

The [World Veterinary Association](#), and [Action for Animal Health](#), congratulates the Bureau on the proposed changes to Articles 4 and 5 in the negotiating text.

We welcome the expanded details on prevention and recognition of the need to address the drivers of infectious disease at the human-animal-environmental interface (prevention cannot be achieved without systemic change and action to address the **root** causes of infectious disease spillover, such as environmental degradation, wildlife encroachment and appalling animal welfare abuses in industrial farming systems).

We urge member states to retain the One Health and Prevention textual changes proposed by the Bureau. The next pandemic will likely have an animal-origin spill-over of pathogens from wild and domestic animals to people in the predominant cause of emerging infectious disease. The importance of preventing spill-over at the source cannot be overstated.

We are currently witnessing the outbreak of Highly Pathogenic Avian Influenza (HPAI, H5N1), which represents an increasing threat in terms of ongoing spillover and pandemic potential. This underscores the need for a robust and meaningful Pandemic Agreement, and we appeal to member states to reach a consensus on Articles 4 and 5 with a strong commitment to One health and prevention throughout.

Operationalising One Health initiatives does not have to be expensive or complicated. Multi-sectoral collaboration, community engagement and participation yield cascading benefits across human, environmental and animal health and welfare parameters. As numerous scientific studies have demonstrated ([see One Health in action](#)), when done correctly, One Health approaches offer a replicable model for responding to global health threats with efficiency, cost-effectiveness and sustainability. Furthermore, prevention of spill-over costs just one-third of the cost of managing an actual pandemic ([World Bank 2023](#)).

We propose the following, minor textual recommendations.

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

Article 4. Pandemic prevention and surveillance

1. The Parties shall take steps, individually and through international collaboration, in bilateral, regional and multilateral settings, to progressively strengthen pandemic prevention and surveillance capacities, consistent with the International Health Regulations (2005) and taking into account national capacities and national and regional circumstances.

2. Each Party shall, in accordance with its national and/or domestic laws and subject to the availability of resources, and taking into account its national capacities, progressively strengthen pandemic prevention and coordinated multi-sectoral surveillance and develop or strengthen and implement, comprehensive multisectoral national pandemic prevention, *monitoring* and surveillance plans¹, programmes and/or other actions, that are consistent with the IHR, and take into account relevant international standards and guidelines, and that cover, inter alia:

(a) prevention of the emergence and re-emergence of infectious diseases, including promoting early prevention of pandemics across relevant sectors with the aim of identifying and addressing the drivers of infectious disease at the human-animal-environmental interface;

(b) coordinated multi-sectoral surveillance to detect and conduct risk assessment of emerging or re-emerging pathogens, including pathogens in animal populations that may present significant risks of zoonotic spillover, as well as sharing of the outputs of relevant surveillance and risk assessments within their territories with WHO and other relevant agencies to enhance early detection;

(c) early detection and control measures including at community level, leveraging, strengthening and enhancing community capacities, networks and mechanisms to detect and notify unusual public health events and contain them at the source;

Comments: Public health includes animal health. Effective early detection and control require integrating both human and animal health surveillance systems, ensuring coordinated responses across sectors.

(d) strengthening efforts to ensure access to safe water, sanitation and hygiene, including in hard-to-reach settings;

(e) measures to strengthen routine immunization *for humans and animals alike* through effective immunization programs and enable high coverage and timely vaccination to reduce pandemic risks;

¹ Cross reference to be provide in Article 17.4

(f) infection prevention and control measures on *animal and human community level* in all health care facilities and institutions, including safe management of medical wastes;

(g) prevention of infectious disease transmission between animals and humans, including zoonotic disease spill-over, by identifying settings and activities that create or increase the risk of disease emergence and re-emergence at the human-animal-environment interface, and taking measures to reduce risks of zoonotic spillover and spillback associated with these settings and activities, including measures aimed at prevention at source, as well as safe and responsible management *and handling* of wildlife, farmed and companion animals *and the environment*;

(h) surveillance, risk assessments and prevention of vector-borne diseases that may lead to pandemic emergencies, including developing, strengthening and maintaining capacities;

(i) laboratory biological risk management, 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, and ensuring the safety and security of transportation and cross-border transfer, consistent with applicable international and national regulations and standards; and

(j) measures to address pandemic-related risks associated with the emergence and spread of pathogens that are resistant to antimicrobial agents, facilitating affordable and equitable access to antimicrobials and promoting prudent use across sectors.

Comments: National pandemic prevention plans must be comprehensive, multisectoral, and aligned with the One Health approach, integrating human, animal, and environmental health concerns. Each country should tailor its plans to local risks and capabilities but ensure alignment with global standards. Additionally, it is vital to include policies to address the underlying drivers of zoonotic diseases, such as wildlife trade, deforestation, and unsustainable farming practices. Resources should be directed towards capacity building, particularly in the most vulnerable and underserved regions.

3. The Parties recognize that a range of environmental, climatic, social, anthropogenic and economic factors, including hunger and poverty, may increase the risk of pandemics, and shall endeavour to consider these factors in the development and implementation of relevant policies, strategies, plans, and/or measures, at the international, regional and national levels as appropriate, in accordance with national law and applicable international law.

4. Each Party shall endeavour, in accordance with its national laws and subject to the availability of resources, to bring together all appropriate stakeholders including those in animal and wildlife sectors, environmental and climate sectors and maritime sector, to ensure pandemic prevention and surveillance through a One Health Approach.

5. The provisions set out in paragraph 2 of this Article shall be further developed and agreed, consistent with the provisions of the amended IHR (2005), following, as appropriate, a One Health approach, with full consideration of the national circumstances and the different capacities and capabilities of Parties, as well as the need for capacity building and implementation support for developing country Parties. The developed provisions shall address, inter alia, the following:

(a) specific measures and operational dimensions that Parties shall consider including in their comprehensive multisectoral national pandemic prevention and surveillance plans, programs and/or actions, as appropriate, pursuant to sub-paragraphs 2 (a) through (j) of this article; and

(b) cooperation to implement the provisions of this article, in particular through technical assistance, capacity building, technology transfer and financing, where possible, and in support of global, regional and national initiatives aimed at preventing public health emergencies of international concern including pandemic emergencies, with particular consideration given to developing country parties.

N.B. If time available before the WHA in May 2025 is insufficient to elaborate and agree upon relevant provisions under Article 4.2, the provisions of this Article would be further developed and agreed in an annex in accordance with Chapter III.

6. WHO shall, in coordination with other relevant intergovernmental organizations, offer technical support in implementing the provisions of this article, in particular to developing country Parties, as appropriate and upon request.

7. The Conference of the Parties may adopt, as necessary, guidelines, recommendations and other non-binding measures, including in relation to pandemic prevention capacities, to support the implementation of this Article.

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

1. The Parties shall promote a One Health approach for pandemic prevention, preparedness and response, recognizing the interconnection between the health of people, animals and the environment, that is coherent, integrated, coordinated and collaborative among all relevant organizations, sectors and actors, as appropriate, in accordance with national and/or domestic law, and applicable international law, and taking into account national circumstances.

Comments: The One Health approach should be operationalized through concrete commitments, ensuring implementation rather than mere promotion. The text should strengthen references to collaboration with international organizations, such as WHO, FAO, WOA, and UNEP, explicitly linking to existing guidelines, law, and regulations. It should emphasize regulatory frameworks for surveillance, biosecurity, and risk management, ensuring coherence with international standards.

2. The Parties shall take measures, as appropriate aimed at identifying and addressing, in accordance with national and/or domestic law, and applicable international law, the drivers of pandemics and the emergence and re-emergence of infectious disease at the human-animal-environment interface, through the introduction and integration of interventions into relevant pandemic prevention, preparedness and response plans subject to the availability of resources.

Comments: It is recommended that each Party integrate One Health principles into its National Action Plan for Pandemic Prevention and Response (NAP-PPR), ensuring cross-sectoral collaboration across human, animal, and environmental health systems. This plan should align with existing international frameworks, including the Quadripartite guidelines (WHO, FAO, WOA, UNEP) and national regulatory frameworks for pandemic preparedness.

3. Each Party shall, in accordance with national or domestic law and taking into account national and regional contexts, and subject to the availability of resources, take measures that it considers appropriate, aimed at promoting human, animal and environmental health and wellbeing, with support, as necessary and upon request, from WHO and other relevant intergovernmental organizations, including by:

(a) Developing, implementing and reviewing relevant national policies and strategies that reflect a One Health approach as it relates to pandemic prevention, preparedness and response, including promoting engagement of communities, in accordance with 17.3(a); and

(b) Promoting or establishing joint training and continuing education programmes for the workforce at the human, animal and environmental interface to build relevant and complementary skills, capacities and capabilities, in accordance with a One Health approach.

Comments: Incorporating a clearly defined governmental framework for intersectoral collaboration could enhance the effectiveness of One Health policies. Ensure cross-sectoral collaboration and create formal structures for shared responsibility across ministries. Involve joint decision-making bodies or advisory councils tasked with overseeing pandemic prevention efforts at the national level, ensuring that each sector is represented, and accountability is maintained.

About us:

World Veterinary Association represents the global veterinary profession and promotes animal health and welfare and public health, through advocacy, education, and partnership.

Action for Animal Health is a coalition of civil society organisations and research institutions with technical expertise in animal health and One Health.

Contact: WVA OHWG Chair, Mark Schipp; WVA Policy Officer, yvonne@worldvet.org; Esme Wheeler, esme.wheeler@thebrooke.org