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)

Many countries built on existing influenza surveillance systems and programs to respond to COVID-19, and now COVID-19 response has been encouraging many countries to strengthen comprehensive multisectoral national pandemic prevention surveillance plans/programmes/actions.

However, we are learning that comprehensive multisectoral national pandemic prevention surveillance plans/programmes/actions are easy to say but difficult to implement.

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?

(1) Breaking Down Silos: There still remain traditional sectoral barriers between health, animal and environment sectors and organizations. To dismantle those baeeires, the One Health approach needs to show more practical and pragmatic ways to make more coordinated planning, surveillance, implementation, M&E.

(2) Promoting research and addressing Root Causes: To prevent future pandemics and re-emerging diseases, it is important to promote research for causes and prevention of zoonotic diseases and spill-over to humans through collaboration of various sectors of One Health.

(3) Investment in Prevention: Investing in pandemic prevention through a One Health approach is cost-effective. Prevention costs are significantly lower than the costs associated with managing pandemics, making it a financially sound strategy.

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)?

Regulation of Wildlife Trade: Wildlife markets and trade could enhance the risk of zoonotic disease transmission and the likelihood of emerging and re-emerging diseases.

Sustainable Agriculture Practices: Promoting sustainable farming practices and reducing the demand for animal protein can help mitigate the drivers of zoonotic diseases

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)?

Data and information sharing: There are barriers to effective data collection, sharing, and interoperability across sectors

Governance structures: Many countries lack strong One Health governance mechanisms and coordinating bodies

Political will and commitment: There is often a lack of political support and commitment to implement One Health policies and actions at national levels.

Capacity building: There are gaps in workforce capacity, skills, and training to implement One Health approaches.

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

One Health Joint Plan of Action (OH JPA)

Guide to Implementing the One Health Joint Plan of Action at National Level: Recently launched by the Quadripartite to support countries in strengthening their One Health actions.

International Health Regulations (IHR) amendments:

G7 Shared Understanding on One Health Approach

WHO Pandemic Agreement (Ongoing negotiations)

One Health High-Level Expert Panel (OHHLEP)

World Bank estimates: Highlight the cost-effectiveness of One Health approaches for pandemic prevention.

Quadripartite One Health collaboration: Provides a framework for coordinated action across WHO, FAO, OIE and UNEP.

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?

Additional commitments and guidance are needed to describe and navigate real implementation of PPPR and One Health, especially for countries to operationalize plans and programs.

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?

Yes, but if it takes time, we need to start from essential components and steps as future pandemics don't wait till all are ready. Legal binding is important in the areas where legal challenges exist.

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?

Different forms of a future instrument need to compliment each other and facilitate the countes'/world's ability to prevent and prepare for the future pandemic. Therefore, we need to identify gaps in currently available instruments and make synergy among them.

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

No comment.

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)?

The instrument need to enhance ability to access implementation support and financing under the PA, so it should be taken stock of.

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 need to link to their prevention and surveillance commitments, and M&E framework, especially to describe and guide more practices and operationalization of commitments and framework.

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?

Not sure, but we all need to make every effort to shorten the time and start implementation asap. No instrument could be perfect at the beginning, so we can start using it and improve it when needed.

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?

It's very important and critical to engage communities, but we need to clarify what kind of communities are especially engaged in what kind of activities. Article 17 outlines community engagement in general, but it need to describe what types of communities, their values and roles, and the ways of engagement.