

SAPEA evidence review report (ERR) on One Health governance in the European Union: comments and future perspectives

Rapport de la SAPEA sur la gouvernance de « Une seule santé » dans l'Union européenne : commentaires et perspectives d'avenir

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Abstract

The European Commission asked one expert group to provide scientific advice on what forms of management and cross-sectoral collaborations are best suited to ensure synergies. FEAM (Federation of European Academies of Medicine) was the co-leader of the selection process of experts. These experts suggested adopting the OHHLEP (One Health High-Level Expert Panel) One Health definition and assessed the current research projects and EU policies as being positively aligned with it. The recommendations suggested giving priority to a mechanism to break silos between the different Directorates General of the European Commission and to create a platform dedicated to networks involving multi-stakeholders. This report will serve as a high-quality reference overview.

Keywords: One Health, governance, Scientific Advice Mechanism, SAPEA, FEAM, ERR

Résumé

La Commission européenne a demandé à un groupe d'experts de lui fournir des conseils scientifiques sur les formes de gestions et de collaborations intersectorielles les mieux adaptées pour garantir des synergies. La FEAM (Fédération européenne des Académies de médecine) a co-dirigé le processus de sélection des experts. Ces derniers ont proposé d'adopter la définition de l'OHHLEP (One Health High-Level Expert Panel) et ont évalué positivement les projets de recherche en cours ainsi que les politiques de l'UE en matière d'alignement de la stratégie « Une seule santé » sur la définition internationale. Les recommandations suggéraient de donner la priorité à un mécanisme visant à établir des ponts entre les différentes Directions générales de la Commission européenne et à créer une plateforme dédiée aux réseaux impliquant plusieurs parties prenantes. Ce rapport représente un document de qualité qui fera référence.

Mots-clés : Une seule santé, gouvernance, mécanisme de conseils scientifiques, SAPEA, FEAM, ERR

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Abbreviations : **AE**, Academia Europaea ; **AMR**, Antimicrobial Resistance ; **Anses**, Agence nationale de sécurité sanitaire de l'alimentation, de l'environnement et du travail ; **DG**, Directorates General ; **EC**, European Commission ; **EJP**, European Joint Program ; **ERR**, Evidence Review Report ; **FAO**, Food and Agriculture Organization ; **FEAM**, Federation of European Academies of Medicine ; **FP**, Framework Program ; **GCSA**, Group of Chief Scientific Advisors ; **JPA**, Joint Plan of Action ; **MCDA**, Multi Criteria Decision Analysis ; **OHHLEP**, One Health-High Level Expert Panel ; **REACH**, Registration, Evaluation, Authorization and restriction of Chemicals ; **SAM**, Scientific Advice Mechanism ; **SAPEA**, Science Advice for Policy by European Academies ; **SO**, Scientific Opinion ; **SP**, Scoping Paper ; **UNEP**, United Nations Environment Program ; **WHO**, World Health Organization ; **WOAH**, World Organization for Animal Health.

Introduction

An evidence review report (ERR) [1] has been produced by SAPEA (Science Advice for Policy by European Academies) [2], part of SAM (Scientific Advice Mechanism) [3], at the request of the European Commission (EC) [4]. Three documents illustrate the EC process: the scoping paper (SP) [5] drafted by the EC, the ERR produced by SAPEA, and the scientific opinion (SO) [6] produced by the GCSA (Group of Chief Scientific Advisors).

Scoping paper (SP)

The EC asked SAM to provide scientific advice on the following overarching question, considering a complex policy area, i.e., One Health: what forms of management and cross sectoral collaborations are best suited to ensure that synergies, possible trade-offs, and unintended consequences are taken into account? In order to apply this overarching question to One Health, questions need to be addressed: i) how should One Health be defined in the EU, ii) which tools and leverage points for building capacities, planning and implementing One Health are most suitable for the EU level, and iii) what are the criteria and the indicators that are most useful to assess the effectiveness of One Health?

The title of the SP was “*Cross-sectoral Evidence-Based Governance for One Health in the EU.*” The SP also asked to define what forms of management and cross-sectoral collaborations were best suited to ensure the synergies. There are differences between governance and management. Governance means setting policy and strategy. Management means implementing policy and strategy as set forth by the governing body. The distinction between governance and management remains difficult due to the complexity and dynamic nature of healthcare organizations. These definitions have been established, among others, by the Governance Institute, San Diego, CA, which conducts research studies [7]. The SAPEA request was to produce comprehensive and concise governance guides, offering quick-answer guidelines and templates that could be adapted to meet the EC's needs. It is exactly what the working group has been delivering in the ERR. After two decades of experience in One Health research, it has become very relevant to define, in Europe, the main line of governance, in general and for research in particular.

Evidence review report (ERR)

The EC drafted the SP and asked SAPEA to produce the ERR. Two members of SAPEA, FEAM (Federation of European Academies of Medicine) [8] and AE (Academia Europaea) [9] were co-organizers of the initiative. The first step was selecting two co chairs for the working group. Tyra Grove Krause, Statens Serum Institute, Denmark, and Jakob Zinsstag, Swiss Tropical and Public Health Institute, University of Basel, Switzerland, were selected as co chairs. Then, these two co chairs and the presidents of FEAM and AE selected the 15 expert members of the working group, following the SAPEA standards (nationality, gender, mid career, expertise...). High-profile experts were selected; some were members of academies; some were external to the academies. One member of the One Health Scientific Committee of FEAM [10] was selected for the working group.

Since 2016, and before publication of the report on the governance of One Health in November 2024, eighteen reports have been produced under the SAM umbrella. Twelve of them were requested by the GCSA (top-down process), and six were prepared in response to a self referral by the networks of academies (bottom-up request) [11]. This inventory illustrates the two types of GCSA—SAPEA interface internally to SAM. The report on the governance of One Health in Europe has been prepared in response to a request from the EC (top-down process).



The ERR on the governance of One Health in Europe is a very detailed, high-quality report that scrupulously follows the EC expectations listed in the scoping paper. The ERR sheds light on One Health in the European context by refining the definition, identifying EU policies that may benefit from the One Health approach, and defining criteria and indicators to assess the effectiveness of the approach.

Definition of One Health

A slightly modified version of the OHHLEP (One Health High-Level Expert Panel)'s One Health definition [12, 13] has been adopted to address the ambiguity between ecosystems and the environment. By ecosystem, the working group means a holistic system comprising living and non-living entities that are both interconnected and interdependent. Humans and non-human animals are part of ecosystems. By environment, the working group means a part of an ecosystem, but not a human or non human animal. This semantic clarification was made even though there are circumstances in which it still makes sense to use "environment" instead of "ecosystem." After solving ambiguity between "environment" and "ecosystem," a refinement to the OHHLEP definition has been proposed by the working group: "One Health is an integrated, unifying approach that aims to sustainably balance and optimize the health of ecosystems. It recognizes that the health of humans, domestic and wild animals, and the environment are closely linked and interdependent." Additionally to the definition, the working group presented a brief overview of concepts adjacent to One Health, notably "Planetary Health." It described how evidence suggests that such adjacent concepts should be considered complementary rather than competitive.

That means that the definition suggested at the European level is consistent with the definition provided by the quadripartite at the international level (WHO, WOAAH, FAO, UNEP) [12] with slight modifications. It is expected that the definition at the European level will be globally accepted and used. We have to keep in mind that two experts in the OHHLEP Term [14] were also experts in the working group.

Moreover, the One Health Joint Plan of Actions (JPA) [15] of the Quadripartite outlines the commitment of the four organizations to collectively advocate for and support the implementation of One Health. It adds value to existing global and regional One Health and coordination initiatives aimed at strengthening capacity to address complex multidimensional health risks with more resilient health systems. A guide to implementing the One Health JPA at the national level has been produced [16].

As definitions converge at the international and European levels, Europe will adopt the One Health JPA without discrepancy.

Existing EU policy areas that implement the One Health concept

The challenge was to identify European initiatives implementing the One Health concept. The working group investigated the pre-existing EU policies that benefit from a One Health approach, based on a literature search of institutions, agencies, and networks. EU policies were assessed according to their degree of alignment with key characteristics of the OHHLEP definition. Alignment was assessed on several criteria: human health, animal health, agriculture, environment, climate, economic, integrative approach, and socio-cultural. Subsequently, the EU policies were qualified in three categories:

- In the first group, policies that are already well aligned with the OHHLEP definition are grouped: this is the case for the Animal Health Law [17].
- In the second group, policies are brought together that might benefit from a greater One Health focus. This group included the Farm to Fork Strategy, the Plant Health Law, the European Green Deal, and the EU Biodiversity Strategy [18, 19, 20, 21].
- In the third group, policies are included that may not require a One Health approach in all sectors, which is the case for REACH (Registration, Evaluation, Authorization and restriction of Chemicals) [22] and wildlife trade regulation [23].

This is the first time this type of ranking has been found in the literature. It is a breakthrough in the understanding of modalities and the level of One Health implementation in EU policies. One question remains: which role did the different EC Directorates General (DG) play in the preparation of these European policies? The cooperation between the different DGs is an example of a cross sectoral dynamic that contributes to the development and strengthening of governance for One Health in the EU. Clearly, the European Commission's performance in implementing One Health is very positive. Following this report, the European Commission will continue to improve the governance of One Health.

One Health's current challenge is to incorporate more environmental considerations into its approach. It is clear from the ERR that, in EU policies with a strong emphasis on health, environmental and climate change considerations are not neglected.

In any case, the importance of Europe as a center of One Health partnerships emerged as a significant finding. In other words, the implementation of the One Health concept has made significant progress in Europe under the aegis of the European Commission.



Criteria and indicators to assess the effectiveness of One Health operationalization

In this chapter, the criteria needed to operationalize One Health are described, along with the available tools for evaluating its impact. In the ERR, a literature review summarizes the state of knowledge on how qualitative and quantitative indicators are used to evaluate One Health: i) a qualitative indicator: “One Health index” that estimates the level of integration of a cross sector [24], and ii) quantitative indicators: economic indicators such as benefit-cost ratios, comparative cost-effectiveness and cumulative cost.

The ERR suggests that the One Health operationalization is closely dependent on some major criteria: i) introduction of top leadership, e.g. prime minister, minister of finance, minister of planning, ... ii) setting up a One Health coordination platform with strong leadership, iii) carry out a multi sectoral approach, and iv) engage in a participatory transdisciplinary stakeholder process. This part of the ERR is well developed and informative, emphasizing the interest in using new approaches, such as the theory of change [25], possibly based on a multi criteria decision analysis (MCDA) [26]. The MCDA has been successfully applied to prioritize thematic areas and topics in the One Health European Joint Program (EJP) [27, 28, 29].

In conclusion, the currently available indicators are sufficient to evaluate the effectiveness of EU policies in operationalizing One Health, even if One Health assessment remains an open field.

The cost-benefit ratio of One Health initiatives

A literature review has selected case studies exemplifying the implementation of a One Health approach. Half of the publications reported positive outcomes. There was evidence for the benefits of integrated infrastructure. The main conclusion was that the highest ratio can be expected from the control of zoonoses such as brucellosis, trichinellosis, or rabies, which are transmissible from animals to humans but almost never between humans. The experts warned that One Health related literature was anthropocentric in focus, but they also underlined that environmental topics, such as climate change and biodiversity, were gaining attraction quickly.

Through a literature review of 245 relevant One Health publications, the experts provided evidence that the One Health approach added value to some initiatives, for example, integrated infrastructure and some zoonoses. However, it seems that food safety and related threats were not sufficiently considered.

Knowledge gaps

The ERR concludes with an inventory of current research gaps to prioritize future research and identify evidence-based options for One Health funding, education and capacity building. The experts outlined current research questions in areas such as One Health governance, economics, antimicrobial resistance integrated surveillance and response systems, biodiversity, animal welfare and ethics. The answers to these research questions will ultimately support the implementation of One Health in the EU, preparing the pathway to the future Framework Programme (FP10).

In conclusion, the ERR satisfactorily addressed the questions posed in the SP. The report relied on up-to-date literature. In the executive summary, the key findings were accurately described. The conclusions and policy options were well supported by scientific evidence. To conclude, it is clear that the ERR will be a driving force in Europe for building new One Health roadmaps in the future.

Scientific opinion (SO)

The SO on “One Health Governance in the European Union” has been prepared by the GCSA, based on the content of the ERR prepared by SAPEA. Six recommendations were listed:

1. Adopt the international OHHLEP definition by the EU as a basis for all future actions related to One Health.
2. Develop effective One Health governance by working across silos and creating links at the EU, national, and local levels by creating:
 - a. A high-level One Health coordination mechanism: in order to ensure endorsement at the top leadership level, the GCSA recommends that the DG SANTE coordinate a core group (task force) involving at least the DG SANTE, AGRI, ENV, HERA, and CLIMA.
 - b. A multi-stakeholder platform on One Health, providing online information, and creating networks and partnering, platforms hosted by a single entity, or hosted by different DG and agencies.
3. Strengthen EU policies related to One Health and overall policy coherence.



4. Support education, training, and data and knowledge sharing by integrating One Health concepts into professional and academic training at all levels.
5. Support inter- and transdisciplinary research and innovation on One Health by developing integrated models and Key Performance Indicators to assess the effectiveness of One Health implementation.
6. Improve prevention surveillance and risk assessment related to One Health by the integration of existing infrastructures for surveillance.

Discussion

This report has been produced by SAM, following an elaborate procedure. Several people were active in the production of this report; a succession of eight steps was identified: i) four SAPEA experts were part of the selection committee, ii) 20 members of the working group wrote the report, iii) six experts were involved in the literature reviews and policy mapping, documents produced by the European Information Librarian at Cardiff University and Cardiff AE Knowledge Hub, on behalf of SAPEA's literature review team [30], iv) twelve top managers of current One Health projects participated in dedicated ERR workshops, and, in addition, 50 experts and stakeholder representatives were consulted, v) seven SAPEA staff members were involved, vi) three peer reviewers supervised the report, vii) three members of the GCSA were involved, and viii) members of Science Policy, Advice and Ethics Unit at DG for Research and Innovation supervised the sequence of actions. The process fulfilled the strict criteria of transparency and democracy. The duration of the global process was 18 months.

For comparison, the EC recently asked for a report on “The role and use of artificial intelligence for emergency and crisis management” in June 2025 [31]. The first draft of the report was discussed in September 2025, and the final version was ready in December 2025. In that case, the process lasted only six months.

Several case studies have been presented in the report and carefully described and analyzed. Nevertheless, it seems useful to remind of a European initiative that has been, among others, emblematic of the implementation of One Health in a previous research project. As a European project selected in 2003, the Med-Vet-Net Network of Excellence (FP6) on foodborne zoonoses merged 14 public research institutes: half with mandates in human public health and half in veterinary public health [29, 32]. This project was followed by the One Health EJP (www.OneHealthEJP.eu), launched under Horizon Europe, and took the form of a partnership between 38 food, veterinary, and medical laboratories and institutes across 19 European Member States. This collaborative project served as a platform for defining their own strategic research agenda and co funding a wide array of joint research and integrative projects. Programs such as the Med-Vet-Net Network of Excellence and the One Health EJP have been instrumental in enhancing research cooperation on One Health topics across Europe. Several ministries, national funding agencies, and public research institutes were members of the consortium. It is important to emphasize that, in this pilot initiative, rules for management and for governance were not available and had to be established. In light of this experience, the SAPEA ERR and the GCSA recommendations make sense.

In February 2024, to contribute to the definition of the next European FP, the FEAM and the UK Academy of Medical Sciences (AMS) partnered to deliver a joint workshop on the expected design of the next FP. At this workshop, delegates shared perspectives on the challenges and opportunities for biomedical research available in Horizon Europe and constructed a joint vision for the future program [33]. Representatives from 18 European Academies of Medicine, members of FEAM, came together in Brussels to share national perspectives and opportunities for implementing a cross-border, interdisciplinary approach, among others for biomedical research, and to develop a joint vision for the future program. Participants suggested that a feasible solution would be to introduce more flexibility and improve interaction between the existing pillars and clusters. They also recommended implementing a One Health approach within clusters, where appropriate.

The recommendations of SAM on the future governance of One Health in Europe could be illustrated at the EC level by constituting a core group involving at least the DGs AGRI, ENV, HERA, and CLIMA, coordinated by the DG SANTE, and by a multi-platform approach. These perspectives would be very promising for European biomedical academies and all institutions involved in research, reference, and policy.

A recently launched initiative can be considered as part of this new policy. A One Health Knowledge Hub has been set up internally by FEAM to accelerate FEAM actions in the One Health fields. The hub will be hosted by Anses, the French Agency for Food, Environment and Occupational Health & Safety. A framework partnership agreement has been signed in Paris between FEAM and Anses. The FEAM One Health Knowledge Hub will contribute to implementing the FEAM program by emphasizing real-time collaboration and knowledge sharing on veterinary and human medicine at national and European levels, focusing on literature and clinical information, and promoting excellence in research and scientific advice for policymaking at national and European levels.



Conclusion

The SAM considers that it does not make sense, at this step, to create, at the European level, a new structure with a legal entity dedicated to the implementation of One Health. It suggests giving priority, at the governing level, to a mechanism dedicated to breaking silos between the different DGs of the EC and to creating, at the implementation level, platforms dedicated to networks involving multi-stakeholders. The discussed ERR serves as a high quality reference overview.

Conflict of interest

The author is a member of the Council of FEAM (Federation of European Academies of Medicine).

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