World Organisation for Animal Health
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Regional WOAH Workshop:

Accelerating the Operationalisation of the One Health Joint Plan of Action in Veterinary Services in the European Region

18-20 November 2025 - Athens, Greece

CONCLUSIONS AND RECOMMENDATIONS

INTRODUCTION

The WOAH Europe Regional Workshop on *Operationalising the One Health Joint Plan of Action* brought together Delegates, national experts, international partners, and Quadripartite representatives to assess progress, identify gaps, and define actionable priorities for accelerating One Health implementation in Veterinary Services in Europe region (53 Member countries).

Over three days, participants took part in plenary sessions, technical panels, simulation exercises, digital poster presentations and interactive discussions using real-time polling tools. This document consolidates the main conclusions and recommendations, with a particular focus on the role of Veterinary Services in delivering OHJPA at national level.

1. OVERARCHING CONCLUSIONS

1.1 One Health is essential in an era of interconnected crises: Participants recognised that pandemics, antimicrobial resistance, climate change, biodiversity loss, food insecurity and geopolitical instability reinforce each other and cannot be managed in isolation. A multisectoral, prevention-focused One Health approach is now indispensable for protecting human, animal and environmental health.

1.2 Prevention and preparedness are high-value investments: Evidence presented during the workshop highlighted that investments in prevention and preparedness can deliver high Returns on Investment (ROI), as demonstrated by several economic analyses. Given this evidence, prevention and preparedness should be viewed as strategic public investments that strengthen long-term health security and resilience.

1.3 Importance of sustainable funding for One Health: Animal Health Systems remain structurally underfunded at the global level. While funding levels vary across Europe, some Member countries still face constraints in securing predictable resources for surveillance, workforce development, laboratory systems and emergency preparedness. Strengthening Veterinary Services, and their effective integration into other disciplines, therefore remains central to advancing One Health implementation in the region.

1.4 Insufficient governance and coordination remain the main barriers: Across sessions and interactive polls, countries identified weak intersectoral coordination, unclear mandates and legislative gaps as key obstacles to One Health implementation, more critical than pure technical limitations. Many national mechanisms still rely on informal arrangements rather than robust legal frameworks and clear accountability.

1.5 Data systems are fragmented and under-used: Surveillance data across animal, human, food and environmental sectors are often collected in silos, with limited interoperability, slow information flow and insufficient analysis. This undermines early warning capacity for zoonoses, vector-borne diseases (VBDs), foodborne diseases and AMR, and limits evidence-informed decision-making.

1.6 Workforce gaps cut across all sectors: Countries reported both shortages in certain specialised profiles (e.g. veterinarians, epidemiologists and vector biologists/entomologists) and significant gaps in competencies across existing workforces, particularly in OH risk analysis, OH risk communication, digital/data skills and the use of new surveillance technologies. Continuous Professional Development (CPD) and joint One Health learning programmes are therefore essential to build and maintain the required skills across sectors.

1.7 Sustainable financing is the most critical structural gap: Most countries reported the absence of dedicated One Health budget lines, fragmented sectoral budgets, limited political will and insufficient economic evidence to justify investment. Short-term project funding cannot replace stable, institutionalised financing.

1.8 Veterinary Services are central actors in One Health: Across all technical domains (zoonoses, VBDs, AMR, food safety, wildlife health, laboratory systems and emergency preparedness) Veterinary Services are recognised as indispensable leaders and partners. Strengthening their capacity, visibility and mandate, as well as improving structured interactions with environmental and human health authorities, is fundamental to OHJPA success.

2. KEY FINDINGS BY TECHNICAL DOMAIN

2.1 One Health Political and Strategic Context

The WOAH highlighted that pandemic risk remains significant, with several modelling studies indicating that the likelihood of major outbreaks in the coming decades is increasing. This reinforces the importance of strengthening prevention and preparedness as political and economic priorities.

The Quadripartite One Health Joint Plan of Action (OHJPA) provides the global framework for action. Priority areas include:

- Implementation of OHJPA at country level (using a structured five-step approach).
- Strengthening science and evidence, including economic analysis and ROI.
- Sustained political engagement at national, regional and global levels (UN, G20/G7, COP, Pandemic Agreement).
- Mobilising investment and leveraging the Quadripartite Joint Offer.

Interactive polling during the plenary session showed that countries consider their biggest challenges in sustainable financing, intersectoral coordination and legislative or policy gaps.

Most participants rated their national OHJPA implementation at an intermediate level (average 3.2/5), indicating progress but also the need for structured support to reach advanced, institutionalised One Health systems.

Key conclusions:

1. One Health must be firmly embedded in national policy agendas, including, but not limited to, finance, environment, agriculture and health.
2. Formal governance mechanisms are required, not just informal networks.
3. Quadripartite tools (e.g. Joint Risk Assessment, multisector coordination, surveillance and information-sharing tools) to support Member countries are not yet used to their full potential and could be applied more systematically.

2.2 Workforce and Education

Interactive sessions and discussions highlighted several competency gaps across sectors, including coordination, collaboration, communication, epidemiology, digital/data handling, entomology and laboratory diagnostics. Participants also identified public health professionals, local government staff, environmental authorities and field veterinarians as groups most in need of targeted One Health training.

Beyond the workshop inputs, several countries also face an emerging shortage of veterinarians, which is increasingly recognised as a structural challenge for the sustainability of One Health implementation.

Veterinary education is increasingly aligned with WOAH Day-1 Competencies, but there are still significant differences in how One Health is integrated in curricula, particularly for epidemiology, surveillance, risk assessment and practical field experience. Regional findings from Central Asia, for example, show solid disease knowledge but weaker competencies in statistics, surveillance design and interpretation of diagnostic tests.

The Joint One Health Learning Taskforce (JOHLT) led by the Quadripartite will be key to harmonising curricula and training materials across sectors.

Joint simulation exercises were highlighted as essential components of practical One Health training and preparedness.

Key conclusions:

4. Workforce gaps are a major limiting factor for OHJPA implementation.
5. There is strong demand for joint training across veterinary, public health and environmental sectors.
6. Digital learning and CPD are cost-effective tools to reach large numbers of professionals.

2.3 Zoonoses and Vector-Borne Diseases

The VBD session and associated presentations highlighted rapid changes in the epidemiology of Bluetongue (BT), West Nile Fever (WNF), Epizootic Haemorrhagic Disease (EHD) and other VBDs:

- Europe accounted for around 60% of global "exceptional" VBD events, with 98% of these occurring between 2022–2025, reflecting strong climate and ecological drivers.
- Countries reported fragmented surveillance, with limited integration of animal, human, entomological and environmental data.
- There is a critical shortage of entomologists in the veterinary field coupled with a limited institutional entomology capacity in many countries.
- Stronger structured collaboration between animal health, human health, environmental authorities and academic entomology units is needed.

Sessions on HPAI H5N1 and emerging zoonoses showed that:

- The current wave of H5N1 has the characteristics of a true panzootic, affecting wild birds, poultry and an increasing number of mammalian species (both wild and domestic), including dairy cattle.
- Diagnostic protocols now need to cover new species and matrices (e.g. bulk tank milk, carnivores, wastewater).
- Integrated surveillance systems such as animal–human–vector WNF programme significantly improve early warning and targeted interventions.

A multi-pathogen simulation exercise (H5N1, H1N1, WNF) revealed that while theoretical knowledge of outbreak management is generally strong, there remain significant operational gaps in early reporting, joint risk assessment, occupational health follow-up and coordinated public communication.

Key conclusions:

7. VBDs and zoonoses are expanding in range and complexity, driven by climate and environmental change.
8. Integrated, multi-species and multi-sector surveillance systems are essential but still rare.
9. Entomology and wildlife health capacity must be strengthened.
10. Simulation exercises are powerful tools to identify and address coordination gaps.

2.4 Food-Borne Zoonotic Diseases

Presentations from Austria, Slovakia and EFSA, together with interactive discussions, underscored that food-borne zoonoses remain a major public health burden across Europe:

- Campylobacter and Salmonella remain the most frequently reported food-borne zoonoses; Listeriosis has reached its highest levels since 2007.
- National Reference Laboratory (NRL) networks and Whole Genome Sequencing (WGS) are crucial tools for detecting clusters across human, food and animal sectors. Austria's experience demonstrates how strong legal frameworks and an intersectoral Zoonoses Commission enable effective outbreak detection and response.

Interactive polling showed that participants perceive the highest food safety risks at household level, farms / primary production, and food service / restaurants, while industrial processing and retail are seen as better controlled.

Key conclusions:

11. One Health food safety systems need strong intersectoral legislation, integrated lab networks and joint outbreak investigation protocols.
12. Risk-based surveillance and targeted sampling along the food chain—including fruits and vegetables, are essential.
13. Consumer and farm-level food safety education remains an important component of prevention.

2.5 Sustainable Financing

The panel on sustainable financing and interactive polling confirmed that financing is the biggest structural barrier to One Health implementation:

- Most countries reported no dedicated One Health budget line and heavy reliance on project-based or donor funding.
- Fragmented budgets across ministries (health, agriculture, environment) and limited political will hinder joint planning and long-term investment.
- Economic analysis and ROI studies are rarely available and used to make the case for prevention and OHJPA implementation.

Panellists stressed that One Health collaboration must also involve ministries of finance, political leadership and the media, and that data systems and governance must be improved as preconditions for joint financing.

Key conclusions:

14. Sustainable One Health financing requires institutionalising One Health in national budget processes, not relying on short-term projects.
15. Economic arguments for prevention and preparedness need to be developed and communicated.
16. Private sector and innovative funding mechanisms remain under-utilised.

2.6 Innovation and best practices

A dedicated session showcased innovative practices from across the region and the evolution of WOAH's own monitoring tools:

- Digital posters highlighted new surveillance platforms, big-data tools, mobile applications, integrated outbreak investigation systems, AMR dashboards and biosafety/biosecurity tools implemented by Member Countries.
- The first Performance of Veterinary Services (PVS) Self-Assessment Annual Report marks a shift to regular, evidence-based monitoring of progress on PVS recommendations, revealing that most recommendations still require additional resources, to reach full implementation.

- Communities of Practice (CoPs) on One Health governance and ROI provide spaces for peer learning, exchange of good practices and refinement of investment cases.

Key conclusions:

17. Innovation is strong in the region, especially in digital and genomic tools, but its impact depends on sound governance, clear mandates and sustainable financing.
18. The PVS Self-Assessment and Community of Practice models offer practical mechanisms to track progress and share successful approaches.

2.7 Antimicrobial Resistance (AMR)

The AMR session and interactive polling reinforced that AMR seen by participants as a priority One Health threat:

- Global and regional data show major human health impacts, as well as projected economic costs if AMR is not contained.
- Countries such as Norway and Ireland demonstrated that significant reductions in antimicrobial use (AMU) for livestock and consequently reductions in AMR are achievable when strong governance, biosecurity, vaccination and prescription control are in place.
- Presentations from Türkiye and Azerbaijan showed progress in e-prescription, monitoring of veterinary antimicrobials and development of One Health AMR action plans, but also pointed to ongoing gaps in enforcement and data integration.

The Quadripartite Global Integrated System for Surveillance on AMR/AMU (GISSA) will become the shared platform for reporting data from systems such as ANIMUSE (animal AMU), GLASS (human AMR) and InFARM (food/AMR in food).

Interactive polling showed that:

- The main barriers are weak national data reporting systems, lack of integration between human, animal and environment data, low awareness among farmers and incomplete enforcement of AMU rules.
- Alignment with WOAH AMR/AMU standards is moderate but improving (average score 3.6/5).

Key conclusions:

19. AMR is a top regional priority requiring strong One Health governance, integrated surveillance and robust stewardship.
20. Veterinary Services are key to regulating and monitoring AMU in animals, leading stewardship efforts and integrating animal data into broader OH analyses.

3. CROSS-CUTTING RECOMMENDATIONS

Based on all sessions, case studies and interactive polls, the following cross-cutting recommendations are proposed for Members and for WOAH Europe's support:

3.1 Institutionalise One Health governance:

- Establish or strengthen formal, legally mandated One Health coordination mechanisms, with clear roles for Veterinary Services, public health, environment, food safety and finance.
- Ensure these mechanisms have authority, resources and clear lines of accountability.

3.2 Integrate One Health into national financing frameworks:

- Introduce dedicated One Health budget lines and explore pooled, multi-annual funding across ministries.
- Use ROI and economic evidence to advocate for prevention and preparedness funding.

3.3 Strengthen integrated surveillance and data systems:

- Develop or upgrade interoperable surveillance systems covering animal, human, food and environment sectors.
- Standardise indicators and data formats and ensure routine data sharing and joint risk assessment.

3.4 Invest in workforce development and CPD:

- Expand Continuing Professional Development and joint One Health training and exercises for veterinary, public health, relevant environmental and natural resource authorities, as well as local-level staff.
- Prioritise competencies in epidemiology, entomology, digital skills, one-health risk assessment and one-health risk communication.

3.5 Enhance laboratory capacity, diagnostics and genomics:

- Strengthen National Reference Laboratory networks and ensure quality-assured diagnostics for priority diseases.
- Integrate Whole Genome Sequencing (WGS) into surveillance for food-borne diseases, VBDs and zoonoses.
- Promote participation in WOAH laboratory Twinning and regional lab networks.

3.6 Strengthen AMR governance and stewardship:

- Establish or reinforce One Health AMR governance mechanisms with clear veterinary roles.
- Integrate AMR/AMU data into GISSA through ANIMUSE, GLASS and other systems.
- Promote responsible antimicrobial use, including restrictions on Highest Priority Critically Important Antimicrobials (HPCIAs) and prohibit the use of antibiotics as growth promoters, where still applicable.

3.7 Integrate climate and environmental dimensions:

- Include environmental and climate indicators in zoonoses and VBD surveillance.
- Coordinate with environmental ministries on wildlife, vector ecology and habitat management.

3.8 Improve communication and public engagement:

- Develop joint communication strategies and pre-approved templates for multi-sector risk communication.
- Invest in public awareness campaigns on zoonoses, food safety, AMR and climate-related health risks.
- Engage media and journalists as informed partners.

3.9 Promote innovation, digital tools and best practices:

- Support adoption and scaling of digital surveillance tools, surveillance dashboards, mobile applications and new diagnostic technologies.
- Use Communities of Practice (CoPs) and regional platforms to exchange and replicate successful approaches.

3.10 Reinforce the central role of Veterinary Services:

- Strengthen Veterinary Services through the PVS Pathway, workforce development and investment in infrastructure, laboratories and digital systems.
- Position Veterinary Services as co-leaders of national One Health implementation and promote their involvement in national One Health governance bodies.

4. Priorities for WOAH Europe in 2026:

In the final interactive poll, participants were asked which areas WOAH should prioritise in 2026, based on the workshop discussions. The top priorities were:

- Zoonotic diseases and vector-borne diseases
- Antimicrobial resistance

- Workforce and education
- Surveillance, data integration and digital tools.

Food safety, legislation and governance, and sustainable financing were also identified as important, albeit with slightly lower frequency.

Participants rated the overall workshop 4.0/5 in usefulness for their national One Health implementation and strongly requested a follow-up in-person event next year (82% in favour), while several participants proposed frequency of 1,5-2 years.

These results provide a clear mandate for WOAH Europe to:

- Maintain and expand its support for research on VBDs/zoonoses and AMR.
- Focus on workforce development and One Health education, including through JOHLT and CPD tools.
- Invest in digital transformation, surveillance integration and PVS-linked support.
- Continue facilitating regional exchanges and annual follow-up events to monitor progress and maintain momentum.