One Health cross-agency task force

Strengthening EU agencies’ scientific advice on One Health

1. Background and outline

In June 2022, the European Food Safety Authority (EFSA) organised the ONE – Health, Environment and Society – Conference together with its partner agencies, namely the European Environment Agency (EEA), the European Centre for Disease Prevention and Control (ECDC), the European Chemicals Agency (ECHA), and the European Medicines Agency (EMA). The conference aimed to convene experts and stakeholders from various sectors to discuss the urgency of implementing a “One Health – One Environment” approach to scientific advice on topics including public health, food safety and nutrition, and environmental protection, recognising the growing risks originating at the interface of human, animal, plant and ecosystem health.

During the Conference, a consensus emerged on the need for stronger transdisciplinary collaboration among food system actors in general, and EU agencies in particular, “as an essential means to address the growing complexity in science and society” (Devos et al. 2022a, 2022b). EU agencies already provide scientific advice on the topics falling under the respective mandates. However, it was recognised that this advice must be increasingly integrated, in line with the transformative ambitions of the European Green Deal (EGD) and its associated policy developments towards healthy humans, animals, plants and ecosystems (Bronzwaer et al. 2022; Devos et al. 2022a, 2022b). Therefore, at the ONE Conference, the participating EU agencies committed to establish a cross-agency task force on One Health.

2. Scope and objectives

Building on the commitment agreed at the ONE Conference, this document outlines the establishment of a cross-agency task force on One Health as the way forward to build stronger transdisciplinary cooperation among EU agencies. The proposal mainly concerns the agencies that are part of the EU Agencies Network on Scientific Advice (EU-ANSA) and that have a technical and scientific mandate on topics falling under the One Health umbrella, comprising the ECDC, ECHA, EEA, EFSA and EMA. These are also the Agencies under the remit of the European Parliament’s Committee on the Environment, Public Health and Food Safety (ENVI Committee). The task force remains open to collaborations with the Joint Research Centre (JRC) and other EU agencies to pursue its objectives in promoting a One Health approach.

The cross-agency task force will pursue the following main objectives:

1. Facilitate strategic coordination of the work of the agencies on implementing One Health;
2. Promote research coordination and One Health-driven agenda setting;
3. **Provide a forum for the coordination of activities to update, inform and support EU policymakers** and other relevant stakeholders in their goal to prioritise One Health, providing scientific advice in key areas such as food safety, global public health, biodiversity, and chemical pollution.

4. **Strengthen joint activities and the sharing of information** on One Health aspects among the agencies, including by identifying interlinkages, interdependencies and fields of cooperation and providing a platform for the exchange of good practices within individual agencies.

These objectives are in line with the EU agencies’ dual role as sources and users of knowledge. They also reflect the participating agencies’ ambition to streamline joint activities, avoid conflicting messaging and duplication of work in their engagement with external stakeholders, and ultimately establish greater coordination and cooperation on knowledge development, a key recommendation offered by the Special Report 22/2020 of the European Court of Auditors on the Future of EU agencies (ECA, 2020).

3. **Operationalising One Health across EU agencies**

Over the past two decades, EU-funded research and innovation programmes such as the Med-Vet-Net Network of Excellence and the One Health European Joint Programme have made great progress enhancing transdisciplinary cooperation on One Health between research institutes, promoting integration of activities, and supporting training, with increasing involvement of EU Agencies. These collaborative efforts have also offered opportunities for harmonisation of approaches, methodologies and data, thus improving the quality and compatibility of information for decision-making. Further bridging of research and policy on One Health in the EU is needed, as emphasized by recent workshops organised by Directorate-General for Health and Food Safety (DG SANTE) and the Scientific Advice Mechanism of the European Commission to explore ongoing challenges in the operationalisation of the concept.

For example, there is often a lack of consistent One Health terminology (Buschhardt et al., 2021), the absence of a shared understanding of its scope of application, and a limited engagement of certain scientific disciplines in One Health research (Humboldt-Dachroeden et al., 2020). There is also a tendency towards maintaining siloed approaches when conducting assessments on One Health topics, as well as in policy formulation and implementation itself (Bronzwaer et al., 2022; European Commission et al., 2022). Finally, obstacles persist in terms of ensuring timely access to, and sharing of, data across different institutions and communities, despite the open access nature of research results funded through EU programmes (Bronzwaer et al., 2021).

Taken together, the ongoing knowledge and implementation gaps on One Health point to the important role of EU agencies in the provision of scientific advice on topics such as public health, environmental protection, food safety and nutrition to European institutions and Member States. Because they act as both users and sources of knowledge and ensure an active dialogue with relevant research and innovation ecosystems, EU agencies “have a deep understanding of the research knowledge available, as well as where knowledge gaps limit the quality of scientific advice produced” (Bronzwaer et al., 2022). **Therefore, EU agencies can help to bridge the gap between such knowledge and EU policy processes, make knowledge more accessible to relevant stakeholders, provide strategic direction to EU research funding, and directly engage with ongoing research projects** (EFSA et al., 2018), in agreement with the relevant partner Directorates-General (DGs).
Due to their specific areas of expertise, some agencies have been dealing with this concept for many years. A One Health framing is arguably inherent to the work of the ECDC and EFSA, as attested by these agencies’ respective mandates in the areas of public health and food safety and the explicit references to the concept contained in the ECDC Strategy 2021–2027, and the EFSA Strategy 2027. The mandate of ECDC has recently been reinforced, with the emphasis on applying One Health approach for the identification of risk factors (including environmental factors) for disease transmission and associated disease burden, as well as for the analysis of the correlation between disease transmission of zoonotic, food and waterborne diseases and other relevant diseases and special health issues. The other EU-ANSA agencies, and in particular the EEA and EMA, also have many ongoing activities that are relevant for One Health and significant expertise to bring to the table. For example, a One Health perspective is implicit to the EEA’s activities on climate/environment and health and the sustainability of food systems. For its part, the EMA is currently working to improve environmental risk assessment of medicinal products under the EU’s Strategic Approach to Pharmaceuticals in the Environment, and it has explicitly used the One Health concept in its 2016 joint opinion with EFSA on reducing the need to use antimicrobials in animal husbandry (so-called RONAFA). Within the EU-ANSA agencies, there is thus significant scope for enhancing the level of ownership of the One Health concept and identify areas where the agency’s engagement would be most beneficial to fill existing knowledge and policy gaps (e.g. the EEA could decisively contribute to the integration of the environment in One Health).

In 2022, the five agencies contributing to this proposal were given an explicit mandate to collaborate, in a One Health perspective, to produce a scientific report on the impact of use of azole fungicides on the development of azole resistance in Aspergillus species. Beyond this direct mandate, however, the EU agencies have many other established collaborations in place on One Health-related topics, such as a joint annual report on zoonoses and avian influenza quarterly reports by EFSA and ECDC, a joint ECDC/EFDA/EMA/OECD briefing note on antimicrobial resistance in the EU, a joint ECDC/EFDA/EMA mandate to deliver analysis reports on antimicrobial consumption and resistance (‘JIACRA’ reports), and joint procurement initiatives such as the ECDC/EFDA’s VectorNet project. For its part, the EEA routinely contributes its expertise to EFSA’s foresight activities on food and feed safety, and it involves the ECDC and EFSA as partners in the activities of the Climate and Health Observatory. EU-funded research programmes such as the Partnerships for the Assessment of Risks from Chemicals (PARC) and the One Health EJP have also seen a close collaboration of EU agencies as either active partners or interested users of research results.

These activities represent an important basis upon which to build to provide scientific input to policy-relevant knowledge and solutions, especially when considering that no agency would on its own possess all the required expertise to fully operationalise One Health across the many relevant pressing issues facing the EU. Therefore, existing ad hoc collaborations should evolve towards a more permanent established form of strategic and transdisciplinary cooperation, in order to align scientific advice itself with the One Health approach, and to contribute with scientific assessment to strengthening One Health as a key policy enabler for the EU and its Member States.

4. Priority work areas of the task force

In support to the EU’s legislation and policies and future policy priorities, the cross-agency task force on One Health will target four main priority areas of work.
a. Strategic coordination and EU policy support

First, the task force will facilitate strategic coordination in the work of the agencies on implementing the One Health concept, in agreement with the relevant partner DGs of the European Commission, to contribute to relevant EU policy processes with a united voice. The task force will develop a plan for the common One Health work of the EU agencies over the period 2024-2026 that is consistent with the respective mandates, as well as a list of thematic priorities, both of which to be agreed by agencies’ Executive Directors and partner DGs. Such a plan will explain how in concrete terms the collaboration among agencies will be carried out, for example in terms of expert and staff exchanges among agencies; information-sharing about ongoing projects in different agencies; inter-agencies meeting/conferences; collaboration on documents where inputs from different agencies can be required; and whether the development of joint disease networks and/or databases is foreseen.

The task force will prepare a joint interagency statement on One Health to be discussed with the parent DGs and published in Q4 2023 or Q1 2024, presenting a common understanding of the concept of One Health from the scientific and risk assessment point of view; contributing to define gaps and capacity building needs to make the One Health operational; and supporting the Commission in developing policy proposals aligned with the One Health approach.

b. Research coordination

Secondly, the task force will promote research coordination and a One Health-driven agenda-setting on a variety of topics that demand better connection by identifying common data needs and knowledge gaps in the work of the agencies and subsequently engaging with EU research funders. This engagement will benefit from being systematic and consistent across agencies, while recognising the different mandates and leaving space for the specific interests of each agency. The task force will also coordinate with DG RTD and JRC on their ongoing work in this area, in order to align understanding, foster synergies and avoid duplication of efforts. As a basis for coordinated outreach, the task force will consolidate the agencies’ views on existing knowledge gaps in the area of One Health, building on the similar prioritisation effort carried out by the EU-ANSA.

c. Engagement with stakeholders

Third, the task force will help to coordinate the agencies’ contributions to One Health vis-à-vis relevant stakeholders, including EU institutions, Member States, multilateral bodies and other external key players. The task force could serve as a means of coordinating agencies’ inputs to the implementation of One Health action plans by the MS, as well the organization of joint events, such as trainings, technical workshops, or future editions of the ONE Conference.

d. Joint activities and procurement

Fourth, the task force will seek to develop joint activities on One Health, possibly supported by joint procurement, based on the identified thematic priorities, thus maximising synergies and avoiding duplication of work. This could include the adaptation of existing procurement actions and activities, whenever possible. As a first step, agencies agree to:

- review, on an ongoing basis, the respective interests, responsibilities and activities within the One Health approach in order to identify current joint mandates and map other existing or potential interlinkages, interdependencies and fields of cooperation;
periodically share good practices and lessons learnt in their operationalisation of the One Health approach, where applicable;

- identify suitable pilot project(s) to work in a cross-agency One Health mode to test cooperation and showcase how a One Health approach adds value to the work of each agency;

- identify inputs that may be required from each agency of the task force in relation to the respective One Health activities.

This will be an opportunity for the agencies to map internal capacities on One Health in order to identify gaps in skills and resources, as well as to understand how to introduce a more explicit One Health framing to existing activities that may benefit from this holistic approach. The task force could also pool knowledge from among the agencies to provide integrated One Health or sustainability assessments as an input to EU policy makers.

5. Modus operandi for the cross-agency task force on One Health

From a practical perspective, the task force will consist of a technical task force, operating under the auspices of the Executive Directors of each agency.

- In terms of frequency, the task force might meet three or four times a year, with at least one annual physical meeting of a more strategic nature, possibly coinciding with the meeting of the EU-ANSA network representatives.

- The task force will liaise with the on-going joint working groups and activities, and may establish, dedicated working groups, e.g. for pilot projects on One Health interagency cooperation.

- The coordination of the task force will rotate among the agencies, as it is currently practice for similar task forces and working groups. Initially, each term will last 18 months. The EFSA has agreed to be the first agency to take on this coordination role.

- A focal point has been appointed within each agency to coordinate the respective inputs to joint activities and convey the position of the agency on strategic matters. Each focal point will keep their own colleagues informed of relevant developments under the task force.

6. Task force focal points and alternates (as of 15 June 2023)

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<th>Agency</th>
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References


