Appendix 1. Important milestones in sanitary/phytosanitary measures affecting trade (Harrison [1], Howard-Jones [2], FAO [3], FAO/WHO [4]).

15th Century

- Quarantines and outright prohibition from infected places common; applied to both goods and people
- Poorly coordinated both within and between countries; ad hoc implementation
- Often used for reasons other than health, including political/military rationales

16th to 18th Century

- 1683 France introduces first statute on quarantine
- 1710 UK introduces quarantine statute
- Bills of health introduced (= sanitary certification for people and goods and origin) issued by port authorities
- Fraudulent certification an issue, including "bad bill of health" issued by 3rd country port authorities (delays competitors' cargo); reliability uncertain

1815-1881

- Early 1800's Yellow Fever introduced into Mediterranean and Plague in Corfu (1816) affirms contagious nature of many diseases
- 1815 Congress of Vienna end of common use of sanitary cordons to disguise military expansionism and professional diplomacy takes hold
- 1830 1848 European Russia Cholera outbreak regression to quarantine by many states, although strictness was linked to commercial interests domestically
- 1834 Publication of Dupeyron report (Secretary to the Supreme Council of Health in France) on Mediterranean Quarantine rules with recommendations on standardization of system
- 1838 Establishment of Constantinople Council of Health created linkages between Ottoman empire and Europe on trade and quarantine
- 1851 First International Sanitary Conference Plague still seen as most important; cholera discussed
- 1866 3rd International Sanitary Conference in Istanbul
- 1881
 - USA hosts 5th international Sanitary Conference in Washington DC.
 - First multi-lateral agreement for plant protection (control of grape phylloxera; North American aphid)
- 1929 International Convention for the Protection of Plants
- 1938 14th and final International Sanitary Conference dissolved the "Conseil Sanitaire, Maritime, et Quarantaine d'Egypte" created in 1892 at the 7th ISC. The International community recognized that Egypt could manage its own health systems, including incursions of disease.
- 1945 Founding of the Food and Agriculture Organization (FAO) of the United Nations
- 1947 International Standards Organization (ISO) founded
- 1948 World Health Organization (WHO) founded
- 1952 Founding of IPPC (replaces all other Plant Protection Agreements)
 - 1954 Codex Alimentarius Europaeus
- 1961 Codex Alimentarius Commission (CAC) established at 11th FAO conference
 - 1963 Inaugural meeting of CAC
 - 1992 IPPC Secretariat established in Rome at FAO

1995 - SPS agreement comes into force

- 1995 CAC, IPPC as part of international standards under SPS
- 1998 OIE incorporated as international standard under SPS

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- 4. FAO/WHO. *Codexalimentarius, About Codex History: Timeline* [Online]. Rome: FAO/WHO.2022.

Appendix 2. Examples of HIE questionnaires/frameworks.

Health Discipline	Source organization
Animal Health	 Japan - Questions on veterinary service (Questionnaire A), Animal Health Division, Food Safety and Consumer Affairs Bureau (MAFF), (1) Japan - Regarding the Standard Procedure for Approval for Import of Designated Items to Be Quarantined, Animal Health Division, Food Safety and Consumer Affairs Bureau (MAFF), (2) World Organization for Animal Health Performance of Veterinary Services (PVS) Tool (3)
	 World Organization for Animal Health, Terrestrial Animal Health Code, Chapter 1.8. Application for Official Recognition by the OIE of Risk Status for Bovine Spongiform Encephalopathy (4) World Organization for Animal Health, Terrestrial Animal Health Code, Chapter 3.2. Quality of Veterinary
Food Safety	Services (5) 6. Performance, Vision and Strategy (PVS) for National Food Safety Services (6) 7. USDA-FSIS Equivalence (7) 8. USDA-FSIS Self Reporting Tool (SRT; v2019-001) (8)
Plant/Environmental Health	 Standard Evaluation Procedure under Plant Quarantine for the Request for Lifting a Ban on Plant Imports, Japan, Ministry of Agriculture, Fisheries and Forestry, (9) National Capacity Self-Assessment - The NCSA Resource Kit United Nations Environment Programme (UNEP) International Plant Protection Convention - Equivalence document Annex B and Annex C Questionnaire (10) Performance, Vision and Strategy (PVS) for National Plant Protection Organizations Inter-American Institute for Cooperation on Agriculture (11)
Overarching disciplines	13. Food and Agriculture Organization (FAO) Biosecurity Toolkit - Annexes (12) 14. IHR (2005) Monitoring and Evaluation Framework: Joint External Evaluation Tool (13)

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- 11. IICA Performance, Vision and Strategy (PVS) for National Plant Protection
 Organizations Inter-American Institute for Cooperation on Agriculture Technical
 capacity Institutional. San Jose, Costa Rica. IICA. 2015.
- 12. FAO OIE WHO Taking a MultiSectoral, One Health Approach: A Tripartite Guide to Addressing Zoonotic Diseases in Countries. 2019.
- 13. WHO 2016. IHRMonitoring And Evaluation Framework: Joint External Evaluation Tool. Geneva, Switzerland: World Health Organization. 2005.

Appendix 3. Generic Standard Operating Procedure for Health Infrastructure

Evaluations. (Proposed One Health steps in solid fill)

•Country A - requests access to Country B for a commodity. • No prior access or little to no knowledge of system(s) or oversight by competent 1. authority. • Commodity GRAS - no evaluation - import conditions shared • Commodity has risk/potential hazard for mandate of competent authority at step 2A 2. • Hazard profile for all health disciplines (Animal, Plant, Human, Environment) • Scoping of which disciplines have concern for potential imports • Assemble a targeted questionnaire with all implicated health disciplines 2A • Choose standard conclusion cards to be used based on focus of HIE (Q & A cards are linked) • Review past report(s) standard conclusions Country A by health disciplines within Country B (same and different disciplines); 2B • Cross-discipline team created dependent on Hazard profile and focus of HIE • Submit questionnaire to Country A • Responses received 3. • Analyse responses against ALOP and assesses risk (quantitative or qualitative or equivalency of outcome) • Report submitted to Country A; reviewed and responded to; discussion on 4. interpretations •On-site if required • If ALOP/equivalence achievable, negotiated import conditions 5 • Conclusions distributed across health disciplines within Country B • Country Profile searchable database created (at a minimum for access across 5A disciplines) with all reports and focus/keywords