

Equitable investment in the veterinary workforce is foundational to One Health and planetary wellbeing



The recently released World Organisation for Animal Health (WOAH)'s inaugural State of the World's Animal Health report identifies pressing animal health challenges, including zoonoses, transboundary animal diseases, antimicrobial resistance, and food security and biodiversity loss—all intertwined with human wellbeing. Across these challenges, the underlying message is clear: the ability to address them hinges on a robust, equitably distributed, and adequately resourced veterinary workforce worldwide.

WOAH, founded in 1924, is a crucial, albeit lean, independent organisation with only 200–250 staff, compared with WHO's 8000. WOAH is responsible for global animal health, including the health of companion, food-producing, and wild animals. Its participation in the Quadripartite (WOAH, the UN Food and Agriculture Organization, WHO, and the UN Environment Programme) and commitment to One Health extends this responsibility to explicitly safeguard human and environmental health.¹

The disparity in the size of veterinary and human health workforces across international organisations mirrors a systemic imbalance at national levels. Globally, animal health expenditure is a mere 0.4% of total human health spending. For instance, a high-income country's allocation for animal health amounts to just \$16 per person compared with an average per-person health budget of US\$4000. This undervaluation is more pronounced in low and middle income countries (LMICs), which are home to more than 80% of the global human population and face a severe lack of animal health resources.² In three east African countries for example, the animal health spending is only 1.5% of their already constrained human health budgets of \$24 per person, which is approximately \$0.36 per person for animal health.³

This pronounced financial imbalance undermines One Health operationalisation, which aims to optimise the health of people, animals, and ecosystems.⁴ Despite recent traction, One Health implementation falters where it matters most: in equitable resource allocation and foundational workforce development across all One Health sectors. The veterinary sector, crucial for preventing,

detecting, and responding to health threats at their source, endures chronic underinvestment and is perceived to be of secondary importance, despite generating substantial benefits for human health and wellbeing. Notably, wildlife and environmental health are also often neglected in national and global health frameworks, leaving severe knowledge and surveillance gaps in geographic areas where novel zoonoses are most likely to emerge.⁵ The hierarchical disadvantage, frequently voiced by veterinarians from many lower-resourced nations,^{6,7} directly compromises global health security amidst growing hyperconnectivity, massive animal trade, and increasing agricultural intensification—all drivers for pathogen spillovers and contributors to broader planetary degradation.

WOAH initiatives, including the Performance of Veterinary Services Pathway, consistently highlight these pronounced veterinary capacity shortages, with LMICs experiencing particularly severe deficits. For example, these deficits pose a major threat because animals are often a primary livelihood and food source in LMICs, and the animal-human-environment interface is fundamental to daily life.⁸ Such limitations result in inadequate disease surveillance, delayed outbreak detection, hindered efforts to curb antimicrobial resistance, weakened food safety and security, and inadequate provision of vaccination campaigns—a highly effective tool for disease prevention, as emphasised in the WOAH report. Adequately resourcing the veterinary workforce would shift the primarily reactive global response⁹ to one that better incorporates cost-effective proactive prevention. A mere 5% global increase in veterinary services could dramatically improve timely animal care access.² An enabled veterinary sector also supports community needs, serving as a crucial point of contact between rural and marginalised populations and state authorities, thus expanding the reach of essential government services and deepening public trust.

Ensuring a non-hierarchical One Health approach requires recalibrating overlooked priorities. The recent WHO Pandemic Agreement offers this opportunity with key articles on One Health and pandemic prevention.¹⁰ Its successful national implementation requires resourcing the veterinary sector to empower its workforce.

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For more on the **World's Animal Health report** see <https://www.woah.org/en/the-state-of-the-worlds-animal-health/>

For more on the **WOAH** see <https://fr.linkedin.com/company/worldanimalhealth>

For more on the **WHO** see <https://www.who.int/about/who-we-are>

For more on the **chronic underinvestment** see https://bulletin.woah.org/?panorama=04-1-2-2023-1_asia

For more on **global animal health expenditure** see <https://www.grandviewresearch.com/industry-analysis/animal-health-market>

For more on **human health spending** see <https://www.who.int/publications/i/item/9789240064911>

For more on **human health budgets** see <https://data.worldbank.org>

For more on the **veterinary capacity deficits** see https://pvs.woah.org/analytics/16?dashboard_name=Global%20Performance%20Insights

For more on the **Pandemic Fund** see <https://www.thepandemicfund.org/sites/default/files/2024-06/Pandemic%20Fund%20Strategic%20Plan.pdf>

Encouragingly, the World Bank Pandemic Fund explicitly supports workforce capacity related to human, animal, environmental, and ecosystem health. To reinforce more equitable distribution of resources across sectors, animal and environmental health needs must be explicitly included and appropriately weighted within the Pandemic Fund's allocation metrics. The resulting financial empowerment would contribute to robust, community-responsive, and sustainable One Health services, an ideal platform for translating an integrated One Health approach into action.

Robust veterinary capacity directly addresses challenges such as high animal mortality from vaccine-preventable diseases such as rabies in dogs, peste de petits ruminants in goats and sheep, and Newcastle disease in chickens. This mortality reduces household resilience, food security, trust in animal health services, and surveillance sensitivity in underserved communities.¹¹ A more collaborative, cost-effective One Health approach, with stronger human health sector collaboration, yields substantial co-benefits. These co-benefits include improved resource-use efficiency, vaccination efficacy through cold chain training and maintenance, and trust in health services and acceptance of vaccines for humans and their animals through consistent messaging and reduced prevalence of vaccine-preventable diseases.

WOAH's inaugural report is a reminder that human health is inseparable from the health of all other life forms and the ecosystem within which they exist. Hence, efforts to improve human wellbeing should not be separated from efforts to improve the wellbeing of other animals. Prioritising investment in veterinary capacity is an essential catalyst to move One Health efforts from mere rhetoric into a tangible and impactful reality.

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*Latiffah Hassan, Robyn Alders, Sarah Cleveland, Dirk Pfeiffer, Chris Walzer, Neil M Vora, Raina K Plowright
latiffahhassan@health.missouri.edu

Department of Public Health, College of Health Sciences, University of Missouri, MO 65203, USA (LH); Faculty of Veterinary Medicine, Universiti Putra Malaysia, Malaysia (LH); Development Policy Centre, Australian National University, Canberra, ACT, Australia (RA); School of Biodiversity, One Health and Veterinary Medicine, College of Medical, Veterinary and Life Sciences, University of Glasgow, UK (SC); City University of Hong Kong, Hong Kong SAR, PR China (DP); Royal Veterinary College, London, UK (DP); Wildlife Conservation Society, New York, USA (CW); University of Veterinary Medicine Vienna, Vienna, Austria (CW); Conservation International, VA, USA (NMV); Preventing Pandemics at the Source, NY, USA (NMV); Department of Public & Ecosystem Health, Cornell University College of Veterinary Medicine, Ithaca, NY, USA (RKP)

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