**Chapter II, Articles 4, 5 and 6**

*Definition of “pandemic” to be determined, including issue of whether to use “pandemic emergencies” or “pandemics”.*

# Article 4. Pandemic prevention and ~~public health surveillance~~ coordinated multisectoral surveillance

# *This section should be broader than public health surveillance, to make it clear that this Article is about preventing pandemics at the source.*

1. The parties commit to take measures to progressively strengthen pandemic prevention, taking into account the subnational, national and regional context.
2. The Parties shall cooperate:
   1. in the implementation of the provisions of this article, in particular through enhancing financial and technical support to developing countries in line with Articles 16, 19 and 20;
   2. in support of global and/or regional initiatives aimed at preventing pandemics, in particular those which reduce zoonotic spillover and spillback, improve data, data-sharing, disease surveillance, and early warning systems; promoting evidence- based multisectoral action and risk communication; and identifying areas and activities at risk of emergence and re-emergence of infectious [diseases/pathogens] with pandemic potential;
   3. ~~to develop and update international standards and guidelines~~ contribute to the development of, update and implementation of existing intergovernmental/multilateral standards and guidelines to prevent, detect and reduce the risks of zoonotic spillover, in collaboration with WHO and relevant ~~international~~  intergovernmental/multilateral organizations.

*The agreement should recognize at least once the need to prevent the spillback of zoonoses, as research is showing that zoonotic disease transmission is not entirely a one-way journey from animals to people.*

*It is also very important to acknowledge the need for multisectoral data-sharing at national level as our own research shows that there is often no formal mechanism for sharing data between animal health and human health sectors – this is imperative for timely response to zoonotic disease outbreaks that could have pandemic potential. Data-sharing must be at all levels, from the farm level up to national level.*

*There are guidelines and standards from the quadripartite organisations that contribute to pandemic prevention, including WOAH’s Performance of Veterinary Services pathway and their terrestrial animal health codes. The IHR does not cover animal disease management and therefore is not enough to guide pandemic prevention at source. Only referencing the IHR makes it unclear whether this section is about prevention at source, or prevention once an outbreak has occurred.*

1. Each Party commits to progressively strengthen pandemic prevention, taking into account its national circumstances and capabilities, and drawing on the capacities set out in [paper/annex/list X - TBC], including through:  
   1. *Enhanced collaborative and integrated surveillance***,** in line with the One Health approach and with applicable sharing of relevant benefits as set out in Article 12: (i) detect and conduct risk assessments of emerging or re-emerging pathogens which infect humans, in accordance with the International Health Regulations (2005) and other relevant standards and guidelines

detect ~~and,~~ conduct risk assessments of, incentivize reporting and response to diseases in wild and domestic animal populations that could present significant risks of zoonotic spillover.

* 1. *Infection prevention and control:* (i) take measures to enable timely access to effective immunization and vaccination, which aim to reduce pandemic risks; (ii) enable access to safe water, sanitation and hygiene, including in hard-to-reach settings; (iii) require healthcare facilities and institutions to have in place a regularly updated infection prevention and control programme, including sound management of health-care wastes; (iv) take measures to reduce the risks of infection spillover from animals to humans ~~in live animal settings including veterinary practices~~, including strengthening veterinary services/animal health services; and (v) implement other infection prevention and control measures, in line with relevant international standards and guidelines.
  2. *Zoonotic spillover prevention:* (i) identify settings and activities at high risk of disease emergence and re-emergence at key animal value-chain points and human-animal-plant-environment interface; (ii) take measures to reduce risks of zoonotic spillover associated with these settings and activities, including but not exclusively measures aimed at safe and responsible management of wildlife, farm and companion animals, in line with relevant international standards and guidelines. (iii) strengthen animal health systems/institutions in line with relevant intergovernmental guidelines and standards.
  3. *Biosafety and biosecurity:* develop, strengthen, and maintain biosafety and biosecurity, in particular with regard to laboratories and research facilities in order to prevent the accidental exposure, misuse or inadvertent release of pathogens, including through biosafety and] biosecurity training and practices, regulating access to sensitive locations and ensuring the safety and security of transportation and cross-border transfer, consistent with applicable international and national regulations and standards; and
  4. *Anti microbial resistance(AMR):* take measures to prevent the emergence and spread of pathogens that are resistant to antimicrobial agents, including through the ~~prudent use~~ responsible use and disposal of ~~antibiotics~~ antimicrobials in humans, ~~and~~ animals and plants in accordance with national AMR Action Plans and relevant international guidelines and plans [footnote: Global Action Plan for AMR].

*4.3(a): As well as detecting diseases in animal populations, it is important that they are responded to. Response is essential for controlling outbreaks and for building community trust in surveillance systems.*

*For integrated and collaborative surveillance to work, countries must build and strengthen its individual components which currently suffer from significant weaknesses (human health, animal health, environmental health). Reporting must also be incentivized (not penalized) as we know that at all levels the ‘stick’ approach can prevent people and governments from reporting disease outbreaks – e.g. compensation for farmers for loss of animals, and assurance that countries will receive support from relevant agencies to deal with outbreaks.*

*There are zoonotic diseases that do not currently present significant spill-over risk, but could do in the future – as well as diseases that we do not yet know about. For instance the current H5N1 outbreak is not a threat to people at the moment, but the longer it circulates in animals the more likely it is to mutate or reassert and become a serious threat. These zoonotic diseases need to be detected and responded to before they become a significant risk. It is imperative that we focus on disease threats, viral traits and transmission conditions (i.e. human-animal interfaces), not on particular species of animal.*

*We have heard some member states have concerns that phrases such as ‘integrated surveillance’ may force countries into real-time data-sharing on animal health. Whilst we prioritise national level multisectoral surveillance for the purposes of this agreement, we would like to flag that member states already have obligations to report a particular list of notifiable animal diseases, including zoonoses, to the World Animal Health Information System (WAHIS). This is essential for early warning and dissemination of information, and to inform vaccine production for specific animal diseases.* ***For this reason we urge that member states consult not only their ministries of health, but also their ministries of agriculture to get an accurate picture of the current obligations around animal health and how these apply to pandemic prevention to inform their positions on what should be in this agreement.***

*4.3 (b): It is not clear if it is being suggested that veterinary practice perpetuates the risk of zoonotic disease spill-over, or if it is being suggested that improving veterinary practice should be a key prevention measure. The former is not accurate, as adequate veterinary practices will prevent zoonotic disease spill-over rather than cause it. There are also many other practices that are high-risk and it would be unfair to single out the veterinary profession here.*

*4.3 (c): As well as focusing on particular settings, it is imperative to build accessible and quality animal health services that are for “every day” problems and able to spot zoonotic disease outbreaks with pandemic potential when they occur – this is not currently reflected in the agreement as it stands.* ***Building these services – as well as focusing on ‘hotspots’ such as live animal markets - will have a significant impact on reducing risks to community livelihoods, food security and other sustainable development issues.***

*4.3 (e): If the clause on AMR remains in the agreement, we suggest to update the language around antimicrobial use to be in line with the Global Plan of Action on AMR. It is important to include disposal as well as use, as this has a major impact on environmental pollution and spreading AMR. If the clause to AMR is lost, then we suggest to reference “AMR Pathogens” in 2.4. We also suggest considering moving AMR to articles dealing with response as responsible use and preservation of antimicrobials is vital to the response phase of a pandemic.*

1. To implement the provisions in this Article, each party shall, consistent with the International Health Regulations and their effective implementation:
   1. ensure that relevant national action plans, and where applicable regional policies and strategies, include comprehensive multisectoral pandemic prevention measures;
   2. develop, strengthen and maintain the pandemic prevention capacities as set out in [list X / of capacities - TBC];
   3. take into account recommendations, guidelines and policies developed and adopted by WHO and relevant international organizations or bodies including the Quadripartite organizations – FAO, WOAH, WHO, UNEP - (footnote) in the development of relevant national policies, strategies and measures to prevent pandemic. In this regard, the Secretariat and Quadripartite organizations may provide technical support as necessary. (footnote: The Quadripartite organizations shall mean FAO, UNEP, WHO and WOAH)
   4. promote the effective and meaningful engagement of communities in whole of society approach in the development and implementation of policies, strategies and measures related to pandemic prevention, in accordance with Article 17.
2. The Parties recognize that environmental, climatic, socio-economic and anthropogenic factors increase the risk of pandemics and endeavor to identify these and take them into consideration in the development and implementation of relevant policies, strategies and measures, including by strengthening synergies with other relevant international instruments and their implementation in accordance with Articles 17 and 25.

*To be included in paper/annex/list X*

[The Parties shall cooperate, with the support of the Secretariat, and quadripartite organisations, to strengthen and maintain public [and ~~animal/ and other relevant One Health~~ veterinary] ~~health~~ laboratory and diagnostic capacities, [as stipulated in Annex 1 of the IHR,] especially in respect of the capacity to perform genetic sequencing, data science to assess the risks of detected pathogens and to safely [collect] handle [and store] samples containing pathogens.

*If an annex is to be kept, we suggest listing the relevant guidelines, outside of the IHR, that apply to pandemic prevention at source (e.g. WOAH’s Performance of Veterinary Services, and the Terrestrial Animal Health Codes).*

# Article 5. One Health approach to Pandemic Prevention, Preparedness and Response

# *We suggest to specify that the One Health approach applies to the full pandemic cycle.*

1. The Parties commit to promote and implement a One Health approach for pandemic prevention, preparedness and response that is coherent, integrated, coordinated and collaborative among all relevant actors and sectors.
2. For this purpose, each Party shall, taking into account its national circumstances and capabilities and drawing on the capacities set out in Paper/Annex/List and Annex 1 of the IHR and other existing relevant intergovernmental/multilateral international instruments:
   1. ensure that relevant national policies, strategies and measures adopt a One Health approach;
   2. implement scientific and evidence-based actions, including but not limited to: (i) improving infection prevention and control measures in animals and humans; (ii) antimicrobial research and development; and

(iii) ensuring equitable and timely access to, responsible use and disposal of, antimicrobials in human and animal health sectors;

* 1. foster and implement actions at national and community levels that encompass whole-of- government and whole-of-society approaches to prevent, detect and respond to zoonotic out- breaks in animals and humans; ~~and~~
  2. promote or establish One Health joint training and continuing education programmes for hu-man health, animal health and environmental workforces, in accordance with Article 7, to build complementary skills, capacities and capabilities.
  3. Strengthen existing, and/or establish multilevel One Health platforms for pandemic prevention, preparedness and response at national, subnational, and local levels that include government, private sector, and non-profit stakeholders, local communities, and international agencies.
  4. Promote intelligence and data sharing across human health, animal health, and environment sector stakeholders at all level
  5. Analyse gaps in the individual components of One Health (human health, animal health and environmental sectors) to deliver pandemic prevention, preparedness, and response effectively.

*As One Health is a broad concept, the aim of this article should be to show how the concept applies specifically to pandemic prevention, preparedness and response. One Health is not only about prevention, but applies to the full cycle to PPPR as a way to pool resources. Pandemics cannot be seen from a human perspective alone if it is known that the causative agent will most probably be zoonotic in origin. One Health is a collaborative approach ensuring all health domains work together to achieve a common goal, the prevention and management of the next pandemic.*

*We have included “and animals” in this section to make it clear that the agreement* ***covers prevention at source,*** *not only prevention once an outbreak has already occurred.*

*We suggest two extra clauses to address the huge gap in collaboration and data-sharing between sectors, which is imperative for prevention and timely response to zoonotic disease outbreaks. We also suggest that parties set-up One Health platforms to formalize and solidify multisectoral planning and action. As per the One Health Joint Plan of Action, there are ‘existing barriers caused by professional and sectoral segregation’ that need to be overcome to implement One Health effectively.*

*If this section is to be merged with Article 4 as suggested by some member states, then One Health principles must be reflected throughout the text (not only in Article 4) to reflect that OH applies to the full PPPR cycle.* ***There must at least be obligations for the formalization of One Health approaches through the strengthening or creation of multi-stakeholder platforms for OH PPPR.******One of the most important principles that a One Health approach brings to pandemic PRRR is a multisectoral approach and collaboration; this principle must be integrated across all articles of the accord if this article is to be integrated into Article 4.***

*If the phrase “and other relevant instruments” as we have suggested in Article 4 and 5, poses a problem for member states in any way, then we suggest a clause in Article 5 that references the fact that there are regulations, guidelines and obligations that already exist that relate to the human-animal-plant interfaces that will support member states to take a One Health approach to PPPR.*

1. [Pursuant to Article 21 herein, [the Governing Body] shall adopt as necessary guidelines, recommendations and standards as necessary to support the implementation of Articles 4 and 5 of this Agreement.](to be reviewed in light of Article 21 discussions.)
2. [The Parties shall develop and implement or strengthen, as appropriate, bilateral, regional, subregional and other multilateral channels to enhance financial and technical support, assistance and cooperation, in particular in respect of developing countries in relation to promoting and implementing a One Health approach, in line with Articles 16, 19 and 20.] (to be reviewed in light of Articles 16, 19 and 20 discussions.)

# Article 6. Health system preparedness, [readiness,] resilience and recovery

1. Each Party commits to develop, strengthen and maintain its health system, including primary health care, for pandemic prevention, preparedness [, readiness] and response, taking into account the need for equity and resilience, with a view to the progressive realization of universal health coverage and One Health.. (Note: need to consult WHO to determine whether “readiness” is redundant.)
2. Each Party commits, in accordance with applicable laws and regulations, to strengthen and reinforce health system functions, including by adopting and developing policies, strategies and measures, as appropriate, for:
   1. sustaining the provision of, and equitable access to, quality routine and essential health services during pandemics, without exacerbating financial hardship with a focus on primary healthcare, routine immunization and mental health care;
   2. developing, strengthening and maintaining ~~a~~ multisectoral and multidisciplinary ~~workforce~~ capacity, which is able to respond effectively during pandemics, including by ensuring surge capacity, in accordance with Article 7;
   3. developing post-pandemic health system recovery strategies;
   4. developing, strengthening and maintaining public and veterinary laboratory and diagnostic capacities, and associated national, regional and global networks, through the application of standards and protocols for infection prevention and control, laboratory biosafety and biosecurity.
   5. developing, strengthening and maintaining: (i) health information systems for early detection, forecasting, and timely information sharing, (ii) civil registration and vital statistics, and (iii) associated digital health and data science capacities;
   6. developing, strengthening and maintaining public and animal health institutions, including veterinary services, academic and research centres, at national, regional and international levels;
   7. strengthening leadership, coordination, and management structures for pandemic prevention preparedness and response; and
   8. promoting the production of science-based evidence, including that which is related to social and behavioural sciences, and risk communication and community engagement;
3. The Parties commit to cooperate, within available means and resources, with the support of the secretariat and other relevant organizations, to provide financial, technical and technological support, assistance, capacity-strengthening and cooperation, in particular in respect of developing countries, in accordance with Articles 16, 19 and 20. (to be reviewed in light of Articles 16, 19 and 20 discussions.)
4. The Parties shall develop and promote relevant international data standards and interoperable systems that enable timely multisectoral information-sharing for preventing, detecting, and responding to public health outbreaks, in accordance with International Health Regulations and other existing relevant international standards and guidelines.

*If Article 5 is to be merged with Article 4, we suggest a reference to One Health in 6.1.*

*5.2(b): We suggest using ‘capacity’ over ‘workforce’ to allow capacity to be pulled from private sectors or as ‘surge’ capacity.*

*5.2(f) and 4: Again we emphasise the need for information-sharing between sectors , as well as the need to develop and invest in veterinary services – which face major gaps in workforce quality and quantity, equipment, medicines and vaccines etc. – for better pandemic prevention, preparedness and response*

*We continue to emphasise the need to strengthen animal health systems and veterinary services as they suffer the consequences of underinvestment, leaving the door open to zoonotic disease outbreaks with pandemic potential. They suffer from a lack of quality and quantity of an animal health workforce, as well as access to medicines and vaccines.*

**About us:**

Action for Animal Health is a coalition of 13 civil society organisations and research institutions with technical expertise in animal health and One Health. We are an Annex E partner organisation.

Our member World Veterinary Association represents the global veterinary profession. It is the umbrella organisation for veterinary associations across the world. It has ‘official relations’ status with WHO.

Thank you for your consideration. Please contact us at [ellie.parravani@thebrooke.org](mailto:ellie.parravani@thebrooke.org) or [Susanna.Sternberg-lewerin@slu.se](mailto:Susanna.Sternberg-lewerin@slu.se)