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One Health in Cambodia: Opportunities for Strengthening in 2026 and Beyond

Commentary

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Abstract: Cambodia has made substantial progress in operationalizing One Health over the past decade, establishing multisectoral coordination mechanisms, prioritizing zoonotic disease risks, strengthening workforce capacity, and aligning national action with global frameworks. At a time when zoonotic threats, antimicrobial resistance, climate change, and food safety challenges are intensifying, while global health financing is becoming more constrained, these gains provide a critical foundation for sustained health security. This commentary draws on publicly available policy documents, national and regional One Health reports, global health governance frameworks and recent Cambodia-specific programme documentation. It uses a health systems governance lens to examine coordination, surveillance, workforce development, financing and environmental integration. It argues that the priority moving forward is not system redesign, but consolidation and institutionalization, with a focus on subnational integration, environmental linkages, and domestic financing. Strengthening these areas will be essential to transforming One Health from a set of successful initiatives into a durable pillar of national health governance and regional leadership.

Introduction

By 2026, Cambodia's health system is shaped by both rapid national development and increasingly complex cross-sector risks. Longstanding engagement in Mekong and ASEAN cooperation, alongside the establishment of national coordination mechanisms, reflects early recognition of the need for integrated approaches to health threats that span human, animal, and environmental systems (Asian Development Bank [ADB], 2024). Recent events underscore the continued relevance of this approach: the detection of 11 human H5N1 cases, including six deaths, between January and July 2025 highlights the persistent and multidimensional risks posed by zoonotic diseases to public health, livelihoods, and economic stability (World Health Organization [WHO], 2025a).

At the same time, Cambodia's health risk profile is evolving. While national priorities increasingly and appropriately emphasize noncommunicable diseases, the country continues to face concurrent pressures from zoonotic emergence, antimicrobial resistance (AMR), food safety risks, climate-sensitive vector-borne diseases, and environmental change (WHO, 2022, 2025b). These overlapping challenges reinforce the strategic importance of One Health as a complementary framework that enables coordinated, efficient responses across sectors traditionally governed in isolation.

This need for integration is further accentuated by a tightening global financing environment. With official development assistance for health projected to decline sharply in 2025, and bilateral support

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falling below pre-pandemic levels, Cambodia, like many countries, must increasingly maximize the value of existing investments and institutional arrangements (Organization for Economic Co-operation and Development [OECD], 2025). These pressures also highlight underlying system constraints, including financing sustainability and coordination across sectors, which shape the effectiveness of One Health implementation. Approaches that promote multisectoral coordination, shared surveillance, and joint planning are therefore not only technically sound but fiscally prudent.

Against this backdrop, Cambodia's progress over the past decade provides a strong foundation. The challenge ahead is no longer to initiate One Health, but to consolidate and sustain it: to embed multisectoral collaboration within national and subnational systems, strengthen environmental integration, and anchor One Health as a durable function of governance rather than a collection of projects.

This analysis adopts a health systems governance perspective, emphasizing the role of institutions, coordination mechanisms, and accountability in shaping system performance (Khosravi et al., 2023; Siddiqi et al., 2009; WHO, 2026), and examining how multisectoral coordination, institutionalization, and financing shape the effectiveness and sustainability of One Health implementation in Cambodia. It examines the kingdom's current One Health architecture, situates national achievements within global governance frameworks, and identifies strategic priorities for securing long-term impact.

Building the foundations – Cambodia's One Health Achievements

Cambodia's commitment to One Health is evident in the institutional and technical infrastructure developed over the past ten years (Open Development Cambodia [ODC], 2023; WHO, 2025c). Rather than isolated projects, these efforts reflect a cohesive national trajectory toward institutionalizing multisectoral coordination. A range of policy instruments, institutional platforms, and targeted investments have progressively strengthened coordination, surveillance, workforce development, and response planning across sectors (Food and Agriculture Organization [FAO], 2024; Pandemic Fund, 2023; WHO, 2025d). Together, these developments reflect strengthening governance arrangements that support coordinated system performance across human, animal, and environmental health domains. As with many complex, cross-sectoral reforms, levels of institutionalization and sustainability vary across domains, reflecting ongoing challenges related to financing sustainability, subnational coordination, and system integration, and presenting clear opportunities to consolidate and formalize gains. This section outlines Cambodia's current One Health infrastructure and activities across five critical domains, highlighting areas of strength alongside pathways for continued strengthening of governance and system development.

Multisectoral coordination

The Inter-Ministerial Committee on One Health (IMCC-OH), formalized in 2022, serves as Cambodia's central platform for cross-sectoral collaboration. It brings together the Ministry of Health (MoH), Ministry of Agriculture, Forestry and Fisheries (MAFF), and Ministry of Environment (MoE), and is supported by four technical working groups (TWGs) focused on zoonotic diseases, antimicrobial resistance (AMR), food safety, and wildlife surveillance (Tun & Chea, 2023). These structures have facilitated regular coordination meetings, risk communication, and early joint planning exercises, marking an important step toward routine multisectoral governance and clarifying institutional roles and coordination mechanisms across sectors.

Regional and national assessments suggest that Cambodia's experience reflects broader regional patterns in strengthening coordination mechanisms and governance performance over time. The ADB (2024) and CDC (2023) noted that sustained effectiveness of such mechanisms is enhanced when supported by formal budgetary lines, legal mandates, and embedded implementation pathways. In Cambodia, the existence of defined terms of reference for technical working groups provides a solid foundation. Available regional and programme documentation suggests that deeper integration with national and subnational planning processes, alongside more predictable resourcing, would further support long-term functionality. Taken together, these developments reflect a transition from ad hoc coordination toward more institutionalized governance, although their long-term effectiveness will depend on sustained financing, formal integration within national planning systems, and clear institutional accountability.

Alongside these governance structures, an additional area for continued strengthening relates to data integration across sectors, which is critical for coordinated system performance. While surveillance systems for human health (e.g., CamEWARS) and animal health have expanded, interoperability and routine data sharing between systems remain limited. Strengthening integrated surveillance platforms and cross-sector data exchange would enhance early detection, joint risk assessment, and coordinated response.

Zoonotic disease prioritization and response

In May 2023, Cambodia conducted a One Health Zoonotic Disease Prioritization (OHZDP) workshop using the methodology developed by the CDC (Centers for Disease Control and Prevention [CDC], 2023). This participatory process engaged representatives from human, animal, and environmental health sectors and resulted in the identification of five national priority zoonotic diseases: H5N1 avian influenza, Nipah virus, rabies, Japanese encephalitis, and COVID-19 (CDC, 2023). The workshop produced a technical report and roadmap intended to guide future cross-sector surveillance, risk communication, and workforce training initiatives, strengthening institutional coordination and priority-setting across sectors.

Rabies control provides a practical example of One Health–aligned implementation. Integrated Bite Case Management (IBCM) was piloted in Battambang Province and subsequently expanded to Kampot, with support from WHO, GIZ, and the Institut Pasteur du Cambodge (GIZ, 2023; WHO, 2024). These initiatives strengthened coordination mechanisms between human and veterinary services, expanded access to post-exposure prophylaxis (PEP), and incorporated rabies education tools endorsed by the Ministry of Education, Youth and Sport (GIZ, 2023; WHO, 2024). While currently implemented in selected provinces and supported through partner financing, these models offer valuable lessons and scalable approaches that can inform future national expansion. Further engagement with private sector actors, including commercial livestock and poultry producers, will be important to strengthen surveillance coverage, antimicrobial stewardship, biosecurity practices, and regulatory alignment within national One Health systems.

Taken together, these efforts reflect the operationalization of coordinated governance arrangements at the subnational level, with demonstrated improvements in service delivery and system responsiveness. However, the scalability of these models remains contingent on sustained financing, effective integration of public and private sector actors, and clear institutional accountability within national One Health strategies.

AMR and food safety

Cambodia has adopted a National Action Plan on Antimicrobial Resistance (NAP-AMR), developed in alignment with the Global Action Plan and supported by the Quadripartite partners (WHO, 2019; FAO, 2020). The strategy focuses on five objectives, including surveillance of antimicrobial use and resistance across human and animal sectors, awareness raising, infection prevention, and governance. Progress has been made through the establishment of sentinel surveillance sites and improvements in diagnostic laboratory capacity in both public health and veterinary systems (FAO, WHO, & World Organization for Animal Health [WOAH], 2019). Coordination between MoH and MAFF has strengthened through joint AMR working groups and intersectoral risk communication activities (FAO, UNEP, WHO and WOAH, 2022) contributing to improved coordination and system performance across sectors.

The enactment of Cambodia's Law on Food Safety in 2022 provides a strong statutory and regulatory framework for governing hygiene, traceability, labelling, and contamination limits across the food supply chain. Developed with technical input from FAO and WHO, the law has been supported by training activities and pilot implementation guidelines rolled out in selected provinces, highlighting the need for strengthened subnational implementation capacity for nationwide scale-up (FAO & WHO, 2023; ODC, 2022). As implementation progresses, opportunities remain to further clarify institutional roles, strengthen accountability, and enhance coordination between regulatory authorities, ensuring the law achieves its full operational potential nationwide. These advances illustrate growing cross-sector alignment, but also highlight the continued need for stronger regulatory coherence, enforcement capacity, and institutional alignment to support effective system performance across sectors.

Workforce and subnational capacity

Cambodia has made notable progress in strengthening both public and animal health workforces through targeted training programs. The Field Epidemiology Training Programme (FETP), supported by the CDC, has trained multiple cohorts of professionals in applied epidemiology, disease surveillance, and outbreak investigation. Graduates are deployed across provincial health departments and contribute to national rapid response mechanisms (CDC, 2023; WHO, 2023) strengthening system performance and coordinated response capacity.

Complementing this, the Cambodian Applied Veterinary Epidemiology Training (CAVET) programme, implemented with FAO support, has expanded veterinary surveillance and diagnostic skills across multiple provinces (FAO, 2022). Together, these initiatives contribute directly to the operationalization and institutionalization of One Health principles at both national and provincial levels. Cambodia has also conducted cross-sector simulation exercises to test outbreak coordination. A WHO-supported exercise in 2023 engaged multiple ministries in a zoonotic disease scenario to assess interagency coordination mechanisms, communication, and response procedures (Habib et al., 2022).

As One Health continues to mature, further opportunities exist to strengthen subnational institutionalization. Regional research on One Health suggests fully embedding provincial and district-level coordination platforms within the national One Health framework, and including provincial/commune councils, agricultural officers, and community health workers, would support systematic engagement through defined roles, sustainable resourcing, and institutional integration (Lam et al., 2025). Enhancing these local interfaces would help translate national coordination into strengthened preparedness, surveillance, and early detection at the community level. While these

investments have strengthened technical capacity, translating these gains into sustained subnational implementation and consistent system performance remains a key challenge.

Financing and sustainability

Large-scale initiatives such as One Health 4 Cambodia (ADB, 2024) and the Cambodia Pandemic Preparedness and Response (CamPPR) (Pandemic Fund, 2025) demonstrate strong international confidence in Cambodia's One Health direction and aim to build durable institutional capacity. Global partnerships have played a central role in advancing surveillance, laboratory infrastructure, workforce development, and multisectoral coordination, contributing to strengthened institutional capacity and system performance.

As Cambodia transitions toward longer-term sustainability, establishing dedicated domestic financing mechanisms with national governance structures for One Health represents an important next step. Budget lines for cross-sector coordination are not yet consistently embedded within national or subnational allocations, and sustainability planning is continuing to evolve. The OECD (2025) projects that official development assistance (ODA) for health will decline by 19–33% in 2025 compared to 2023 levels, with bilateral support falling below pre-pandemic levels. This shifting financing landscape reinforces the strategic value of increased national investment and financial integration to buffer against external volatility and support continuity and stable systems performance.

Collectively, these achievements illustrate a system moving steadily from project-based implementation toward nationally owned and governed systems. The opportunity now lies in consolidating progress across coordination, zoonoses, AMR, food safety, workforce development, and financing into durable, system-wide governance functions.

This underscores a broader transition challenge from externally supported programs to domestically anchored and accountable systems, which is critical for long-term sustainability. One practical pathway to strengthen domestic financing would be to integrate selected One Health activities—such as rabies vaccination campaigns, carcass management, and community-level surveillance—into Commune Development Plans (CDPs), enabling more predictable subnational resource allocation and local ownership.

Positioning Cambodia within global One Health frameworks

Within the ASEAN and Greater Mekong Subregion, Cambodia's progress is broadly aligned with regional trends, where countries are at varying stages of operationalizing One Health frameworks. Compared to some regional peers, Cambodia demonstrates strong progress in coordination and zoonotic prioritization, while challenges related to environmental integration and sustainable financing remain common across the region (Lam et al., 2025; ADB, 2024).

Cambodia's progress aligns closely with the Quadripartite Joint Plan of Action (2022–2026), which defines six tracks for operationalising One Health (Food and Agriculture Organization [FAO] et al., 2022). National initiatives already address five of these tracks, including capacity building through the Field Epidemiology Training Program (FETP) established in 2011 and Cambodian Applied Veterinary Epidemiology Training (CAVET) (WHO, 2023); zoonotic risk reduction via the OHZDP and rapid response training; endemic disease control through rabies IBCM (CDC, 2023); food safety through the 2022 Law on Food Safety (FAO, 2023); and AMR mitigation through the national action plan (WHO, 2019). The remaining priority—environmental and climate integration (Track 6)—represents a strategic opportunity for Cambodia to strengthen further it's One Health leadership (UNDP, 2025).

Internationally, the Quadripartite Joint Plan of Action is structured around six action tracks (FAO et al., 2022), including (1) Enhancing One Health capacities, (2) Reducing risks from emerging and re-emerging zoonotic epidemics and pandemics, (3) Controlling and eliminating endemic zoonotic, tropical, and vector-borne diseases, (4) Strengthening the assessment, management, and communication of food safety risks, (5) Curbing antimicrobial resistance (AMR), and (6) Integrating the environment into One Health.

These tracks are supported by enabling factors including governance, financing, workforce development, partnerships, monitoring and evaluation, and research. Cambodia's alignment can be summarized as follows:

- Track 1 – Enhancing capacities: Strong progress through FETP and CAVET; continued opportunities exist to formalize subnational platforms and retention strategies (WHO, 2023; FAO, 2022; Asian Development Bank, 2024).
- Track 2 – Reducing zoonotic epidemic and pandemic risk: National priorities identified through OHZDP; scope remains to further integrate early warning systems across sectors (CDC, 2023).
- Track 3 – Controlling endemic zoonoses: Rabies IBCM pilots demonstrate promising practice and provide scalable models (WHO, 2024).
- Track 4 – Food safety: The 2022 Law on Food Safety establishes a strong foundation; continued coordination will enhance implementation (FAO, 2023).
- Track 5 – AMR: A national plan is in place with growing surveillance coverage; regulatory and coordination mechanisms are continuing to mature (FAO, UNEP, WHO, and WOAH, 2019).
- Track 6 – Environmental integration: This remains an emerging area, offering significant potential to link ecosystem health, climate risk, and disease prevention. In the Cambodian context, this includes pressures such as deforestation in biodiversity-rich areas like the Cardamom Mountains and changing land use that increases wildlife–human interfaces. Ecological shifts within the Mekong River basin further contribute to risks of zoonotic spillover and climate-sensitive diseases (Tun & Chea, 2023; Asian Development Bank, 2024).

Strengthening environmental integration represents a forward-looking opportunity to complete Cambodia's alignment with the Joint Plan of Action and respond proactively to climate-sensitive disease risks. As global financing mechanisms increasingly reference the Quadripartite framework, Cambodia's existing progress provides a strong platform for expanded engagement. This is particularly relevant in Cambodia, where climate-sensitive diseases such as dengue and malaria continue to pose significant public health risks.

Regional experience further suggests that countries within Southeast Asia have advanced specific aspects of One Health implementation, including more institutionalized zoonotic surveillance and cross-sector governance of antimicrobial resistance, highlighting potential pathways for Cambodia as it consolidates progress across these domains (Lâm et al., 2025).

Conclusion

Cambodia's One Health journey over the past decade reflects meaningful progress from conceptual adoption to operational implementation. National coordination platforms, multisectoral disease prioritization, strengthened workforce capacity, and expanded partnerships demonstrate a sustained commitment to integrated health security.

Emerging risks, including zoonotic resurgence, climate pressures, and shifting global financing, underscore the importance of continued system evolution. Opportunities remain to deepen local engagement, integrate environmental data, formalize monitoring frameworks, and strengthen domestic financing.

The pathway forward builds on what is already underway. By consolidating coordination through a formally mandated IMCC-OH, defining a national research agenda, strengthening subnational systems, and aligning with global financing frameworks, Cambodia can anchor One Health as a core national function.

Regional experience further highlights potential pathways for strengthening, with countries across Southeast Asia advancing aspects of One Health implementation such as integrated zoonotic surveillance, cross-sector antimicrobial resistance governance, and institutionalized coordination mechanisms. These patterns underscore the importance of sustained financing, regulatory alignment, and subnational integration as Cambodia moves toward consolidating it's One Health system.

The foundations are firmly in place. The opportunity now is to connect and sustain them, transforming Cambodia's One Health model from a collection of successful initiatives into a resilient pillar of national governance and regional leadership. Articulating a clear national One Health investment case will be critical to mobilizing domestic and external resources, and to fully institutionalizing One Health as a core function of national governance in the years ahead.

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