

# One Health Task Force in 2026

Follow-up from 2025

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# EC direction – DG SANTE

- One Health is a political priority, including:
  - Antimicrobial resistance (AMR)
  - Zoonotic diseases
  - Climate change





## Connections

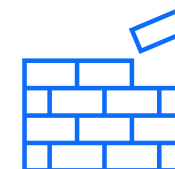
# Cross-agency One Health Task Force



The **vision** of the task force is to enable EU agencies to successfully contribute to implementing the **One Health approach in Europe**, with the ultimate goal of strengthening the ability of the EU and its Member States to respond to health crises.



Towards a more permanent and established form of **transdisciplinary cooperation between the EU agencies**, upholding the four principles of **coordination, collaboration, communication and capacity building**.



Building on **existing mechanisms of cooperation**, maximizing **synergies** and **avoiding duplication**.

# Cross-Agency One Health Task Force in practice



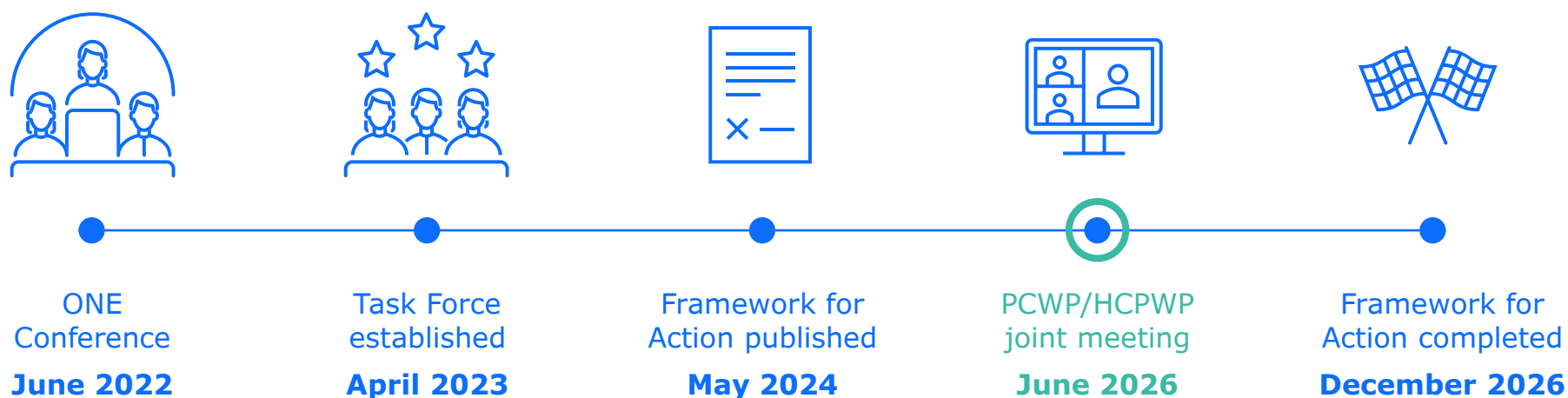
## Cross-agency One Health task force framework for action

2024-2026

Joint publication by the European Union agencies:



# Cross-agency One Health Task Force timeline



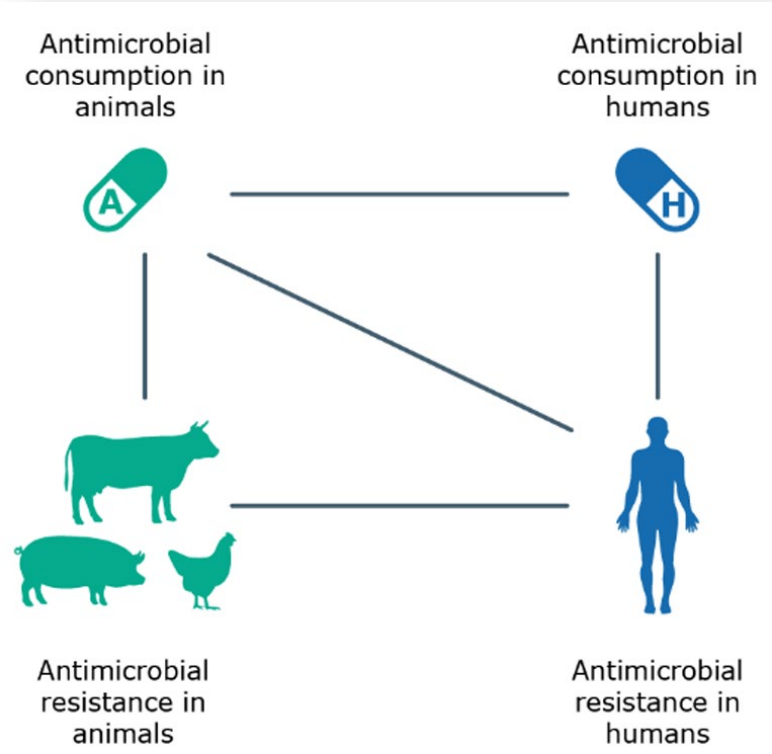
**Task Force continues beyond 2026**



# One Health in action

AMR

# Links between antimicrobial consumption and AMR

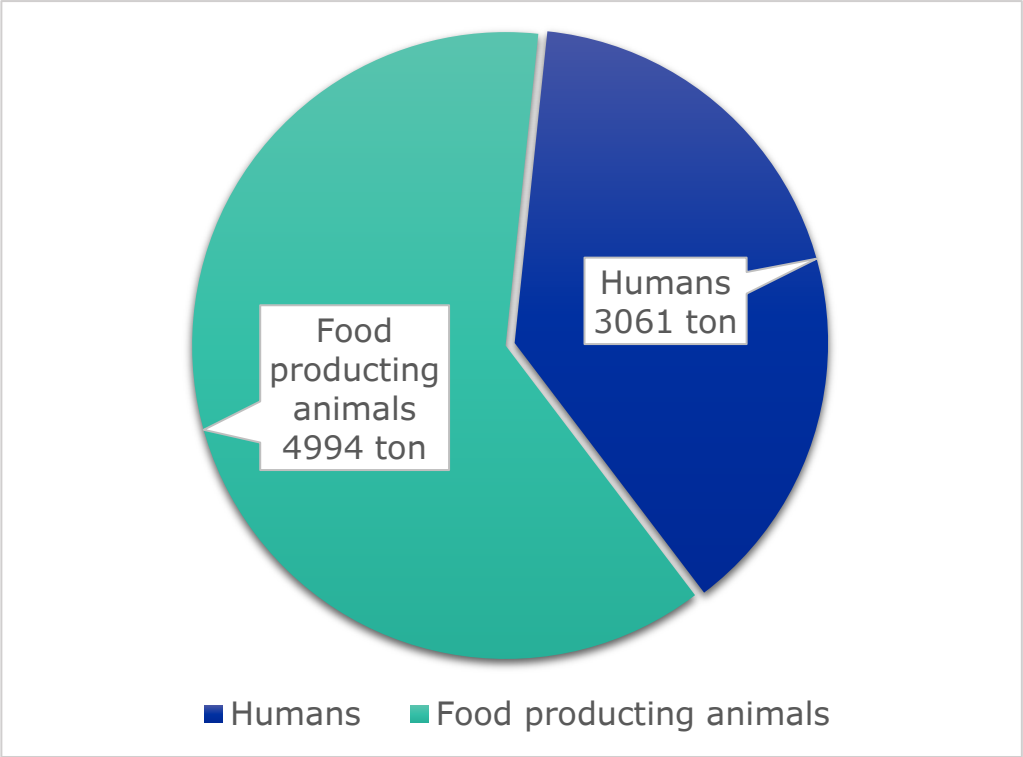


Source: ECDC, EFSA, EMA, [Potential links investigated between antimicrobial consumption in humans and food-producing animals and antimicrobial resistance in bacteria from humans and food-producing animals](#), Simplified summary, JIACRA IV, February 2024

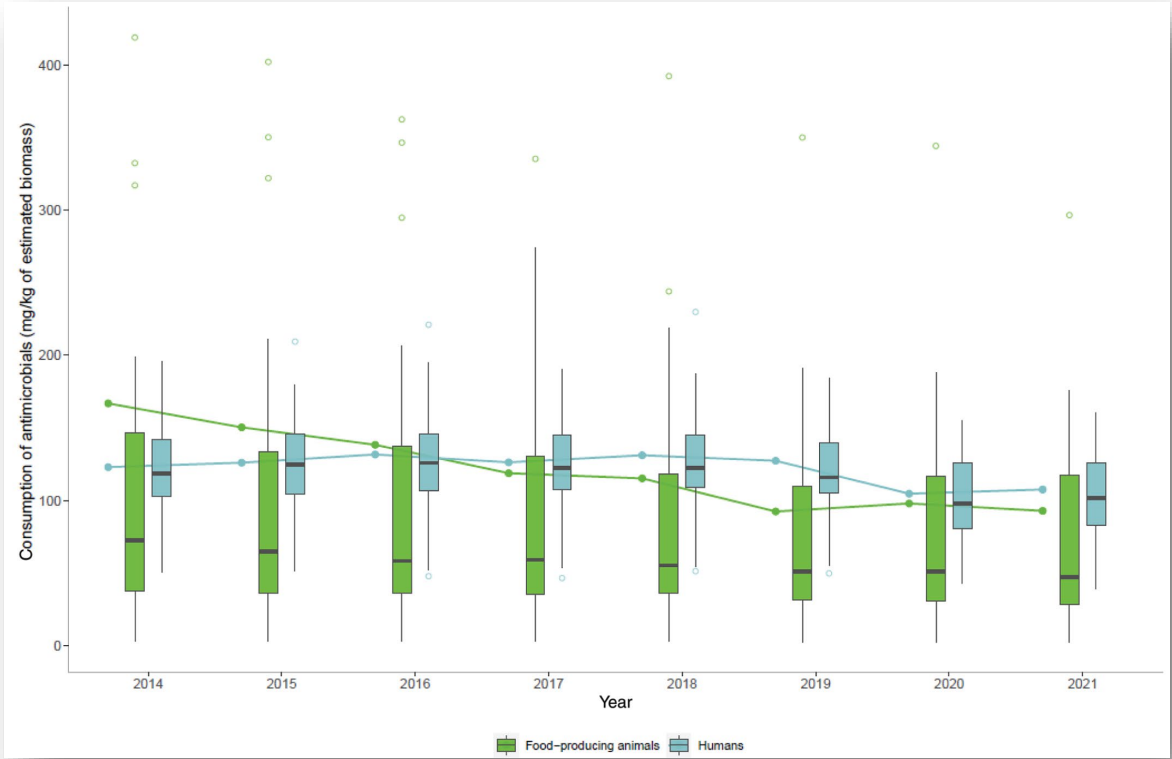
| Antimicrobial class                                                                                                                                                                                                                                                                                                                                                                                                           | Association between antimicrobial consumption in humans and animals | Association between antimicrobial consumption and antimicrobial resistance in humans and animals |                         |                             |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------|-----------------------------|---------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     | <i>Klebsiella pneumoniae</i>                                                                     | <i>Escherichia coli</i> | <i>Campylobacter jejuni</i> | <i>Campylobacter coli</i> |
| Carbapenems (a)                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                                                                                  |                         |                             |                           |
| Third- and fourth-generation cephalosporins                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                                                                                  |                         |                             |                           |
| Fluoroquinolones and other quinolones                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |                                                                                                  |                         |                             |                           |
| Polymyxins                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                                  |                         |                             |                           |
| Aminopenicillins                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |                                                                                                  |                         |                             |                           |
| Macrolides                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                                  |                         |                             |                           |
| Tetracyclines                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |                                                                                                  |                         |                             |                           |
| <div><div></div> Statistically significant in multivariate analysis</div> <div><div></div> Statistically significant in univariate analysis (when multivariate cannot be performed)</div> <div><div></div> Statistically significant for at least one time period in the univariate analysis, but not confirmed in the multivariate analysis</div> <div>(a) Carbapenems are not authorised for use in animals in the EU</div> |                                                                     |                                                                                                  |                         |                             |                           |

Source: ECDC, EFSA, EMA, [Links identified in the analysis between antimicrobial consumption \(AMC\) in humans and food-producing animals and antimicrobial resistance \(AMR\) in bacteria from humans and food-producing animals](#), Simplified summary, JIACRA IV, February 2024

# Antimicrobial consumption in humans and food-producing animals



Source: ECDC, ESFA, EMA, [Total tonnes of the total consumption of antimicrobials in humans and food-producing animals in 28 EU/EEA countries for which data were available both for humans and food-producing animals, 2021](#), JIACRA 2014–2021, February 2024.

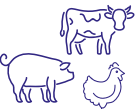


Source: ECDC, ESFA, EMA, [Population-weighted mean of the total consumption of antimicrobials in humans and food-producing animals in 26 EU/EEA countries for which data were available both for humans and food-producing animals, mg per kg of estimated biomass](#), JIACRA 2014–2021, February 2024.

# Surveillance of antimicrobial consumption in animals

 53% sales reduction for food producing animals (2011-2022) - ESVAC

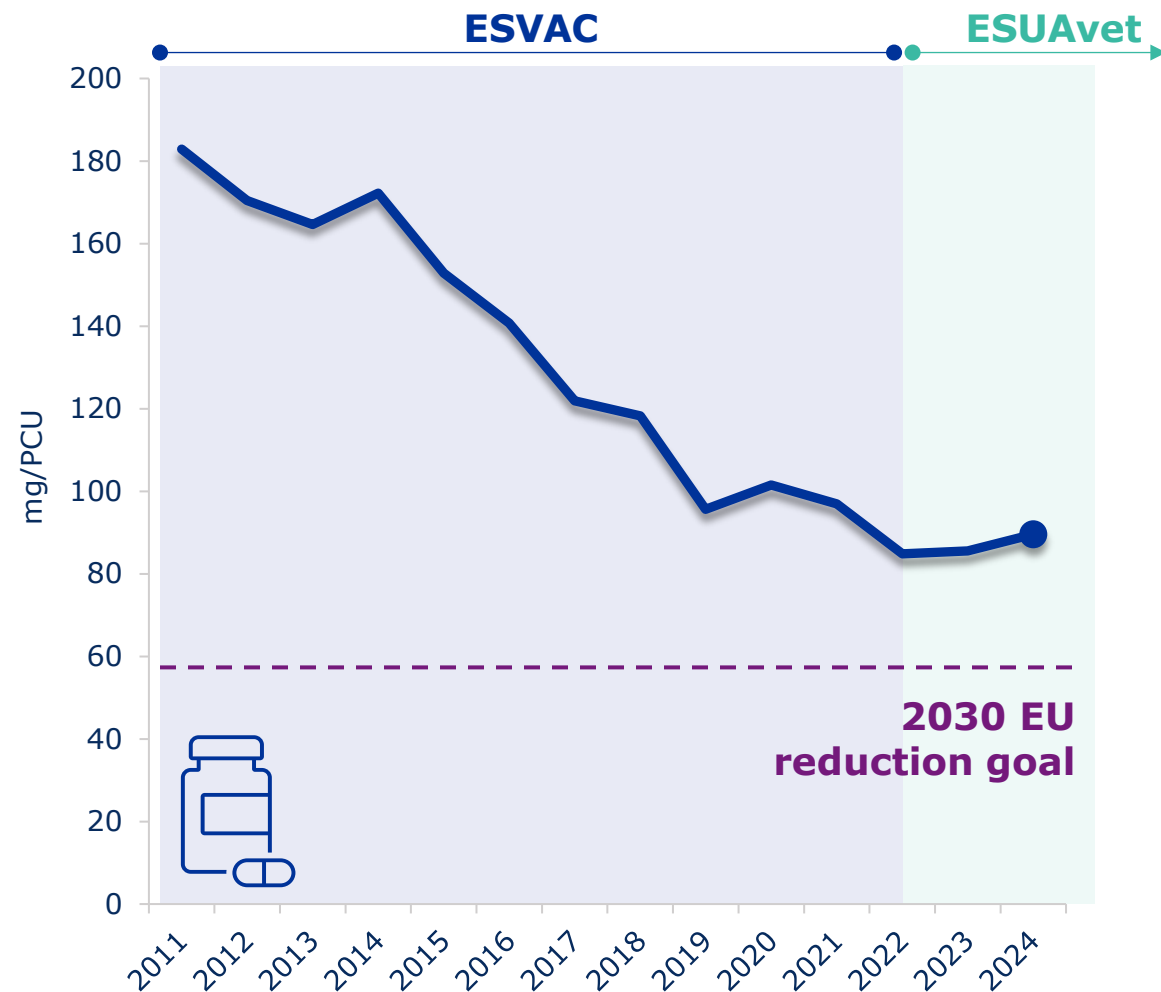
 The progress towards the EU sales reduction goal is now monitored via ESUAvet

 Under **ESUAvet**, use data are also collected by animal species

**Since 2023**  
cattle, pigs,  
chickens and  
turkeys

**From 2027**  
for other food-  
producing animal  
species

**From 2030**  
for cats, dogs  
and fur animals

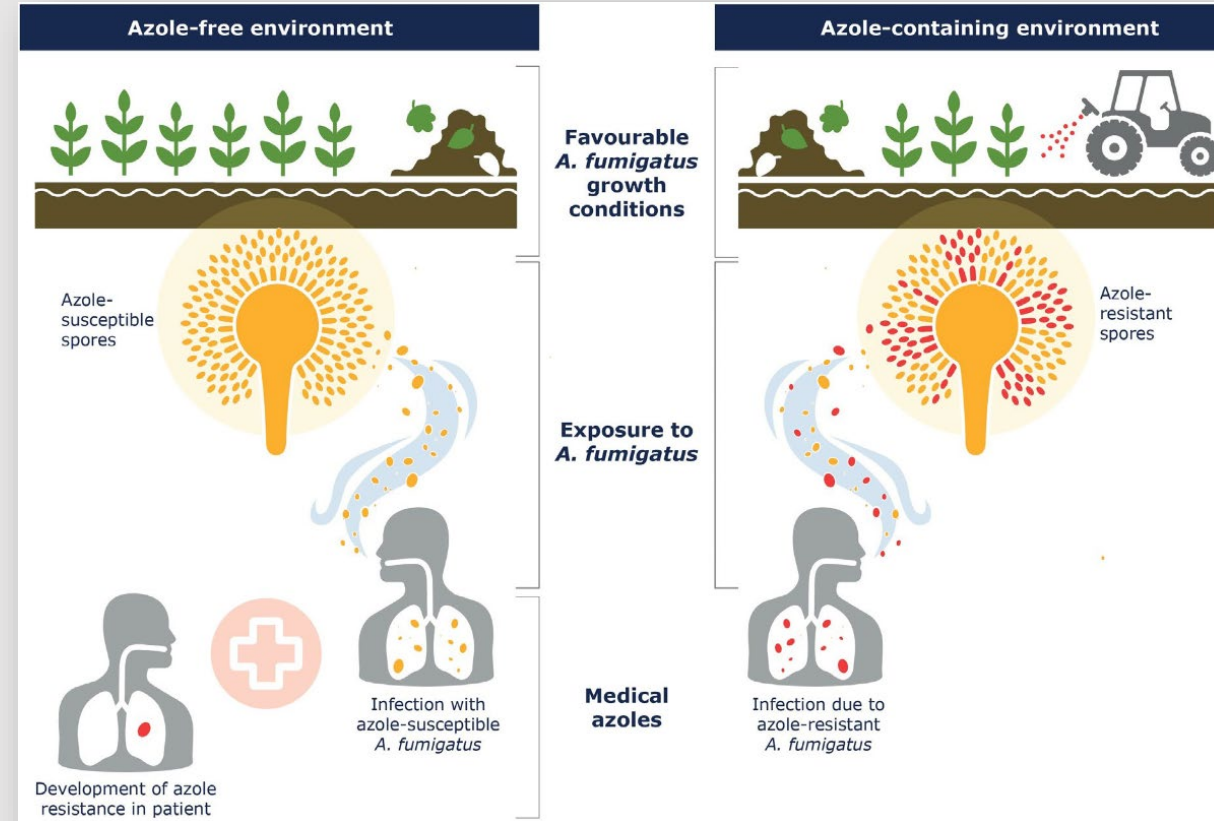


# One Health in action: the Azoles example

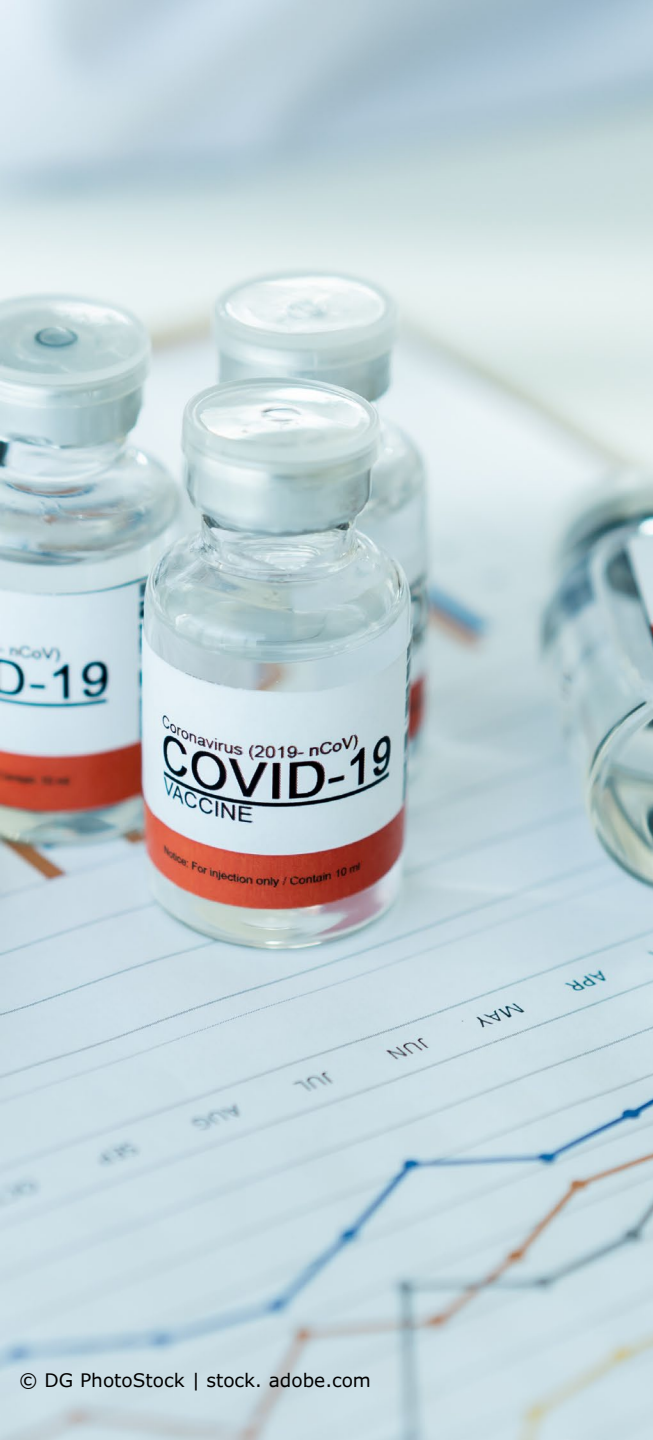
Use of azole fungicides in the environment, four regulatory regimes:

- Plant protection products (EFSA)
- Biocides (ECHA), e.g. wood preservatives
- Industrial chemicals (ECHA), e.g. intermediates, dyes, cosmetics
- Veterinary medicines (EMA)

Extensive use of azole fungicides, particularly in some agricultural and horticultural practices, can increase the risk of *Aspergillus* fungi developing resistance to essential antifungal treatments.



Source: [Driving azole resistance in \*A.fumigatus\* – medical and environmental pathways](#). EFSA, PLS: Azole resistance in *Aspergillus* spp. January 2025.



# One Health in action

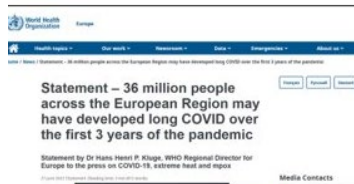
Zoonotic diseases

# Covid 19 – lessons learnt

- Public health emergency of international concern (WHO, January 2020).
- Zoonoses linked to animal reservoirs.
- Spillover mechanisms and importance of environmental drivers.
- Understanding of viral evolution across species.
- Early detection requires cross-sectoral monitoring.
- Coordinated global response.
- Importance of early preparedness, prevention, detection and response.
- **EMA's extended mandate for crisis preparedness and management.**



# Long term consequences from human infections



MILIONS OF PEOPLE



HIGH DISABILITY



LOW RECOVERY



NO TREATMENT

## Long COVID

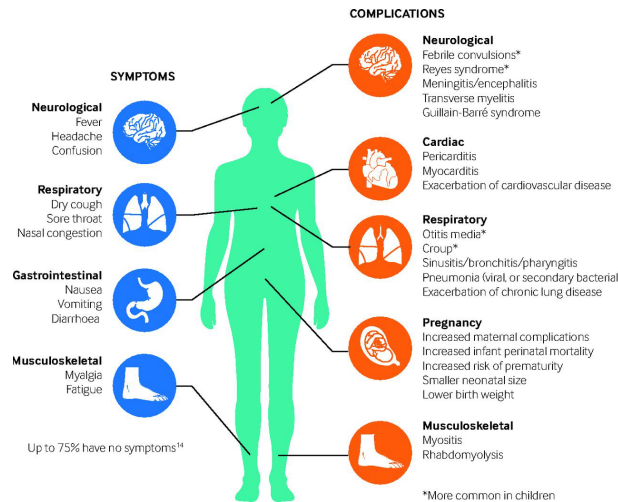
Complex syndrome

>70M cases estimated globally

Vaccination reduces risk

No specific treatment

Many questions unanswered



## Influenza

Cardiovascular and neurological complications can persist for months/years and leave lasting deficits, even if less than COVID

Repeated flu vaccination mitigates risks



## Chikungunya

Severe in vulnerable people

Severity underestimated

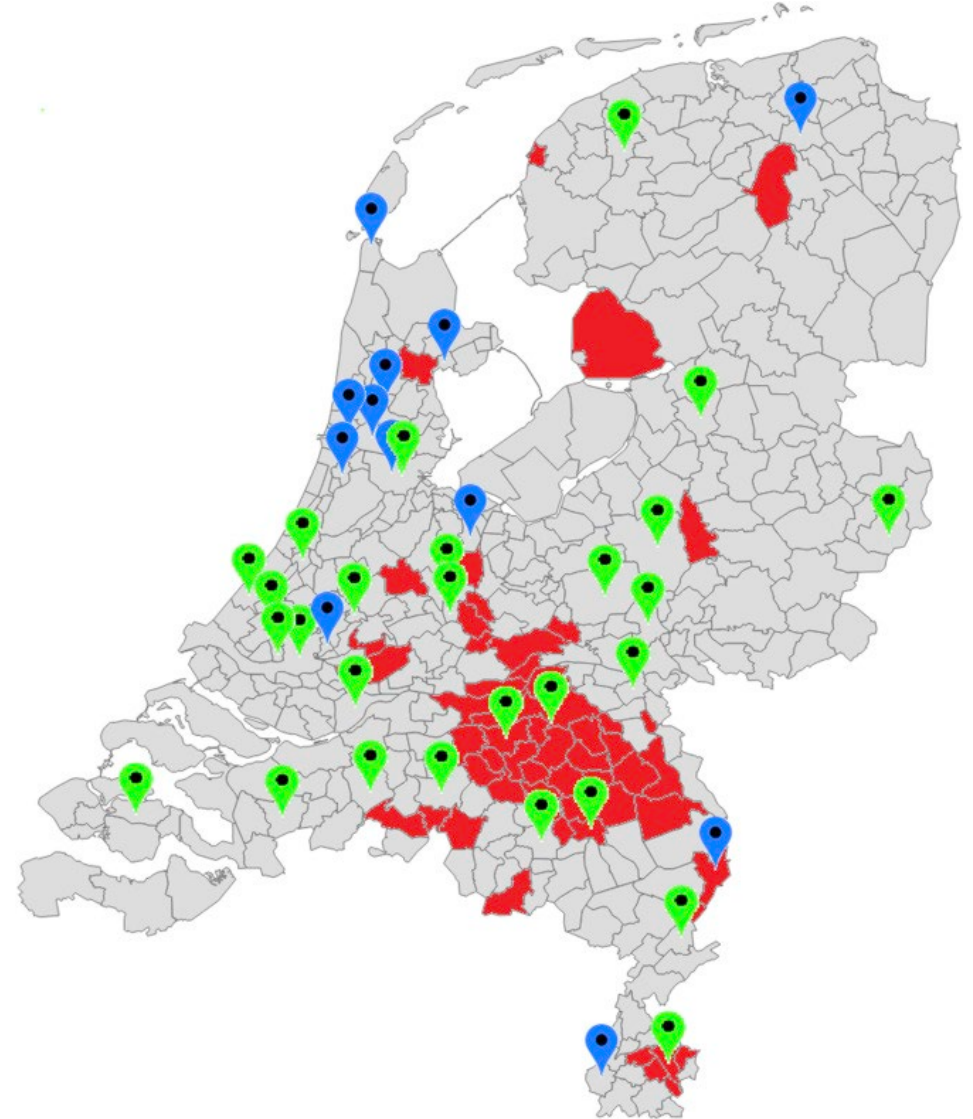
No specific treatment

~40% of people joint pain and fatigue for months /years

# Q-fever: long-term health impact

## The NL Outbreak (2007–2010)

- **Source:** Heavy concentration of intensive dairy goat and sheep farms in the southern provinces.
- **Impact:** Over 20% of notified patients required hospitalisation during the peak of the acute phase.
- **Chronic Q Fever:** Roughly 1% to 5% of infected individuals develop a chronic form, which can surface years later as life-threatening endocarditis or vascular infections.
- **Ongoing fatalities:** deaths from chronic cardiovascular damage continue to be reported decades after the original infection.
- **Q-Fever Fatigue Syndrome (QFS):** Thousands of Dutch citizens still suffer from persistent, severe exhaustion long after surviving the initial illness.



Source: van Roeden SE, et al. [Chronic Q fever-related complications and mortality: data from a nationwide cohort](#). ScienceDirect, November 2019.

# Take home messages

- One Health is not a new concept but a shift in how we work together.
- Health challenges are increasingly interconnected and can not be solved by one sector alone.
- Collaboration across agencies and disciplines is essential to deliver effective solutions.
- Potential to identify new One Health research topics.
- Data integration is a cornerstone of One Health implementation.
- The One Health Task Force will work towards a sustained One Health collaboration between agencies to provide the foundation for more integrated, evidence-based and effective action, turning complexity into coordinated solutions.

# Learn more about One Health



EMA website



One Health Compass  
TF joint newsletter



One Health approach  
to communicable  
diseases training  
module



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