Promoting the One Health Approach

Insights and Outcomes from a Workshop at the DACh-EPI Conference 2024

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Abstract

Raising awareness, fostering education, and sharing knowledge across sectors, actors, and disciplines are fundamental to translating the One Health concept into practice. To support this goal, a One Health workshop was held during the 31st DACh-EPI Conference (Veterinary Epidemiology Conference for German-speaking countries) in 2024 in Salzburg, Austria. Designed with a practical format, the workshop engaged 20 participants from Austria, Germany and Switzerland through structured activities, including an interactive icebreaker, knowledge-sharing sessions with group discussions, a scenario-based challenge, and a focus group discussion. The main topics included the history and policy framework of One Health, strategies for overcoming implementation challenges, engaging policymakers, and examining real-world case studies. The participants collaboratively identified stakeholders, discussed best practices, and shared lessons learned from their own experience. The workshop outcomes, summarized in this report, highlight useful insights, shared challenges, and strategies for advancing the One Health approach. Additionally, a toolkit—including case studies, multimedia, and policy links—was provided to support ongoing application and learning. This workshop model offers a framework for engaging stakeholders and fostering cross-sectoral collaboration in implementing One Health policies.

Keywords: One Health, German-speaking countries, Workshop, Policy, Dissemination

Zusammenfassung

Die Sensibilisierung, die Förderung der Bildung und der Wissensaustausch über Sektoren, Akteure und Disziplinen hinweg sind von grundlegender Bedeutung für die Umsetzung des One Health-Konzepts in die Praxis. Zur Unterstützung dieses Ziels wurde im Rahmen der 31. DACh-EPI-Konferenz (Konferenz für Veterinärepidemiologie im deutschsprachigen Raum) 2024 in Salzburg, Österreich, ein One Health-Workshop veranstaltet. Der Workshop war praxisorientiert gestaltet und umfasste 20 Teilnehmer:innen aus Österreich, Deutschland und der Schweiz. Zu den strukturierten Aktivitäten gehörten ein interaktiver Eisbrecher, Sitzungen zum Wissensaustausch mit Gruppendiskussionen, eine szenariobasierte Gruppenarbeit und eine Fokusgruppendiskussion. Zu den Hauptthemen gehörten die Geschichte und der politische Rahmen von One Health, Strategien zur Bewältigung von Umsetzungsproblemen, die Einbindung von politischen Entscheidungsträgern und die Untersuchung von Fallstudien aus der Praxis. Die Teilnehmer:innen ermittelten gemeinsam die Interessengruppen, diskutierten bewährte Verfahren und tauschten eigene Erfahrungen aus. Die Ergebnisse des Workshops, die in diesem Bericht zusammengefasst sind, zeigen nützliche Erkenntnisse, gemeinsame Herausforderungen und Strategien zur Förderung des One Health-Ansatzes auf. Darüber hinaus wurde ein Toolkit mit Fallstudien, Multimedia-Inhalten und Links zur Politik bereitgestellt, um die weitere Anwendung und das Lernen zu unterstützen. Dieses Workshop-Modell bietet einen Rahmen für die Einbindung von Stakeholdern und die Förderung der sektorübergreifenden Zusammenarbeit bei der Umsetzung von One Health-Maßnahmen.

Stichworte: One Health, Deutschsprachige Länder, Workshop, Politik, Verbreitung

Content

Abbreviation

AGES	Austrian Agency for Health and Food Safety
BLV	Federal Food Safety and Veterinary Office (*Bundesamt für Lebensmittelsicherheit und Veterinärwesen*)
ECDC	European Centre for Disease Prevention and Control
ECHA	European Chemicals Agency
EEA	European Environment Agency
EFSA	European Food Safety Authority
EMA	European Medicines Agency
FAO	Food and Agriculture Organization
OHHLEP	One Health High-Level Expert Panel
SAPEA	Science Advice for Policy by European Academies
UNEP	United Nations Environment Programme
WCS	Wildlife Conservation Society
WHO	World Health Organization
WOAH	World Organisation for Animal Health

1 Introduction

1.1 Background

The COVID-19 pandemic, the Mpox, Ebola or Marburg outbreaks, and the numerous outbreaks of highly pathogenic avian influenza have clearly demonstrated in recent years that there is a need at all institutional levels to be better prepared for future pandemics. To address this challenge, global and European organizations have united to implement a coordinated One Health strategy. The Quadripartite, comprising the Food and Agriculture Organization (FAO), the World Organisation for Animal Health (WOAH), the United Nations Environment Programme (UNEP), and the World Health Organization (WHO), has led efforts at the global level (FAO et al., 2022). In Europe, this initiative is supported by a cross-agency initiative formed by the European Centre for Disease Prevention and Control (ECDC), the European Chemicals Agency (ECHA), the European Food Safety Authority (EFSA), the European Environment Agency (EEA), and the European Medicines Agency (EMA) (ECDC et al., 2023). The One Health approach, which seeks to enhance the health of people, animals, plants, and the environment, plays a crucial role in preventing, predicting, and responding to health threats.

The origins of One Health date back to 1855, when comparative pathology was founded, which can be seen as the origin of the One Health concept. Calvin W. Schwabe introduced the term "One Medicine" in the 1950s, highlighting the need for an integrated approach to human and animal health rather than treating them as separate disciplines (Schwabe, 1964). In 2004, the Wildlife Conservation Society (WCS) coined the term "One World One Health" at a conference in New York through the formulation of the twelve Manhattan Principles (Cook et al., 2004). These principles were updated in 2019 and became the ten Berlin Principles: addressing current pressing issues, such as pathogen spillover, climate change, and antimicrobial resistance, and placing paramount importance on the health of ecosystems (Gruetzmacher et al., 2021). Since then, the concept has continued to evolve and is now endorsed by the WHO, FAO, WOAH, and UNEP (quadripartite organizations). In pursuit of this, in 2021, the Quadripartite established a Scientific Advisory Group: the One Health High-Level Expert Panel (OHHLEP). During its first term (2021-2023), the OHHLEP formulated a definition of One Health, which is now considered the leading definition (Mettenleiter et al., 2024).

Investing in education and awareness is fundamental to the success of One Health initiatives. The Manhattan and Berlin principles emphasize this priority, underscoring its role in building a robust framework for action. OHHLEP's theory of change (OHHLEP, 2022) identifies

strengthening the scientific evidence base, fostering knowledge exchange and continuing education as essential actions for progress (OHHLEP, 2022). Similarly, the SAPEA (Science Advice for Policy by European Academies) evidence review report (2024) highlights that training practitioners in transdisciplinary approaches is a critical policy tool, enabling a deeper understanding of One Health concepts and ensuring the effective design and implementation of related policies and initiatives (SAPEA, 2024).

To address the critical need for better dissemination and implementation of One Health, the workshop was purposefully designed to promote knowledge exchange and raise awareness. This meeting report outlines the structure, outcomes, and lessons learned from the workshop

1.2 Aim and scope

In recent years, the One Health concept has gained increasing importance, with discussions and initiatives emerging both nationally and internationally. One Health refers to addressing the health of people, animals, and the environment in an integrated and inclusive way to better address the complex health challenges of the 21st century. However, the concrete implementation of this approach and the potential challenges that may arise often remain unclear, particularly at the local level.

Therefore, the aim of this workshop was to equip participants with knowledge of the core principles of One Health and explore its practical application. It offered an opportunity to explore One Health through real-world examples and reflect on the challenges and opportunities of this approach. The participants were encouraged to generate their own ideas and engage in constructive group discussions. The workshop featured short presentations on key One Health topics and included interactive exercises in small groups to develop multisectoral strategies. After the meeting, the participants were provided with practical ideas and a toolkit.

2 Workshop description

2.1 Participants

The workshop brought together 20 participants from Austria (nine), Germany (nine), and Switzerland (two), creating a diverse and multisectoral group. The participants represented a wide range of professional backgrounds, including students, professors, government employees at both the national and local levels, staff from federal research institutes and expert organizations, and professionals from the industry and private sector. Among the participants, 19 had a veterinary background, and one was a human physician. The participants' professional backgrounds and the countries they represented were influenced by the fact that the workshop was organized within the context of the "DACh-EPI-Tagung", a veterinary epidemiology conference for German-speaking countries. This connection led to a strong representation from Austria, Germany, and Switzerland, with a particular focus on veterinary professionals.

2.2 Workshop Structure

In this section, we describe in detail the workshop structure, its aim, and its outcome.

2.2.1 Icebreaker

The ice-breaker activity had three main objectives:

1) To help the participants get to know each other,

2) To introduce the complexity of One Health, and

3) To create a visual representation of health-related interconnections across different stakeholders.

The material used for the icebreaker was as follows:

- Set of 25 images on different health topics generated via Midjourney© V6.0
- Several colored balls of wool

- Thin hairbands for the wrist, where wool thread is tied on
- Scissors

We used artificial intelligence to generate images that represent different dimensions of health. Topics included bat eating mangos, commercial pig farming with outdoor access, wildlife, dog with veterinarian, chicken farm, hunting with dogs, statistician with graphics, journalist/social media communicator, doctor and hospital, laboratory facility, competent authorities/policy-makers, forest with river, fishermen at sea with seagulls, aquaculture, slaughterhouse, plate with food, biosecurity and PPE, antibiotics, climate change, bacteria, virus, bee, mosquito (see Figure 1).

Figure 1. Selection of AI-generated pictures, wool and hairbands used for the icebreaker (©AGES)

Activity: Participants were asked to choose a picture that resonated with them. Each participant then introduced themselves by stating their name and institution and briefly explained why they chose that particular picture. Then, participants were asked to identify two additional pictures, held by other participants, that they believed had health-related connections to the first one. To visualize these connections, a colorful wool thread was stretched between the participant and the two selected pictures/participants, creating a visual network that represented the interconnections between the different health topics (see Figure 2).

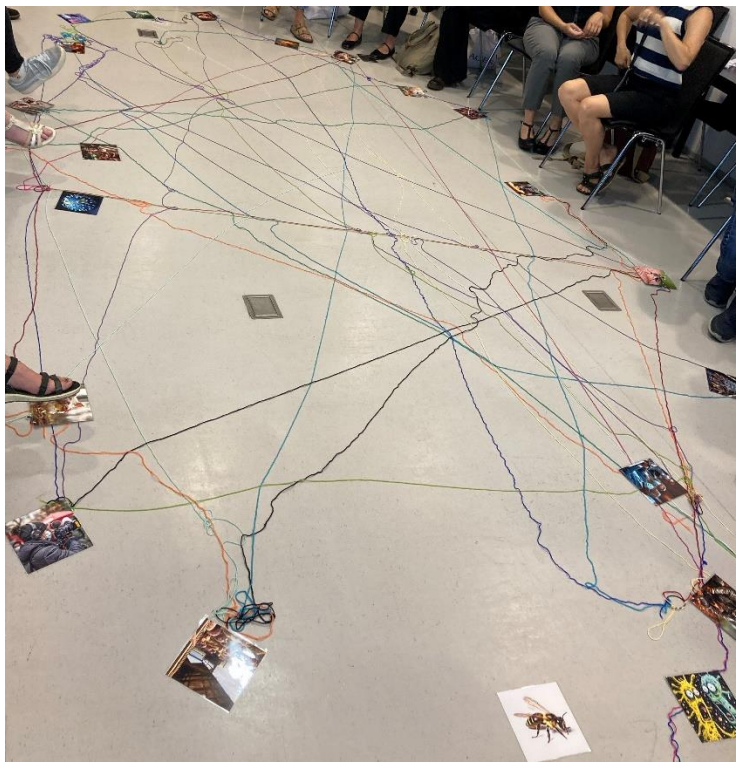

Figure 2. Network of “Health” connections (©AGES)

2.2.2 One Health Policy: theoretical part

In the first theoretical part of the workshop, participants were familiarized with the current health risks that arise at the interface between humans, animals and the environment. Emphasis has been placed on the sharp increase in zoonotic events over the last 30 years, with 75% of emerging diseases attributed to zoonoses. The discussion focused on various health risk factors, such as climate change, which affects human health both directly and indirectly by favoring the survival of vectors that transmit pathogens. These risks cannot be considered in isolation, as they often act synergistically and amplify their impacts.

After the introduction, the One Health approach was presented as a central solution. The definition developed by the OHHLEP played a key role in this (Mettenleiter et al., 2023). A member of this panel was present at the workshop and provided valuable insights. A particular topic of discussion was the precise translation of the One Health definition into German, whereby the term “domestic animals” was translated as “companion animals”, which includes pets and excludes farm animals (https://www.zoonosen.net/ohhleps-definition-von-one-health).

The origin and development of the One Health concept were then presented, highlighting key milestones as well as strategies for implementing the approach at the global, national, regional, and local levels. The role of the Quadripartite, its strategic priorities and the six focus areas of the One Health Joint Action Plan were presented (FAO et al., 2022). One focus was on the importance of a One Health Coordination Mechanism, which acts as a technical advisory body to identify national priorities in global health and develop a national One Health plan. The participants were shown a world map that depicted countries with established One Health national plans. The map highlighted significant activity in the Global South, in contrast to limited activity in the Global North (https://www.onehealthcommission.org/en/resources__services/one_health_strategic_action_plans/). The participants argued that this discrepancy could be linked to the more urgent demand and need to address zoonoses in the Global South than in high-income countries. Additionally, despite not having official national plans, some countries have robust One Health networks and are already implementing various initiatives in this area, such as in Switzerland. On the other hand, the importance of a structured framework, which includes short-, medium- and long-term goals and promotes sustainable commitment between the institutions involved by coordinating activities, was also emphasized.

The theoretical part of the workshop concludes with the realization that a common, holistic approach is necessary to address complex global health risks effectively.

2.2.3 One Health Policy: discussion in two groups

The participants were divided into two groups to discuss the following topics:

a) Challenges and strategies in the implementation of One Health,

b) How to bring policy makers to the table.

Challenges and strategies in the implementation of One Health

The group discussion addressed various challenges and strategies related to the implementation of the One Health approach. The participants identified several focus areas, such as political will, stakeholder involvement, data management and interdisciplinary communication.

Political will and awareness-raising:

One of the main challenges identified was the lack of political will to prioritize One Health initiatives. To address this, participants suggested implementing awareness-raising programs targeted at policy makers. This would support a top-down approach that promotes the creation of a common legal framework where case management, responsibilities in zoonotic disease surveillance and control measures are clearly defined.

Stakeholder representation and bottom-up approach:

While the top-down strategy was considered essential, a bottom-up approach was also praised. The group stressed the importance of establishing an inclusive technical advisory board where all relevant stakeholders (public, private and industrial sectors) are adequately represented. Fair public participation through citizen science initiatives was also highlighted, as this can increase awareness and commitment to One Health efforts.

Data management and data exchange:

Managing and sharing data was identified as a major technical challenge. The participants discussed the complexity of the IT infrastructure, including finding suitable software, developing effective data collection forms, and addressing issues such as data labelling and units of measurement to ensure consistency. With respect to data sharing, concerns about privacy, conflicts of interest, and competition were identified as obstacles that need to be addressed through transparent policies.

Transdisciplinary communication:

Another challenge is effective communication between the different areas involved in the One Health approach. The group emphasized the importance of finding a common language or professional figures capable of translating terms and concepts between disciplines. This would enable better collaboration. It was suggested that while there should be clear definitions within specific sectors, flexibility is necessary when concepts are translated across disciplines.

Guidelines and monitoring systems:

Finally, the discussion highlighted the need for structured guidelines and common objectives to ensure the successful implementation of the One Health concept. The creation of

monitoring systems with measurable outcomes that can be monitored at set intervals was seen as essential to track progress and ensure accountability.

The discussion concludes with the consensus that addressing these challenges through inclusive, transparent and flexible strategies will be key to advancing the One Health concept on a broader scale.

How to bring policy makers to the table

This smaller group focused on the challenge of bringing policymakers together. The participants came from diverse professional backgrounds, ranging from policy experts to students. More experienced participants shared the following discussion points:

- Personal contacts: Building and maintaining a network is essential. Knowing the right people and nurturing these relationships is crucial. However, counterquestions arose, such as the following: Maintaining contacts requires time and energy: Where can that energy be found? How do you even reach the "important" people?
- Political will: If there is no interest in a topic, it is typically not prioritized on the agenda. Persuasion is needed to generate interest and bring issues to the forefront.
- Special occasion: It is easier to bring policymakers together when there is a specific event or occasion to focus on. This means setting up the agenda in such a way that a specific occasion is recognizable.

According to the experts in this discussion group, two things are needed when policy makers sit around the table together: flexibility and common goals.

An intriguing dynamic emerged during the group discussion when participants, particularly those new to the profession or from outside the policy field, critically questioned why implementation often takes so long, even for urgent issues. Notably, the rigidity of institutions and their internal processes, especially across different departments, requires long-term thinking and often relies on dedicated individuals to push issues forward. Additionally, the time required for revisions to work packages, regulations, rules, or even laws was highlighted as a major factor contributing to the need for medium-term planning.

2.2.4 Case studies on One Health in Practice: theoretical part

This second theoretical input was about presenting four different pathogens, the diseases they can cause, and One Health projects to show that there is no "one size fits all" regarding applying the One Health concept in practice. At West Nile virus, swine influenza A(H1N1), rabies virus, and Nipah virus were first introduced from both human and veterinarian perspective. Then, best practice examples for each pathogen were presented: West Nile virus surveillance in Italy (Paternoster et al., 2017), swine influenza monitoring in Switzerland (BLV, 2011), strategies for eradicating rabies in Mexico (United Against Rabies, 2022) and Tanzania (Okello et al., 2014), and plans to combat Nipah virus in Southeast Asia (WHO, 2023).

One Health projects must be tailored to the specific context of the problem, country, or region, considering local circumstances, geopolitical dynamics, legal frameworks, and other relevant factors. As a result, the composition of stakeholders involved in these projects may vary depending on these contextual elements.

2.2.5 One Health in Practice: group challenge and fictive outbreak scenario

The aim of this group challenge was to enable participants to apply what they have learned thus far in a fictive scenario. The participants were challenged to identify relevant stakeholders who should be involved after the detection of a case of avian influenza in a finishing pig farm with outdoor access. Two groups were formed for this purpose. Each group had 10 minutes to write as many stakeholders as possible on a flipchart and put together the most suitable One Health task force in response to this fictive outbreak. The results from both flip charts were then compared. Both groups identified very similar stakeholders. However, they also emphasized the importance of knowing and planning at which stage of the outbreak investigation the relevant stakeholders are needed.

2.2.6 Focus group discussion

At the end of the workshop, the participants were asked to sit in a circle and share their challenges and lessons learned from their own experiences from participating in One Health initiatives.

Some statements from the participants were as follows:

- "We are currently in the adaptation phase after the COVID-19 pandemic and should now use the time to start advancing and implementing One Health".

- "Use the time to bring relevant actors and stakeholders together now. This is not nearly enough, but it is a good start." It was noted that bringing relevant actors and stakeholders together is crucial, although participants acknowledged that current efforts are still insufficient. However, it was seen as a positive first step towards greater collaboration.

- "It is not about individual activities, but about collaboration, and that is what sets the One Health concept apart." A key takeaway from the discussion was that One Health is fundamentally about collaboration, not isolated actions. The collective approach distinguishes the One Health concept from other frameworks.

- "There are already some One Health plans and toolkits that can provide guidance for individual countries and regions" and "There is already a One Health strategy and plan for antibiotic resistance." Several participants noted that there are already One Health plans and toolkits that can serve as valuable resources for countries and regions looking to implement such initiatives. Additionally, a specific One Health strategy and plan for addressing antibiotic resistance was mentioned as a useful guide.

- "What should be done to foster the participation of local actors in One Health projects?" One key issue raised was the lack of community engagement in One Health projects. Examples from Uganda and Pakistan were discussed, where local authorities or communities did not engage with or accept certain interventions. In some cases, the sustainability of these projects was uncertain, leading to frustration among experts. A potential solution to this issue could be the adoption of a participatory approach involving local communities and authorities in project drafting, asking them to define project priorities and focus areas. This approach can foster community engagement, aligning project goals with the needs of the local population.

- "Data exchange is important but challenging". The participants agreed that data sharing and exchange are crucial for the success of One Health initiatives. However, they also acknowledged the significant challenges in implementing effective data exchange systems in practice.

3 Lessons learned and outlook

This workshop highlighted three important types of learning. First, the importance of utilizing interpandemic phases to actively build, strengthen, and maintain relationships and communication between stakeholders is important. These periods offer crucial opportunities to establish trust and collaboration that can significantly enhance preparedness and response during crises. Second, the development of a One Health strategy or framework law at the national and/or regional level is considered essential to ensure the implementation and sustainability of One Health efforts, providing a unified direction and enabling cohesive action among diverse sectors. Third, the challenges surrounding data exchange have emerged as critical issues that need to be actively addressed. Building transparent, efficient, and secure common databases is not only a technical challenge but also requires a solid legal framework to ensure data protection, privacy, and proper governance.

After the workshop, the participants were provided with a toolkit (including case studies, multimedia, and policy links) to support ongoing application and learning. This workshop model is intended to be replicated at various levels across Austria, offering a framework for engaging stakeholders and fostering cross-sectoral collaboration in implementing One Health policies.

The workshop was the result of a strong motivation to promote the One Health approach and its practical application. The general intention is to recognize and build upon existing initiatives within Austria, such as the One Health network initiative led by Desvars-Larrive and colleagues, which aims to establish a One Health Hub and network in the country (Desvars-Larrive et al., 2024). Rather than duplicating efforts, we aim to leverage this platform foundation, creating synergies that amplify the impact of ongoing work and integrate our projects with what is already in progress.

4 Conclusions

The One Health workshop at the 31st DACh-EPI Conference in Salzburg successfully equipped participants with practical knowledge and tools for implementing One Health principles. Through interactive activities, including group discussions and scenario-based challenges, 20 participants from Austria, Germany, and Switzerland gained insights into One Health Policy, identified challenges, and shared best practices.

The participants were provided with a toolkit to support the ongoing application of the concepts discussed, act as multipliers for the One Health concept, and ensure that the knowledge gained can be readily translated into practice. This toolkit, along with the collaborative outputs from the workshop, supports further action and learning. The workshop model is designed for replication at various levels across Austria, with a flexible format that balances theoretical and practical sessions. This format, composed of so-called "building blocks", allows for modifications, such as shortening or adding new sessions, to suit different contexts and audiences. By enabling broader stakeholder engagement, the model is in line with the culture of cross-sectoral collaboration advocated by the One Health concept.

In conclusion, this workshop aimed to address the need to raise awareness of the One Health approach in German-speaking countries, particularly Austria, as well as the challenges and opportunities associated with its implementation. It can be used as an effective tool for disseminating information and increasing awareness among various stakeholders in Austria.

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Availability of data and materials

All relevant data are provided in the manuscript or available from published materials as cited.

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