

Recommendations from the coalition for Preventing Pandemics at the Source (PPATS)
on the
Proposal for the WHO convention, agreement or other international instrument on pandemic prevention, preparedness, and response

On April 17th 2024, the Bureau of the Intergovernmental Negotiating Body (INB) released a [Proposal](#) for the WHO Pandemic Agreement to Member States and relevant stakeholders. This text will serve as the basis for negotiations during the resumed ninth INB meeting, April 29th to May 10th.

We support the current state of Article 4 (Pandemic prevention and public health surveillance) and Article 5 (One Health). We would welcome stronger provisions detailing spillover prevention (a form of primary prevention) but, in the interest of reaching consensus at this late stage of negotiations, we support the current text.

We strongly urge member states to **retain important inclusions** of (1) the **One Health approach**; (2) **prevention of zoonotic spillover and spillback**; and (3) **work to identify and address drivers of pandemics**. Without these inclusions, the text would be significantly weakened and unable to effectively deliver on pandemic prevention or health equity.

To achieve health equity, we need spillover prevention; without primary prevention, we are accepting the illness and deaths of Indigenous Peoples and Local Communities in spillover-prone areas, and the underprivileged in general who are almost always the last to benefit from vaccines, therapeutics, and other reactive interventions.

More broadly, we support language on the protection of communities at human-animal-environmental interfaces, the fundamental role of primary healthcare, and equity principles that safeguard vulnerable communities, especially Indigenous Peoples and Local Communities, from future zoonotic outbreaks, epidemics, and pandemics.

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 Proposal for the WHO Pandemic Agreement can retain and better incorporate primary pandemic prevention priorities.

Recommendations:

Text that we recommend be preserved in the draft is shown in *italicized, bolded green font*, while text we recommend be added is shown in *italicized, bolded blue font*.

Chapter I. Introduction

Article 1. Use of terms

The following text must be preserved:

(b) “One Health approach” means an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems. It recognizes that the health of humans, domestic and wild animals, plants and the wider environment (including ecosystems) is closely linked and interdependent;

We strongly suggest adding the following **definition for prevention**, as used by the World Bank-hosted [Pandemic Fund](#). It is critical that all stages of prevention are incorporated into the definition. While the Proposal text often refers to secondary prevention (*actions taken to reduce the risk of an outbreak from spreading and developing into an epidemic or pandemic*), we must also focus on primary prevention (*actions taken to reduce the risk of an outbreak occurring at all, e.g., spillover prevention*) – as it is the only equitable form of pandemic prevention.

1. “Prevention” means the systems, policies, and procedures used to determine, assess, avoid, mitigate, and reduce public health threats and risks. This definition captures interventions needed to mitigate risk and reduce the likelihood or consequences of spillover events at the human, animal, or ecosystem interfaces. Such interventions frequently reside with agriculture, food, wildlife management, or environmental sectors, highlighting the importance of a multisectoral, “One Health” approach, but also include some health sector interventions (e.g., routine immunization against epidemic-prone diseases).

Chapter II. The world together equitably: Achieving equity in, for and through pandemic prevention, preparedness and response

Article 4. Pandemic prevention and public health surveillance

The following text *in green* must be preserved.

Additionally, we strongly suggest the language *in blue* be added. This language was present in the Negotiating Text and details **key actions for zoonotic spillover and spillback prevention**. To fulfill the mandate of Chapter II and achieve equity, we need spillover prevention to not only be named in the Text – but also be put into practice. Naming key actions (e.g., *identifying settings and activities that create or increase risks, taking measures to reduce risks, naming measures, etc*) will assist groups in advocating for funding and implementation of these actions after the Pandemic Agreement is finalized.

2. Each Party shall develop, strengthen, implement, periodically update and review comprehensive multisectoral national pandemic prevention and public health surveillance plans that are consistent with and supportive of the effective implementation of the IHR (2005), and in accordance with its capacities, which cover, inter alia:

(a) collaborative surveillance;

(f) zoonotic spill over and spillback prevention; (i) identify settings and activities that create or increase the risk of disease emergence and re-emergence at the human- animal-plant-environment interface; (ii) take measures to reduce risks of zoonotic spillover and spillback associated with these settings and activities, including measures aimed at safe and responsible management of wildlife, farm and companion animals,

3. The Parties recognize that environmental, climatic, social, anthropogenic and economic factors increase the risk of pandemics and endeavour to identify these factors and take them into consideration in the development and implementation of relevant policies, strategies and measures, at the international, regional and national levels, including by strengthening synergies with other relevant international instruments and their implementation.

4. The Conference of the Parties may adopt, as necessary, guidelines, recommendations and standards, including in relation to pandemic prevention capacities, to support the implementation of this Article.

Article 5. One Health

The following text must be preserved:

1. The Parties commit to promote a One Health approach for pandemic prevention, preparedness and response, recognizing the interconnection between people, animals and the environment, that is coherent, integrated, coordinated and collaborative among all relevant organizations, sectors and actors, taking into account national circumstances.

2. The Parties commit to identify and address the drivers of pandemics and the emergence and re-emergence of disease at the human-animal-environment interface through the introduction and integration of interventions into relevant pandemic prevention, preparedness and response plans.

3. Each Party shall, in accordance with its national context, protect human, animal and plant health, with support from WHO and other relevant international organizations, by:

(b) promoting the effective and meaningful engagement of communities in the development and implementation of policies, strategies and measures to prevent, detect and respond to outbreaks;

Regarding the following text, section 5.4, that outlines a separate instrument on One Health: we **support the development of a One Health instrument** and welcome plans to pursue it immediately and in consultation with an expert committee. However, **it is critical that the creation of this new instrument does not result in the removal of existing One Health language** from the Pandemic Agreement. The above text in **green** must be preserved.

4. The modalities, terms and conditions, and operational dimensions of a One Health approach shall be further defined in an instrument, that takes into consideration the provisions of the IHR (2005), and is operational by 31 May 2026.