

Recommendations from the coalition for Preventing Pandemics at the Source (PPATS)
on the
Negotiating Text of the WHO convention, agreement or other international instrument on pandemic prevention, preparedness, and response

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On October 16th, 2023, the Bureau of the Intergovernmental Negotiating Body (INB) released a [Negotiating Text](#) of the WHO convention, agreement, or other international instrument (WHO CA+) on pandemic prevention, preparedness, and response to Member States and relevant stakeholders. This text will serve as the basis for negotiations during the seventh INB meeting, November 6th to 10th and December 4th to 6th.

We welcome important inclusions in this text of the **One Health approach** and **language supporting and detailing the prevention of zoonotic spillover** (a form of primary pandemic prevention), particularly in articles 1, 4, and 5. Most notably, in contrast to the previous WHO CA+ draft (which had options to exclude the majority of Article 4 (Prevention) and the entirety of Article 5 (One Health)), we applaud the Parties for taking a holistic and equitable approach to pandemics by including Articles 4 and 5 in the Negotiating Text.

While we support the inclusion of “*drivers of pandemics*” in Articles 5 (One Health) and 18 (Communication), and “*spill-over*” and “*spill-back*” in the preamble and Articles 4 (Prevention) and 20 (Financing), it is imperative that the WHO CA+ goes beyond this phrasing. **Language recognizing (i) zoonotic spillover as a driver of pandemics and (ii) actions to reduce spillover risk warrant detailed and comprehensive provisions** on the same level as those proposed for secondary pandemic prevention (actions taken to reduce the risk of an outbreak from spreading and developing into an epidemic or pandemic), 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. Spillover prevention is evidence-based and is critical for achieving health equity; without primary prevention, we are accepting the illness and deaths of Indigenous Peoples and Local Communities in spillover-prone areas, and the underprivileged in general who are almost always the last to benefit from vaccines, therapeutics and other reactive interventions.

More broadly, we support language in the Negotiating Text on the **protection of communities at human-animal-environmental interfaces**, the **fundamental role of primary healthcare**, and **equity principles that safeguard vulnerable communities, especially Indigenous Peoples and Local Communities**, from future zoonotic outbreaks, epidemics, and pandemics.

We recognize the immense difficulty of drafting the WHO CA+ and commend the Parties for their continued efforts to arrive at meaningful consensus by May 2024. Provisions on financing, access and benefit-sharing, and international collaboration and coordination must be satisfactory to all, but particularly to countries in the Global South who, during COVID-19, received inequitable access to vaccines, personal protective equipment and therapeutics compared to their counterparts in the Global North. We call on the Global North to commit and provide additional financing and support – needed by countries in the Global South to sufficiently deliver on primary pandemic prevention and One Health interventions in high spillover risk areas, and needed globally to protect everyone everywhere from future pandemics.

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+ Negotiating Text could better reflect primary pandemic prevention priorities.

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***~~.

Preamble (page 4)

We support the continued inclusion of paragraphs 6 and 8 as they affirm the importance of global and multisectoral collaboration to prevent zoonotic spillover and implement a One Health approach. Moreover, we recommend that paragraph (14) and (15) be added to recognize the drivers of pathogen spillover:

6. Recognizing the critical role of the whole-of-government and whole-of-society approaches at the country and community levels and the importance of international, regional, and cross-regional collaboration, coordination, and global solidarity in achieving sustainable improvements in pandemic prevention, preparedness, and response,

*8. Reaffirming the importance of multisectoral collaboration at national, regional, and international levels to safeguard human health, detect and prevent health threats at the animal and human interface, zoonotic spill-over, **spill-back** and **mutations**, **novel evolutionary opportunities** and to sustainably balance and optimize the health of people, animals, and ecosystems, in a One Health approach,*

14. Recognising that zoonotic spillover of pathogens between animals and people is recognised as the predominant cause of emerging infectious diseases,

15. Recognizing that the drivers of pathogen spillover include, but are not limited to, land use change (particularly deforestation), commercial wildlife trade and markets, weak animal health systems and management, and climate change.

Chapter I. Introduction

Article 1. Use of terms (page 5)

We recommend definitions (d) “One Health approach” and (h) “pathogen with pandemic potential” remain in the text and suggest the following definitions for (1) “prevention”, (2) “prevention of pathogen spill-over from animals to humans”, and (3) “collaborative surveillance” be added:

1. “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).¹

2. “Prevention of pathogen spill-over from animals to humans” means shifting the infectious disease control paradigm from reactive to proactive (primary prevention) and 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, among other actions, biosurveillance in domestic and wild animals, people and the environment, understanding pathogen infection dynamics, and implementing intervention activities.²

3. “Collaborative surveillance” is the systematic strengthening of capacity and collaboration among diverse stakeholders, both within and beyond the health sector, with the ultimate goal of enhancing public health intelligence and improving evidence for decision-making.³

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

²This definition of prevention of pathogen spillover is used by the the One Health High-Level Expert Panel (OHHLEP) publication titled [“Prevention of zoonotic spillover: From relying on response to reducing the risk at source”](#)

³This definition of collaborative surveillance can be found in a WHO HEPR publication titled [“Defining collaborative surveillance”](#)

Article 2. Objective and scope (page 6)

We support the following text reinforcing the importance of equity within pandemic prevention:

1. The objective of the WHO Pandemic Agreement, guided by equity, the right to health and the principles and approaches set out herein, is to prevent, prepare for and respond to pandemics, with the aim to comprehensively and effectively address systemic gaps and challenges that exist in these areas, at national, regional and international levels.

Article 3. General principles and approaches (page 6)

We support the following text and modifications underscoring an equitable and science and evidence-based approach:

*3. Equity – Equity is at the centre of pandemic prevention, preparedness and response, both at the national level within States and at the international level between States. It requires, inter alia, specific measures to protect persons in vulnerable situations. Equity includes the unhindered, fair, equitable and timely **(i) implementation of actions to prevent outbreaks from occurring at all (primary pandemic prevention, with a focus on addressing the drivers of spillover of pathogens between animals and humans) to protect all persons everywhere; and (ii) access to safe, effective, quality and affordable pandemic-related products and services, information, pandemic-related technologies and social protection.***

10. Science and evidence – The best available science and evidence should inform and be the basis for pandemic prevention, preparedness and response, as well as public health decisions and development of plans.

Chapter II. The world together equitably: Achieving equity in, for and through pandemic prevention, preparedness and response

We strongly support the continued inclusion of Articles 4 and 5 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.” Articles 4 and 5 are critical to the success of the pandemic accord. Additionally, we recommend that surveillance include the environmental, animal health and public health sectors; thus the title of this article should be renamed accordingly.

Article 4. Pandemic prevention and **public health collaborative** surveillance (page 8)

We suggest updating the current text as follows:

*2. The Parties should take actions to strengthen multisectoral, coordinated data interoperability and ~~support the adoption of~~ relevant ~~international~~ data standards **for collaborative surveillance**, in the development of the prevention and surveillance capacities, with particular regard to the strengthening of developing countries’ capacities.*

*4. Each Party shall develop, strengthen, implement, periodically update and review comprehensive multisectoral national prevention and surveillance plans, **including those addressing the drivers of zoonotic diseases and pathogens**, that are consistent with and supportive of effective implementation of the International Health Regulations **and other relevant instruments**. To this end, each Party shall, in accordance with its capabilities:*

*(a) 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; **and (iii) comprehensively and effectively implement measures** to prevent spill-over in human and animal populations and cause serious diseases leading to pandemic situations,*

(e) strengthen animal disease preventive measures and monitor and mitigate environmental, **social, health and economic** factors associated with the risk of **novel pathogen evolution and** zoonotic disease spill-over and spill-back. **To mitigate these factors, each Party must address known drivers of spill-over by i) stopping the clearing and degradation of tropical and subtropical forests, ii) improving health and economic security of communities living in emerging infectious disease hotspots, iii) enhancing biosecurity in animal husbandry, iv) shutting down or strictly regulating commercial wildlife markets and trade that pose a public health risk and v) expanding pathogen surveillance.**

5. Each Party shall develop, strengthen and maintain the capacity to carry out integrated surveillance, including with respect to infectious diseases in humans, and animals that present significant risks for zoonotic diseases spill-over **for the purpose of preventing and controlling the spill-over of pathogens.**

Article 5. One Health (page 9)

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**, commit to promote and implement a One Health approach for pandemic prevention, preparedness and response that is coherent, integrated, coordinated and collaborative among all relevant actors, with the application of, and in accordance with, national law.

2. The Parties shall promote and enhance synergies between multisectoral and transdisciplinary collaboration at the national level and cooperation at the international level, in order to identify ~~pathogens with pandemic potential and~~ **conduct risk assessments and interventions** at the interface between human, animal and environment ecosystems, while recognizing their interdependence, and with applicable sharing of the benefits, per the terms of Article 12.

3. The Parties commit to **further** identify and address the drivers of **pathogen evolution, zoonotic spillover that can lead to epidemics**, pandemics and 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, commercial wildlife trade and markets, wildlife farming, weak animal health systems and management, and human-wildlife conflict**, by identification and integration of interventions into relevant pandemic prevention, preparedness plans, and, where appropriate, according to national legislation and capacity, through strengthening synergies with other relevant instruments.

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

(a) implement science-based actions, including but not limited to improving infection prevention and control measures, antimicrobial research and development, access to and stewardship of antimicrobials, and harmonization of surveillance in order to prevent, reduce the risk of, and prepare for, pandemics;

(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, including through the engagement of communities in **spillover prevention and** surveillance that identifies zoonotic outbreaks; and

5. The Parties commit to develop, within the framework of relevant institutions, international norms and guidelines to prevent zoonoses **and zoonotic spill-over and spill-back.**

6. Pursuant to Article 21, the Conference of the Parties shall develop appropriate modalities, **including compliance and accountability measures and use of the One Health Joint Plan of Action**, to address the measures set forth in Articles 4 and 5 of this Agreement.

7. The Parties shall, in line with Article 16, 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 7. Health and care workforce (page 11)

We suggest the following edits reinforcing the importance of veterinary health workers:

1. Each Party, in line with its respective capacities, shall take the necessary steps to safeguard, protect, invest in and sustain a skilled, trained, competent and committed health and care workforce, **including veterinary health workers**, with the aim of increasing and sustaining capacities for pandemic prevention, preparedness and response, while maintaining quality essential health services and essential public health functions, during pandemics. To this end, each Party shall, in accordance with its national law:

Article 17. Whole-of-government and whole-of-society approaches at the national level (page 20)

We suggest updating the current text as follows:

4. Each Party shall develop, in accordance with its national context, comprehensive national pandemic prevention, preparedness, and response plans pre-, post- and inter-pandemic that, inter alia: **(a) support primary pandemic prevention by addressing the drivers of spill-over;** ~~(b)~~ identify and prioritize populations for access to pandemic-related products and health services; ~~(c)~~ support the timely and scalable mobilization of the multidisciplinary surge capacity of human and financial resources, and facilitate the timely allocation of resources to the frontline pandemic response; ~~(d)~~ review the status of stockpiles and the surge capacity of essential public health and clinical resources, and the surge capacity in production of pandemic-related products; ~~(e)~~ facilitate the rapid and equitable restoration of public health capacities, routine and essential health services following a pandemic; and ~~(f)~~ promote collaboration with relevant stakeholders, including the private sector and civil society.

Article 20. Financing (page 22)

We suggest updating the current text as follows:

1. The Parties commit to sustainable financing for strengthening pandemic prevention, preparedness and response. In that regard, each Party, within the means and resources at its disposal, shall:

(...)

*(e) provide support and assistance to other Parties, at their request, to facilitate **prevention and** containment of **spillover** at the source.*