INB related interactive dialogues

Topic 4. Articles 4 (Pandemic prevention and surveillance) and 5 (One Health approach for Pandemic Prevention, Preparedness and Response)

Discussion questions proposed by the Bureau for resource persons

1. What lessons can we draw from country experience in progressively strengthening pandemic prevention and surveillance / promoting a One Health approach to PPPR?

Not applicable

1.1. What lessons can we learn from country experience relating to developing, strengthening and implementing comprehensive multisectoral national pandemic prevention surveillance plans, programmes and/or other actions, including coordinated multisectoral surveillance and risk assessment? (as per yellow text in Article 4.2)

Experiences from various countries in developing comprehensive multisectoral pandemic prevention plans highlight the **vital role of cross-sector collaboration**. By **combining information and expertise from diverse sectors**, such as public health, animal (both domestic and wildlife) health, and environmental health, **countries can conduct joint risk assessments that accurately evaluate health risks at the human-animal-environment interface**. This **collaborative approach establishes a strong foundation for effective responses, identifies gaps in infrastructure and capacity, ensures the efficient use of resources, and promotes transparency, accountability, and coordinated actions—all essential for pandemic preparedness and response**.

Ghana's government collaboration with farmers, poultry companies, and poultry processing associations groups has been crucial in mitigating risks associated with highly pathogenic avian influenza, demonstrating the effectiveness of such partnerships in addressing wildlife-linked zoonotic threats. Peru's engagement with private sector representatives in its National Health Strategy for Zoonosis further underscores the importance of **incorporating diverse perspectives and expertise in planning and response efforts. By involving veterinary associations and livestock producers, Peru has strengthened its capacity to plan and implement comprehensive health measures. These partnerships have enhanced the country's ability to prevent and respond effectively to zoonotic diseases, ensuring that all relevant parties are involved in safeguarding public health**.

In regions like Sub-Saharan Africa, where only a small percentage of countries have established multisectoral action plans for zoonoses or intersectoral zoonotic surveillance systems, the **lack of early disease detection and control often results in widespread outbreaks and fatalities**. These situations cause trade disruptions, economic losses, and strain public health resources. **Such challenges underscore the critical need for multisectoral collaboration, specifically including wildlife health and conservation sectors, to enhance early detection, response capabilities, and overall preparedness for pandemics.**

By learning from successful models, governments can develop resilient systems to manage current health threats and prepare for future challenges at the human-animal-environment interface.

1.2. What lessons can we learn from country experience in promoting a One Health approach for pandemic prevention, preparedness and response, and measures to identify and address the drivers of pandemics and the emergence and re-emergence of infectious disease at the human-animal-environment interface?

More than 75 per cent of emerging infectious diseases originate in animals. Just 13 of over 200 known zoonotic diseases affect more than 2 billion people and cause 2.4 million human deaths annually. Poor livestock care and misuse of antimicrobials in the animal health sector are a major contributor to growing global AMR. And many animal owners face threats to their income because of animal disease, poor welfare, and the inaccessibility of quality animal health services. Utilising robust One Health approaches which give equal attention to the health of animals and the systems which support animal health, are vital to global health security, livelihoods and food security and safety. Similarly, strengthening animal health systems as a core component of a One Health approach will have a cascading impact for sustainable development and wider global challenges such as climate change. For One Health to be successful and impactful it requires a clear definition, shared and contextually relevant agendas and institutional governance. **Guidance is needed on how to operationalise the concept in a practical way, to identify the key stakeholders and agencies at national and international levels that need to be involved, and to determine precisely what their roles should be and how they should collaborate.** We strongly recommend that animal health experts are engaged and consulted throughout.

2. How can the Pandemic Agreement support strengthening global cooperation for pandemic prevention and contribute to a One Health approach to PPPR?

Not applicable

2.1. What substantive content needs to be included on pandemic prevention and surveillance (article 4), including on partnerships and support for building country capacity (beyond existing yellow text)?

While we welcome the inclusion of Articles 4 and 5 as per the latest draft, we ask that the current text is retained in respect of the obligations to strengthen animal health systems, prevention of zoonotic spillover, surveillance and inclusion of the One Health approach.

It is not possible to separate pandemics with a zoonotic origin from animals and the wider ecosystems and environmental context in which they occur. Pandemics spotlight the interconnectivity between people, planet and animals, as such approaches which are truly preventative must encompass context specific animal health system strengthening which can detect, report and respond to zoonotic diseases as quickly as possible. **Spill-over prevention must be truly prophylactic** and focus on detection and response to pathogens which ***may*** be of concern. This is to account for known pathogens that may not yet have pandemic potential, but could do in the future, as well as 'Disease X'. Member states need to be supported to build surveillance systems that are not only actively looking for certain pathogens, but also to build everyday systems that can spot unusual events as part of routine surveillance
Data on pathogens or events of concern, resulting from multisectoral surveillance, should be shared with relevant competent intergovernmental in accordance with the amended International Health Regulations and with the World Organisation for Animal Health Terrestrial Code. WOAH has 183 member states that are party to these codes.

2.2. What substantive content needs to be included on One Health (article 5), including on partnerships and support for building country capacity (beyond existing yellow text)?

One Health is imperative to prevention of pandemics. The need to prevent disease in animals before it spills over to people must be clearly articulated in the final instrument.

Article 5 should reflect the need for implementation of national multisectoral mechanisms/institutional arrangements for a One Health approach to pandemic PPR, to encourage coordination between sectors. Article 5 should reflect the option for parties to seek support from competent intergovernmental organisations to implement their obligations. Similarly, we suggest an update to the text to better align with the OHHLEP definition as follows:

"(5) ***One Health - Multisectoral actions that aim to balance and optimise the health of people, animals, and ecosystems, and recognise the health of humans, animals, and the wider environment are interdependent".***

Article 5 should include a requirement for Parties to develop and implement One Health National Action Plans. National plans must be multisectoral (indicating the need to involve relevant national institutions beyond the ministry of health) and must include strong animal health strengthening components.

Parties/organisations should be encouraged to assist those Parties that experience associated resource limitations as per Articles 19 and 20. Parties should also be required to establish National One Health Focal Points, with a mandate to oversee the implementation of One Health National Action Plans in collaboration with relevant agencies and stakeholders, to liaise with Focal Points in other countries, and to report on implementation to the Pandemics Agreement on a regular basis.

One Health should not be a negotiable and must be front and centre of the accord.

Spill-over of pathogens from both wild and domestic animals to people is the predominant cause of emerging infectious diseases. The importance of prevention of spill-over cannot be overstated.

2.3. What existing guidance, commitments or frameworks can we draw on, including the IHR amendments (particularly expanded Core Capacities in Annex 1)?

Parties to the agreement should take into account existing guidelines and recommendations from competent intergovernmental organisations, and cooperate and coordinate with them when needed. These are guidelines and recommendations that have already been agreed by the member states of competent intergovernmental institutions that contribute to prevention at source. We suggest wording this in the agreement in a similar way to how it is worded in the Framework Convention on Tobacco Control

Further, there are many papers and guidance materials available on risk assessments, surveillance methodologies, and the operationalisation of One Health. It would be useful for the WHO, WOAH, FAO and UNEP to create a portal containing these materials which should be made freely and easily available to Parties, and from which high-level guidance documents can be developed.

Specific guidance includes:

- The Global Action Plan for Biodiversity and Health, which is due to be submitted for adoption at the CBD COP16 in October.
- The One Health Joint Plan of Action (https://iris.who.int/bitstream/handle/10665/363518/9789240059139-eng.pdf?sequence=1), and the associated Implementation Guide

(https://iris.who.int/bitstream/handle/10665/374825/9789240082069-eng.pdf?sequence=1).

- WOAH guidelines on monitoring, disease detection, surveillance and diagnosis (https://www.woah.org/en/what-we-do/standards/observatory/implementation-of-standards-the-observatory-annual-report/monitoring-disease-detection-surveillance-and-diagnosis/).
- The UK JNCC information on the zoonotic potential of international trade in CITES-listed species (https://hub.jncc.gov.uk/assets/964ae259-410e-4205-8ec7-e2c54f5c6e3d).
- The One Health High Level Expert Panel's white paper on Prevention of Zoonotic Spillover (https://www.who.int/publications/m/item/prevention-of-zoonotic-spillover).

The Global health Centre's Policy Brief from 2022 entitled The Deep Prevention of Future Pandemics through a One Health Approach: What Role for a Pandemic Instrument? (https://www.graduateinstitute.ch/library/publications-institute/deep-prevention-future-pandemics-through-one-health-approach-what)

2.4. What additional commitments and guidance are needed to support pandemic prevention and One Health and how do these relate to the functional dimensions and details in Article 4.3Alt and modalities, terms and conditions and operational dimensions referred to in Article 4.3Alt and 5.4?

We strongly recommend the development of One Health National Action Plans as a requirement of the Pandemic Agreement. The WHO, WOAH, FAO and UNEP should provide guidance and assistance to Parties on the development of One Health National Action Plans and their operationalisation, including by identifying the key elements they should contain. That guidance should include the development, strengthening and maintenance of national health information systems, specific guidance on strengthening animal health systems to facilitate risk assessments and inform appropriate actions to identify and contain pathogens which may be of concern and identify and contain spillover events once they have occurred.

3. How could these elements (as per question two) be reflected in the Pandemic Agreement and/or an associated additional instrument?

Not applicable

3.1. Is it important these commitments are legally binding?

To be effective at a regional and global scale, it is important that the commitments to develop One Health National Action Plans and put in place One Health focal points are legally binding. Only through such mechanisms, and associated transparency and reporting requirements, can the

responses of Parties in relation to pandemic prevention and the implementation of One Health be monitored, and the risks and mitigation measures at regional and global levels be assessed, effectively implemented, and shared.

3.2. What are the implications of the different forms of a possible future instrument (e.g., annex to the Pandemic Agreement, protocol, or guideline) on countries' / the world's ability to prevent and prepare for the next pandemic?

It is our strongly held view that the key requirements relating to preventing pathogen spillover at source and the implementation and operationalisation of One Health should be incorporated into the legally binding body text of the Pandemics Agreement.

If elements of the requirements relating to pandemic prevention and One Health are to be articulated outside of the body text, they should be included in an Annex which should have the same legal status as the body text, and which should be agreed and ratified alongside the Pandemic Agreement.

The inclusion of key requirements in a separate protocol risk delaying the implementation of key measures aimed at preventing pathogen spillover, and Parties to the pandemic Agreement failing to sign or ratify the protocol, which could have the effect of diminishing efforts to secure a global approach to pandemic prevention and the implementation of One Health approaches. This could be extremely damaging and could result in a lowest common denominator effect with respect to pathogen spillover and pandemic risk.

3.3. How would it link to other instruments and guidelines on prevention and One Health?

The relationship with other relevant legally binding instruments and accepted standards should be clearly articulated in the Agreement or annex to it, including:

- The International Health Regulations
- The WOAH Terrestrial and Aquatic Animal Health Codes
- The CBD's Global Biodiversity Framework, particularly targets 5 and 12

3.4. How would the nature of the instrument affect a Parties' ability to access implementation support and financing under the Pandemic Agreement (e.g., Articles 19, 20)?

Not applicable

3.5. How would the instrument link to State Parties' prevention and surveillance commitments, and the monitoring and evaluation framework, under the amended IHR?

Not applicable

3.6. How long would it take to negotiate and agree on the instrument? Does this impact countries' implementation of prevention and One Health obligations and the world's ability to prevent and prepare for the next pandemic?

We strongly suggest that the risk in negotiating these elements as a separate protocol to the Pandemic Agreement is that some Parties may not sign or ratify the protocol, fragmenting the required global approach to pandemic prevention and One Health. It therefore remains essential to capture the key requirements for pandemic prevention and One Health in the body text of the Pandemics Instrument, or a legally binding annex.

4. How important is it to engage communities in development and implementation of One Health policies, strategies and measures to prevent, detect and respond to outbreaks?

Engaging with, informing and involving communities is essential to the success of pandemic prevention and One Health approaches. Many communities rely on, or are directly affected by, high-risk activities. Those communities will be critical to any effort to improve monitoring and surveillance, and to achieve behaviour change in order to mitigate risk. Where activities need to be curtailed or substantially modified, alternative activities and associated training will need to be provided to affected communities.

The 'whole-of-society' approach outlined in Article 17 is therefore essential to the success of the Pandemic Agreement. However, particular focus needs to be placed on those communities that are directly involved, or likely to be the first affected by, high-risk activities, and those communities that create the demand for high-risk animal products.

Lastly, we strongly believe that measures taken to mitigate risk must incentivise change, and not penalise people or communities. Measures taken should also be in line with guidelines and recommendations from competent intergovernmental organisations that member states are party to.

4.1. Is this different to community engagement outlined in Article 17?

Not applicable

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Action for Animal Health