development process. The private sector has the potential to contribute additional resources and potentially influence policy, enabling them to advocate for holistic and One Health approaches to complex challenges.

Participants felt there might be a lack of motivation and leadership in terms of One Health due to the complexities of working across sectors and disciplines. However, even if funding is not explicitly labelled as One Health, there may be opportunities available to apply a One Health lens or approach. Researchers could work with funders to identify such opportunities and assess their relevance and feasibility for specific projects.

Linked to this, participants observed there could be a lack of motivation and leadership at government level. They proposed funders advocate for One Health by incentivising national and local governments to embed One Health approaches into their projects and programmes. Alongside this, participants recommended allocating a portion of funding in all projects to communication, to enhance messaging and advocacy.

Participants recommended students trained under the One Health concept and approach could take on leadership responsibilities, to help address this challenge. With many courses now specifically covering One Health or aspects of it, these students would be well-positioned to embed holistic approaches into research and implementation. It was also noted that ensuring sustainable career opportunities in One Health is essential.

Lack of communication
Co-developed solutions
Improve external communication: Not just scientific papers
Internal communication: Develop an internal project communication plan, including cross sectoral communication strategies – how partners plan to communicate between sectors and disciplines
Allocated budget for communication plan
Engage community stakeholders in proposal review

Participants discussed that for external communication, all stakeholders need to be reactive and aware of misinformation, particularly through social media, for example around vaccine hesitancy. Having a communications advisor who understands the domain and can effectively engage with the media would be important, although funding such individuals can be challenging. Participants suggested developing a database of public relations and communications companies with experience in relevant technical fields. As mentioned for the last challenge, participants emphasised the need for allocated communications budget. Along with this, projects should have earmarked contingency budgets, which could support reactive communications responses when needed.

For internal communication, a clear internal communication plan is needed. Participants proposed it should include expectations and strategies for communicating between the sectors and disciplines involved in the project, and it could be peer reviewed to ensure its impact. For both the internal and external communication plans, participants suggested involving specialists who can think outside the box and develop effective and impactful communication plans.

Participants suggested that community and civil society stakeholders could be better engaged by inviting them to sit on grant review panels, since these key stakeholders are rarely consulted on what work gets funded.

Lack of sustainability
Co-developed solutions
Research themes – themes can be the same but specific grants might be separate. Funds networks (academic, policy, PPPs, NGOs)
Networks between researchers
Anchored networks
Allocated budget for retrospective evaluation of impact and sustainability of research project
Co-creation of project scope to ensure alignment with end user priorities and relevance of outputs at local context
Phase-structured funding
Encourage research outputs with practical applications

Networks between researchers were highlighted as important for sustainability, alongside active networking to bring in new people. There was agreement that networking can potentially lead to the continuation of a project activity after funding has ended, thereby contributing to longer-term sustainability. Another solution was "anchored networks", where one institution acts as the network hub and can reach out to others for support as needed. Core funding would be required to maintain this, and the hub would ideally be hosted by a government ministry. A hub secretariat would coordinate funding, personnel and resources, strategic planning and priorities across the hub. Participants highlighted the UK Medical Research Council (MRC) Unit The Gambia London School of Hygiene and Tropical Medicine (LSHTM) as a good example of this anchored network and hub structure. Participants noted that at the end of European Commission-funded projects, networks are established to facilitate further activity e.g. Standing Committee on Agricultural Research - SCAR network. The strength of this approach is the familiarity among participants; however, the risk is if the networks consistently involve the same individuals, leading to a lack of diversity and fresh perspectives. It is essential to ensure the network actively incorporates new members and ideas. There was a discussion on encouragement of evolution of anchored networks, from researchers to implementers, favoured partners and strategic partners. The MRC works with local partners, which links with Biotechnology and Biological Sciences Research Council (BBSRC) for animal health, but it could be difficult to persuade stakeholders to switch topics, e.g. from malaria to One Health.

Participants recommended allocating budget to enable stakeholders to revisit and evaluate the impact and sustainability of the results after the project's conclusion (e.g. two years later). Funds are also required for monitoring and evaluation (M&E) during the project, which is discussed further under the challenge of evidencing the added value of One Health.

Participants highlighted that research questions and priorities led by the "Global North" or external researchers may not always align with the immediate needs and priorities of the local context. Engaging local stakeholders in the research planning and scoping process, as well as pre-, peri- and post-project support could ensure the relevance and effectiveness of research outcomes. Seed or phased funding would allow project participants to carry out this scoping prior to full project funding.

There was agreement that phased funding could also contribute to improving the sustainability of projects. Seed funding could be initially awarded to demonstrate proof of concept and develop the project scope, followed by subsequent funding released in phases based on proof of delivery of outputs. Participants emphasised that funding should ideally be competitive at every stage, to refine and select the strong project proposals. However, there was some concern that making funding competitive at every stage could risk excluding projects that were struggling but had the potential to succeed with small adjustments. Competition in such cases could thereby possibly reduce opportunities for capacity-building, a key aspect of One Health.

Participants also discussed that researchers should be encouraged to produce outputs with practical application, creating clear evidence and opportunities for future uptake and collaboration. This could bring in more diverse funding and stakeholders, particularly investments from the private sector. For example, improving researchers understanding of technology readiness levels (TRLs) could help produce tangible outputs that are closer to being market-ready, reducing the time and resources needed for commercialisation, which would attract private companies. There was a discussion that host institutions often lack the support and resources to encourage entrepreneurial opportunities, yet this could be a good way to reduce the "valley of death" for innovation. However, this should be balanced with managing expectations on what is realistic to achieve within project timeframes.

For scaling up after pilot projects, many participants felt the key thing is getting buy-in from the private sector, including manufacturers. There was agreement that incentivising the private sector to collaborate on research and implementation that embeds a One Health approach is important.

Overall, there was agreement that a prerequisite to sustainability is to ensure alignment between funders interests, national priorities and the local agenda.

Lack of evidence of added value of One Health
Co-developed solutions
More interdisciplinary funding calls which encourage project proposals that aim to conduct an economic evaluation
Multi-project networks co-ordinated by funders
Improved and consistent metrics for M&E, including reference to the Sustainable development goals (SDGs)
More secondary data calls to allow retrospective analysis of One Health projects with M&E framework
Changing research culture - away from number of publications and number of conferences presented at, to allow fewer, higher impact papers and other outputs e.g. policies

Participants spoke about the importance of measuring impact across sectors, to capture the value for each sector as well as overall; potentially requiring different metrics in different sectors. By including economic evaluations as a requirement in project proposals for funding calls, they could become a standard element to assess the value, impact and sustainability of projects that embed One Health approaches. Such evaluations would also add to the currently limited evidence base on the added value of One Health. Participants felt a

strong scientific evidence base was needed to persuade policymakers of the added value of One Health approaches.

Another solution proposed was creating networks of projects on similar themes, to encourage better coordination and knowledge sharing to increase impact and added value. These networks would benefit from coordination and facilitation, possibly by the funder or a secretariat. For example, in the past USAID's Global Health Security Agenda (GHSA), later the Global Health Security Program (GHSP), brought together funded project partners across sectors.

Participants recommended improved and consistent metrics for M&E, which could be a requirement for all projects within a call. This would help to address equity issues and ensure a systematic approach within each funding call. There was a discussion that linking with the SDGs would be a strong metric of success. However, concern was raised that project participants may not have a strong understanding of relevant M&E processes and metrics, so a mechanism for sharing information about easily accessible metrics would be needed.

Another solution proposed making use of existing secondary data to allow retrospective analysis to assess impact. This would cost less than collecting primary data and could show impact over a longer time frame.

Like a previously proposed solution, participants advocated for fewer, higher impact papers, as part of a publishing culture change. In addition, the group recommended a wider change to better celebrate joint successes and sharing success stories from other sectors and disciplines as an incentive for success for all.

Lack of prioritisation for action

Co-developed solutions
Agree clear funding call objectives related to broad themes of focus
Project preparation grants (PPGs) for co-creation phase where communities have a critical role
Engagement could take place at different points along the journey

Participants proposed broader thematic funding calls with clear call objectives to help address this challenge. This should involve a broad stakeholder group, including community groups, developing and identifying themes e.g. water quality, zoonotic disease X, surveillance of zoonotic diseases etc. There was a discussion that more time would be needed to think about the process, potentially involving key regional stakeholders such as the African Union, the South African Development Community (SADC) etc.

Another recommended solution was project preparation grants, which support a co-creation phase where communities and wider stakeholders play a critical role through bottom-up and top-down approaches, rather than research-led projects. Funds could support problem analysis and context, including how stakeholders can work better together. This solution would be expected to deliver fewer but more effective projects. For example, 20 project preparation grants (PPGs) could lead to five proposals. Participants noted that care would be needed to ensure the initial engagement is appropriate, to ensure a safe environment for stakeholders to share honest opinions. This could be an iterative process, for example, presenting scientific tools to the community for

feedback on their practicality and feasibility. This could help ensure stakeholders are onboard with the process throughout, contributing to ownership. There was agreement on leveraging existing frameworks, stakeholder mapping and resources to help funders identify priority strategies. If there are not project preparatory grants available, researchers could still review existing strategic documents. At the policy and national level, the One Health Zoonotic Disease Prioritization (OHZDP) method for prioritisation is widely used, so could be adapted for different contexts.

Depending on the project, stakeholder engagement should occur at various stages of the project. For example, with vaccine development research, there might be questions regarding reasonable product costs for farmers, the technological developments of the work, or logistics.

Conclusion

One major theme that emerged from the workshop was the need for researchers, funders and programme owners to have more frequent conversations and work together on how to improve funding mechanisms for all involved. Funders encouraged researchers to reach out to them for conversations and emphasised that funding mechanisms are a two-way process.

Many co-developed solutions came up repeatedly or in slightly different ways for multiple challenges. This suggests that by applying just a handful of these proposed solutions, the impacts on identified challenges could be considerable.

As the focus of the workshop was especially around funding research with a One Health approach, most of the discussions centred on grants through calls for proposals. However, participants also considered other interesting funding sources, options and mechanisms, in particular PPPs, better engagement with the private sector, co-investment and mobilisation of domestic resources. The results from the workshop are summarised in the following tables and will hopefully be useful for funders, programme owners, resource partners, researchers and practitioners working on projects that embed a One Health approach.

Summary table

Recommendations for Funders, Programme owners and Resource Partners
Cap proportion of project budget for conference registration fees
Value and fund existing networks (e.g. Network for Ecohealth and One Health - NEOH) to avoid duplication of establishment phase, broaden engagement and introduce 'new entrants' to experienced researchers - mentorship
More seed funding to support application stages and light-touch applications, with capacity-building forming an important part of the value in projects
Encourage changes to publishing model and culture. Fewer, high-quality papers can contribute to capacity-building through robust peer review.
Active and intentional co-designing before starting to write proposals, to help minimise exclusion and help to measure impact
Longer inception periods or timelines to support co-creation and investing in building partnerships – projects lasting at least five years
Better engage LMICs funders
Ensure grant proposals are reviewed by both: a) people with expertise of multi-sectoral working (not necessarily One Health experts) b) individuals from different sectors
Closer monitoring from funders during projects to ensure One Health approach
Incentives to broaden stakeholders involved, e.g. when relevant, awarding additional points during project proposals reviews
Pooled funding models
Allow flexibility in *how* One Health initiatives are funded, e.g. combination of broad and narrow call scopes
Enable feedback on call guidance and methodology from potential applicants and government agencies during the design stage of funding schemes to ensure a One Health approach is encouraged
Funders co-fund activities with other funding agencies
Mobilise more domestic resources, particularly to support longer-term capacity building
Phase-structured funding
Short-term preliminary funding for project development
Extended timeframes, e.g. five to eight years
Co-produce funding mechanisms between researchers and funders to better address the complexities of One Health
Allow flexibility in the allocation and management of research budget
Advocacy by funders to buy into national research/project priorities
More interdisciplinary funding calls which encourage project proposals that aim to conduct an economic evaluation
Multi-project networks co-ordinated by funders
More secondary data calls to allow retrospective analysis of One Health projects with M&E framework
Improved and consistent metrics for M&E, including reference to the Sustainable development goals (SDGs)

Agree clear funding call objectives related to broad themes of focus
Project preparation grants (PPGs) for co-creation phase where communities have a critical role
Encourage research outputs with practical applications

Recommendations for Researchers and Practitioners
Move to innovative online communication and networking models, including making better use of facilitators and supporting access to online conferencing technologies for LMICs
Develop a set of indicators to assess the effectiveness of collaboration among project participants
Advocacy for One Health – including creation of a Global Partnership on One Health
Encourage flexibility from funders on definition and application of One Health between different projects
More efficiently leverage existing resources through collaborative or joint grant writing, bringing together multiple research teams
If funding is restrictive, prudent use of PhD students to achieve more and broaden scope of existing research projects
Better leverage private sector investment e.g. through PPPs
Co-produce funding mechanisms between researchers and funders to better address the complexities of One Health
Promote and showcase successes to decision makers
Allocate budget for communication in all research projects
Improve external communication: Not just scientific papers
Project preparation grants (PPGs) for co-creation phase where communities have a critical role
Networks between researchers
Anchored networks
Engagement could take place at different points along the journey

Acknowledgements

The STAR IDAZ IRC workshop on One Health Funding was made possible through the invaluable contributions of our dedicated presenters, facilitators, rapporteurs, and engaged participants. We extend our deepest appreciation to the following experts for their valuable contribution and leadership:

- Dr Hung Nguyen-Viet (ILRI) for his keynote presentation on the interesting One Health work happening at ILRI and CGIAR more broadly, and for insightful contributions during breakout group work and plenary discussions.
- Dr Dannie Romney (CABI) for her presentation on the One Health Hub and potential areas of alignment and synergy with the work of STAR IDAZ IRC, and valuable contributions during breakout group work and plenary discussions.
- Dr Ekta Patel (ILRI) for facilitating during breakout group work and sharing useful insights during plenary discussions.
- Dr Francisco Suárez Güemes (National Advisory Council on Animal Health - CONASA and the Autonomous University of Mexico - UNAM, Faculty of Veterinary Medicine and Zootechnics - FVMZ, Mexico) for providing closing remarks about the evolution of STAR IDAZ IRC since it began in 2011.
- Dr Karin Troell (Norwegian Veterinary Institute - NVI) for her closing remarks about seeing the broadness of One Health as an opportunity rather than a problem, defining it for each context and remembering it does not always have to be everything i.e. all sectors and disciplines.
- Dr Halid Kirunda (NARO, Uganda) for his closing remarks which highlighted that a diversity of priorities means there is competition for scarce resources and working across different sectors, ministries and disciplines using a One Health approach is still a relatively new concept in some contexts.
- Dr Musa Mulongo, STAR IDAZ IRC Executive Committee representative for ILRI, provided closing remarks about how the workshop aligned well with the new research and innovation strategy for ILRI, as One Health is a priority.

We are grateful to all the participants from diverse institutions and backgrounds, whose active engagement and contributions enriched our discussions and led to co-developed solutions. Together, our efforts will help address the key challenges in funding projects that embed One Health approaches in animal health worldwide.

Annex 1: Workshop agenda

Day 1: Identifying the current challenges of funding research with a One Health approach	From	To
Coffee/tea welcome	**8:30**	**9:00**
Welcome Session	**9:00**	**9:15**
Introduction 1. **Keynote Presentation:** Dr Hung Nguyen-Viet, Leader of Health Program and Leader of the CGIAR initiative on One Health, International Livestock Research Institute (ILRI) 2. **Plenary discussion: Benefits of One Health approaches to research (and more broadly)**	**9:15**	**10:45**
Coffee/tea break	**10:45**	**11:15**
Funding Context 1. STAR IDAZ International Research Consortium (STAR IDAZ IRC) on Animal Health and One Health Working Group 2. CABI One Health Hub	**11:15**	**11:45**
Introduction and allocation to Breakout Groups	**11:45**	**12:30**
Lunch break	**12:30**	**13.45**
Breakout Group work	**13:45**	**15:45**
Coffee/tea break	**15:45**	**16:15**
Plenary discussion: Further discussion and reaching consensus on the main challenges **Reflections on key challenges and how we might start to tackle them** 1. General reflections 2. Forward look to Day 2	**16:15**	**17:30**
End of Day 1	**17:30**	
Workshop Dinner – ILRI Campus	**19:00**	

Day 2: Proposing solutions to address the main challenges to funding research with a One Health lens	From	To
Recap of Day 1	9:00	9:15

Introduction and allocation to Breakout Groups **Breakout Group work**	9:15	10.30
Coffee/tea break	10:30	11:00
Plenary Discussion 1. Rapporteur summaries 2. Discussion and proposal of additional solutions	11:00	12:30
Lunch break	12:30	13.45
Plenary Discussion [Continued] 1. Rapporteur summaries 2. Discussion and proposal of additional solutions	13:45	15:00
Coffee/tea break	15:00	15:30
Next Steps: Application of proposed solutions	15:30	16:00
Concluding remarks and close of workshop	16:00	16:15
End of Day 2 and Workshop		

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