

WWF recommendations on the Proposal for the WHO pandemic agreement



On April 17th, 2024, the Bureau of the Intergovernmental Negotiating Body (INB) established by the World Health Assembly to draft and negotiate an agreement under the WHO to strengthen pandemic prevention, preparedness and response, released a [Proposal](#) for the WHO Pandemic Agreement to Member States and relevant stakeholders. This text will serve as the basis for the upcoming round of negotiations during the resumed 9th INB meeting, 29 April to 10 May. The INB plans the submission of its final outcome to the seventy-seventh World Health Assembly (WHA) on 27 May to 1 June 2024.

WWF-position:

In accordance with the mandate, the Pandemic Agreement must address all three levels of pandemic strategies, i.e. **prevention, preparedness** and **response** measures. The current draft does not address all three levels sufficiently, as the term *prevention* mostly refers to post-spillover secondary pandemic prevention, which focuses on actions taken after a pathogen has spilled over from animals to humans. As a result, **primary pandemic prevention**—actions taken to reduce the risk of an outbreak occurring at all—receives inadequate attention in the current draft text of the WHO Pandemic Agreement.

The draft text includes language to promote a holistic One Health Approach, currently under Article 4 (Pandemic prevention and public health surveillance) and Article 5 (One Health), which we support. However, this should be expanded to fully reflect the importance of primary prevention as emphasized by the Quadripartite's [One Health High-Level Expert Panel](#). Some Member States are in favor of further weakening prevention rooted in the One Health approach. This would place the lives of people, particularly communities in vulnerable situations, at increased risk of pathogen spillover and subsequent disease outbreaks. Weakening prevention and the One Health approach poses an enormous threat to the equity dimension of the Pandemic Agreement. There is currently no international health agreement that focuses on primary prevention, a void that the Pandemic Instrument must be designed to fill.

Critical elements for the final draft text:

We strongly urge Member States to retain the inclusion of **(1) the One Health approach; (2) prevention of zoonotic spillover and spillback; and (3) 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.

Way forward:

The draft WHA decision on the pandemic agreement (attached) further includes the plan to create an “open-ended Intergovernmental Working Group in order draft and negotiate an international instrument/s to define the modalities, terms and conditions, and operational dimensions of a One Health approach” (OH IGWG). **WWF strongly supports the development of such an additional international instrument** as suggested in the draft WHA decision, as it would provide the opportunity to further refine obligations and actions on One Health.

Actions to reduce the risk of spillover mainly include stopping loss of natural ecosystems and biodiversity (mainly deforestation), strictly regulating wildlife trade and markets, improving human

and livestock healthcare in tropical regions, strengthening biosecurity in animal husbandry, and enhancing surveillance for zoonotic viruses.

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. In fact, **six out of seven WHO declarations of a Public Health Emergency of International Concern (PHEIC) were zoonoses**. Another estimated 1.7 million currently “undiscovered” viruses are thought to exist in mammals and birds, of which up to 827,000 could infect people.

Pandemic prevention centered on addressing the roots of pandemics, is the [most cost-effective strategy](#) costing a fraction of preparedness and response, while also reducing pandemic-related morbidity, mortality and economic disruption.

To summarize, we recommend that the role of One Health and primary pandemic prevention in addressing the root causes and drivers at the human-animal-environment interface (deep/upstream prevention) is strengthened in the current INB process.

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