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)

Zoning based on epidemic and pandemic disease risk demonstrates the potential for multisectoral planning in a comprehensive way, incorporating risk assessment, designation of land for certain purposes, monitoring and surveillance, community and other stakeholder engagement, and enhanced biosecurity.

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?

The recognition of workforces that contribute to pandemic prevention, preparedness, and response beyond public health and medical professionals should be invested in. For example, several countries (including Liberia and Vietnam) have held trainings to strengthen One Health capacity in protected and conserved areas, which can lead to the development and adoption of risk reduction strategies. The transboundary nature of some protected and conserved areas, as well as migratory patterns of species and visitor travel, reinforce the importance of international collaboration of human health, veterinary services, and widlife and landscape experts for PPPR. One Health coordination platforms are an important mechanism for enabling information sharing and making coordination and collaboration routine. These mechanisms are increasingly being developed at subnational levels, which can have important utility in linking to local community extension services, e.g. community health and animal health workers toward the effective and meaningful engagement of communities.

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)?

N/A

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)?

As article 4 focuses on meaningful engagement of local communities, a focus on local context (for risks and relevant stakeholders) should also be brought into article 5. This ensures the focus of One Health efforts and investments are relevant and generate local benefits that will sustain uptake. This foundation of local capacity will help to reduce risk of spillover, reduce disease burden, and promote greater readiness and resilience.

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

The Kunming-Montreal Global Biodiversity Framework provides opportunities to support pandemic prevention and detection, including in pursuit of its Target 5 and Target 11. IUCN has also developed relevance guidance for protected area managers and tourism. These can be useful to inform voluntary action.

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?

The siloed nature of international agreements has in some cases hindered multi-sectoral collaboration. If the Agreement does not clarify what is and is not covered under its scope, particularly in regard to the role of other sectors and prevention at source, there is a risk that other sectors will not be empowered to act and gaps will remain unfilled. This is already being observed with the draft Global Plan of Action on Biodiversity and Health, despite having a broader scope than PPPR and many other important human, animal and enviromental health outcomes that can be supported. There is sufficient information to take action to reduce pandemic risk, with One Health-informed strategies like enhancing biosecurity, landscape zoning, and wildlife protection often overlooked in decision making related to PPPR. For this reason, any focus on future guidance or agreement should not preclude including prevention and One Health scope in the Pandemic Agreement (but could expand on it and help operationalize it).

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?

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?

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

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)?

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?

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?