Brussels One Health Declaration

European Stakeholder Consensus on the European One Health Strategy: Policy Needs and Strategic Priorities for an Integrated Approach Across the EU

Executive Summary

This Declaration calls for:

- Adoption of a European One Health Strategy
- Establishment of centralised governance coordination
- Integration of surveillance systems
- Sustainable multi-annual financing
- Binding accountability and monitoring mechanisms

Preamble

We, undersigned stakeholders from public health, environmental science, veterinary and animal health, academic research, civil society, professional associations, private sector partners, and Members of Parliament working on health and sustainability, affirm that the health of humans, animals, plants, ecosystems, and the environment are inherently interconnected. Emerging global health threats—zoonotic spillovers, antimicrobial resistance (AMR), environmental degradation, climate-related disease shifts, and complex ecosystem pressures—cannot be effectively managed through siloed policies or disconnected systems.

Despite important progress in EU cooperation, agencies, and technical frameworks, and the EU's global leadership in areas such as antimicrobial resistance (AMR), including through coordinated action plans, strengthened surveillance frameworks, and cross-sector collaboration, coordination, coherence, and implementation gaps persist, which limit the effective operationalisation of an integrated European One Health approach, undermining effective prevention, early detection, preparedness, response, and resilience across human, animal and environmental sectors. These gaps constrain the EU's capacity to protect health and livelihoods, demanding urgent, coordinated political action grounded in a unified One Health Strategy.

Moreover, the EU approach and leadership on One Health should recognise that many risks emerge or are amplified in LMIC contexts. As such, the EU strategy should emphasise equitable partnerships with the Global South, through improved collaboration and coordination and taking into consideration recent advances in One Health and Global Health Security work in LMICs, particularly in African countries where One Health platforms have been established. Our proposed One Health Approach and Declaration is also in line with the São Paulo Declaration on One Health: Brazil's Path Forward to Face Intersectoral Health Challenges [1], and the One Health Copenhagen Recommendations [2]. These initiatives similarly emphasise institutionalised cross-sector governance, prevention-oriented policy frameworks, integrated surveillance systems,

sustainable financing, and measurable accountability—principles that this Brussels Declaration advances within the specific legal and institutional context of the European Union.

Gaps in One Health Implementation Across the EU

1. **Fragmentation in Surveillance and Data Systems**
   Europe's health surveillance remains largely siloed across human, animal, plant, and environmental domains. While EU-wide initiatives such as the European Open Science Cloud (EOSC) [3], the European Health Data Space (EHDS) [4], and emerging European Digital Infrastructure Consortia (EDICs) [5] provide important foundations for data sharing, national and sectoral systems remain insufficiently interoperable for integrated One Health analysis. Stronger ethical governance is needed to address data ownership, equitable access, and power asymmetries in cross-border data use. Without strategic alignment across these initiatives and surveillance domains, a European One Health Strategy cannot deliver early warning, predictive modelling, or cross-border situational awareness of emerging threats for humans, animals and the environment.
2. **Disconnected Governance and Policy Architecture**
   EU governance for One Health remains fragmented. Given the transboundary nature of One Health threats, EU governance must be aligned with international coordination and partnerships. The Strategy should also strengthen structured partnerships with neighbouring regions and strategic partner countries to advance integrated One Health approaches beyond EU borders. Capacity-building initiatives should support workforce development and institutional strengthening in the EU and partner regions, particularly in high-risk areas and including transboundary sectors such as maritime trade and extractive industries. Existing task forces, agencies, and networks facilitate cooperation but are insufficiently connected, inconsistently mandated, and unevenly aligned to deliver sustained strategic coherence, accountability, and implementation across policy domains. A European One Health Strategy requires a central governance framework to unify human and animal health, agriculture, environment, climate, research, economic, education, and communication policies. It should recognise the interdependence between EU health security and global health systems, particularly in low- and middle-income countries, and promote equitable partnerships grounded in shared data and experience, building on the 2024 Scientific Opinion of the Group of Chief Scientific Advisors on One Health Governance in the European Union [6].
3. **Under-leveraged Innovation and Digital Tools**
   Artificial Intelligence, genomic surveillance, big data, and advanced analytics have transformative potential, but implementation within a One Health Approach is constrained by regulatory gaps and the absence of cross-sector frameworks. Europe risks lagging in predictive human and animal health intelligence without an integrated Strategy that supports innovation ethically and systematically.
4. **Insufficient Preparedness and Prevention Focus**
   Current frameworks are reactive rather than preventive. Instruments such as Regulation (EU) 2022/2371 on serious cross-border threats to health [7] and related preparedness mechanisms require deeper integration of prevention-oriented One Health principles. A European One Health Strategy must shift focus upstream—prioritising ecosystem risk

monitoring and surveillance, behavioural drivers of human and animal diseases, regional health sector variation and capacity, including zoonoses and integrated risk reduction across sectors with a special emphasis on AMR.

5. **Limited Structured Stakeholder Engagement**
   NGOs, professional bodies, research networks, patient and community organisations, media and cultural organisations, and subnational authorities are underrepresented in EU One Health decision-making. Communities and affected populations should be recognised not only as beneficiaries, but as active partners in governance, implementation, and evaluation. Local-level partnerships and community co-design should be strengthened to ensure context-specific implementation and sustained public engagement. Effective implementation of a European One Health Strategy requires sustained, inclusive engagement, alongside cross-disciplinary workforce development, capacity building, and retention, to strengthen transparency, public trust, and long-term policy effectiveness. The Strategy should be supported by indicative timelines, measurable indicators, and clear accountability mechanisms to ensure effective and trackable implementation.

A Call for a European One Health Strategy

We call on EU institutions and Member States to adopt a new European One Health Strategy, aligned with the OHHLEP definition and international initiatives, that provides an overarching policy framework for coordinated action, strengthens coherence across relevant EU policies and programmes, supports Member State implementation, and improves prevention, preparedness, and resilience through interoperable data and surveillance, shared indicators, consistent communications and inclusive stakeholder engagement—in accordance with the EU Treaties and the principle of subsidiarity.

Foundational Principles

A European One Health Strategy must be:

- **Integrated** — unifying human, animal, and environmental health under a coherent strategic framework.
- **Evidence-driven** — leveraging robust data, interdisciplinary research, and advanced analytics.
- **Inclusive** — engaging stakeholders at all governance levels and across sectors in decision-making.
- **Preventive** — prioritising upstream risk reduction and resilience over reactive crisis response.
- **Transparent and Accountable** — with clear governance mandates, measurable objectives, and dedicated oversight.

Strategic Priorities and Actions for the EU

1. **Establish Integrated One Health Governance**
   Building on the 2024 Scientific Opinion of the Group of Chief Scientific Advisors on One Health Governance in the European Union [6], establish, as part of the European One

Health Strategy, a high-level One Health Advisory and Coordination Group at the European Commission, tasked with overseeing Strategy implementation, inter-DG alignment, agency coordination, and structured stakeholder engagement.

2. **Build a Unified One Health Platform**
   Standardise, connect, and integrate surveillance systems across human health, animal health, environment, biodiversity, food safety, and ecosystem metrics. Develop interoperable, real-time data infrastructure aligned with EOSC [3], EHDS [4], and EDIC frameworks [5], enabling secure and ethical digital innovation to support predictive analytics and policy decisions within the European One Health Strategy.
3. **Embed One Health in Preparedness and Prevention Frameworks**
   Integrate One Health principles into EU preparedness instruments, including Regulation (EU) 2022/2371 [7], HERA-related mechanisms, and cross-border protocols. Ensure continuous testing, simulation, and learning cycles to make prevention and resilience central pillars of the European One Health Strategy. Regular cross-sector simulation exercises and joint preparedness testing should reinforce operational readiness across human, animal, and environmental authorities. Structured cross-sector risk communication frameworks should support science-based messaging, counter misinformation, and strengthen public trust as a core pillar of prevention. This requires the development of intersectoral strategies, regulatory frameworks, and indicators for healthy socio-ecosystems, strengthened environmental surveillance, and decision-making grounded in a holistic assessment of impacts on human, animal, environmental, climate, and biodiversity health.
4. **Resource Sustained and Inclusive Engagement**
   Provide multi-annual funding to support stakeholder participation, including NGOs, research consortia, professional networks, civil society and local authorities. Embed inclusive engagement in EU governance and policy processes as a core component of the Strategy.
5. **Harness Innovation Responsibly and Ethically**
   Mobilise Horizon Europe research programmes and public–private partnerships to position the EU as a global leader in One Health innovation and to foster international collaboration. Digital health infrastructure and responsible public–private partnerships should be mobilised to advance interoperable, secure, and equitable One Health data systems. Ethical and coordinated innovation must be a cornerstone of the European One Health Strategy.
6. **Promote Policy Coherence Across Sectors and Levels**
   Require One Health impact assessments for all relevant EU policies and regulations. Align sectoral policies—environment, agriculture, trade, climate, maritime, energy, industrial, and health security—to advance shared One Health objectives and reinforce the European One Health Strategy.

Conclusion

The European Union has the expertise, institutional capacity, and democratic mandate to lead a transformative One Health agenda. A **European One Health Strategy** is not a technical add-on; it is a strategic imperative for protecting health, prosperity, and resilience in an interconnected world. The European One Health Strategy should not replace existing institutions, but set binding

strategic objectives, coordination requirements, and monitoring expectations for how existing EU structures, agencies, and funding instruments contribute to shared One Health outcomes.

Sustained and dedicated financing mechanisms will be essential to support prevention infrastructure, biosecurity, environmental protection measures, and long-term resilience beyond crisis-driven emergency funding. We call on the European Commission, the European Parliament, the Council of the EU, and Member States to adopt this Declaration and commit to implementing a **European One Health Strategy** with urgency, ambition, and sustained political leadership.

References

1. São Paulo Declaration on One Health: Brazil's Path Forward to Face Intersectoral Health Challenges. One Health Outlook (2025). https://link.springer.com/article/10.1186/s42522-025-00157-5
2. One Health – The Copenhagen Recommendations. EU One Health 2025 Conference, Copenhagen. https://euonehealth2025.dk/Media/639002638892420706/One%20Health%20The%20Copenhagen%20Recommendations.pdf
3. European Open Science Cloud (EOSC). https://eosc.eu/
4. European Health Data Space (EHDS) Proposal (COM/2022/197 final). https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52022PC0197
5. Regulation (EU) 2021/694 establishing European Digital Infrastructure Consortia (EDICs). https://eur-lex.europa.eu/eli/reg/2021/694/oj
6. Group of Chief Scientific Advisors. Scientific Opinion on One Health Governance in the European Union (2024). European Commission. https://research-and-innovation.ec.europa.eu/knowledge-publications-tools-and-data/publications/all-publications/scientific-opinion-one-health-governance-european-union_en
7. Regulation (EU) 2022/2371 on serious cross-border threats to health. https://eur-lex.europa.eu/eli/reg/2022/2371/oj