

Reflection note:

Why do we need a dedicated instrument on prevention?

STATE OF PLAY:

- Preventing future pandemics from happening is a crucial element of the mandate of the INB and needs to be **an integral part of any effective rule making** related to pandemic PPR.
- As a result of the Bureau's proposal for a two-step approach ahead of the resumed session of INB 9, **Article 4 provisions have been curtailed to a minimum** in the understanding (reflected in the yellow coloring of the substantive part of Article 4) that more detailed provisions would be set out through subsequent work in a dedicated instrument on Prevention. Consequently, Article 4 now only includes high-level, general provisions without providing any orientation on how the Parties would implement them on the ground and how prevention would work in practice:
 - Article 4(1) and (2) provides that each Party shall take steps (...) to progressively strengthen pandemic prevention and surveillance capacities (...) and (...) shall, in accordance with its national laws and subject to the availability of resources, develop, strengthen and implement, comprehensive multisectoral national pandemic prevention and surveillance plans, programmes, and/or other actions, that are consistent with the IHR.
 - Article 4(2) lists, without any elaboration, a number of pertinent areas, which should be covered by these plans, programmes and/or actions.

WHY IS THIS NOT SUFFICIENT?

1. A global health context, marked by a high risk of zoonotic spillover

- Spillover of pathogens from both wild and domestic animals to people is the most likely cause of emerging infectious diseases. The current Mpox and Marburg virus outbreaks, the recurrent re-emergence of Ebola, as well as the latest strain of avian influenza are a **stark reminder of the world's vulnerability to pandemics**.
- The Pandemic Agreement provides a historic opportunity to set out **meaningful provisions aimed at preventing outbreaks and zoonotic spillover from happening**. As disease outbreaks invariably affect the most vulnerable persons most harshly, preventing pandemics from happening remains an essential way to protect those most at risk. Hence, prevention is also **crucial from an equity perspective**.
- It is also important to stress that **the cost of prevention is significantly smaller compared to the cost of managing and responding to pandemics**. For instance, the World Bank's global estimate of prevention costs guided by One Health principles ranges from \$10.3 billion to \$11.5 billion per year, compared to the cost of managing pandemics which, according to the estimate by the G20 Joint Finance and Health Taskforce, amounts to about \$30.1 billion per year.

2. More specific provisions are needed to enable and support implementation of meaningful actions on prevention

- The current version of Article 4 falls short when it comes to **setting out a shared understanding and commitment on what Parties can do, individually and collectively**, to reinforce pandemic prevention and surveillance effectively. The areas listed in Article 4(2) are **all in need of further clarity and specificity** to enable meaningful and effective prevention.

- For example, more targeted provisions are needed to **help Parties enhance prevention at source**. Prevention at source remains insufficiently, if at all, addressed by international agreements, including the IHR, and we now have a unique opportunity to redress this gap in international law.
- Article 4 is also silent on the relevant **forms of international and multisectoral coordination** that can support effective prevention including through the One Health approach.

WHAT ARE THE KEY ELEMENTS TO BE COVERED THROUGH MORE DETAILED PROVISIONS?

To make the high level, general provisions of Article 4 more concrete and operational and facilitate effective implementation by Parties of prevention measures,¹ it would be important to:

- **Elaborate** and provide more clarity on the **key elements and concrete priority measures that could be taken by Parties** to build up their pandemic prevention and surveillance plans, programmes and/or other actions as per Article 4(2). These provisions should be framed so as to give full consideration to different national contexts and capacities and taking into consideration the One Health approach to pandemic PPR and the amended IHR (2005).
- **Enable a coordinated and effective international cooperation**, including with relevant intergovernmental organizations, particularly the Quadripartite, for the progressive strengthening of pandemic prevention and surveillance.
- **Articulate further necessary actions for capacity building and implementation support**. This would in addition **help catalyze** and **channel financial support** for implementation and thus **bolster domestic support for ratification**.
- **Clarify the relationship and synergies with other instruments**, in particular the amended IHR (2005).

An **illustrative template for a possible instrument on prevention** is attached as an annex to this paper, to increase common understanding of how meaningful provisions on prevention could look like. Of course, ultimately the substantive content of any such instrument will be defined and agreed by the negotiating parties.

WHY IS A FURTHER INSTRUMENT ON ARTICLE 4 THE MOST PRAGMATIC WAY FORWARD?

Given the **limited time available** to conclude negotiations on the Pandemic Agreement, agreeing to continue working on a further instrument on prevention is a pragmatic way forward to allow the necessary expert inputs and negotiating Parties discussions leading to a set of necessary, consensual, and operational provisions.

1. Scope of the instrument

The instrument would build on the provisions of Article 4, while taking into account the One Health approach addressed in Article 5. **The scope would, therefore, be limited to Article 4 and pandemic prevention** and not additional aspects of the broader One Health approach.²

The instrument could contain both legally-binding and non-legally binding elements, but **should not be overly prescriptive**. On the contrary, it would set clear commitments to act in certain areas but not obligations to achieve specific results by a certain deadline. This is in the clear understanding that

¹ The 17 September non-paper commissioned by the INB Bureau also provide useful details on the indicative scope of a possible instrument.

² Indicative areas that should not be addressed since these are covered by other international agreements (and in line with Article 26 of the current INB draft) include environmental aspects not at the human-animal-environment interface, environmental conservation and protection, animal health/welfare issues not at the human-animal-environment interface, aspects of AMR not relevant to pandemic PPR, food safety, SPS issues, climate change mitigation and adaptation, neglected tropical diseases or other categories of diseases that do not have potential to result in PHEICs or pandemic emergencies. The instrument would respect the mandate and competencies of other relevant international organisations.

improving prevention is an ongoing endeavour for all Parties. It should give **full consideration to the different national contexts and capacities**, in particular those of developing countries. Furthermore, the instrument should be **inclusive and adaptable**, to address the multifaceted nature of pandemic threats.

The instrument on prevention does not need to be a long document. It should focus on further elaborating **evidence-based actions** that could have the greatest impact on pandemic prevention on the ground, leading to the progressive strengthening of pandemic prevention and surveillance.

2. A tool to galvanize implementation support and capacity building

Channelling support - By setting out more concrete and specific provisions on how to implement the high-level requirements currently set out in Article 4, the instrument would provide **more clarity, direction and certainty to funding entities and implementing agencies** on the areas that would need to be supported. This, in turn, would help to attract and secure the backing of international donors, and to enabling a robust and sustained support framework for pandemic prevention efforts and especially for capacity building and implementation support through the coordinating financial mechanism under the Pandemic Agreement, in particular to developing countries in need.

Strengthening support for ratification - Meaningful, legally binding and concrete provisions on prevention backed by an efficient and effective coordinating financial mechanism geared to provide enhanced capacity building and implementation support will also be key to bolster public, and governmental support for the ratification of the Pandemic Agreement across many Member States.

3. A tool to more clearly define the interface with the IHR and other international instruments

While the IHR will remain at the core of the future PPR-framework, their main focus is, and will remain, on detection and containment of human disease outbreaks **after** these occur.³ It is primarily a tool to react to outbreaks, not to prevent them.

The amendments to the IHR adopted at the 77th WHA on 1 June 2024 set out more detailed core capacities requirements for prevention, but do not include specific requirements aimed at preventing outbreaks and zoonotic spillover from happening in the first place.

Prevention at source remains therefore insufficiently addressed in international law, as it is neither covered by the IHR, nor by the existing Multilateral Environmental Agreements, which do not address the human health aspects of the interactions between animals and humans, or other matters relevant to pandemic prevention.

The instrument on Prevention provides a unique opportunity to **better flesh out the interconnection to the IHR core capacities** and to **complement existing IHR provisions**, including by building on existing work (i.e. the WHO IHR bridging workshops already undertaken by WHO, together with FAO and WOA).

CONCLUSION

A legally binding international instrument on pandemic prevention as an integral, key element of the pandemic agreement, is essential for global health security. The instrument must be dynamic, evidence-based, and respectful of diverse national contexts and capacities in order to ensure effective implementation. By enhancing political commitment, reinforcing the policy framework, fostering multisectoral coordination and international cooperation, as well as strengthening national and regional capacities, we can build a more effective and resilient framework to prevent future pandemics.

³ Only the SPAR framework contains elements, which to an extent address issues of pandemic prevention, including zoonotic spillover prevention, IPC, WASH and biosecurity. While SPAR is a self-reporting tool, the instrument on prevention could build on that to establish a coherent implementation framework.

Annex - Instrument on pandemic prevention - Illustrative template

The text below draws from proposals and discussions during the negotiations so far. The template should be understood not as a proposal, but as an illustrative example of what an instrument dedicated to prevention could broadly look like. The content of the provisions will need to be further studied, elaborated, modified and complemented, including with the support of experts, and ultimately agreed upon by the membership collectively.

1. Pursuant to Article 4, the Parties commit to develop, implement and periodically review policies, strategies, and measures in line with the One Health approach to progressively strengthen pandemic prevention and coordinated multisectoral surveillance, taking into account national capacities and national and regional circumstances, as well as obligations under the International Health Regulations.
2. The Parties shall cooperate:
 - (a) in the implementation of the provisions set out herein, in particular through technical assistance and capacity building; and
 - (b) in support of relevant global, regional and national initiatives aimed at preventing pandemic emergencies, in particular those that improve surveillance, early warning and risk assessment; promote evidence-based actions, risk communication and community engagement; and identify and address settings and activities presenting a risk of emergence and re-emergence of pathogens with pandemic potential.
3. Each Party commits to progressively strengthen pandemic prevention and coordinated multisectoral surveillance, taking into account its national capacities, including through:
 - (a) *prevention of the emergence and re-emergence of infectious diseases*
....
 - (b) *coordinated multi-sectoral surveillance and risk assessment*
....
 - (c) *early detection and control measures including at community level*
....
 - (d) *water, sanitation and hygiene*
....
 - (e) *routine immunization*
....
 - (f) *infection prevention and control*

....

- (g) *prevention of infectious disease transmission between animals and humans, including zoonotic disease spill-over*

Illustrative elaboration (i) identifying settings and activities that create or increase the risk of disease emergence and re-emergence at the human- animal-plant-environment interface; (ii) taking regulatory and other 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 livestock, wild and domestic animals, in line with relevant international standards and guidelines, as well as measures to address the health impact of environmental factors associated with the risk of zoonotic disease spill-over and spillback.

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

....

- (i) *laboratory biological risk management*

....

- (j) *prevention of antimicrobial resistance*

....

4. To implement the provisions contained herein, each Party shall:

- (a) Ensure, taking into account national capacities, that relevant national, and where applicable regional, action plans, policies and/or strategies, include comprehensive, coordinated and multisectoral pandemic prevention measures and surveillance;
- (b) develop, strengthen and maintain pandemic prevention capacities to complement the core capacities for surveillance, prevention and response as set out in the International Health Regulations (2005); and
- (c) take into account recommendations, guidelines and standards developed and adopted by WHO and other relevant intergovernmental organizations or bodies, including the Quadripartite organizations, in the development of relevant national and, where applicable, regional policies, strategies and measures to prevent pandemic emergencies.

5. *Implementation support and capacity building.* The Parties shall cooperate, promote and facilitate the provision of technical assistance and capacity building, with the aim to assist developing country Parties in building sustainable capacity to implement their obligations and commitments under the Agreement. In promoting such cooperation, special attention should be given to the development and strengthening of local, national, and where possible regional, capabilities, by means of human resources development and institution building.

6. The Secretariat, in collaboration with relevant international and regional organizations and other bodies, shall provide assistance in the identification of implementation support

needs at national and regional level and in the organization of related technical assistance and capacity building activities, as well as in the related resource mobilisation in accordance with the provisions of Article 20.

7. The Parties and Secretariat shall report on the results obtained to the Conference of the Parties at least every two years for the purpose of identifying general or specific problems requiring action by the Conference of the Parties or by the Parties concerned.

8. The Secretariat shall support the Parties in the preparation of the plans, actions and initiatives referred to herein.