

**Recommendations from the coalition for Preventing Pandemics at the Source (PPATS)**  
**on the**  
***Bureau's text of the WHO convention, agreement or other international instrument on pandemic prevention, preparedness, and response***

Prepared June 7th, 2023

On June 2nd, 2023, the Bureau of the Intergovernmental Negotiating Body (INB) released [a Bureau's text](#) of the WHO convention, agreement, or other international instrument (WHO CA+) on pandemic prevention, preparedness, and response. This text reflects the feedback of member states and relevant stakeholders on the zero draft of the WHO CA+ and it will serve as the basis for the resumed negotiations of the drafting group from June 12<sup>th</sup> to 16<sup>th</sup>, 2023.

We welcome important inclusions in this text of the One Health approach and of provisions to address the spillover of pathogens from animals to humans, notably in articles 3, 4 and 5. However, we are concerned that, in all three of these articles, two options are provided: i) an option to retain provisions related to One Health in the article and ii) an option to omit these provisions from the article. It is imperative that the WHO CA+ takes a comprehensive approach to pandemics, which recognizes the value of primary prevention by reducing the risk of spillover. Actions to reduce spillover risk warrant detailed and comprehensive provisions, on the same level as those proposed for secondary prevention, preparedness, and response. Such provisions should explicitly state the known drivers of infectious disease emergence including land use change (particularly deforestation), commercial wildlife trade and markets, weak animal health systems and management, and climate change.

In this advisory note, the [Preventing Pandemics at the Source](#) 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 WHO CA+ zero draft 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*.

**Chapter I. Introduction**

**Article 1. Use of terms (page 4)**

We suggest adding the following definitions:

1. ***“One Health surveillance” means a 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.***
2. ***“Spillover” means the cross-species transmission of pathogens from non-human vertebrate animals to humans.***
3. ***“Prevention” means the systems, policies, and procedures used 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).<sup>1</sup>***

---

<sup>1</sup> This definition of prevention is used by the World Bank-hosted [Pandemic Fund](#)

4. *“Spillover prevention” means the 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.*<sup>2</sup>
5. *“Quadripartite Organisations” means the World Health Organization (WHO), the Food and Agriculture Organization of the United Nations (FAO), the World Organization for Animal Health (WOAH) and the United Nations Environment Programme (UNEP).*<sup>3</sup>

## Article 2. Objective and scope (page 5)

We suggest updating the current text as follows:

*1. The objective of the WHO CA+, guided by equity, the right to health, and the principles and approaches set out herein, is to prevent pandemics, save lives, reduce disease burden and protect livelihoods, through strengthening, 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, **including by 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 3. General principles and approaches (page 5)

### *Proposed additional principle 1.bis The right to a clean, healthy, and sustainable environment (page 10)*

We suggest adding an additional principle to this section right after principle number 1, in line with a resolution passed at UNGA 2022 recognizing the right to a clean, healthy, and sustainable environment as a human right:

***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.***<sup>4</sup>

### *Principle 8. One Health (page 6)*

We strongly support option 8.A, which is to include this principle in the WHO CA+. Pathogen spillover is recognized as the primary cause of recent pandemics. Addressing the drivers of spillover through a One Health approach is therefore critical to avoid the devastating impacts of future pandemics. This principle must remain part of the WHO CA+. We suggest updating the current text as follows to reflect even more clearly the importance of spillover prevention:

*One Health - ~~Multisectoral and transdisciplinary~~ All actions taken in response to the obligations in the WHO CA+ should recognize the interconnections and dependencies between people, animals, plants and the ~~ir-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, epidemics and pandemics due to pathogens resistant to antimicrobial agents and to spillover of zoonotic pathogens and diseases*

### *Principle 9. Inclusiveness (page 6)*

We suggest updating the current text as follows:

<sup>2</sup> This definition was developed and adopted by the WHO-convened [One Health High-Level Expert Panel](#)

<sup>3</sup> This proposed additional definition is aligned with the [European Union’s textual proposals](#)

<sup>4</sup> UN General Assembly Resolution 76/300 of 28 July 2022

*Inclusiveness – The full and active engagement with, and participation of, representatives of communities and relevant stakeholders across all levels **and sectors**, consistent with relevant and applicable international and national guidelines, rules and regulations, including those relating to conflicts of interest, is essential to mobilize social capital, resources,*

## **Chapter II. The world together equitably: Achieving equity in, for and through pandemic prevention, preparedness, response and recovery of health systems**

### **Article 4. Pandemic prevention and public health surveillance (page 7)**

We strongly support Option 4.B. Paragraphs 2, 3 and 6 include important provisions that address the drivers of pathogen spillover such as strengthening animal health systems and integrated surveillance. We suggest updating the current text as follows:

*2. Each Party shall develop, strengthen, implement, periodically update and review comprehensive multisectoral national infection prevention and control measures, plans and programmes, including those addressing **the drivers of zoonotic diseases and pathogens**. Toward this end, each Party shall, in accordance with its capabilities:*

*(a) strengthen efforts to ensure access to safe water, sanitation and hygiene and guarantee timely access to appropriate health services for diagnosis or treatment as measures to prevent the spread of disease in humans as well as animals;*

*(b) ensure the implementation of infection prevention and control measures applying as far as possible the latest international standards and guidelines;*

*(c) strengthen efforts to ensure the sound management of wastes from health facilities, veterinary practices, and live animal markets, ~~contaminated by infectious pathogens~~;*

*(d) require healthcare institutions to have in place an infection prevention and control programme no later than [...] years after the entry into force of the WHO CA+; and*

*(e) strengthen animal disease preventive measures, including, but not limited to, on farms, transport of animals, live animal markets, trade in wild animals and in veterinary practices both for food-producing and companion animals taking into account the relevant international standards. Those measures include water and feed hygiene, infection prevention and control measures, farm sanitation, hygiene and biosecurity and animal welfare support measures.*

*3. The Parties shall take actions to prevent outbreaks ~~or pandemics~~ due to **zoonotic diseases and pathogens resistant to antimicrobial agents**, and, in accordance with national context, develop and implement a national **One Health antimicrobial resistance** plan that **addresses the drivers of zoonotic spillover and** strengthens antimicrobial stewardship in the human, animal and environmental sectors and prudent use of antibiotics.*

*[...]*

*6. Each Party shall develop, strengthen and maintain the capacity to carry out integrated surveillance, including, with respect to (i) infectious diseases in humans, (ii) infectious diseases in animals which present significant risks for zoonotic, including vector-borne, spillover, and (iii) relevant samples taken from specific environmental settings, for the purpose of preventing and controlling the spillover of potentially highly infectious pathogens, including antimicrobial resistant pathogens, across different animal species and between humans and animal populations.*

### **Article 5. Strengthening pandemic prevention and preparedness through a One Health approach (page 8)**

We strongly support the inclusion of this Article in the WHO CA+. As highlighted by the WHO-convened One Health High-Level Expert Panel, “if there is to be serious commitment combined with good evidence, knowledge, attitude and practices to reduce the risk of occurrence of future pandemics - versus just trying to reduce pandemic spread through improved responses - it is essential that discussions and actions on pandemic

prevention focus on the primary prevention of pathogen spillover as the first decisive step.” Article 5 is critical to the success of the pandemic accord, and it must remain part of it. We suggest updating the current text as follows:

1. *The Parties, recognizing that the majority of emerging infectious diseases and pandemics are caused by zoonotic **spillover pathogens**, commit, in the context of pandemic prevention, preparedness, response and recovery of health systems, to promote and implement a One Health approach at national, ~~and, as appropriate,~~ ~~at~~ regional and global levels that is coherent, integrated, coordinated and collaborative among all relevant actors, with the application of, and in accordance with, domestic law and existing instruments and initiatives.*

2. *The Parties, with an aim of safeguarding human health and detecting and preventing health threats, shall promote and enhance **synergies between** multisectoral and transdisciplinary collaboration at the national level and cooperation at the international level, in order to identify, ~~conduct risk assessment of and share~~ pathogens with pandemic potential at the interface between human, animal and environment ecosystems, while recognizing their interdependence.*

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 human- animal-environment interface, including but not limited to climate change, land use change, **the loss, fragmentation, and degradation of ecosystems**, wildlife trade **and markets, wildlife farming, weak animal health systems and management, human-wildlife conflict**, desertification and antimicrobial resistance.*

4. *The Parties commit to regularly assess One Health capacities, insofar as they relate to pandemic prevention, preparedness, response, and recovery of health systems, and to identify gaps, policies and the funding needed to strengthen those capacities.*

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 climate change, **land use change**, biodiversity loss, **wildlife trade and markets, the loss, fragmentation and ecosystem** degradation **of ecosystems, weak animal health systems and management, human-wildlife conflict**, 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 **neglected** zoonotic ~~neglected-tropical~~ and vector-borne diseases, with a view to **addressing their drivers and** preventing small-scale outbreaks in wildlife or domesticated animals from becoming a pandemic.*

7. *Each Party shall in accordance with the national context and to the extent necessary, to protect human, animal, or plant life or health:*

*(a) implement science-based actions, including but not limited to improving infection prevention measures, antimicrobial research and development, access to and stewardship of antimicrobials, harmonisation of surveillance and management of environmental antimicrobial run-off, to prevent, reduce the risk of, and prepare for pandemics from zoonotic pathogens and pathogens resistant to antimicrobial agents, taking into account relevant tools and guidelines, through a One Health approach, and collaborate with relevant partners, including the Quadripartite;*

*(b) foster and implement actions at national and community levels that encompass whole-of- government and whole-of-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~~ that:*

*i) **Addresses antimicrobial resistance through** strengthening antimicrobial stewardship in the human and animal sectors, optimizes antimicrobial consumption, increases investment in, and promotes equitable and affordable access to **preventive medicine approaches for humans, wildlife and domesticated animals, including** new medicines, diagnostic tools, vaccines and other interventions, strengthens infection prevention and control in health care settings, **in wildlife management (where appropriate and necessary)**, and sanitation and biosecurity in livestock farms, and provides technical support to developing countries;*

*ii) **Addresses the drivers of spillover, including land use change, biodiversity loss, the loss, fragmentation and degradation of ecosystems, wildlife trade and markets, wildlife farming, weak animal health systems and management, climate change, and human-wildlife conflict.***

*(d) Implement One Health surveillance mechanisms using data collected from and shared across human, animal, and environmental sources for the purpose of preventing and controlling the spillover of pathogens with pandemic potential between humans and animal populations, as well as between different animal species;*

*(e) take the One Health approach into account at national, subnational and facility levels in order to produce science-based evidence, including related to the social and behavioural sciences and risk communication and community engagement, and support, facilitate and/or oversee the correct, evidence-based and risk-informed implementation of infection prevention and control; and*

*(f) promote or establish One Health joint training and continuing education programmes for human, animal and environmental health workforces, ~~particularly for veterinary and environmental services~~ needed to prevent spillover events, to build complementary skills, capacities and capabilities to prevent, detect, control, and respond to pandemic health threats.*

*8. In line with Article 15, the Parties shall develop and implement or strengthen, as appropriate, bilateral, regional, subregional and other multilateral channels to enhance financial and technical support, assistance and cooperation, in particular to developing countries to strengthen ~~surveillance systems and laboratory capacity in promoting and implementing~~ **the** One Health approach at the national level.*

#### **Article 16. Whole-of-government and whole-of-society approaches at the national level (page 27)**

We suggest updating the current text as follows:

*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) address the drivers of spillover**; (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 and routine health services following a pandemic; and (vi) promote collaboration with relevant stakeholders including the private sector and civil society.*

### **Chapter III. Institutional arrangements and final provisions**

#### **Article 23. Panel of Experts to provide scientific advice (page 35)**

We suggest updating the current text as follows:

*1. (...) The body shall:*

*(b) provide or compile assessments of the state of scientific knowledge relating to zoonotic **spillover and prepare strategies and guidelines for addressing the drivers of spillover** ~~and other risks~~ in accordance with the One Health approach;*