

## Quadripartite Collaboration for One Health

(FAO, UNEP, WHO and WOAHA)

### Comments to the 16 October version of the Pandemic Agreement

1. The Quadripartite welcomes the inclusion of a reference to One Health in point 8 of the **Preamble** of the Agreement, and the inclusion of the OHHLEP **OH definition** in Article 1 on the Use of Terms and a provision on **One Health in Article 5**. We congratulate the Bureau for this solid recognition of One Health.
2. We recommend that “One Health” be also included in **Article 3 on General Principles**, as was in the June 2023 Bureau’s draft. This would mainstream a multisectoral integrated approach across other relevant provisions of the Agreement such as Articles 4, 6, 8,12,16, 17, and 21. In its absence, the above-mentioned articles would benefit from **explicit references to One Health**.

#### Articles 4 and 5: Prevention and One Health

3. **Article 4 should include an explicit reference to One Health** and OH is, in fact, be embedded in Article 4.4. on multisectoral national prevention and surveillance plans particularly in 4.4.b), d), and e).
4. A clearer reference to the drivers of disease emergence could be included in article 4.4. and we recommend including “standards and guidelines approved by the relevant intergovernmental organizations in Article 4.4 (c).
5. In Article 4.4. (g) countries agree to “*take actions to prevent outbreaks due to antimicrobial resistant pathogens*”. AMR is often referred to as “the silent pandemic” because its harmful effects are not necessarily associated with an outbreak declaration. **As it stands, this point could unintentionally restrict the inclusion of AMR in the scope of the Agreement.** Therefore, we recommend that
  - a. A clearer reference to AMR should be included in Article 5 reflecting its relevance for prevention, preparedness, and response to this special type of pandemic.
  - b. **Moving the provision on OH action plans from article 4 to article 5 on OH.**  
A proposed text as follows: “*Develop and implement national OH action plans, drawing on existing One Health instruments and strategies, and in accordance with national context*”
6. We recommend the inclusion of OHHLEP definition of “prevention of zoonotic spillover to humans” to facilitate the consistent interpretation of this term across the body of the WHO CA+

**Prevention of zoonotic spillover to humans/prevention at source [OHHLEP definition]**

*Prevention includes addressing the drivers of disease emergence, namely ecological, meteorological, and anthropogenic factors and activities that increase spillover risk, in order to reduce the risk of human infection. It is informed by, amongst other actions, bio surveillance in natural hosts, people, and the environment, understanding pathogen infection dynamics and implementing intervention activities.*

**The QPT also recommends adding the definition of collaborative/ integrated OH surveillance.**

**One Health surveillance** is the integrated surveillance for known and unknown pathogens, combined with this more traditional disease-based surveillance, and include surveillance of drivers of disease emergence to improve prevention and mitigation of spill-over events. (Based on OHHLEP white paper on “Developing One Health surveillance systems”)

**7. We congratulate the Bureau for the inclusion of Article 5 on One Health. To enhance this Article, we would like to note the following:**

Article 5.2. refers to Article 12, which governs Access and Benefit-sharing for pandemic pathogens, including WHO’s Pathogen access and benefit-sharing, and pandemic-related products. Pandemic-related products are defined as all products needed for pandemic prevention, preparedness, and control, such as vaccines, diagnostics, etc. However, Article 12 does not explicitly incorporate a One Health approach, Therefore, it remains unclear whether the reference to Article 12 in Article 5 implies that Article 12 must be read in conjunction with Article 5 and incorporate a One Health approach. A revision of Articles 5.2 and 12 would be beneficial to explicitly define their scope and interconnection.

- a. Article 5.3 (identify and address drivers of risk) overlaps with Article 4.4 (see points 3 and 4 above). **It is recommended that it moves to Article 4 on prevention with an explicit reference to the One Health approach**
8. Article 5.4. (a) could include “detect” (prevent, **detect**, reduce...). Also in 5.4 it would be useful to add Each party shall, in accordance with the national context **strengthen pandemic prevention preparedness, and response**, protect human, animal, plant health **“and the ecosystem they depend on”**.
9. OH should be included in Article 17 “Whole-of-government and whole-of-society approaches at the national level”, particularly in provisions 17.2 (national coordinating multisectoral mechanisms) and 17.4 (comprehensive national pandemic prevention, preparedness and response plans).

## Institutional arrangements

10. To implement a One Health approach to PPPR, WHO would benefit from the technical assistance from the Quadripartite. This could be incorporated into Article 24. as follows:

**3. The World Health Organization will seek the technical support of the Food and Agriculture Organization of the United Nations, the United Nations Environment Programme, and the World Organisation for Animal Health, in relation to the implementation of the One Health approach to the WHO Pandemic Agreement.**

11. Finally, we would like to note that Article 25.3. could be considered as potentially very demanding, as opposed to the more flexible approach adopted by other multilateral treaties. It is therefore suggested that paragraph 25.3 is either deleted or reformulated as follows:

3. The provisions of the WHO Pandemic Agreement shall in no way affect the ability of Parties to enter into bilateral or multilateral agreements, including regional or subregional agreements, on issues relevant or additional to the WHO Pandemic Agreement, provided that such agreements are **not incompatible with [or: do not affect] [or: do not undermine]** their obligations under the WHO Pandemic Agreement. The Parties concerned shall communicate such agreements to the Conference of the Parties, through the Secretariat” **[delete the last sentence, or at least, add after “such agreements” “to the extent that they are internationally legally-binding”].”**

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