

# **Reject “One Health Instrument” in the Pandemic Agreement**

*Civil Society Letter to Developing Country Ambassadors and Permanent Representatives of WTO and UN Missions in Geneva*

21 May 2024

Your Excellencies,

We, the undersigned civil society organisations, express profound concerns regarding the proposal advocating for governments to negotiate a One Health instrument within the framework of the World Health Organization. This proposition, spearheaded by the European Union and strongly supported by other developed nations, arises amidst ongoing discussions for a Pandemic Agreement (Article 5.4).

Despite objections from developing nations, the draft text maintains the inclusion of a One Health instrument. As negotiations for a Pandemic Agreement approach their conclusion, there is mounting apprehension that the EU and allied developed nations will leverage support for a One Health instrument as a condition for finalizing the Agreement. Notably, the current iteration of the Pandemic Agreement fails to incorporate considerations of equity.

The essence of One Health rests upon the understanding that the well-being of humans, domestic and wild animals, plants, and the broader environment, including ecosystems, are intricately interconnected. In 2022, the Secretariats of the World Health Organization (WHO), the Food and Agriculture Organization (FAO), the United Nations Environment Programme (UNEP), and the World Organization for Animal Health (WOAH) collaboratively formulated a [Joint Action Plan](#), followed by an [implementation guide](#) in 2023.

While these initiatives were developed without active Member State involvement, they emphasise the imperative for legislative and policy reforms, as well as enhanced data collection across various sectors, encompassing human health, animal health, aquaculture and agriculture, wildlife, plants, food, and the environment. The current proposals in the negotiating text of the Pandemic Agreement (Articles 4.1. and 5.2) convert implementation of such voluntary plans and guides into de facto obligations as well. Therefore, should the development of a One Health instrument be agreed, its ramifications are poised to be profound, particularly bearing adverse effects on developing nations, for the following reasons:

## ***1. Proposal for One Health Instrument only introduced in the final stage of negotiations***

The proposal for a One Health instrument was discreetly introduced into the draft text during the resumed 9th session of the INB, which commenced on April 29th, purportedly at the behest of the European Union (EU). Up until that point, there had been no prior mention or demand for such an instrument from any Member

State. Since its introduction, developed countries, particularly the European Union, have fervently advocated for the adoption of such an instrument.

## ***2. WHO Members and Ministries of Health do not have a mandate***

A One Health instrument will cut across many different sectors as explained above, which falls within the jurisdiction of other ministries. Given the late introduction of the proposal, WHO Members have not been able to do any national-level consultations with relevant ministries as to whether a One Health instrument is needed, whether the forum for negotiation should be WHO, implications of the proposed instrument and forum for other ministries.

Issues to be covered by One Health also fall within the jurisdictions of other organisations: FAO, UNEP and WOA. Members of these organisations have not agreed that such an instrument should be negotiated, or that the forum should be WHO. In fact, in a statement, the FAO expresses concern that “[t]he Pandemic Agreement must not undermine existing international frameworks, instruments and entities, thereby preventing conflicts, duplication and overlap, and facilitating parties’ compliance with existing international obligations”.

In this context, the proposed instrument is likely to create tensions at the national level, among relevant ministries as well as the international level, among the relevant international organisations, further fragmenting coordination across different sectors.

If such an instrument is to be pursued, it should be with the agreement of relevant Ministries and the appropriate forum for such a negotiation would be the United Nations.

## ***3. One Health Instrument will have significant implications for trade***

The above-mentioned joint action plan addresses the issue of trade as it notes “[t]rade in domestic animals, wildlife and their products, as well as human travel, can facilitate the spread of locally emergent diseases over long distances”, and lists actions to address the same. It includes “*Develop a pathogen monitoring framework for wildlife and the environment, including in wildlife habitats, on farming and trade routes and along the wild meat and products value chain, and support countries with implementation*”.

Further, a [WTO paper](#) found that “*Specific trade concerns related to animal diseases and zoonoses, including emerging diseases, and their effects on trade, account for 35 per cent of all trade concerns raised in the SPS Committee. While some of these concerns are resolved quite quickly after being raised in the Committee, others can be more difficult to solve*”.

The One Health approach will have implications for trade and livelihood. An instrument could provide developed countries an opportunity to introduce obligations and measures (e.g. data sharing) that provide a basis to erect trade barriers against developing countries.

#### **4. Data sharing requirements**

A key pathway of the One Health approach is the sharing of huge amounts of data. The Joint Action Plan under various pillars especially animal, food and environment involves data collection and cross-border sharing. An instrument on One Health may make data collection and cross-border sharing obligatory, thus affecting policy space in the context of trade in data. Data collected could also provide a basis for erecting trade barriers.

An [article](#) by around 30 scholars highlights the concerns of data sharing and zoonotic prevention technology: *“...who benefits from zoonotic risk technology. It seems plausible that these technologies might mostly benefit from the research effort and data sharing occurring in tropical countries, where zoonotic viral diversity is believed to be highest. However, their development might mostly further the careers of researchers in high-income countries in North America and Europe, particularly if developed by experts who are unattuned to power dynamics in global health. Equally concerning, we identify a possibility that these tools will largely be developed as proprietary ‘risk assessment algorithms’ by corporate ‘data science for impact’ programmes, for-profit global health firms and non-profit organisations, just as they have been for the development of pandemic insurance programmes or similar analytics. In these circumstances, and without appropriate governance, the countries with the highest burden of zoonotic emergence might find their own data (repackaged in an analytic format) sold back to them at a premium by scientists and corporations from high-income countries.”*

It is noteworthy that currently there are no limitations or rules governing the sharing of data under the auspices of WHO.

#### **5. Impact on rights under other international instrument**

The One Health approach will impact on rights governments have under other international instruments such as the Convention on Biological Diversity (CBD), the Nagoya Protocol on Access and Benefit Sharing (ABS) and the UN Framework Convention on Climate Change (UNFCCC) etc. E.g. under the CBD and the Nagoya Protocol, access to biological resources is subject to prior informed consent and fair and equitable sharing of benefits arising from the use of the resources with the provider country. Governments are also entitled to benefit sharing when providing access to genetic sequence data. A legally binding instrument on One Health may have significant consequences for the ABS rights that developing countries have under the CBD and Nagoya Protocol.

#### **6. One Health represents just a fraction of the broader spectrum of pandemic prevention, preparedness, and response.**

The proposal for a One Health instrument is an attempt by the EU to capitalise on the negotiation process of the Pandemic Agreement to advance an agenda that could potentially inflict substantial economic repercussions on developing countries.

For the reasons mentioned above, the undersigned organisations call on you to strongly reject any text that calls for a One Health instrument, either now or in the future. The idea is premature and the implications of such an instrument have to be unpacked and better understood before embarking on any such instrument.

In solidarity,

Signatories

### Global

1. Development Alternatives with Women for a New Era (DAWN)
2. Initiative for Health & Equity in Society
3. International Code Documentation Centrelies
4. International Treatment Preparedness Coalition
5. Oxfam
6. People's Health Movement
7. Regions Refocus
8. Society for International Development (SID)
9. Third World Network (TWN)

### Regional

10. Civil Society Coalition on Transport Uganda, *East Africa*
11. Health Action International Asia Pacific
12. Pacific Network on Globalisation
13. Red Latinoamericana por el Acceso a Medicamentos (RedLAM), *Latin America*
14. The PRAKARSA, *South East Asia*

### National

15. Accion Internacional para la Salud, *Peru*
16. Active Help Organizatin (AHO), *Pakistan*
17. Associação de gays e amigos de Nova Iguaçu, Mesquita e Rio de Janeiro, *Brazil*
18. Asia Pacific Network of People Living with HIV (APN+), *Thailand*
19. Associação de Mineiros Moçambicanos (AMIMO), *Mozambique*
20. Association For Promotion of Sustainable Development, *India*
21. Association for Proper Internet Governance, *Switzerland*
22. Brazilian Interdisciplinary AIDS Association (ABIA), *Brazil*
23. Center for Health Human Rights and Development, *Uganda*
24. COAST Foundation, *Bangladesh*
25. CRAAD-OI, *Madagascar*
26. Crisis Home, *Malaysia*
27. Development for Health Education Work and Awareness Welfare Society Chakwal, *Pakistan*
28. Drug Action Forum - Karnataka, *India*
29. Drug Policy and Harm Reduction Platform, *Malawi*
30. FARKES Reformasi, *Indonesia*

31. Federación Sindical de Profesional de la Salud de la República Argentina (Fesprosa), *Argentina*
32. Fundación Grupo Efecto Positivo, *Argentina*
33. Gandhi Development Trust, *South Africa*
34. Governance Links, *Tanzania*
35. Grupo de Resistência Asa Branca (GRAB), *Brazil*
36. Working Group on Intellectual Property (GTPI), *Brazil*
37. Health Equity Initiatives, *Malaysia*
38. Indonesia for Global Justice (IGJ), *Indonesia*
39. JPIC Kalimantan, *Indonesia*
40. Kamukunji Paralegal Trust, *Kenya*
41. Link Africa Knowledge, *Nigeria*
42. Malaysian Women's Action for Tobacco Control and Health (MyWATCH), *Malaysia*
43. Masimanyane Women's Rights International, *South Africa*
44. Misión Salud, *Colombia*
45. Mouvement Gabonais pour la Promotion de la Bonne Gouvernance, *Gabon*
46. Noakhali Rural Development Society, *Bangladesh*
47. Ongd AFRICANDO, *Spain*
48. Organizacion de Trabajadoras del Sexo, *El Salvador*
49. Pan-African Epidemic and Pandemic Working Group, *Kenya*
50. Prayas Centre for Health Equity, *India*
51. Project on Organizing, Development, Education, and Research (PODER), *Mexico*
52. Red Argentina de Personas Positivas, *Argentina*
53. Red Peruana por una Globalización con Equidad, *Peru*
54. Rural Area Development Programme (RADP), *Nepal*
55. Samprity Aid Foundation, *Bangladesh*
56. Sandvik Health Empowerment Foundation, *Nigeria*
57. Sankalp Rehabilitation Trust, *India*
58. Save the Community TB, HIV/AIDS Foundation Africa, *Zambia*
59. SDG Action Alliance, *Bangladesh*
60. Southern and Eastern Africa Trade Information and Negotiations Institute (SEATINI), *Uganda*
61. Soweto Cancer Society, *South Africa*
62. SSIOM Ingo Satya Sai International Organisation, *Malaysia*
63. Sufabel Community Development Initiative, *Nigeria*
64. The Federation of Pharmaceutical and Health Workers Union Reform, *Indonesia*
65. Tripla Difesa Onlus, *Italy*
66. Women's Coalition Against Cancer (WOCACA), *Malawi*
67. Yayasan GEMPITA (Gerakan Mandiri Pita Merah), *Indonesia*
68. Yolse - Santé Publique et Innovation, *Switzerland*