

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)

In the Netherlands, National action plan, strengthening zoonoses policy was established by the Ministries of Health and Agriculture in 2022 in response of SARS-CoV-2. In this action plan, the Dutch government describes how it will further strengthen its policy on zoonoses over the next 4 years. The aim of the action plan is to further reduce the risk of zoonotic diseases emerging and spreading in the future, and to ensure that the Netherlands are prepared for possible outbreaks. (<https://www.government.nl/documents/reports/2022/07/06/national-action-plan-for-the-strengthening-of-the-zoonotic-disease-policy>). This action plan was the base for a pandemic prevention programme at RIVM to strengthen zoonoses from signaling to response from 2023-2026 and this is currently carried out. In this programme, OH surveillance and datasharing is an important theme, and implemented for swine and avian influenza in swine and setting up a molecular on line platform to share data between domains. Although we already have a zoonoses structure from signaling to response to combat zoonoses in a OH setting, One Health surveillance systems are now implemented for several zoonoses prioritised using MCDA. OH surveillance needs legal and collaborating agreements between parties in various domains to formalise collaborations and organise datasharing. Internationally, same problems and even more might occur, and although some datasharing programmes exist, for emerging pathogens this might be difficult

- 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?

To identify and promote drivers of emergence at the human-animal interface besides the well known more general drivers of emergence, is a topic not so easily to study, where regional different drivers may exist, and should be organised in long term collaborations.

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)?

Now article 4 is very general and does not give direction how to handle all these different subjects and place them in programmes and how capacity should be build and organised. Perhaps it helps countries to give examples how this should be done (see also National action plan for the NL) and reference towards the joint action plan One Health by the quadripartite. (Annex start to take steps)

- 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)?

See also above, give examples how infrastructures between domains in a One Health setting can be set up. An important point is that infratructures as far as possible should be build upon existing structures if available and exsiting networks.

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

Again, it could be helpful to guide what important frameworks can be drawn (annex to operationalise).

- 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?

An important guidance document is about collaboration between domains, how to design and create these collaborations. Nationally and internationally.

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?

Legally binding commitments are important for datasharing between domains but very difficult to set. Different terms and laws exist between domains and legal officers are mainly working in their domain. Collaborations and data sharing should be build on trust and good protection of ownership. Legal commitments are a pitfall to organise using existing laws. Guidance and examples will be helpful (annex how to operationalise).

- 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?

Better collaboration and sharing at OH level can improve the rapid signaling and response, but needs also willingness on political level, since besides infectious diseases prevention, other social and economic considerations will hamper a rapid action.

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

Not so clear what is meant by this instrument

- 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)?

see above

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

see above

- 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?

see above

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?

This is extremely important on a local level to protect biodiversity, wildlife to engage communities in development and implementation of OH strategies, measures and policies. This is actually the most important part of OH development at local level. Collaboration between communities should be set up and improved, in equity and supported. For communities all the points mentioned in art 17 might be not feasible without support on all levels.