

**Recommendations from the coalition for Preventing Pandemics at The Source (PPATS)  
on the**

***Conceptual zero draft of the WHO convention, agreement or other international instrument on  
pandemic prevention, preparedness, and response for the consideration of the Intergovernmental  
Negotiating Body at its third meeting***

***Prepared December 1, 2022***

Ahead of the third meeting of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement, or other international instrument (WHO CA+) on pandemic prevention, preparedness and response, which will take place in Geneva from December 5<sup>th</sup> to 7<sup>th</sup> 2022, a conceptual zero draft has been shared with member states. We recognize that it acknowledges the importance of preventing pandemics by addressing their root cause: spillover of pathogens from animals to humans. We also welcome the emphasis on adopting a multisectoral and unifying approach to pandemic prevention that aims to sustainably balance and optimize the health of people, animals, and ecosystems.

However, the draft is overly focused on post-outbreak actions (secondary prevention) and does not include explicit provisions to reduce spillover risk (primary prevention). The crucial role of primary prevention to achieve global health equity is also overlooked. In this advisory note, the [Preventing Pandemics at the Source](#) coalition - a group composed of leading organizations focused on public health, human rights, science, health justice, biodiversity, climate change and Indigenous rights - offers recommendations for how the conceptual zero draft of the WHO CA+ could better reflect primary pandemic prevention priorities.

**Recommendations:**

We recommend the changes below be made to the conceptual zero draft before it is approved as the basis for starting the negotiations. Text that we recommend be added to the working draft is shown in *italicized, bolded blue font*, while text that we recommend be deleted is shown in *italicized red font with strikethrough*.

**I. Introduction**

***Article 1 - Definitions and use of terms (section to be developed)***

Include the following definitions:

1. One Health: ***“One Health is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems.”*** (Note: This definition of One Health was developed by the One Health High-Level Expert Panel)
2. Pandemic prevention: ***“Pandemic prevention refers to the complete set of actions to prevent a pandemic from occurring and can be divided into primary and secondary pandemic prevention.”***

3. Primary pandemic prevention: *“Primary pandemic prevention refers to actions to prevent an outbreak in humans of a pathogen that has the potential to cause an epidemic or pandemic, particularly through reducing risk of spillover.”*
4. Secondary pandemic prevention: *“Secondary pandemic prevention refers to actions that aim to curb human-to-human spread of a pathogen that has caused an outbreak in humans so that neither an epidemic nor a pandemic occurs.”*
5. Spillover: *“Spillover is the movement of pathogens from non-human vertebrate animals to humans.”*

## II. Objective(s), principles, and scope

### Article 4 - Principles

#### 4. Equity

Update the current text as follows:

*“An effective **approach response** to pandemics **prevention, preparedness and response** requires **actions to prevent pathogen spillover and** ensuring fair, equitable and timely access to affordable, safe and efficacious pandemic response products, among and within countries, including between groups of people irrespective of their social or economic status.”*

#### 14. One Health

Update the current text as follows:

*“Multisectoral actions should recognize the importance of a coherent, integrated and unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems, including through, but not limited to, **actions to prevent pathogen spillover and** attention to the prevention of epidemics due to pathogens resistant to antimicrobial agents.”*

## III. Strengthening and sustaining capacities for pandemic prevention, preparedness response and recovery of health systems

### Article 10 - Strengthening and sustaining **prevention, preparedness, and health systems’ resilience**

Update the current text as follows:

#### 2. Towards this end, each Party [shall]/[should]:

*(a) Strengthen public health functions for pandemic prevention and preparedness to ensure robust pandemic response and recovery of health systems, by means that include:*

*(i) measures to build and reinforce **integrated** surveillance systems, including One Health, outbreak investigation and control, through interoperable early warning and alert systems, across public and private sectors and relevant agencies, notably the*

*Quadripartite, and consistent with relevant tools, including, but not limited to, the International Health Regulations (2005)*

*(iii) measures to develop prevention strategies for **outbreaks of** epidemic-prone diseases, and emerging, growing or evolving public health threats with pandemic potential, notably at the human–animal–environment interface*

**Article 11 - Strengthening and sustaining a skilled and competent health workforce**

Update and add to the current text as follow:

2. Towards this end, each Party [shall]/[should]:

*(a) Mobilize and coordinate adequate human, financial and other necessary resources for affected countries, based on public health need, in order to **prevent and** contain outbreaks and prevent an escalation of small-scale spread to global proportions*

***(e) Strengthen the One Health workforce, including training health workers on One Health and primary pandemic prevention and upskilling the animal health workforce***

**Article 12 - *Prevention and preparedness monitoring, simulation exercises and peer reviews***

**IV. Pandemic prevention, preparedness, response and health system recovery coordination, collaboration and cooperation**

**Article 17 - One Health**

While we strongly welcome this section dedicated to One Health, it must expand its current focus on integrated surveillance and antimicrobial resistance to also explicitly commit governments to take actions to reduce the risk of pathogen spillover.

Update the current text as follows:

1. *In the context of pandemic prevention, preparedness, response and recovery of health systems, the Parties [shall]/[should] promote and enhance synergies between multisectoral collaboration at the national level and cooperation at the international level, in order to ~~safeguard human health and detect and prevent health threats at the interface between animal, human and environment ecosystems, while recognizing their interdependence~~ **sustainably balance and optimize the health of people, animals and ecosystems**. (n.b. this language is part of the Quadripartite's definition of One Health)*

2. Towards this end, each Party [shall]/[should]:

*(a) Promote and implement a One Health approach that is coherent, coordinated and collaborative among all relevant actors, existing instruments, and initiatives, by means that include:*

*(i) measures to ~~identify and integrate into relevant pandemic prevention and preparedness plans,~~ **address the** drivers for the emergence of disease at the human–animal–environment interface, including but not limited to climate change, land use change, wildlife trade, desertification and antimicrobial resistance;*

*(d) Develop and implement a national One Health Action Plan **on antimicrobial resistance** which includes measures to:*

*(i) **Address antimicrobial resistance through** improving antimicrobial stewardship in the human and animal sectors; optimizing consumption; increasing investment in, and promoting equitable and affordable access to, new medicines, diagnostic tools, vaccines and other interventions; strengthening infection prevention and control in health care settings; and providing technical support to developing countries;*

*(ii) **Address the drivers of pathogen spillover, including climate change, land use change, wildlife trade, and poor biosecurity in animal husbandry***

## **VII. Institutional arrangements**

The role of the Quadripartite must be explicitly reflected in the proposed governance of the WHO CA+, especially given the recent release of their [One Health Joint Plan of Action](#) and its relevance for pandemic prevention. The WHO should retain its central role, but it must work closely with the Food and Agriculture Organisation of the United Nations (FAO), the World Organization for Animal Health (WOAH) and the United Nations Environment Programme (UNEP). This collaboration is crucial to ensure that the WHO CA+ moves beyond the skewed, anthropocentric approach to health which has failed us in the past and reflects the multisectoral, comprehensive approach needed to protect us from future pandemics.