

## **ONE HEALTH**

# EFSA ADVISORY FORUM, STOCKHOLM 28 JUNE '23

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### **SURVEY: ONE HEALTH OPERATIONALISATION IN EFSA**







### One Health @ EFSA | Your input needed!



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Following on from the recommendations of last year's ONE Conference, EFSA is keen to take One Health further, and is looking for your ideas to identify:

- · One Health practices in EFSA
- One Health gaps & barriers
- One Health needs & opportunities

Through a short survey (see link on the right) we would like to collect your input on how EFSA can best put One Health into practice. For now, we are looking for any ideas and suggestions (which will be prioritised at a later stage). With the help of an in-house task force, your ideas will then be brought together in a concept paper on strategic directions for One Health.



#### Related news

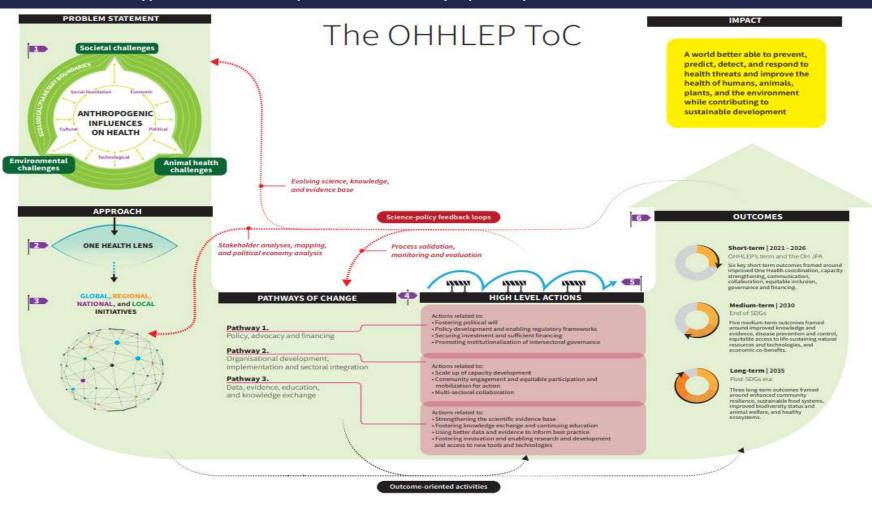
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### **OH THEORY OF CHANGE**

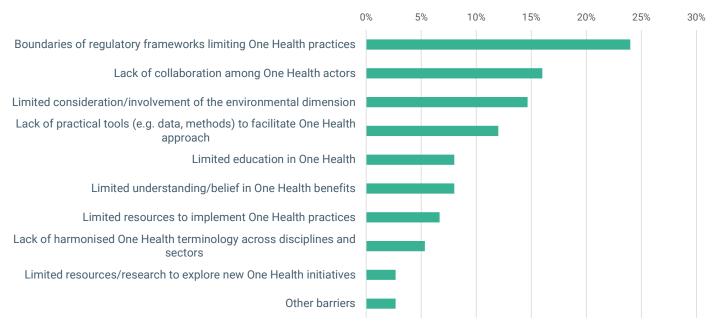
#### HTTPS://WWW.WHO.INT/PUBLICATIONS/M/ITEM/ONE-HEALTH-THEORY-OF-CHANGE





## **MAIN OH BARRIERS**

#### **Barriers to the One Health approach**





## **MAIN OH BARRIERS**

Barriers	V	What it means in EFSA environment
Boundaries of regulatory	-	Siloed regulatory frameworks and separate mandates
frameworks	-	Limitations in data exchange
	-	Challenging to integrate food, sustainability & environmental risk assessment (ERA)
Lack of collaboration among	-	Lack of <b>prioritization</b> and <b>unified view</b>
One Health actors	-	Siloes among scientific disciplines
Limited consideration of	-	Limited provisions for ERA
environment	-	Limited data and research on the role of environment on health
Lack of practical tools (e.g.	-	Incomplete harmonisation on methodologies
data, methods)	-	Lack of expertise (tools and data models) on ERA
	-	We lack joint resource pools, aligned communication practices
Limited education in One	-	Rarely included in academia curriculum
Health	-	Siloed approach to <b>OH education</b>
Limited understanding/belief	-	Overcomplex topic and often anthropogenically oriented
in One Health benefits	-	Often perceived as buzzword, lack of planning of practical actions on OH
Limited resources to	-	Lack of resources allocated to OH
implement		(also at national level, e.g. in relation to monitoring)
Lack of harmonised One	-	Each agency uses own "jargon" and terminology (stemming from regulation)
Health terminology		

## **MAIN OH NEEDS**

Needs Regulatory framework/mandates	<ul> <li>What it means for EFSA</li> <li>More connective regulatory and legal frameworks reflecting a One Health approach</li> <li>Overcome hurdles in data sharing</li> <li>Joint mandates for cross-sectoral risk assessment</li> </ul>
Time and resource allocation	<ul> <li>Time and resource allocation for OH activities and national and central level</li> <li>Resources to involve multidisciplinary sector experts and teams</li> <li>Build capacity and establish an agency wide One Health approach</li> <li>Consider OH a priority for everybody</li> </ul>
OH perspective / vision	<ul> <li>Encourage knowledge transfer between units/departments and between agencies</li> <li>Increase community engagement</li> <li>Reorganize teams / units to foster more transdisciplinary actions</li> </ul>
Instruments / tools	<ul> <li>Intersectoral data and experience sharing platforms/tools</li> <li>Staff exchange with other Agencies (secondments)</li> <li>Increase engagement with policy makers for OH regulatory science</li> <li>Simplify collaboration with other agencies (eg common rules setting up working groups)</li> <li>Perform joint procurement with sister Agencies to support external work on One Health</li> <li>Develop and implement coordinated communication activities</li> </ul>