



Advisory Note to the International Negotiating Body and Member States prepared by the Coalition for Preventing Pandemics at the Source

on the

*Working draft, presented on the basis of progress achieved, of a World Health Organization convention, agreement or other international instrument on pandemic prevention, preparedness and response (the “WHO CAII”)*

*Prepared September 2, 2022*

To achieve its desired outcomes, it is imperative that the WHO CAII include provisions to reduce risk of spillover of pathogens from animals to people (i.e., primary pandemic prevention). In this advisory note, the Coalition for [Preventing Pandemics at the Source](#)—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 proposed agreement could reflect primary pandemic prevention priorities. (For background on primary prevention, see the Appendix of this document.)

**Recommendations:**

We specifically recommend the changes shown below be made to the [working draft](#) (13 July 2022) for inclusion in the final pandemic agreement. Text that we recommend be added to the working draft is shown in *italicized, bolded blue font*, while text that we recommend be deleted is shown in *italicized-red font with strike-through*.

**Preamble**

Add this clause between items 21 and 22

*“Understanding that the pathogens that cause most emerging infectious diseases originate in animals, often wildlife, and then spill over into humans;”*

**Part I. Introduction**

**Article 1. Definitions and use of terms**

“One Health” and “pandemic prevention” are important terms that should be maintained in this section of the final agreement. We also recommend adding the terms “primary pandemic prevention”, “secondary pandemic prevention”, and “spillover” to this section. Proposed definitions for these terms are as follows:

1. One Health

*“One Health is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems.”*

(Note: This definition of One Health was developed by the [One Health High-Level Expert Panel](#))

2. Pandemic prevention

*“Pandemic prevention refers to the complete set of actions to prevent a pandemic from occurring and can be divided into primary and secondary pandemic prevention.”*

3. Primary pandemic prevention

*“Primary pandemic prevention refers to actions to prevent an outbreak in humans of a pathogen that has the potential to cause an epidemic or pandemic, particularly through reducing risk of spillover.”*

4. Secondary pandemic prevention

*“Secondary pandemic prevention refers to actions that aim to curb human-to-human spread of a pathogen that has caused an outbreak so that neither an epidemic nor a pandemic occurs.”*

5. Spillover

*“Spillover is the movement of pathogens from non-human vertebrate animals to humans.”*

## **Part II. Objective(s), principles and scope**

### **Article 3. Objective(s)**

Update the current text as follows:

*“(1) to continually and substantially increase and sustain the capacity ~~to prevent pandemics from occurring for primary and secondary prevention of pandemics~~”*

### **Article 4. Principles**

Update the current text as follows:

*“(4) Equity – A fair, equitable, effective and timely ~~approach response~~ to pandemics ~~prevention, preparedness, and response~~ requires ~~actions to prevent pathogen spillover and~~ ensuring fair access to affordable pandemic response products, among and within countries, including between groups of people, irrespective of their social or economic status.”*

## **Part IV. Specific provisions/areas/elements/obligations**

### **1. Achieving Equity**

Add this clause:

*“(g) measures to reduce the risk of spillover of pathogens”*

### **7. One Health**

Update clause (b) as follows:

*“(b) measures to strengthen multisectoral, coordinated, integrated One Health surveillance systems to ~~minimize spill-over events and mutations and~~ rapidly detect outbreaks and prevent ~~small-scale outbreaks~~ ~~them~~ from becoming a pandemic;”*

Add this clause:

*“(h) measures to reduce the risk of spillover of pathogens”*

### **12. Preparedness monitoring, simulation exercises and peer review**

Update the title of this section as follows:

*“12. ~~Prevention and~~ preparedness monitoring, simulation exercises and peer review”*

## Appendix.

At least [60% of emerging infectious diseases](#) originate in other species of vertebrate animals, particularly wildlife, and then spill over into people. Every viral pandemic since 1918 has these zoonotic origins, including, almost certainly, COVID-19. The frequency of spillovers is increasing because of human activities, but research shows that there are actions that could substantially lower the risk of spillover. These actions include:

1. Shutting down or strictly regulating wildlife trade and markets that risk contributing to zoonotic spillover, particularly commercial trade in birds and mammals for food, pets, and medicine, much of which is for the luxury market;
2. Stopping deforestation and forest degradation, especially in tropical and subtropical areas;
3. Providing better healthcare and alternative livelihoods to communities living close to wildlife;
4. Strengthening veterinary care and biosecurity in animal husbandry.

Together, these actions constitute a primary pandemic prevention approach and can be implemented with [massive return on investment](#) compared to the millions of lives and trillions of dollars lost from a pandemic such as COVID-19.

Despite the evidence, the [WHO Independent Panel](#), [G20 High Level Independent Panel](#), and other global decision-makers appear to be prioritizing pandemic preparedness and response in their proposals for restructuring the global health architecture with virtually [no attention to primary pandemic prevention](#). While of critical importance, pandemic preparedness and response approaches *alone* are insufficient to reduce harm from pandemics because they:

1. Are imperfect, as evidenced by failed efforts to contain the spread of COVID-19 and monkeypox (and many other diseases) globally, including in some of the world's richest and "most prepared" countries;
2. Almost always have inequitable access, in that countries and people with socioeconomic privilege have greater means to procure medical interventions (e.g., vaccines, treatments) before those who are less privileged;
3. Cannot overcome human behavior in an age of mis- and disinformation, such as choosing to not receive a vaccine or wear a mask despite the evidence, or due to issues of social stigma;
4. Do not address "spillback", a [theory](#) for how the Omicron variant of SARS-CoV-2 emerged (and future variants could also emerge) and a major concern for monkeypox, in which zoonotic pathogens move from people back into animals and then jump again into people. Selection pressures can differ across species, making such jumps a potential source of new variants that can evade existing immunity.

To achieve its stated Vision, the WHO CAII must enhance global efforts for primary pandemic prevention.