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Does One Health need European leadership?

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The "One Health" approach integrates the health of people, animals and ecosystems, and broadens the scope to include food safety, wildlife health and, ultimately, environmental health linked to air and water pollution. At this stage, our understanding of all these interdependencies remains patchy. The One Health approach can therefore provide a powerful framework to guide health and environmental policies, and is essential to address the health risks associated with the emergence of new zoonoses with pandemic potential and antimicrobial resistance, two major risks to global health security. However, the multilateral roadmap to achieving a One Health approach is complex. In this context, Anne Bucher's blog post shows that Europe can make a decisive contribution to an international response to these challenges.

In February 2024, the EU adopted a highly ambitious global health strategy^{[1](#)} that recognised health as a human right. It pledged to be a leading partner in global health, with the objective to “prevent and combat health threats, including pandemics, applying a One Health approach”. This approach was developed in the 2000s and has provided a useful framework for dealing with the proliferation of zoonoses, which account for around 60% of emerging infectious diseases. It has led to a better understanding of new pathogens and the

mechanisms by which they are transmitted from animals to humans. The focus was initially limited to the monitoring of both animal and human health. However, new scientific knowledge has gradually broadened the concept to include the links between the health of people, animals and ecosystems. And although at present our understanding of these interdependencies remains patchy and incomplete, the One Health approach is a powerful frame of reference for guiding health and environmental policies. Implementing this approach is an international challenge. The roadmap is complex, not least because of the implications for governance and funding. In this context, the European Union could play a leading role as it has control over a number of policy levers, particularly relating to animal health and the environment, even though its powers in the sphere of human health remain limited. The COVID-19 crisis has raised awareness of the need for collective action, paving the way for the One Health strategy. The next Commission will now have to decide on a more structured and ambitious commitment, particularly at the global level.

What has been achieved through the One Health approach?

The COVID-19 crisis was a wake-up call in terms of the perception of unprecedented increases in health risks on a global scale. It put crisis preparedness, prevention and management back on the agenda. Several reports have carried out in-depth analyses of the crisis, reaching the conclusions that the governance of global health security is fragmented and non-transparent, and that pandemic prevention and preparedness are hugely underfunded². All advocate a One Health approach, making recommendations on global governance and financing.

The international community has made undeniable progress in adopting a One Health approach. A number of tangible examples exist where political commitments have been made, including for the prevention and response to zoonotic disease epidemics and antimicrobial resistance (or antibiotic resistance). However, progress is being obstructed by the difficulties of establishing new governance, which undermine the effectiveness of global and national policies and the ability to mobilise financial resources.

Discussions on the pandemic treaty illustrate the stumbling blocks that the international community is trying to overcome. A key step was taken with the decision to begin the process of drafting and negotiating a pandemic treaty at the extraordinary session of the World Health Assembly (WHA) on November 9, 2021, to be submitted to the WHA in June 2024. While the first version of the treaty adopted the recommendations of various experts and proposed a highly robust approach to pandemic prevention, that included the One Health concept, the negotiations quickly became entangled: governments, civil society and industry had opposing views on several points, particularly regarding One Health and the WHO's legitimacy for multi-sectoral coordination. The negotiations could result in a treaty devoid of substance, making no significant progress in relation to the current framework of the WHO's International Health Regulations.

The discussion on antimicrobial resistance has encountered similar obstacles. International action in this area began in 2010 with the founding of the Tripartite Alliance between the WHO, the FAO (Food and Agriculture Organization) and WOAH (World Organisation for Animal Health)³, and in 2015 with the WHO's Global Action Plan (GAP). In 2016, the United Nations mandated WHO to establish a Global Framework for Development and Stewardship to Combat Antibiotic Resistance. The 2018 report⁴ on the initiative explored governance options. A first option would be a non-legally binding initiative, such as the WHO's Pandemic Influenza Preparedness (PIP) Framework that addresses pandemic influenza.

This initiative is regarded as highly effective and a similar mechanism could be rapidly implemented. An alternative would be a treaty or convention, the benefit of which would be that it could persuade countries to approve a

multisectoral approach through the ratification process, and would implement governance that is separate from the individual mandates of the four international organizations. This raises the possibility of an FAO or WHO convention, bearing in mind that the WHO has only originated one convention, the Framework Convention on Tobacco Control. A framework convention under the aegis of the United Nations, such as the Climate Convention, would be the most appropriate option. In the same way that climate change is based on framework objectives for reducing CO₂ emissions, a global strategy for combating antimicrobial resistance requires quantified objectives for reducing antimicrobial use, broken down at the national level, and sectoral strategies for achieving these targets. The experience of the COPs and the difficulties encountered in the process of persuading 195 countries to sign the Paris Climate Agreement cast doubt on the pragmatism of such a proposal for antimicrobial resistance in the near future. The 2018 report has so far remained a dead letter.

The difficulty of implementing a global framework is leading political decision-makers at the international level to avoid these issues, and they are falling into the trap of political inertia: the COVID-19 crisis will not bring an end to the well-known cycles of “panic and neglect”⁵. Similarly, initiatives on antibiotic resistance, although numerous, remain fragmented.

Why the One Health approach should be coordinated at the European level

In the European Union, health essentially remains an area of national sovereignty. However, the EU has made full use of the public health powers conferred on it by the Treaty on the Functioning of the EU to establish a health security framework in response to the various epidemics of the 21st century, particularly SARS in 2002 and the H1N1 influenza epidemic in 2008, and more recently the COVID-19 crisis.

The health security framework is based on two authorities and two instruments: the European Centre for Disease Prevention and Control (ECDC), founded in 2003; the Health Emergency Preparedness and Response Authority (HERA), created in 2021 in response to the COVID crisis; the Regulation on serious cross-border threats to health, which relies on a Health Security Committee to coordinate Member States; and an intergovernmental agreement for the joint procurement of essential medical products.

Recently, everything has pointed towards a stronger political will to commit to a One Health approach at the European level in the fight against antibiotic resistance and zoonoses. The Global Health Strategy also reflects a desire to take this priority to the global level. If the EU were to confirm these ambitions and intensify its action in this direction, it could significantly advance the cause for a single health approach, which would be a major contribution to global health security in a fragmented international context undermined by geopolitical tensions.

A first sign of change is the EU's messaging on One Health priorities. In its horizon scanning work, HERA has identified pathogens with a high pandemic potential, particularly zoonoses, and antimicrobial resistance among the three main high-impact health threats. This provides a strong signal regarding the prime concerns that will guide the implementation of the renewed health security framework. We can expect to see a convergence of monitoring and crisis-preparedness efforts focusing on these issues, as well as the mobilisation of European funds in support of these priorities.

The second positive sign is the Council of the EU's adoption in June 2023 of a recommendation on combating antimicrobial resistance⁶. It relates to the use of antibiotics in human health. The EU has no legislative powers in this area, but it can make recommendations and commitments. The 2023 recommendation has introduced the innovation of quantified targets for antibiotic use, with an overall objective of a 20% reduction by 2030. These political commitments are non-binding at this stage. Regarding human health, there is no other option because the Treaty

sets out health policies and healthcare systems as national responsibilities, and therefore the EU can only act in the field through recommendations or exchanges of best practice.

Conversely, regarding animal and environmental health, cooperation can be based on the powerful levers of European expertise, and the European level becomes the relevant level of coordination. Animal and plant health, as components of food safety policy, are harmonised at the European level: EU legislation imposes common rules on disease control (monitoring, analysis, notification, eradication and vaccination programmes), and defines the biosafety measures to be implemented on farms and imposed on imports of products of animal origin. The European Food Safety Agency (EFSA) provides scientific support for the harmonisation of monitoring practices, data collection and analysis, and risk assessment. It is worth noting that when the EU decided to strengthen the skills and capacity of the ECDC in the wake of the COVID crisis, the changes were inspired by the system in place for animal health monitoring, including the creation of a network of European reference laboratories and a training programme for those involved in monitoring.

The EU's environmental policy capabilities are subject to a lesser degree of harmonisation. However, it occupies a strong position on issues directly relevant to the One Health approach. Indeed, the legislative frameworks for water quality, chemicals and waste management are European. The European Environment Agency (EEA) centralises the collection and analysis of data on these issues and assesses the impact on human health.

The EU's ability to adopt a leadership role in the One Health approach has already resulted in major legislative advances in the most integrated areas at the European level. For example, the 2019 legislation on veterinary medicinal products is the world's most restrictive legislation on the use of antimicrobials in livestock farming. Member States have supported the implementation of a target to reduce the use of antimicrobials in livestock and aquaculture by 50% by 2030. In terms of the environment, the Commission has proposed that current revisions of the water directives should include obligations to monitor the presence of viruses and antimicrobial resistance in urban waste water, groundwater and surface water. In addition, the proposed pharmaceutical legislation reform adopted in June 2023 strengthens the role of environmental impact assessments in the marketing authorisation of medicinal products. These provisions include specific requirements on the release of antimicrobials into the environment.

The effectiveness of the One Health approach at the European level is also due to cooperation among the scientific agencies (ECDC and European Medicines Agency [EMA] for drugs; EFSA, EEA and European Chemicals Agency [ECHA] for chemicals) which collect data and analyse risks. This cooperation exists on an ad hoc basis through a number of activities. Thus, all the elements are in place to create a more structured and ambitious strategy for One Health, based on institutional, scientific, legislative and political foundations.

Does the One Health approach need the EU's global leadership?

The Global Health Strategy highlights the EU's support for the pandemic treaty and its intention to participate in the various global partnerships on antibiotic resistance. In practice, the success of the strategy will depend on the EU's ability to mobilise resources to contribute effectively to these international efforts.

In the current international context, it is essential that the EU makes strong commitments on global health security. The EU, in its Team Europe configuration, has been instrumental in supporting the G20 in its efforts to tackle the COVID-19 pandemic. It was due to the EU's mobilization power that the international partnership underlying the ACT-Accelerator initiative was established to guarantee universal access to vaccines and other medical countermeasures. The EU is also playing a leading role in the pandemic treaty, which it has called for since May 2021. When circumstances require, even in the field of health that remains primarily a national issue, the EU is

capable of adopting a strong global leadership position.

In 2024, with rising geopolitical tensions and eroding multilateralism, this is more necessary than ever. A kind of “Brussels effect”⁷ is needed for global health security, which would result in the EU helping to build a One Health approach. To achieve this, the EU would need to draw on its policy to combat pandemics and antimicrobial resistance. It should be noted that such an approach would be even more effective, as is true for food safety for example, as the EU would speak with a single voice in international forums and coordinated national policies in Brussels. This is the case for animal health and the environment, but unfortunately not for human health, as the EU is not a WHO member. It would be in the EU’s interest, at least for the One Health approach, to implement an institutional and legal framework for close cooperation, that includes human health, which it could promote on the international stage as a model of governance and collective action. To this end, it should also consider a status guaranteeing it a greater presence on WHO bodies.

¹ https://data.consilium.europa.eu/doc/document/ST-5908-2024-INIT/en/pdf?utm_source=dsms-auto&utm_medium=email&utm_campaign=EU+Global+Health+Strategy%3a+Council+approves+conclusions ;

² Independent Pandemic Preparedness and Response Panel (IPPPR, commissioned by the WHO and the World Bank) (2021). “Make COVID-19 the last pandemic”; G20 High Level Independent Panel on Financing Global Commons for Pandemic Preparedness and Response (G20-HLIP) (2021). “A global deal for our pandemic age”; WHO Europe Pan-European Commission on Health and Sustainable Development under the direction of Mario Monti (2021). “Drawing light from the pandemic: a new strategy for health and sustainable development”.

³ Subsequently joined by the United Nations Environment Programme.

⁴ WHO, FAO, OIE in association with UN (2018). “Global Framework for Development & Stewardship to Combat Antimicrobial Resistance”.

⁵ See for example the report led by Peter Sands: World Bank (2017). “From panic to neglect to investing in health security”.

⁶ https://health.ec.europa.eu/antimicrobial-resistance/eu-action-antimicrobial-resistance_en

⁷ Anu Bradford (2020), “The Brussels Effect: How the European Union Rules the World”, Oxford University Press.