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Civil Society remarks on the Negotiating Text of the “WHO Pandemic Agreement”

On October 30th 2023, ahead of the 7th meeting of the Intergovernmental Negotiating Body (INB) to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (PPR), the “Proposal for negotiating text of the WHO Pandemic Agreement” was made public.

We, Civil Society Organisations working at the human-animal-environment interface with the goal of reducing the risk of future pandemics, would like to take this opportunity to highlight essential concepts, principles and measures which need to be embedded in the Pandemic Agreement in order to enable effective pandemic prevention thus leading to equity among and within Member States. With the short time that remains until the May 2024 World Health Assembly during which Member States plan to finalize the Pandemic Agreement, we believe it is possible to place foundations within the instrument that can guide governments and institutions in their efforts to initiate effective pandemic PPR and continue building on those efforts through the Agreement’s implementation in the years that follow.

Please find below our initial assessment of the proposal for the negotiating text as well as brief recommendations. We will share line-by-line edits of the legal text in the coming days.

Essential components for a successful and equitable pandemic agreement - One Health & Prevention of spillover

- In order to effectively prevent future pandemics a **precautionary approach to pandemic risk** must be adopted and the scope of what **prevention** entails must be **explicitly defined to include prevention of spillover at source** and the need to tackle the root causes and **drivers of outbreaks**. Those primary drivers, including wildlife trade and husbandry, habitat destruction and intensive animal agriculture, should be clearly acknowledged and listed in the instrument text, with provisions aimed at identifying national situations and taking relevant measures to tackle them.
- The **One Health approach as per the One Health High Level Expert Panel’s definition and the One Health Joint Plan of Action** must be relied upon in order to develop **international and national strategies that aim to tackle the root causes of outbreaks** in animals and humans as well as to **prevent spillover** of pathogens from animals to humans through a **multisectoral approach rooted in coordination amongst relevant sectors**, at both national and international levels.
- The development and implementation of these strategies must be **guided by science and enabled through collaboration, technical support** including strengthening the capacities of a **One Health workforce**, and **financial support**.
- The design and implementation of international and national strategies via a One Health approach can be **enabled through the support of the Quadripartite** Institutions, their expertise and guidelines.
- **International coordination across institutions and instruments** is necessary to ensure all essential measures identified are implemented.



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In line with these essential components, **the following elements should be incorporated in the negotiating text** to further strengthen the pandemic agreement's effectiveness in preventing future pandemics:

- A definition of prevention that explicitly defines the entire scope and stages of prevention, including spillover prevention, in line with the One Health High Level Expert Panel's (OHHLEP) guidance on prevention of zoonotic spillover, as well as the list of drivers of spillover, should be added to "Article 1. Use of terms", to ensure clarity on what prevention means.
- The One Health approach must be captured under "Article 3. General principles and approaches" because pandemics are a One Health challenge and several articles within the instrument are in line with the One Health approach (Articles 4, 5, 6, 7, 16, & 17), indicating the adoption of the approach throughout the agreement.
- There is a need for clarity on what One Health plans must include. Reference to the One Health Joint Plan of Action (OHJPA) should be included in Article 5 to ensure clarity .
- Prevention of spillover cannot be achieved by surveillance and risk assessment alone as currently framed in the negotiating text (Articles 4.4.(a), 4.5). Surveillance, risk assessments, early warning systems, etc. are only initial steps that, as part of One Health strategies, can enable Member States to contain outbreaks in animals, identify the drivers of these outbreaks (as reflected in Article 5.3.) and take the necessary steps to transition away from high-risk practices while securing the livelihoods of affected communities - steps which will require support.
- The active role of all four Quadripartite Institutions in preparing internationally implementable guidelines and standards and supporting Member States in meeting their One Health commitments must be reflected in Articles 5, 6.2.(d), 16, and 17 to ensure Member States have access to expert and technical support as needed to successfully develop and implement robust One Health strategies.
- The health and care workforce must include those protecting the health of animals and the environment under "Article 7. Health and care workforce" to facilitate the prevention of outbreaks at the earliest possible stages.
- Pandemics are a One Health challenge that cannot be addressed by the WHO and public health institutions alone. International coordination across instruments and institutions is required to ensure science-based measures needed to prevent pandemics are identified and implemented. While reference is made to the need for coordination under "Article 16. International collaboration and cooperation" and "Article 25. Relationship with other instruments", a coordination mechanism with a scientific and technical function is necessary, and must be created within the agreement to ensure essential steps to protect public health are not missed.



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Brief analysis of the legal text and recommendations on Prevention and One Health

Prevention

The COVID-19 pandemic cost nearly 7 million lives¹, and resulted in expected economic losses of 13.8 trillion dollars². These figures provide a compelling case in favor of preventing pandemics at the earliest possible stage. Even though the negotiating text notes the shortcomings in effective prevention revealed during the COVID-19 pandemic (Preamble paragraph 4) and acknowledges the importance of strengthening pandemic prevention capacities (Art. 4.1.), a definition of pandemic prevention is missing in “Article 1. Use of terms”.

We strongly advocate for the inclusion of pandemic prevention into “Article 1. Use of terms”, as per the definition of “prevention of zoonotic spillover” by the OHHLEP³: *“Prevention of pathogen spillover from animals to humans; shifting the infectious disease control paradigm from reactive to proactive (Primary prevention). **Prevention includes addressing the drivers of disease emergence, namely ecological, meteorological and anthropogenic factors and activities that increase spillover risk, in order to reduce the risk of human infection. It is informed by, amongst other actions, biosurveillance in natural hosts, people and the environment, understanding pathogen infection dynamics and implementing intervention activities.**”*

Pandemic prevention can be most effective and protective of public health, if it addresses the stage before pathogens spill over from animals to humans, by identifying and tackling hotspots and drivers of outbreaks, phasing out high-risk practices and supporting communities in transitioning away from such activities, following a precautionary approach (primary prevention). The need to identify and address drivers is listed briefly in Article 5.3. on One Health and will be elaborated on in the section below.

In Article 4.4., the proposed negotiating text calls on Member States to **“develop, strengthen, implement, periodically update and review comprehensive multisectoral national prevention and surveillance plans, that are consistent with and supportive of effective implementation of the International Health Regulations.”** While this language indicates that Member States agree on the importance of comprehensive multisectoral prevention and surveillance plans, such plans should not only be consistent with the IHR, but also complementary. This is because the International Health Regulations (IHR) take effect **after** pathogen spillover has occurred thereby addressing the “spread of disease” (downstream prevention), whereas prevention measures are most effective and cost-effective if they cover the stages before spillover. Article 4.4.(a) states that that Member States need to “develop, strengthen and maintain the capacity to: (i) detect, identify and characterize pathogens presenting significant risks; and (ii) conduct risk assessment of such pathogens and vector- borne diseases to prevent spill-over in human and animal populations and cause serious diseases leading to pandemic situations” (Article 4.4.(a)). Risk assessments are not, in and of themselves, sufficient to prevent pathogen spillover. Limiting the scope of prevention measures to surveillance, risk assessments and the stage after an outbreak or spillover event would not protect communities or persons in vulnerable situations, who are in regular contact with animals and their pathogens, and thus, would compromise the objective of achieving equity. Article 4.4.(e) states that Member States need to “strengthen animal disease preventive measures and monitor and mitigate

¹ WHO Coronavirus Dashboard: https://covid19.who.int/?adgroupsurvey=%7badgroupsurvey%7d&gclid=EAlaIqobChMI9tzC-lmvgAMV0YZoCR2VhQ1GEAAAYASABEgldpFD_BwE.

² IMF Blog: <https://www.imf.org/en/Blogs/Articles/2022/01/25/blog-a-disrupted-global-recovery>.

³ WHO. 2023. Prevention of zoonotic spillover: <https://www.who.int/publications/m/item/prevention-of-zoonotic-spillover>.



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environmental factors associated with the risk of zoonotic disease spill-over and spill-back”. Whilst we welcome recognition of the risks of “spill-back” under Article 4.4(e), we also urge Member States to include concrete examples of animal disease preventative measures including conditions that improve the health and welfare of animals, the need for biosecurity and surveillance at critical points, and access to animal health services for communities.

Under Article 4.4.(g), we welcome the language on the development and implementation of national One Health action plans that include an antimicrobial resistance component. Such plans must be oriented around the One Health Joint Plan of Action which was referenced within the recently adopted 78th United Nations General Assembly Political Declaration of the High-Level Meeting on pandemic prevention, preparedness and response (A/78/L.2)⁴.

One Health

Effective pandemic prevention saves millions of lives and avoid immense suffering. It is also the most cost-effective strategy. The World Bank’s global estimate of prevention costs guided by One Health principles ranges from \$10.3 billion to \$11.5 billion per year, compared to the cost of managing pandemics which, according to the recent estimate by the G20 Joint Finance and Health Taskforce, amounts to about \$30.1 billion per year⁵.

The draft negotiating text of the Pandemic Agreement recognises the importance of following the **One Health approach as per the definition of the One Health High Level Expert Panel** (OHHLEP) in order to prevent, prepare for and respond to future pandemics (Preamble paragraph 8, Article 1 (d), Article 5). We very much welcome the inclusion of the OHHLEP definition of One Health, acknowledging the interlinkage between human, animal and environmental health with the aim “to foster wellbeing”⁶. The four Quadripartite member Institutions have endorsed this definition to promote health and sustainability. The One Health Joint Plan of Action provides guidance for the operationalization of One Health at national, regional and global levels, and acts as a framework for the development of Member State national action plans⁷. The OHJPA should be referenced in the negotiating text to serve as a guide on the measures that can be implemented to prevent disease emergence and tackle AMR.

Preventive measures must include steps to **identify and address the drivers of outbreaks** in human and animal populations as expressed in Article 5.3 on promoting and implementing the One Health approach. In this context, the Political Declaration adopted during 78th UNGA states the need to “comprehensively address(ing) outbreaks in animals, humans and the environment during both interpandemic and pandemics times.”⁸ Identifying and addressing the drivers of outbreaks necessitates cooperation with communities at the human-animal-environment interface and providing support to transition them away from high-risk practices. While the precise drivers of outbreaks may differ from situation to situation, it is essential to have a common understanding, grounded in science, of the activities that drive outbreaks and

⁴ UNGA. 2023. Political declaration of the General Assembly high-level meeting on pandemic prevention, preparedness and response: <https://documents-dds-ny.un.org/doc/UNDOC/LTD/N23/272/36/PDF/N2327236.pdf?OpenElement>.

⁵ World Bank. 2022. Putting Pandemics Behind Us: Investing in One Health to Reduce Risks of Emerging Infectious Diseases. Washington, DC. <http://hdl.handle.net/10986/38200> License: CC BY 3.0 IGO.

⁶ WHO. Tripartite and UNEP support OHHLEP’s definition of One Health: <https://www.who.int/news/item/01-12-2021-tripartite-and-unep-support-ohhlep-s-definition-of-one-health>.

⁷ FAO, UNEP, WHO, and WOA. 2022. One Health Joint Plan of Action (2022-2026). Working together for the health of humans, animals, plants and the environment. Rome. <https://doi.org/10.4060/cc2289en>.

⁸ UNGA. 2023. Political declaration of the General Assembly high-level meeting on pandemic prevention, preparedness and response: <https://documents-dds-ny.un.org/doc/UNDOC/LTD/N23/272/36/PDF/N2327236.pdf?OpenElement>.



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must be tackled. The June 2023 INB Bureau text listed examples of anthropogenic drivers and the need for preventive measures of zoonotic outbreaks and spillover events concerning, among others, farms, live animal markets, wildlife trade and land-use change. An explicit listing of such drivers would ensure that the necessary measures to tackle them are included within the scope of national plans according to national situations, which in turn and can be supported by relevant institutions.

As the majority of infectious diseases in humans are of zoonotic or animal origin⁹, tackling complex health threats in humans requires a multidisciplinary and collaborative One Health approach involving **all** relevant stakeholders across the human-animal-environment interface. The current draft calls for **whole-of-government and whole-of-society approaches** throughout the document (preambular paragraph 6., Article 5.4., Article 17.). Furthermore, Article 17.2. calls for the creation of national multisectoral coordination mechanisms which are essential to the development of effective holistic strategies. In Article 17.3. the involvement of communities, civil society and other stakeholders is encouraged; and Member States must include communities who come into direct contact with animals and the wider environment, as well as civil society organisations, the scientific community, and experts in human, animal and environmental health and wellbeing.

Pandemics are a One Health challenge that will require active support from stakeholders beyond the WHO and public health institutions. This makes the need to formalize the role of stakeholders, instruments and institutions working across the animal and environment sectors within the pandemic agreement crucial to its success, because they have an essential role in preventing pandemics and achieving health for all.

Two tracks must be followed to ensure success in addressing prevention of pathogen spillover at source in line with the One Health approach.

- The first is a **national track** that must be supported within the agreement, where via nationally coordinated multi-stakeholder mechanisms, measures to identify and address drivers are prioritized and included in national One Health strategies in line with the OHJPA (taking into account national circumstances, examination and improvement of national laws, strategies and policies). Furthermore, adequate financial and technical support for One Health and preventive measures must be enabled at national, bilateral, regional and international levels.
- The second, is an **international track** tied to the fact that addressing certain drivers of outbreaks requires the expertise and support of instruments and institutions beyond the WHO. If current gaps in knowledge and expertise are not addressed, it will make the achievement of the WHO agreement's objectives more difficult. To address these gaps:
 - **International coordination across instruments and institutions as well as engagement with relevant multilateral environmental agreements**, including CBD, CITES and CMS, is required to ensure the steps necessary to prevent pandemics according to science are adopted and implemented by relevant institutions and instruments. The **establishment of a coordination mechanism** could support in filling this gap.
 - The mechanism could include a scientific and technical function within which the efforts of institutions and instruments across the prevention, preparedness and response pathway are analyzed against the measures identified as necessary. The purpose of this analysis would be to identify gaps and offer recommendations

⁹ WHO. Zoonoses: <https://www.who.int/news-room/fact-sheets/detail/zoonoses>.



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that would be reported to WHO Member States and institutions with relevant mandates. The gaps and recommendations would then be deferred to the relevant fora, which would report progress on a regular (annual or biannual) basis. The implementation of associated recommendations should then be supported.

- **All Quadripartite Institutions must have a formal role in the pandemic instrument** because the burden of action cannot be left with the human health sector alone. Therefore, we encourage Member States to include **language calling for the close collaboration, communication and coordination between WHO with FAO, UNEP and WOA**H when developing and implementing international guidelines as well as supporting Member States in the design and implementation of their One Health strategies according to Article 5.