

Recommendations from the coalition for Preventing Pandemics at the Source (PPATS) on the

Zero draft of the WHO convention, agreement or other international instrument on pandemic prevention, preparedness, and response for the consideration of the Intergovernmental Negotiating Body at its fourth meeting

Prepared February 15th, 2023

Ahead of the fourth meeting of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument (WHO CA+) on pandemic prevention, preparedness and response, which will take place in Geneva from February 27th to March 3rd 2023, a zero draft has been shared with member states.

We welcome important inclusions of the One Health approach and of provisions to prevent pandemics by addressing their root cause: spillover of pathogens from animals to humans. It is imperative that the WHO CA+ takes this comprehensive approach, recognizing the potential of primary or upstream spillover prevention to complement outbreak containment and response.

The zero draft is, however, strongly focused on post-outbreak actions (secondary prevention). Actions to reduce spillover risk (primary prevention) warrant more detailed and comprehensive provisions on the same level as those proposed for secondary prevention. The crucial role of primary prevention to achieve global health equity is also missed.

In this advisory note, the <u>Preventing Pandemics at the Source</u> coalition - a group composed of leading organizations focused on public health, human rights, science, health justice, biodiversity, climate change and Indigenous rights - offers recommendations for how the zero draft of the WHO CA+ could better reflect primary pandemic prevention priorities, including specific, proposed language.

Recommendations:

Text that we recommend be added to the draft is shown in *italicized, bolded blue font*, while text that we recommend be deleted is shown in *italicized red font with strikethrough*.

Preambular paragraphs (page 5)

We suggest adding to the current text as follows:

7.bis. Noting with concern the increasing frequency of outbreaks with global and regional impacts revealing serious underinvestment in prevention of zoonotic spillover, notably through addressing their drivers,

- 11. Reflecting on the lessons learned from coronavirus disease (COVID-19) and other outbreaks with global and regional impact, including, inter alia, HIV, Ebola virus disease, Zika virus disease, Middle East respiratory syndrome and monkeypox/mpox, and with a view to preventing future pandemics and outbreaks, addressing and closing gaps and improving future response,
- 24. 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 including land use change, biodiversity loss, the loss, fragmentation and degradation of ecosystem, human-wildlife conflict, wildlife trade, weak animal health systems and management, climate change, and antimicrobial resistance which need to be addressed as a means of preventing future pandemics and protecting public health,

24.bis Recognising the need to progressively close the biodiversity finance gap with increased investment from all sources, including international public finance, to reverse biodiversity loss to minimize risks of zoonotic spillover,



47.bis. Recognising that the prevention of pandemics is significantly less costly than responding to pandemics once they have emerged, with numerous societal co-benefits,

Vision (page 8)

We suggest updating the current text as follows:

"The WHO CA+1 aims for a world where pandemics are effectively prevented and controlled to protect present and future generations from pandemics and their devastating consequences, and to advance the enjoyment of the highest attainable standard of health for all peoples, on the basis of equity, human rights and solidarity, with a view to achieving universal health coverage, while recognizing the sovereign rights of countries, acknowledging the differences in levels of development among countries, respecting their national context and recognizing existing relevant international instruments. The WHO CA+ aims to achieve greater equity and effectiveness for pandemic prevention, preparedness and response through the fullest national and international cooperation."

Chapter I. Introduction

Article 1 - Definitions and use of terms (page 9)

We suggest adding the following definitions:

- 1. "One Health approach" means an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems. It recognizes the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and interdependent. The approach mobilizes multiple sectors, disciplines and communities at varying levels of society to work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for clean water, energy and air, safe and nutritious food, taking action on climate change, and contributing to sustainable development.¹
- 2. "One Health surveillance" means the multidisciplinary approach to the monitoring and control of diseases and health threats that affect both humans and animals, as well as the environment they inhabit. This approach recognizes the interconnections and interdependence between human, animal, and environmental health, and seeks to integrate and coordinate efforts across different sectors and disciplines to ensure the overall health and well-being of all.
- 3. "Spillover" means the cross-species transmission of pathogens from non-human vertebrate animals to humans.
- 4. "Prevention" means the systems, policies, and procedures to determine, assess, avoid, mitigate, and reduce public health threats and risks. This definition captures interventions needed to mitigate risk and reduce the likelihood or consequences of spillover events at the human, animal, or ecosystem interfaces. Such interventions frequently reside with agriculture, food, wildlife management, or environmental sectors, highlighting the importance of a multisectoral, "One Health" approach, but also include some health sector interventions (e.g., routine immunization against epidemic-prone diseases).²

Chapter II. Objective(s), guiding principles and scope

Article 3 - Objective (page 10)

We suggest updating the current text as follows:

"The objective of the WHO CA+, guided by equity, the vision, principles and rights set out herein, is to prevent pandemics, save lives, reduce disease burden and protect livelihoods, through strengthening,

¹ Note: This definition was developed and adopted by the WHO-convened <u>One Health High-Level Expert Panel</u>

² Note: This definition of prevention is used by the World Bank hosted <u>Pandemic Fund</u>



proactively, the world's capacities for preventing, preparing for and responding to, and recovery of health systems from, pandemics. The WHO CA+ aims to comprehensively and effectively address systemic gaps and challenges that exist in these areas, at national, regional and international levels, through substantially reducing the risk of pandemics, addressing their drivers, increasing pandemic prevention, preparedness and response capacities, progressive realization of universal health coverage and ensuring coordinated, collaborative and evidence-based pandemic response and resilient recovery of health systems at community, national, regional and global levels."

Article 4 - Guiding principles and rights

We suggest adding an additional principle to this section right after principle number 2, in line with a resolution passed at UNGA 2022 recognizing the right to a clean, healthy, and sustainable environment as a human right:

"2.bis The right to a clean, healthy, and sustainable environment - Achieving the vision and objectives of the CA+ requires we achieve a nature-positive, carbon neutral and pollution free world and the CA+ implementation and pandemic-related actions shall fully respect and contribute to the implementation of Multilateral Environmental Agreements' obligations." ³

4. Equity (page 11)

Spillover prevention is missing in this principle. Focusing solely on containing the spread of disease in human populations is fundamentally inequitable, accepting the illness and deaths of mostly Indigenous and vulnerable populations living in emerging infectious diseases hotspots. Spillover prevention protects everyone equally from infection in the first place. This principle must acknowledge that global health equity cannot be achieved without actions to address spillover risk. Therefore, we suggest updating the current text as follows:

"Equity - The absence of unfair, avoidable or remediable differences, including in their capacities, among and within countries, including between groups of people, whether those groups are defined socially, economically, demographically, geographically or by other dimensions of inequality, is central to equity. Effective pandemic prevention, preparedness, response and recovery cannot be achieved without political will and commitments in addressing the drivers of spillover events, the structural challenges in inequitable access to fair, equitable and timely access to affordable, safe and efficacious pandemic-related products and services, essential health services, information and social support, as well as tackling the inequities in terms of technology, health workforce, infrastructure and financing, among other aspects."

14. One Health (page 12)

One Health aims to sustainably balance and optimize the health of people, animals and ecosystems. This includes actions to prevent spillover of pathogens from animals to humans. Therefore, we suggest updating the current text as follows:

"One Health - Multisectoral and transdisciplinary actions should recognize the interconnection between people, animals, plants and their shared environment, for which a coherent, integrated and unifying approach should be strengthened and applied with an aim to sustainably balance and optimize the health of people, animals and ecosystems, including through, but not limited to, attention to the prevention of outbreaks and epidemics due to pathogens resistant to antimicrobial agents and to spillover of zoonotic diseases"

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³ UN General Assembly Resolution 76/300 of 28 July 2022



19. Role of the Quadripartite (page 13)

We welcome the emphasis of this draft on the importance of the One Health approach and multisectoral collaboration to effectively prevent future pandemics. As such, the participation of relevant One Health stakeholders such as FAO, UNEP and WOAH is critical to achieve the instrument's objectives. It must be formalized in this section, alongside the central role of the WHO (Article 4, Item 17, page 12). Therefore, we suggest adding a 19th principle to this section as follows:

"Role of the Quadripartite - As the formal collaboration of the leading agencies tasked with advancing the One Health approach, the Quadripartite (WHO, FAO, UNEP and WOAH) plays a critical role in strengthening pandemic prevention, preparedness and response."

Chapter IV. Strengthening and sustaining capacities for pandemic prevention, preparedness response and recovery of health systems

Article 11. Strengthening and sustaining preparedness and health systems' resilience (page 19)

We suggest updating the current text as follows:

"4. Each Party shall...:

(c) surveillance (for humans, wildlife and domesticated animals including using a One Health approach), outbreak investigation and control, through interoperable early warning and alert systems;"

Article 12. Strengthening and sustaining a skilled and competent health and care workforce (page 20)

We suggest adding to the current text as follows:

"5. The Parties shall invest in establishing, sustaining, coordinating, and mobilizing an available, skilled, and trained One Health workforce, including through training health workers on One Health and upskilling the animal health workforce, in order to prevent outbreaks at the human-animal-environment interface."

Article 13. Prevention and preparedness monitoring, simulation exercises and peer reviews (page 20)

The body of this article refers to "pandemic prevention, preparedness and response". We recommend that "prevention" be added to this subtitle to accurately reflect the focus of this article.

Chapter V. Coordination, collaboration and cooperation for pandemic prevention, preparedness, response and health system recovery

Article 16. Whole-of-government and whole-of-society approaches at the national level

"4. Each Party shall develop, in accordance with its national context, comprehensive national pandemic prevention, preparedness, response and recovery plans pre-, post- and inter-pandemic that, inter alia: (i) include national One Health action plans that address the drivers of spillover and antimicrobial resistance; (ii) identify and prioritize populations for access to pandemic-related products and health services; (iii) support timely and scalable mobilization of multidisciplinary surge capacity of human and financial resources, and facilitate timely allocation of resources to the frontline pandemic response; (iv) review the status of stockpiles and surge capacity of essential public health and clinical resources, and surge capacity in production of pandemic-related products; (v) facilitate rapid and equitable restoration of public health capacities following a pandemic; and (vi) promote collaboration with non-State actors, the private sector and civil society."

Article 18. One Health (page 24)

While we strongly welcome the inclusion of explicit provisions to address the drivers of spillover, this section overlooks several of these drivers, including weak animal health systems and management.



Historical data shows that domesticated animals, including farmed species normally occurring in the wild, are often a reservoir for zoonotic pathogens with pandemic potential. Investments to strengthen animal health systems and management are critical to prevent future pandemics and they must be acknowledged, especially given current concerns about avian influenza. We also recommend the creation of comprehensive One Health action plans which do not focus only on addressing antimicrobial resistance but also spillover. Therefore, we suggest updating the current text as follows:

- "3. The Parties will identify and integrate into relevant pandemic prevention and preparedness plans interventions that address the drivers of the emergence and re-emergence of disease at the humananimal-environment interface, including but not limited to climate change, land use change, the loss, fragmentation, and degradation of ecosystem, wildlife trade and markets, weak animal health systems and management, human-wildlife conflict, desertification and antimicrobial resistance.
- 5. The Parties commit to strengthen synergies with other existing relevant instruments that address the drivers of zoonotic spillover that can lead to pandemics, such as land use change, climate change, biodiversity loss, human-wildlife conflict, wildlife trade and markets, the loss, fragmentation and ecosystem degradation of ecosystems, weak animal health systems and management and increased risks at the human-animal-environment interface due to human activities.
- 6. The Parties commit to strengthen multisectoral, coordinated, interoperable and integrated One Health surveillance systems for humans, wildlife and domesticated animals, and strengthen laboratory capacity to identify and assess the risks and emergence of pathogens and variants with pandemic potential, in order to minimize spill-over events, mutations and the risks associated with zoonotic neglected tropical and vector-borne diseases, with a view to addressing drivers and preventing smallscale outbreaks in wildlife or domesticated animals from becoming a pandemic.

7. Each Party shall:

- (b) foster actions at national and community levels that encompass whole-of-government and wholeof-society approaches to prevent and control zoonotic outbreaks (in wildlife and domesticated animals), including engagement of communities in spillover prevention and surveillance that identifies zoonotic outbreaks and antimicrobial resistance at source;
- (c) develop and implement a national One Health action plan on antimicrobial resistance which includes measures to:
 - Address antimicrobial resistance through strengthening antimicrobial stewardship in the human and animal sectors, optimizing antimicrobial consumption, increasing investment in, and promoting equitable and affordable access to preventive medicine approaches for humans, wildlife and domesticated animals, including new medicines, diagnostic tools, vaccines and other interventions, strengthening infection prevention and control in health care settings, in wildlife management (where appropriate and necessary), and sanitation and biosecurity in animal husbandry, and providing technical support to developing countries;
 - Address the drivers of pathogen spillover that can lead to pandemics, including land use change, biodiversity loss, the loss, fragmentation and degradation of ecosystems, wildlife trade and markets, weak animal health systems and management, climate change, and human-wildlife conflict."

Article 19. Sustainable and predictable financing (page 25)

We suggest updating the current text as follows:

- "1. The Parties recognize...In that regard, each Party shall:
- (b) plan and provide adequate financial support in line with its national fiscal capacities for: (i) strengthening pandemic prevention, preparedness, and response and recovery of health systems; (ii) Minimizing the risks of pandemics and epidemics occurring by addressing the root causes of the emergence, re-emergence and spill-back of disease at the human-animal-environment interface; (iii) implementing its national plans, programmes and priorities; and (iv) strengthening health systems and progressive realization of universal health coverage;"