Review and recommendations from the Coalition for Preventing Pandemics at the Source (PPATS)

on the

Working draft, presented on the basis of progress achieved, of a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (the "WHO CAII") for the consideration of the Intergovernmental Negotiating Body at its second meeting

Prepared July 15, 2022

The working draft is an encouraging starting point for the development of the WHO CAII. We welcome its emphasis on multi-sectoral collaboration through whole-of-government and whole-of-society approaches, equity, and especially on the integration of One Health as a fundamental principle.

While recognizing that this is an incomplete first draft, it appears largely to neglect the importance of key actions to stop spillover of pathogens that lead to epidemics and pandemics. Instead, the document focuses almost entirely on *containment* approaches and stopping the spread of disease, *after* an outbreak. This is important, but demonstrably incomplete. Without a comprehensive approach that includes actions to prevent upstream zoonotic spillover, the CAII strongly risks being an expensive failure. COVID-19 has demonstrated powerfully the deadly limitations of a containment-only strategy for preventing future pandemics. As mentioned in a recent WHO report "Recurring emergence of new zoonotic pandemics, including the far-reaching consequences of the ongoing COVID-19 pandemic, and the multiple bodies of evidence connecting zoonotic emergence to nature degradation highlight nature restoration as a matter of global emergency."

We urge member states to include in their feedback on the working draft of the WHO CAII as a priority recommendation that reducing the risk of pathogen spillover must be explicitly included as an objective of the instrument, with concomitant commitments and actions.

Below are specific recommendations from the PPATS Coalition and its member organizations on how to integrate spillover prevention in different sections of the WHO CAII.

For each relevant section of the working draft, our recommendations on specific additional text are **in bold green**.

Part I. Introduction

Article 1. Definitions and use of terms

We welcome the inclusion of this article which will define all relevant terms and phrases for the purpose of the WHO CAII. It is crucial that these definitions reflect the multisectoral approach that the instrument aims to promote and we recommend definitions for the following terms:

- One Health: The quadripartite (WHO, FAO, WOAH and UNEP) recently adopted an updated definition of one health, which we endorse, developed by the WHO-convened One Health High

Level Expert Panel. The definition is as follows: **"One Health is 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."** Furthermore, we recommend that this definition be supported by reference to the Berlin Principles on One Health, which add further detail and explanation, and has also received wide international support.

- Pandemic prevention: We endorse the World Bank's definition of prevention, which is as follows: **"Prevention encompasses 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)".**

- Whole-of-government and whole-of-society approach: We do not recommend any specific definition for these terms. However, it is crucial that the chosen definitions explicitly recognize the role of the environment, agriculture, food and wildlife management sectors, as well as the role of civil society organizations, Indigenous communities and other affected populations. If decisions are being made without participation and expressed support from communities disproportionately impacted by epidemics, then the policy will not have the ownership necessary to be successful, and should be sent back to be and re-worked.

Article 4. Principles

4. Equity

Prevention is missing in this principle. Focusing solely on pandemic response is fundamentally inequitable, containing the spread of disease, but accepting the illness and deaths of those at the frontlines. Spillover prevention is the only approach that protects everyone equally from infection in the first place, hence its fundamental importance to this international instrument. Experience with COVID-19 (and other pandemics) has shown that less privileged communities are consistently the last to receive healthcare under containment-only approaches. This principle must be modified to include spillover prevention, and could read as follows: "A fair, equitable, effective and timely **approach to pandemic prevention, preparedness and response**, requires **actions to prevent pathogen spillover in emerging infectious disease hotspots** 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 III. General obligations

This section must include stronger text on the obligations of member states. It is not sufficient to ask member states to "take into account" a set of actions, they should be required to implement these actions to the best of their ability, and where necessary for low- and middle-income countries, be provided with the resources to do so by high-income countries.

The document is also almost wholly lacking in the duties and responsibilities that should be undertaken by WHO and should be updated in this regard.

Part IV. Specific provisions/areas/elements/obligations

This section must also include stronger text on the obligations of member states (see recommendations above on general obligations).

1. Achieving Equity

As in article 4 on principles, this section focuses almost entirely on pandemic response. However, pandemic prevention is also crucial to achieving equity. Focusing solely on response accepts that spillover and new outbreaks are inevitable and that vulnerable populations just die, rather than adopting proven, cost-effective measures that reduce the risk of spillover in the first place. This is fundamentally inequitable. Another obligation must be added on the spillover prevention, which could read as follows: **"Measures to reduce the risk of pathogen spillover between animals, wild or domesticated, and humans."**

7. One Health

We welcome the inclusion of this section on One Health, even if the obligations listed remain at a high-level. The strength of this section will therefore rely on the adoption of strong definitions of the terms "One Health", "whole-of-government" and "whole-of-society" as called for earlier in this document. In addition, One Health measures must go beyond those cited, which are wholly surveillance and monitoring. These are critical activities needed to *detect* outbreaks — but ***do literally nothing to prevent them***. This section must include specific language on proven, cost-effective actions to reduce the risk of spillover, which could read as follow: **"Measures to reduce the risk of pathogen spillover, including protecting tropical and subtropical forests, shutting down or strictly regulating commercial wildlife trade and markets that contribute to zoonotic spillover, providing healthcare and alternative livelihoods for people in extractive industries whose current livelihood puts them in contact with wildlife or degrades tropical wildlife habitat, whether intentional or not, and strengthening veterinary care and biosecurity in animal husbandry."**

Part V. Institutional arrangements

1. Governance mechanism for this WHO CAII

Much more attention should be given to ensuring representation of low- and middle-income countries in the instrument's decision-making body, as well as civil society delegations representing Indigenous and other

front-line zoonotic spillover hotspot communities, and non-governmental organizations both in the global north and south. Front-line Indigenous civil society should be included at the highest possible level of policy making, at the design stage.

4. Financial mechanisms and resources

The instrument should reference and strengthen the G20 pandemic preparedness financing mechanism that has recently been approved by the World Bank's board. Financing should be made available to low- and middle-income government ministries and civil society consortia, instead of only development banks, international NGOs, or other multilateral programs. Financing should be made available to galvanize and incentivize comprehensive multi-sector, community-based, national pandemic prevention plans, developed by governments, together with key NGO stakeholders, experts, and relevant UN Agencies.