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## Civil Society Remarks on the Conceptual Zero Draft

### WHO convention, agreement or other international instrument on pandemic prevention, preparedness, and response

*Remarks on the pandemic treaty conceptual zero draft by Action for Animal Health, Born Free Foundation, Brighter Green, FOUR PAWS, Phoenix Zones Initiative, World Animal Protection and World Federation for Animals*

Ahead of the third meeting of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, which is going to take place in Geneva from December 5<sup>th</sup> until 7<sup>th</sup> 2022, the Conceptual Zero Draft of the pandemic instrument has been shared with member states. We commend the work done to date and support the continued inclusion of key elements, such as preserving the understanding that most emerging infectious diseases originate in animals then spill over to people in the Preamble. We would like to provide specific recommendations on key elements of the draft. These elements are of utmost importance to make sure that the instrument fulfills its agreed objectives.

We strongly welcome the intention to collaborate in a multisectoral and unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems and are confident that member states are determined to develop an effective instrument. In order to save lives, protect livelihoods and achieve *Health for All*, it is necessary that the envisaged measures in the pandemic instrument are outcome-oriented, coherent and feasible.

Although the drafting and negotiation of the international instrument on pandemics is taking place within the WHO, preventing future pandemics must be a whole-of-society, whole-of-government effort that requires cross-institution and cross-disciplinary collaboration. The instrument must reflect the entire prevention, preparedness, and response pathway, beyond mention in the preambular paragraphs. It must ensure that steps are taken within a multisectoral approach, including steps that will be implemented by other institutions on the international, regional, and national level. To fulfill the objectives of the instrument it is necessary to include clear and specific measures to prevent future pandemics including stronger action on the underlying causes of pandemics, such as wildlife trade and intensive food systems as drivers of infectious zoonotic disease emergence and transmission. We strongly advocate for:



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- Increased emphasis on prevention, including the inclusion of **pre-outbreak measures**, especially measures to prevent spillover at the human-animal-environment interface and tackle the root causes and drivers of outbreaks, so that the instrument is truly effective in meeting its objectives and in achieving equity. Starting with:
  - Surveillance (including of drivers [1]), data collection and information sharing amongst multiple sectors;
  - Identifying *activities* that increase the risk for spillover, priority setting and development of primary prevention measures;
  - Identifying *hotspots* that increase the risk for spillover, priority setting, and development of primary prevention measures to mitigate those risks;
  - Regulatory measures and phasing out high risk practices through the adoption of a highly precautionary approach to risk, and through core demand reduction provisions and core supply reduction provisions specific to high risk practices and products [2].
- The recognition of the definition of One Health provided by the One Health High Level Expert Panel, which incorporates the concept of ‘well-being’ in relation to both people and animals.
- The development of One Health Prevention Preparedness and Response Strategies (rather than separate AMR One Health National Plans and PPR National Plans) to ensure that the human health and welfare, animal health and welfare, and environmental plans are not developed in isolation but jointly and effectively.
- The need for multi-sectoral coordination bodies at national [3], regional and international level, with the option of assigning implementation roles to international institutions in support of member states in the development of One Health Strategies and their implementation, as well as capacity building. The role of the Quadripartite must be strengthened to ensure we move beyond skewed, anthropocentric health policy approaches, which fail to adequately address problems at the human-animal-environment interface.
- Financing should be clearly tied to the implementation of effective One Health Strategies and Plans while ensuring that resources are dedicated to financing measures that tackle the root causes of pandemics and support communities in transitioning away from high-risk practices in order to protect them and achieve equity for stakeholders at the human-animal-environment interface. Industries must also be held accountable for their contributions to pandemic risk, including drivers such as antimicrobial resistance, industrial development, promotion of high-risk animal production and trading activities,



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contributions to climate change, and ecosystem destruction including through intensive industrial agricultural practices.

### Concrete remarks on One Health, Prevention and Equity

**One Health:** We welcome the recognition of the importance of One Health, as well as the language within which it is described in Article 4.14. While we strongly welcome a section dedicated to One Health within Article 17 as a good basis, it must be further expanded upon with concrete measures that enable an effective instrument.

- The intended outcome within Article 17 [4] listed as “**safeguard human health and detect and prevent health threats** at the interface between animal, human and environment ecosystems, while recognizing their interdependence”, is dismissing decades of what experts have been recommending, we cannot safeguard human health without protecting the health and welfare of animals and the environment. We, therefore, strongly encourage Member States to **expand the outcome of the section on One Health to its true aim to optimize and sustainably balance the health and well-being of people, animals and ecosystems**. Member States have the historic opportunity to write an instrument that **includes specific measures to prevent pathogens spilling over** from animals and the environment to humans. To be successful the instrument must include measures that protect the health and well-being of animals and the environment, for implementation through a multisectoral implementation mechanism. The intrinsic purpose of One Health Strategies and the collaboration of the Quadripartite on One Health were meant to develop holistic measures beyond the silos of humans, animals and nature. The One Health High Level Expert Panel (OHHLEP) definition of One Health clearly reminds us that we must address how human activity affects animals and the environment, because that in turn has an impact on human health and wellbeing. This indicates that the One Health approach, including strategies and measures, requires collaboration with others across sectors, as also stated in preambular paragraph 9 of the considerations for the Conceptual Zero Draft “pandemic prevention, preparedness, response and recovery of the health system must be systematically integrated into whole-of-government and whole-of-society approaches, to ensure adequate political commitment, resourcing and attention across sectors, and thereby break the cycle of “panic and neglect.” The instrument must include all relevant institutions, especially the Quadripartite. Human health institutions will require collaboration with other sectors as



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has been acknowledged in the Conceptual Zero Draft, therefore Article 17 must be expanded accordingly.

- We welcome the inclusion of antimicrobial resistance (AMR) in the instrument. However, the One Health approach should not be limited to just addressing AMR. The One Health approach as defined by OHHLEP and the scientific community is meant to address root causes and drivers at the human-animal-environment interface. It is important that national One Health Plans not only deal with AMR but also the entire spectrum of pandemic prevention, preparedness and response measures needed to strengthen health systems. We believe that with the support of the WHO and the whole Quadripartite, member states can develop national One Health Strategies focusing on primary prevention and managing risks of outbreaks at the human-animal-environment interface by following the theory of change outlined within the One Health Joint Plan of Action (OHJPA).
- That said, the language on action plans, surveillance and reporting on AMR must also be expanded to include the need to implement measures that reduce inappropriate and unnecessary use of antimicrobials by tackling the conditions that are driving increased use in both the animal and human health sectors.

**Prevention:** While the word prevention appears 71 times in the Conceptual Zero Draft, the measures contained within the draft remain primarily focused on preparedness and response.

We note that there is language on the impact of drivers of pandemics and the need to address them in the preamble [5]. However, concrete measures are limited to strengthening research on drivers [6]; integrating drivers for the emergence of disease into PPR plans [7] without clarity on how they shall be addressed; and strengthening synergies with instruments that address drivers [8]. This language leaves clear gaps related to the **prevention of spillover**. Measures to prevent spillover of pathogens at the human-animal-environment interface are neither captured in the draft, nor in any existing legal instruments. Such measures are key to preventing future outbreaks. Prevention of pandemics is significantly less costly in both economic and societal terms than responding to pandemics once they have emerged. The purpose of developing an instrument on pandemics is to ensure countries, and especially marginalized communities, are protected from the devastation of yet another global pandemic at or near the scale of COVID-19.

- The instrument's scope must not be limited to research into the drivers of pandemics. The pandemic instrument must include obligations and recommendations to tackling the



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root causes of pandemics, in line with the OHHLEP One Health approach, and adopting a highly precautionary approach to risk.

- The pandemic instrument needs to safeguard human, animal, and environmental health and welfare/well-being and detect and prevent health threats by identifying and reducing the risks at the interface between animal, human and environment ecosystems [9].
- “Surveillance” [10] will clearly not be sufficient to prevent pathogen spillover events from happening. Asymptomatic species and emerging infectious diseases can evade biosecurity surveillance measures. Integrated One Health systems and strategies are needed to prevent spillover.
- Surveillance is only as good as the data that is available and utilized. The draft must have an explicit reference of the need to strengthen veterinary services to meet the needs of animals and WOAHA competencies. Under-resourcing of the animal health workforce may result in undetected disease and transmission. Adequate and appropriate veterinary services represent one of the many frontline actors needed to prevent the emergence and spread of zoonotic diseases.
- Research and Development: limiting the scope to biosafety and biosecurity standards will not achieve spillover prevention [11]. The scope must include all relevant guidelines and standards as well as the strongest comprehensive evidence on primary prevention.
- Investing in health must extend beyond private sector efforts and profit margins. International and national financial mechanisms need to support and incentivize pre-outbreak measures, the cost of which will be a fraction of the costs of response. Governments need to consider health as an investment, rather than simply a cost. Tackling the root causes of zoonotic disease (re)emergence to safeguard public health is the most sustainable and cost-effective investment we can make while simultaneously supporting established global health and development outcomes.

**Equity:** The preambular language on equity states that all lives have equal value, and that equity should be a principle, indicator, and outcome. While we welcome this language and the inclusion of health equity in the instrument, this draft missed the mark when it comes to achieving equity for individuals and communities at greatest risk of the immediate and long-term risks associated with zoonotic outbreaks. The scope in the operational articles is limited to post-outbreak measures and such measures will not protect communities at greatest risk of the social and economic consequences of pandemics.



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- The Conceptual Zero Draft must include specific measures and policies to protect communities from suffering by preventing spillover and supporting communities in transitioning away from practices that bring them into contact with pathogens of zoonotic potential without jeopardizing their food security and livelihoods. The framing of Equity within the Principles (Article 4.4.) and in Chapter III. is primarily limited to preparedness. Member States must not miss this historic opportunity to truly embrace health equity by setting clear and precise measures to improve prevention and support communities at the highest risk of exposure to spillover. While there is language within Article 7 on transfer of technology and know-how, it is limited to pandemic response products, even though technologies for rapid testing and detection of pathogens of zoonotic potential could be easily included in the scope. Under Article 8, on research and development, the scope must also be expanded to move beyond research into response products and must include research into the drivers of outbreaks, in order to protect communities at greatest risk of the social and economic consequences of outbreaks with pandemic potential. Member States must be empowered to protect themselves, not only by receiving vaccines and other medical products in a timely manner, but also through support in identifying high risk practices, and in developing economically viable alternative activities.
- To achieve equity, attention to determinants of health is critical throughout the instrument and should also include ecological determinants of health in addition to social, environmental, cultural, political and economic determinants of health.

In general, the role of the Quadripartite is not explicitly reflected. While the World Health Organisation (WHO) maintains the leading role, it needs to work with the Food and Agriculture Organisation of the United Nations (FAO), the World Organisation for Animal Health (WOAH), the United Nations Environment Programme (UNEP) and other international institutions that address matters that affect global health when designing and supporting the implementation of the instrument so that it can achieve its purpose.



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## References

[1] Language on identifying drivers is captured in the zero draft, what is missing is sharing that data in order to develop strategies in order to tackle the root causes

[2] Le Moli G, Vinales JE, Burci GL, Strobeyko A, Moon S. The deep prevention of future pandemics through a one health approach: what role for a pandemic instrument? Graduate Institute of International and Development Studies, Global Health Centre. <https://www.graduateinstitute.ch/library/publications-institute/deep-prevention-future-pandemics-through-one-health-approach-what>.

[3] Article 15.2.(e) includes language to “establish or reinforce and adequately finance an effective national coordinating multi-sectoral mechanism” the purpose of said mechanism is missing and should be to support knowledge exchange, strategy development and implementation.

[4] Article 17. 1. “In the context of pandemic prevention, preparedness, response and recovery of health systems, the Parties [shall]/[should] promote and enhance synergies between multisectoral collaboration at national level and cooperation at the international level, in order to **safeguard human health and detect and prevent health threats** at the interface between animal, human and environment ecosystems, while recognizing their interdependence”

[5] Preamble. Article 23. “*Recognizing* the importance of working synergistically with other relevant areas, under a One Health Approach, as well as the importance and public health impact of growing possible drivers of pandemics, which need to be addressed as a means of preventing future pandemics and protecting public health;”

[6] Article 16.2.(f) “Strengthen **research into the behavioural barriers and drivers** of adherence to public health measures, confidence and uptake of vaccines, use of therapeutics and trust in science and government institutions.”

[7] Article 17.2.(a)(i) “measures to identify and integrate into relevant pandemic prevention and preparedness plans, drivers for the emergence of disease at the human–animal– environment interface, including but not limited to climate change, land use change, wildlife trade, desertification and antimicrobial resistance;”

[8] Article 17.2.(g) “Strengthen **synergies with other existing relevant instruments** which address the drivers of pandemics, such as climate change, biodiversity loss, ecosystem degradation and increased risks at the animal–human–environment interface due to human activities;”

[9] Article 17. 1. States safeguarding human health and detecting and preventing health threats as the outcome. “In the context of pandemic prevention, preparedness, response and recovery of health systems, the Parties [shall]/[should] promote and enhance synergies between multisectoral collaboration at national level and cooperation at the international level, in order to **safeguard human health and detect and prevent health threats** at the interface between animal, human and environment ecosystems, while recognizing their interdependence”

[10] Article 10.2.(a)(i) includes language on “measures to build and reinforce surveillance systems, including One Health...” Article 17.2.(c) also includes One Health within the frame of “integrated One Health surveillance systems...” One Health cannot be limited in scope to surveillance.

[11] Article 8.1. lists building and strengthening research and development capacities but limits the scope to “national and international biosecurity and biosafety standards, guidelines and regulations”