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

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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 multi sectoral surveillance and risk assessment? (as per yellow text in Article 4.2)

There is a need for guidance on carrying out risk assessments and surveillance methods, and specific guidance on what countries should be looking for. Useful materials have been produced, for example by WOAH and by the JNCC in the UK. Countries would benefit from clear guidance on how to interpret risk assessments and identify high-risk activities, and what actions should be taken. In particular the need to adopt a precautionary approach to identified high-risk activities, even in the absence of identified potential pathogens, should be emphasized.

Deep collaboration between public health, veterinary, and environmental authorities that regularly and continuously discuss issues of concern and share data is important, in particular for developing, implementing and reviewing effective primary prevention plans. A framework should be established to facilitate, and to ensure the timely and efficient sharing of this data.

A Convention on Biological Diversity (CBD) CoP15 side-event highlighted some experience which can be drawn upon. See COP 15 Event Highlights Linkages Between Pandemics and Biodiversity, IISD.

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?

'One Health' is a concept. It is challenging to implement, is still not widely used in practice at the national level, and will evolve over time as scientific understanding of human-animal-environmental health improves. Guidance is needed on how to operationalize the concept in a practical way, in order to identify the key stakeholders and agencies at national and international levels, and to determine what their roles should be and how they should collaborate. A focus on identifying and characterizing the risks and how to address them, and understanding the abilities, competencies and limitations in each sector is important. The One Health Joint Plan of Action, and the associated Implementation Guide are useful in

this regard. The WHO, the US government and others have produced some useful additional documentation, and instructive case studies have been documented in Bolivia, China, Assam state, India, Kenya and Vietnam. The Global Action Plan for Biodiversity and Health, which is under development by the CBD and is due to be presented for adoption at CBD CoP16 in Colombia in October, and which aims to mainstream biodiversity and health linkages into national policies, strategies, programs and accounts, is also useful. The creation of National One Health Focal Points to help facilitate collaboration between agencies, and act as points of contact with other National Focal Points and the relevant international forums, would be highly valuable.

EWC has led the project "Preventing Future Zoonotic Pandemics: Strengthening National Legal Frameworks and International Cooperation", funded by the GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit), on how One Health is being built into national laws, focusing on Angola, Botswana and Zambia. For more details, see here and here. A final report will be released by EWC and partners in October of this year, which will include a guide to best practices.

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 concept of prevention needs to be expanded from preventing a small and localized outbreak from spreading and becoming an epidemic or pandemic, to also taking measures to prevent the spillover from happening in the first place, by identifying and addressing the root causes and drivers of an outbreak, in what we call 'primary prevention'.

Article 4 should include a stronger emphasis on prevention of pathogen spillover at source - primary prevention - and reflect that the most effective way of reducing the risk of pathogen spillover is to identify and eliminate, or effectively manage, high-risk activities. Comprehensive multi-sectoral national pandemic prevention and surveillance plans need to involve all key national agencies and stakeholders through a well-coordinated process, assisted by relevant international bodies including WHO, WOAH, FAO and UNEP, among others, as required.

Communities that rely on, or may potentially be among the first affected by pathogen spillover events, need to be fully informed and involved, and there should be a focus on identifying and developing alternative livelihoods and sources of protein for those who currently rely on high-risk activities.

Article 4: Proposed changes to text (changes in bold):

1. The Parties shall take steps…consistent with the International Health Regulations (2005), **and the implementation of the One Health approach,** and taking into account national capacities and national and regional circumstances.

2. Each Party shall,… that are consistent with the IHR, **and the implementation of the One Health approach,** and that cover, inter alia:

Add to paragraph 2(g): prevention of infectious disease transmission between animals and humans, including **pathogen and** zoonotic disease spill-over**, and address the drivers and sources of outbreaks.**

Add new paragraph 2 (k): detection and identification of animals and activities involving animals that can pose a risk to public health.

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)?

Article 5 should include a legal requirement for Parties to develop and implement One Health National Action Plans, taking into account available information and guidance, including the CBDs Global Action Plan for Biodiversity and Health, the One Health Joint Plan of Action, and the associated Implementation Guide produced by WHO, WOAH, FAO and UNEP. Parties and relevant organizations should be encouraged to assist those Parties that experience 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.

Add to paragraph 2: The Parties shall take measures, as appropriate aimed at identifying and addressing, in accordance with national and/or domestic law, and applicable international law drivers **and sources** of pandemics [...].

Add new paragraph 3 between existing (b-bis): **Developing guidelines to prevent pathogen spillover at the source and** zoonotic **outbreaks in animal populations.**

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

EWC invites consideration of the amendments it proposed to the (then) text in November 2023, available here. There are many papers, articles and other guiding materials available, including:

- Prevention of Zoonotic Spillover, OHHELP Whitepaper
- IPBES Workshop on Biodiversity and Pandemics, IPBES
- GIZ - factors influencing zoonotic prevention decision, International Alliance against Health Risks in Wildlife Trade
- On Health Joint Plan of Action, FAO, UNEP, WHO; WOAH
- The Deep Prevention Of Future Pandemics Through A One Health Approach: What Role For A Pandemic Instrument?, Global Health Centre, Graduate Institute of International and Development Studies
- Why we need a strong pandemic instrument to prevent future pandemics, illuminem, John E Scanlon AO
- Information and discussion session on One Health in the pandemic instrument: workshop report, Geneva, Permanent Mission of Canada to the UN in Geneva ; Group of Friends of One Health
- How to prevent the next wildlife-related pandemic, PLOS Biodiversity - Kudos, John E Scanlon AO

- CITES, Wildlife, and Pandemics: Failure to Grasp the Nettle, International Institute for Sustainable Development SDG Knowledge Hub, Dan Ashe, Sharon Deem, John E Scanlon AO

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 development of One Health National Action Plans should be 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 operationalization, including by identifying the key elements they should contain. That non-binding guidance should include the development, strengthening and maintenance of national health information systems, incorporating elements of both human and animal health, in order to facilitate risk assessments and inform appropriate actions to reduce the risk of pathogen emergence, or contain spillover events once they have occurred.

The Pandemics Agreement would also benefit from some additional definitions. Article 1. Use of terms. For the purposes of the WHO Pandemic Agreement: **Add (l) "animal" means domesticated, captive bred and wild animals; and Add (m) "primary prevention" means taking measures to reduce the risk of pathogen spillover between animals and humans;**

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?

If we are to prevent future pandemics, we need to act boldly now to institutionalize the changes that are needed to laws, funding and programmes.

It is critically important that commitments to implement primary prevention strategies and One Health National Plans are legally binding. Guidelines that assist in meeting obligations are not binding, but the obligation to develop plans and strategies should be binding. There should also be mandatory reporting to allow for the effective monitoring and assessment of their implementation.

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 imperative to strengthen the legally binding text of the Pandemic Agreement and adopt proactive measures to address the underlying drivers and sources of zoonotic disease emergence. An effective approach must address the risk of pathogens spilling over through well-regulated, meaningful prevention strategies as an indispensable component of the text.

If such elements are to be segmented outside the body of the text, they must be included in the Annex and have the same legal status, and be agreed and ratified alongside the Pandemic Agreement. If it is

included in a separate protocol, we are concerned that it will delay the implementation of key actions and hinder efforts to minimize pandemic risks.

Guidelines should be non-binding and be limited to information designed to assist Parties in the implementation of commitments laid out in the Pandemic Agreement or its annexes. Guidelines could be adopted through Resolutions of the CoPs, enabling them to evolve over time as the science and knowledge base evolves.

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

Parties' obligations should be set out in the Agreement. The relationship with other relevant legally binding instruments should also be included in the Agreement or annex to it. The Agreement should provide that in meeting their obligations under the Agreement, Parties must have regard to the obligations and guidance provided in other relevant instruments to which they are a Party, and in particular:

- the International Health Regulations; and
- relevant multilateral environmental agreements, including the CBD.

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)?

If the instrument is legally binding, which we believe it must be, or carries a high expectation of compliance, it should be matched by an increase in the scale of available capacity building and technical support and financing, including the ability of Parties to access such support and financing.

Of particular interest to us is support and assistance to Parties, upon request, to facilitate primary prevention, and the containment of spillover at the source should it occur.

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

The instrument should be seen as a commitment by Parties to undertake agreed prevention and surveillance activities in the interests of global health, to report upon these, and to maintain preparedness, in a manner that is consistent with 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?

The first deadline for concluding negotiations has already passed and, as a consequence, the momentum and urgency attached to the COVID pandemic have to some extent been lost. Further delays will weaken our collective resolve and ability to prevent and prepare for the next pandemic. The risk in negotiating these elements as a separate protocol to the Pandemic Agreement is that it will add to the delay,

momentum will be lost, and some Parties may not sign or ratify the protocol, which will fragment the global approach to pandemic prevention and One Health.

It is important to capture the key requirements for pandemic prevention and One Health in the text of the Pandemics Instrument itself, or in 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?

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

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. Detecting and identifying animals and activities involving animals that can pose a risk of pathogen spillover is necessary to develop and provide measures aimed at transitioning communities that rely on, or are affected by, these high-risk activities away from them. How well these communities are engaged will be critical to any effort to improve monitoring and surveillance, and to achieve behavior change to mitigate risk. Where activities need to be curtailed or substantially modified, alternative activities and sources of protein, and associated training and support will need to be provided to affected communities.

The 'whole-of-society' approach outlined in Article 17 is essential to the success of the Pandemic Agreement and is supported. In implementing Article 17, along with other Articles, it will be important to place a particular focus on engaging with those communities that are directly involved and impacted, including those communities likely to be affected by regulating high-risk activities, including communities that harvest, produce, and consume high-risk animal products, as well as those in more distant locations that create the demand for such products.