

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?

- 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)

Canada has innovated globally in its implementation of a multi-species surveillance program for antimicrobial resistance called the Canadian Integrated Program for Antimicrobial Resistance Surveillance (CIPARS). The integration of surveillance allowed for the demonstration that level 1 antimicrobials used as preventive treatment in poultry was the sources of antimicrobial resistance in humans. This led to legislation across the country that now bans the use of preventative level 1 antimicrobial in agriculture and a lot more control on the prescription of antimicrobials for production animals. This is an example of the added value of the One Health approach to prevent the "next pandemic" linked to AMR. Another example of integrated surveillance in Canada is the Community for Emerging and Zoonotic Disease (CZED) which receives signals of potential threat through gathering information published in news media about zoonotic agents. The community consists in academic, governmental and industry representatives who can rate the potential threat linked to each signal. Early warning of this type can contribute to implementing interventions to reduce the spread of a novel agent. For example, the CZED contributed to encouraging the Canadian government to implementing stricter legislation on cattle importation following the finding of HPAI in milk in the US.

- 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?

We have observed that addressing the drivers of pandemics at the human-animal-environment interface requires not only interdisciplinary collaboration but also international cooperation. Effective pandemic prevention and preparedness hinge on not only the integration of health data from various sectors, but also, more importantly, the promotion and support of joint research initiatives. For example, the Canadian new research hubs to accelerate Canada's vaccine and therapeutics production (10 M\$ for 5 research hubs from coast to coast). In addition, the Canada Institutes of Health Research have announced pilot grants to study HPAI with a One Health lens. Some networks have also been

created to encourage international collaborations such as the Global 1 Health Network for the governance of Infectious Diseases and AMR as well as the Co-Eval initiative to find solutions to AMR with a One Health approach. Recently, the Public Health Agency of Canada, Health Canada and the Canadian Food Inspection Agency have put together an expert panel on HPAI to guide Canada's preparation and response to the finding of the virus in milk in the US.

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

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)?

The Pandemic Agreement underscores the need for global cooperation to strengthen pandemic prevention and surveillance. It is important to include content that encourages partnerships and support for building country capacities. Our institution has found that international collaborations, particularly in research and data sharing, are vital for enhancing national and international pandemic prevention efforts. The agreement should advocate for increased support for countries to develop comprehensive multisectoral national pandemic prevention and surveillance plans.

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)?

The agreement should advocate for resource allocation, infrastructure development, and the creation of collaborative tools that connect human, animal, and environmental health sectors across borders. Article 5 should include clear guidelines on how to integrate and operationalize this approach into national pandemic preparedness and response plans.

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

The WHO's IHR and existing One Health frameworks provide a solid foundation for pandemic preparedness. Aligning these frameworks with national and regional contexts is essential. The Pandemic Agreement should build on these existing commitments and frameworks while promoting flexibility to adapt to specific local needs and capacities.

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?

Developing operational guidelines, as mentioned in Article 5.4 of the agreement, to ensure that countries can effectively implement One Health strategies. Furthermore, establishing mechanisms for monitoring and evaluating the implementation of these strategies will be critical to ensuring their success. Making sure that context of each country and local communities are consulted to develop guidance

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

3.1. Is it important these commitments are legally binding?

Making commitments legally binding could help ensure that countries adhere to their obligations. However, it is important to balance binding commitments with the need for flexibility, allowing countries to adapt their implementation strategies based on their specific contexts. But making a legally binding pandemic agreement would clearly increase the world's ability to better prevent and prepare for the next pandemic. Think about the Montreal Protocol, a legally binding agreement that required countries to phase out the production and consumption of ozone-depleting substances. Its legally binding nature was key to its success, with all 198 UN member states complying with the protocol, leading to significant recovery of the ozone layer.

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?

A legally binding instrument could provide stronger incentives for compliance, while guidelines might offer more flexibility. Again, making a legally binding pandemic agreement would clearly increase the world's ability to better prevent and prepare for the next pandemic.

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

The Pandemic Agreement should be closely linked with other international instruments, such as the IHR, to ensure coherence in global health governance. It is important to create synergies between different frameworks (e.g. action plan of the Pandemic Preparedness Hub for Eastern Canada) to avoid duplication of efforts and to maximize the impact of pandemic preparedness initiatives.

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)?

Binding commitments could enhance countries' ability to secure national and international funding, which is essential for implementing comprehensive pandemic preparedness strategies.

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

3.6. How long would it take to negotiate and agree 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?

Prolonged negotiations could delay the implementation of essential pandemic prevention measures. Therefore, it is important to establish clear timelines and milestones to ensure that countries can begin implementing the necessary actions as soon as possible.

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?

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

Community involvement leads to more effective and sustainable health outcomes. It is important to go beyond consultation and actively involve communities in decision-making processes, ensuring that One Health policies are culturally appropriate and locally relevant.