

R2H Action Recommendations to World Health Organization's Concept Note Health Emergencies Preparedness, Response and Resilience (HEPR)



13 May 2022

Thank you for the opportunity to contribute to the very important WHO [HEPR Concept Note](#) on HEPR, lying, as it does, at the crossroads of some of humanity's biggest challenges to avert future, faster and worse pandemics. We have offered below a supportive critique, and then suggest some additional language below for the annex section of the HEPR paper.

Right to Health Action (R2HA) is America's largest grassroots movement of COVID survivors and long-haulers, people who have lost loved ones, front-line health workers, and global health practitioners. Our leaders were involved in successful campaigns for affordable AIDS treatment worldwide, and subsequently helped found, shape and launch both the Global Fund to Fight AIDS, TB and Malaria, as well as the President's Emergency Plan for AIDS Relief.

We are very supportive of the historic, enormously important work underway to launch a new multilateral fund for pandemic preparedness. However, we see a crucial, deadly blind spot - one that is as racist as the widespread expert consensus that Africa was incapable of AIDS treatment.

Without correcting this oversight, WHO's Health Emergencies work, along with the historic global fund for pandemics, are being set up for a very expensive, very deadly failure.

Here's the problem: the broad body of work commonly short-handed as "pandemic preparedness" is universally limited in scope to merely to *stopping the spread of disease*. The attention is entirely *post-outbreak, after spillover*. We are **not looking at all to prevent zoonotic disease spillovers from happening in the first place.**

In other words, pandemic "preparedness" should more accurately be referred to as "pandemic containment" — focusing on halting the spread of an outbreak, most typically from poor countries to wealthier ones. But, focusing solely on containment, while neglecting true outbreak prevention, is to accept that "poor people just die."

We should not accept this. There are cost-effective, proven activities that prevent new zoonotic leaps. This true prevention work should be one of the core functions of the new Pandemic Fund/FIF.

We urge the Director-General to incorporate at every step, proven, cost-effective initiatives that prevent zoonotic spillover as part and parcel of the work of HEPR and the new pandemic fund. Failing to do so is volunteering only to send firetrucks to burning buildings, rather than preventing the blazes from taking hold.

With that lengthy critique in mind, R2H Action hopes that WHO would be willing to incorporate a new item 2 in the "Annex" of the Global Architecture for HEPR white paper. If the WHO team has questions or comments, we would be happy to assemble a team of experts from our international coalition to speak on the following text.

Some of us are able to attend the World Health Assembly, and we look forward to taking the next steps together with the DG on this. THANK YOU.

New Number 2:

2. Preventing spillover

The global responsibility for pandemic prevention does not begin or end with containing the spread of outbreaks after-the-fact, but rather, substantially farther upstream with actions to prevent outbreaks from ever occurring. The tools of disease containment (such as travel bans), and response (such as PPE, vaccines and therapeutics) are often

inequitably distributed. Prevention, on the other hand, benefits all people, particularly those who would be socioeconomically disadvantaged. The accelerating and intensifying waves of pandemics seen in recent decades are overwhelmingly the product of zoonotic spillover. Reducing the risk of zoonotic transmission by preventing spillover of pathogens from animals to humans is essential for health equity. Conversely, the failure to implement interventions that prevent new disease outbreaks is to accept sickness and poor health, while dooming the world to expensive, defensive actions.

These actions carry massive return on investment. Furthermore, some of these actions can help mitigate climate change and biodiversity loss, which are catastrophic threats that will only further exacerbate health emergencies if left unaddressed.

2.1 Incentives and enforcement to steeply reduce outbreak risk:

Preventing spillover requires combinations of legal action and tax incentives such as those taken by governments that reduced clearing and degradation of tropical forests by up to 70% in the Amazon. This must be coupled with bans and strictly regulating markets and trade of wildlife that pose a public health risk, and support to improve biosecurity of animal husbandry for communities in L/MICs.

2.2 Community health to stop spillover

The pandemic fund should also finance proven interventions that provide healthcare and alternative livelihoods to Indigenous people and communities engaged in extractive economies in emerging infectious disease hotspots. These kinds of interventions at the tropical forest edge have been demonstrated to reduced the number of logging families by more than 90%, while delivering gains in human health, reductions in infant mortality, poverty reduction—results more than paid for with conserved above-ground carbon.

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