



WCS input on Proposal for the WHO Pandemic Agreement (22 April 2024)

The Wildlife Conservation Society (WCS) appreciates the time, effort, and consideration that has gone into developing the Proposal for the WHO Pandemic Agreement. We are satisfied with the framing of Article 4 (Pandemic prevention and public health surveillance) and Article 5 (One Health), as the best way forward to reach consensus, although we would have preferred greater emphasis on commitment to actions to prevent pathogen spillovers. We encourage the proposed text to be vigorously defended (if not strengthened), as any further weakening would render these articles inadequate and ineffective. We also support Article 6 on preparedness, readiness and health system resilience, noting in particular the importance of adhering to relevant international data standards and interoperability [e.g., FAIR and CARE principles] and timely sharing of data.

We note that WCS is the only international conservation organization with an embedded wildlife health program, working on the ground in approximately 60 countries, primarily in the Global South. We are an active and respected partner, and scientific and technical resource in the places we work, as well as regionally and internationally, and have repeatedly offered our assistance to Member States, the INB Bureau and the WHO Secretariat. Unfortunately, we have never been invited to share our wide ranging scientific, technical and policy expertise. The closed nature of and lack of access to the process has been frustrating, but we will continue to engage whenever possible, including making our way back to Geneva for the INB9 resumed session. We also look forward to engaging in the Pandemic Agreement's implementation following its adoption and entry into force.

WCS recommendations on the Proposal for the WHO Pandemic Agreement

The sections highlighted in yellow below indicate critical text/concepts that must be retained in the final agreement. We also suggest a few minor edits in red that we think are non-controversial and would strengthen the text, as well as offer some thoughts on specific paragraphs below.

Chapter I. Introduction

Article 1. Use of terms

WCS fully supports the inclusion of the “One Health approach” in this section. Further, we continue to encourage Member States to also include a definition for prevention that covers the different preventive stages (primary, secondary, tertiary). “Prevention” is a core element of the WHO Pandemic Agreement's mandate; however, it is largely discussed in terms of downstream or secondary prevention (i.e., surveillance). If governments aim to prevent future pandemics, they must consider the full spectrum of prevention.

(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;

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

1. The Parties shall cooperate with one another, in bilateral, regional and multilateral settings, to progressively strengthen pandemic prevention and public health surveillance capacities, consistent with the International Health Regulations (2005) (hereinafter IHR (2005)), and taking into account national and regional circumstances.

2. Each Party shall develop, strengthen, implement, periodically update and review comprehensive multisectoral national pandemic prevention and public health surveillance plans that are also 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;

(b) community-based early detection and control measures;

(c) water, sanitation and hygiene;

(d) routine immunization;

(e) infection prevention and control;

(f) zoonotic spill over and spillback prevention;

(g) laboratory biological risk management, in order to prevent the accidental exposure to, misuse or inadvertent release of pathogens;

(h) vector-borne disease surveillance and prevention; and

(i) antimicrobial resistance (AMR) to address pandemic-related risks associated with the emergence and spread of pathogens that are resistant to antimicrobial agents.

(Note: While we support “collaborative surveillance,” we understand that some Member States have voiced concern about this term. From our perspective, “collaborative,” “integrated,” or “coordinated multisectoral” surveillance are all acceptable.)

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, as well as to combat them, when possible, in the development and implementation of relevant policies, strategies and measures, at the international, regional and national levels, as appropriate, including by strengthening synergies with other relevant international instruments and their implementation.

(Note: This paragraph is essential because it recognizes the many factors that determine and increase the risk of pandemics and acknowledges other relevant international instruments. Numerous multilateral environmental agreements (MEAs) have adopted targets, decisions, resolutions, etc. on pandemic prevention, as well as programmes of work on biodiversity and health and climate change and health. Once the pandemic agreement enters into force, it will be imperative for the relevant provisions adopted by the pandemic agreement and the MEAs to be fully integrated into national implementation plans.)

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

(Note: This paragraph is vitally important, as standards, guidelines, recommendations, and regulations do not exist for all aspects of or sectors relevant to pandemic prevention and surveillance. Developing these in a timely manner will be critical.)

Article 5. One Health

1. The Parties commit to promote **and implement** 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 reemergence of disease at the human-animal-environment interface through the introduction and integration of interventions into relevant pandemic prevention, preparedness and response plans.

(Note: We fully support this paragraph and strongly advocate for its adoption. Identifying and addressing the drivers of pandemics and the emergence and reemergence of disease at the human-animal-environment interfaces are fundamental for the evaluation and prevention of the emergence and subsequent spread of novel pathogens.)

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:

(a) **adopting**, implementing and regularly reviewing relevant national policies and strategies that reflect a One Health approach as it relates to pandemic prevention, preparedness and response;

(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; and

(c) promoting or establishing One Health joint training and continuing education programmes for human, animal and environmental health workforces, to build relevant and complementary skills, capacities and capabilities.

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.

(Note: Further guidance is needed here, as there appear to be many inconsistencies with both the parallel provision set forth in Article 12 and Part 4 of the draft WHA resolution. However, if discussions of a One Health Intergovernmental Working Group move forward, we encourage Member States to retain two specific elements contained in paragraph 9(3) of the draft WHA resolution. That is, a preparatory committee composed of independent experts and an immediate start date (no later than 15 June 2024).

As always, WCS looks forward to providing our scientific, technical and policy expertise on One Health, including on pandemic prevention, surveillance, and pathogen and benefit sharing.

Article 6. Preparedness, readiness and health system resilience

2. Each Party commits, in accordance with its national and / or domestic law, as appropriate and its capabilities, to develop or strengthen, sustain and monitor health system functions and infrastructure, including by adopting and/or developing policies, plans, strategies and measures, as appropriate, for:

(c) laboratory and diagnostic capacities, and associated national, regional and global networks, through the application of relevant standards and protocols for laboratory biosafety and biosecurity; and

(d) promoting the use of social and behavioural sciences, risk communication and community engagement for pandemic prevention, preparedness and response.

(Note: We strongly support 2(d) and the inclusion of social and behavioral sciences in this article.)

3. The Parties, collaborating with WHO and relevant international organizations, shall endeavour to identify, promote and/or strengthen, as appropriate, in accordance with national and/or domestic law, as appropriate, relevant international data standards and interoperability that enable timely sharing of public health data for preventing, detecting and responding to public health events.

Article 19. International cooperation and support for implementation

3. The Parties shall collaborate and cooperate for pandemic prevention, preparedness and response through strengthening and enhancing cooperation among relevant legal instruments and frameworks and relevant global, regional, subregional and sectoral organizations and stakeholders, in the achievement of the objectives of this Agreement, while closely coordinating support with that provided under the International Health Regulations (2005).

(Note: This should include institutions with technical expertise and on the ground presence, not just multilateral and intergovernmental organizations.)



WCS is the only international conservation organization with an embedded wildlife health program, working on the ground in approximately 60 countries across Asia, Africa, the Pacific and the Americas. With more than 125 years of scientific and technical expertise and experience related to emerging infectious diseases, prevention at source, collaborative surveillance, and One Health implementation, WCS is ready to assist Member States, the INB Bureau and/or the WHO Secretariat whenever needed.

Please contact Dr. Susan Lieberman, Vice President, International Policy (slieberman@wcs.org) and Christine Franklin, Intergovernmental Policy Officer (cfranklin@wcs.org) with any questions about the contents of this document, or these issues in general.

For more information visit: www.wcs.org/preventionatsource

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