**WILDLIFE DISEASE**

UNEP/CMS/COP14/Doc.30.4.3

*(Prepared by the Institutional and Crosscutting Issues Working Group)*

DRAFT RESOLUTION 12.6 (Rev.COP14)

**WILDLIFE HEALTH AND MIGRATORY SPECIES**

*Recalling* the work on wildlife disease that has been ongoing under the Convention since COP8,

*Further recalling* Resolutions 8.27, 9.8 and 10.22 on various aspects of wildlife disease, which have been repealed by COP12 and consolidated in Resolution 12.6 *Wildlife Disease and Migratory Species*,

*Acknowledging* that wildlife health, livestock and companion animal health, human health, and ecosystem health are interdependent and influenced by multiple factors including socioeconomic factors, the sustainability of agriculture, demographics, climate and landscape changes, and the fact that the environment is the setting (place and context) and determinant of potential resilience to disease,

*Aware* that wildlife diseases are a normal cause of mortality and morbidity, yet *conscious* that emerging or re-emerging diseases in wildlife can have serious implications for the status of species, especially when populations are small and fragmented, and that pressures on health can be synergistic or cumulative in their contribution to ill-health and poor reproductive success,

*Acknowledging* that wildlife disease conditions can be non-infectious as a result of, inter alia, pervasive toxic pollutants such as plastics, poisons, chemical and organic pollution, human-induced injury, undernourishment and stress from environmental disruption; and *further* *recognizing* the relationship between these and loss of resilience to other diseases within wildlife populations,

*Further acknowledging* that healthy, well-managed, resilient ecosystems positively influence health across sectors, and that preventative approaches to managing health are much more cost-effective than addressing health problems once they emerge,

*Recalling* UN General Assembly Resolution A/76/L.75 recognizing the right to a clean, healthy and sustainable environment as a human right,

*Concerned* that, as supported by the analysis of diseases of concern in the CMS Review on Migratory Species and Health (UNEP/CMS/COP14/Inf.30.4.3), the increased frequency of wildlife diseases is driven by ecosystem disruption and ecosystem services loss, including landscape fragmentation, unsustainable land-use choices, unsustainable agriculture and aquaculture practices, overexploitation, spread of invasive species, pollution and climate change,

*Recognizing* the range of impacts that climate change has on wildlife health, inter alia, through changes in habitat and altered physiological conditions for hosts and parasites, which can result in the spread of pathogens and invertebrate vectors in particular, with consequences for the emergence of disease in new geographic locations,

*Aware* also that our understanding of the causes and epidemiology of wildlife diseases is often poor, a situation exacerbated by limited surveillance and research, undermining ability to reduce or mitigate disease risks across all sectors of wildlife, people and domestic animals,

*Noting also* that domestic, feral and wild animals and humans share many pathogens, with wildlife sometimes being natural reservoirs of pathogens with the potential to affect both domestic animal and public health, increase pandemic risk, as well as to affect food production, livelihoods and wider economies,

*Further noting* that transmission of disease from wildlife is sometimes related to changes in human activities and, while novel or unusual zoonotic pathogens of wildlife pose a pandemic or other risks to people, the source of the majority of zoonotic infections is from livestock and/or companion animals, nevertheless, pathogen spillover and any zoonotic infections from novel pathogens directly from wildlife pose a significant risk to wildlife, livestock and people,

*Cognisant* that conditions of crowding, stress and injury among wild animals in trade can lead to pathogen spread, and close proximity to people during capture, farming, transportation and butchering creates opportunities for transmission between animals and potentially to people,

*Further acknowledging* the importance of the work on animal culture and social complexity under CMS, and the relevance of this work to the health and well-being of migratory species,

*Aware* that the dynamics of diseases relating to migration are complex and migration can have both positive and potentially negative effects on the health of the hosts and subsequent risks to domestic animals and people,

*Recognizing* that in addition to migratory species being disease victims, they can also suffer indirect effects if they are recognized as disease vectors and can be subject to inappropriate disease control measures and consequences arising from negative public perceptions,

*Acknowledging* the impacts that some wildlife trade, can have on biodiversity, especially on threatened or endangered species, and on food security, and *further acknowledging* the risk posed by wildlife trade, pet trade and other regional or international movements of animals and animal products in spreading pathogens and causing emergence of infectious diseases in wildlife, domestic animals and/or humans, while, at the same time, *welcoming* the collaborative efforts of CITES and the World Organization for Animal Health (WOAH) to address risks from zoonotic pathogens,

*Acknowledging* that some high-risk live animal markets can act as drivers of pathogen change, increasing likelihood of pathogen transmission between host and between species, including to migratory wildlife and humans,

*Further recognizing* that some intensive animal farming can provide opportunities for pathogens (from whatever source) to be amplified to epidemic proportions and/or transformed (e.g. by mutation, reassortment or recombination) into more virulent and/or transmissible variants, and that these pathogens may subsequently spill over[[1]](#footnote-2) into wildlife (and/or humans) causing high mortality, sometimes with subsequent ‘spillback’ of these pathogens into livestock, and, as such, recognizing that the phasing out and prevention of such forms of animal farming is highly desirable to achieve One Health objectives,

*Acknowledging* that the One Health approach is now recognised as an integrated, unifying approach that aims to sustainably balance and optimize the health of people, wild and domestic animals, and ecosystems, including how to address emerging infectious diseases, and that the concept has been endorsed by multiple international organizations including FAO, WOAH, WHO, UNEP, IUCN, UNICEF and the World Bank; and *further welcoming* the consensus on appropriate approaches and responses to wildlife diseases that have developed among UN agencies, multilateral environmental agreements and other international organizations, reflected, for example, in decisions and resolutions of the Ramsar Convention, AEWA and CMS,

*Recognizing* the key role of the environment in determining health and its importance to pandemic prevention,

*Welcoming* the joining of UNEP to the existing ‘health Tripartite’ of WHO, WOAH and FAO to form the Quadripartite and the development of the One Health Joint Plan of Action (2022-2026), as well as the creation of the One Health High-Level Expert Panel (OHLEP); and *further welcoming* the 2022 Kunming-Montreal Global Biodiversity Framework from which One Health initiatives can emerge,

*Further welcoming* the significant work in the area of wildlife health by FAO, the Working Group on Wildlife Diseases of the WOAH, the IUCN Wildlife Health Specialist Group and Conservation Planning Specialist Group, UNEA, including its Resolution 5/6 *Biodiversity and Health*, and the work by multiple non-governmental agencies and organizations,

*Welcoming* the outcomes of Ramsar Convention work on the theme of ‘Healthy Wetlands, Healthy People’, including Resolution XI.12 *Wetlands and health: taking an ecosystem approach*, which stresses the functional role that wetlands play in providing ecosystem services that support the health of both human and wildlife populations; and *further welcoming* the guidance provided by the *Ramsar Wetland Disease Manual,* which provides practical disease guidance for habitat managers and policymakers,

*Noting* the work of the intergovernmental negotiating body, ‘The World Together’, to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response,

*Noting, however,* that despite the broad international and intersectoral recognition of the need to deal jointly with the health of humans, animals and ecosystems, the national planning for and responses to wildlife health have, in many situations, yet to be acknowledged as essential elements of disease prevention, preparedness, surveillance or monitoring programmes, epidemiological investigations, and/or outbreak responses by all sectors,

*Noting* the benefits of cross-sectoral organizational structures and communication involving health management authorities, health professionals, biologists, veterinarians and natural resource professionals, and Indigenous Peoples and Local Communities for planning and responding to the complex issues surrounding human, animal and ecosystem health,

*Warmly welcoming* the development of national wildlife health strategies by some Parties and other governments; *while noting* that many developing countries lack functional wildlife health-related programmes and strategies, policies and the infrastructure needed to protect human health, and agricultural and wildlife interests from endemic or introduced diseases,

*Acknowledging* the importance of existing global disease information and intelligence systems, including those coordinated by the Quadripartite related to early warning, emerging infectious diseases and wildlife health, and the need for both urgency in reporting and inclusion of contextual epidemiological and environmental information, and to assure good communication and avoid unnecessary overlap in global reporting requirements,

*Welcoming* the focus on wildlife disease by the CMS and establishment of the CMS Migratory Species and Health Working Group[[2]](#footnote-3) of the Scientific Council as a mechanism for further elaborating and coordinating the work of CMS on issues related to health of migratory species and how this is related to health in other sectors of domestic animal and human health including pandemic risk, and advising Parties accordingly,

*Further acknowledging* the valuable work of the CMS as it relates to wildlife health, inter alia,the Preventing Poisoning Working Group; the Intergovernmental Task Force on Phasing Out the Use of Lead Ammunition and Lead Fishing Weights; the Scientific Task Force on Avian Influenza and Wild Birds; the Intergovernmental Task Force on Illegal Killing, Taking and Trade of Migratory Birds in the Mediterranean; and the Asia-Pacific Illegal Taking of Migratory Birds Intergovernmental Task Force,

*Further welcoming* the Review of Migratory Species and Health (UNEP/CMS/COP14/Inf.30.4.3) funded by the Governments of Germany and the United Kingdom, undertaken by the University of Edinburgh, UK, to inform the work of the CMS Migratory Species and Health Working Group,

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*Tackling drivers of health problems*

1. *Urges* Parties to recognize the links between the drivers of population decline and disease emergence, and urgently enhance actions to address the drivers of migratory species population decline by, inter alia, reducing habitat loss, fragmentation and degradation; addressing climate change mitigation and adaptation; preventing pollution; preventing the spread of invasive non-native species; addressing high-risk agricultural and aquacultural practices, preventing over-exploitation, reducing the wildlife/livestock and wildlife/human interfaces;
2. *Urges* Parties and others to minimize the risk of infectious disease to wildlife and pathogen spillover by:
3. taking robust measures at livestock-wildlife interfaces, inter alia, those linked to agriculture and aquaculture and encroachment into wild areas, pastoralism, improving biosecurity, livestock vaccination if necessary and better planning and reassessment of intensive production where risks have been identified,
4. endeavouring to prevent pathogen contamination / spillover to and from wildlife from feral or otherwise released animals, from legally and illegally traded plants and animals (including commercial urban markets), and from invasive non-native species, recognizing, at all times, the value of preventative approaches, and
5. focusing efforts on reducing or otherwise managing those practices that are high risk for pathogen transfer and drivers of pathogen change;
6. *Encourages* Parties and others to minimize non-infectious negative impacts on wildlife health by, inter alia:
7. taking action to reduce and mitigate pollutants and poisons, particularly where regulatory restriction and/or enforcement is required,
8. mitigating human-induced injury of wildlife (in infrastructure and other human developments and activities), and
9. considering the effects of nutritional deficits and stressors in terms of resilience to other diseases when planning changes to land use or altering habitats;

*Enabling frameworks for health*

1. *Requests* Parties totake One Health and ecosystem approaches that recognize the interconnection between people, animals, plants and their shared environment, ensuring equitable decision-making and a multi-sectoral unified approach to health management;
2. *Encourages* Parties to promote and enhance multisectoral and transdisciplinary collaboration at the national level, and cooperation at the international level, in order to prevent and respond to wildlife health threats;

*Solutions for tackling health problems*

1. *Requests* Parties and others managing migratory wildlife to develop strategies for prevention, preparedness and response to wildlife health threats by:
2. developing wildlife health strategies with contingency and emergency response plans, with input from all relevant stakeholders, thus ensuring prevention of problems and appropriate responses in emergency situations;
3. strengthening and supporting wildlife health systems to support wildlife health strategies by bringing together expertise, resources and organizational structures that enable, inter alia, effective early warning systems and risk assessment;
4. strengthening and supporting wildlife health and disease surveillance, with biodiversity conservation as a goal, and integrating ecological and population monitoring into surveillance systems;
5. encouraging and supporting outbreak investigations, improvements in wildlife diagnostics, testing facilities and reporting systems, and data- and information-sharing, while additionally preventing delays in diagnosis and research caused by regulatory limits on transporting specimens across national boundaries;

*Information sources for tackling health problems*

1. *Encourages* Parties to inform their planning for wildlife health by:
2. taking note of the CMS Migratory Species and Health Review (UNEP/CMS/COP14/Inf.30.4.3) and implementing its key recommendations where relevant;
3. making proactive use of the substantial existing guidance provided by intergovernmental and other organizations on how to manage and respond to wildlife diseases and to share best practice guidelines and experience;

*Knowledge gaps and prioritization*

1. *Encourages* Parties to address the significant knowledge gaps concerning the epidemiology and drivers of many diseases of migratory species that prevent good health management, and *further encourages* Parties to support research and resourcing targeted at priority health threats to migratory species, particularly those of unfavourable conservation status;

*Cooperation*

1. *Invites* Parties to contribute voluntarily to rapid reporting systems for wildlife morbidity and mortality events in collaboration with WOAH national delegates and wildlife focal points, taking fully into account the WOAH World Animal Health Information System (WAHIS), the joint FAO–WOAH–WHO Global Early Warning System for health threats and emerging risks at the human–animal–ecosystems interface (GLEWS+), and existing regional information systems, and the need to complement existing communication channels, specifically WOAH disease reporting and ProMed-mail;
2. *Calls on* Parties to collaborate with and share information simultaneously with WOAH national delegates and wildlife focal points, WOAH WAHIS, the IUCN Wildlife Health Specialist Group, the joint FAO–WOAH–WHO GLEWS and existing regional information systems;
3. *Encourages* Parties and non-governmental organizations to work with the Quadripartite to: assess response and capacity development needs; evaluate resources needed to deliver these; and work collectively with the donor community to provide the necessary resources;
4. *Urges* the Secretariat and further urges CMS focal points and ministries responsible for wildlife to engage with their representatives to WHO, to ensure that mechanisms to prevent pathogen emergence at source and One Health approaches, wildlife issues and pandemic prevention at source are reflected in the WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response under negotiation.
5. *Encourages* the WHO to further work with the wildlife and environment sector on pandemic preparedness, and urges ongoing collaboration and coordination between intergovernmental bodies to further incorporate conservation and environmental considerations into existing mechanisms established through the Quadripartite organizations;

*Funding needs*

1. *Requests* Parties and international donor organizations to support the implementation of this Resolution and the work of the CMS Migratory Species and Health Working Group in the development and implementation of its Programme of Work to support CMS in addressing health concerns of migratory species and to contribute to One Health initiatives and pandemic prevention;
2. *Calls on* Parties and international donor organizations to provide technical and financial support to assist low- and middle-income countries in establishing appropriate pathogen and disease surveillance in wildlife populations, and management and control of wildlife diseases, including outbreak management;

*CMS engagement*

1. *Requests* the Secretariat to provide support for the Migratory Species and Health Working Group in the development and implementation of its Programme of Work, and to promote cooperation with the Quadripartite, One Health High-Level Expert Panel and CITES.

DRAFT RESOLUTION

**AVIAN INFLUENZA**

*Noting* the significant work under CMS on avian influenza,

*Recalling* Resolution 12.6 *Wildlife Disease and Migratory Species*, and the resolutions on wildlife disease and avian influenza which were consolidated into it and repealed by COP12: Resolution 8.27 *Migratory Species and Highly Pathogenic Avian Influenza*, Resolution 9.8

*Responding to the Challenge of Emerging and Re-emerging Diseases in Migratory Species, including Highly Pathogenic Avian Influenza H5N1*, and Resolution 10.22 *Wildlife Disease and Migratory Species*,

*Aware* that the spillover of the goose/Guangdong/1996 lineage of H5 highly pathogenic avian influenza virus (hereinafter HPAI virus) from the poultry sector has subsequently caused significant and concerning mortality in waterbirds, seabirds, raptors and avian scavengers as well as a number of mammal species on multiple continents and *further concerned* about future spread to other populations of migratory and other species already under multiple pressures,

*Aware* that via spillback events, HPAI virus has had major impacts on livelihoods and economies related to poultry production,

*Noting* the important role that wild birds now play in the spread of HPAI virus between countries, but also recognizing that spread occurs through other pathways including the human facilitated movement of birds, bird by-products and equipment associated with these respective industries and activities,

*Further noting* that the spread of HPAI virus in poultry-dense areas occurs mainly by movements of infected poultry or their products, contaminated equipment, and/or people wearing contaminated clothes or footwear,

*Further noting* that reforms of the poultry sector are being recommended to reduce risks for poultry, such as improved biosecurity, reduction of size and density of poultry farms, avoidance of waterbird areas as a location for farms, and considering vaccination of poultry against HPAI virus as a complement to other control measures,

*Aware* that practices such as some high-risk markets, wild bird trade and grazing of domestic ducks in natural wetlands increase likelihood of viral transmission by creating extensive interfaces between domestic and wild birds, with additional risks for onward spread of infection to people,

*Very conscious of* zoonotic infections caused by this virus in people occupationally or otherwise exposed to infected birds or mammals (wild or domesticated) and *concerned* that, if the subtype of HPAI either genetically re-assorts or adaptively mutates into a form transmissible between humans, this could have the global health, social and economic consequences of a human influenza pandemic,

*Mindful* that while exposure to infected poultry represents the greatest risk to human health, fear of risks from wild birds can negatively affect public attitudes and support for species conservation,

*Concerned* that in many countries there is a lack of information and preparation, and, in some cases, public misinformation on important issues related to the spread of HPAI, the risks it may pose, and how to anticipate and respond to outbreaks, and *noting* in particular the difficulties that low-income countries face in assessing and responding to the threat of HPAI, especially given the significance in many of these countries of both domesticated and wild birds as the basis of rural livelihoods and food security,

*Aware* that inappropriate responses to HPAI in wild birds, such as lethal control and habitat destruction, are contrary to advice from FAO and the World Organization for Animal Health (WOAH) and the mandates of CMS Resolution 12.6, AEWA Resolutions 3.18 and 4.15, and Ramsar Resolutions IX.23 and X.21 (and its annexed guidance); *recognizing* that lethal measures to eliminate HPAI in wild bird populations are not feasible and may exacerbate the problem by causing further dispersion of infected birds; and *further emphasizing* that destruction or substantive modification of wetland and other habitats with the objective of reducing contact between domesticated and wild birds does not amount to wise use as urged by Article 3.1 of the Ramsar Convention on Wetlands and Articles 1 and 8 of the Convention on Biological Diversity, and may exacerbate the problem by causing further dispersion of infected birds,

*Noting* that prevention and responses should be focused on avoiding unfortunate and possibly deleterious long-term consequences for conservation, especially for species that are currently threatened, and/or already have small or localized populations.

*Welcoming* the involvement of FAO, WOAH and WHO in responses to HPAI, notably through their Global Strategy for the Progressive Control of Highly Pathogenic Avian Influenza and its implementation, inter alia, through regional Technical Cooperation Programmes on Emergency Assistance for Early Detection and Prevention of Avian Influenza,

*Welcoming* also the WOAH World Animal Health Information System (WAHIS), the joint FAO–WOAH–WHO Global Early Warning System for health threats and emerging risks at the human–animal–ecosystems interface (GLEWS+), the WOAH-FAO network for expertise in animal influenza (OFFLU) and existing regional information systems, and the need to complement existing communication channels, specifically WOAH disease reporting and ProMed-mail,

*Recognizing* the need for and benefits of rapid and continued sharing of data and information across sectors, and the need for recording the impact of HPAI virus and other emerging pathogens on wildlife populations in order to better guide policies for future prevention, preparedness and management of emerging infectious diseases, from human health, agricultural economy and nature conservation perspectives,

*Noting* the need to strengthen research, monitoring and surveillance related to species affected by HPAI to understand epidemiology and impacts of disease, as supported also by AEWA Resolutions 8.2, 8.7 and 8.15, as well as prevention, preparedness and management to conserve wild bird populations,

*Thanking* the CMS Secretariat, the FAO Animal Health Service and the coordinator and members and observers of the Scientific Task Force on Avian Influenza and Wild Birds for their valuable work in producing situation updates and guidance for those responding to HPAI in wildlife, recognizing that anticipation, prevention and preparedness are essential for responding to disease,

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1. *Calls on* Parties to note the key messages, use the guidance and implement the recommendations from the 2023 statement of the CMS-FAO Co-Convened Scientific Task Force on Avian Influenza and Wild Birds, specifically relating to the need for:
2. cross-sectoral, multi-stakeholder planning and preparedness, and the development and implementation of national wildlife contingency plans for HPAI to enable effective prevention, responses and minimization of losses,
3. an appreciation among environment sections of government of their responsibility for wildlife aspects of HPAI and enhancing coordination and collaboration with veterinary and wildlife health authorities,
4. robust outbreak investigation following a One Health approach with virological and epidemiological analyses, and
5. integrated population monitoring to measure impacts of the disease;
6. *Requests* Parties to ensure that responses to HPAI in wildlife do not include lethal responses such as culling of wildlife, nor use of disinfectants or other measures in wild settings that may affect habitat quality, nor destruction or substantive modification of wetland and other habitats with the objective of reducing contact between domesticated and wild birds;
7. *Further requests* Parties to adopt measures to reduce the risk of transmission of avian influenza between wildlife and poultry by:
8. preventing spillover of HPAI viruses from poultry to wildlife and reducing risks to both sectors by, inter alia, enhancing biosecurity measures, implementing adequate farming and aquaculture standards, vaccinating domestic birds and better planning as well as reforming and reassessing intensive production where risks have been identified,
9. further mitigating activities that are high risk in terms of viral transfer between livestock, wildlife and people by, inter alia, restricting the grazing of domestic ducks in natural wetlands, addressing risks associated with high-risk markets, and trade of wild birds, and
10. strictly applying internationally agreed quarantine and health standards for the cross-border transport of birds and their products and measures for the prevention of the illegal transportation of birds and their products, both nationally and internationally; and
11. maintain ecosystem integrity to reduce wild and domestic interfaces,
12. *Calls on* Parties, non-Parties, and relevant international and national organizations to further enable effective prevention, preparedness and response to avian influenza outbreaks, in particular by supporting and building capacity for:
13. research into HPAI in wild birds and mammals including determination of impacts of HPAI outbreaks,
14. long-term monitoring of migratory bird populations and movements, with focus on enhanced assessment for those species affected by HPAI,
15. robust surveillance programmes with conservation objectives for HPAI in populations of wild birds while additionally preventing delays in diagnosis and research caused by regulatory limits on transporting specimens across national boundaries,
16. integrating and analysing existing data sets across different flyways to determine precise migratory routes, fluxes and species’ population dynamics, and sharing data with other sectors to enhance multisectoral risk assessment,
17. early warning systems,
18. international cooperation in surveillance and risk assessments across flyways, and
19. improving rapid wildlife reporting systems with collaboration and information-sharing with WOAH national delegates and wildlife focal points, WOAH WAHIS, the joint FAO–WOAH–WHO GLEWS and existing regional information systems;
20. *Urges* Parties and international donor organizations to support the activities of the Scientific Task Force on Avian Influenza and Wild Birds, through both financial and in-kind support, in particular for the funding of the implementation of Task Force recommendations;
21. *Further urges* Parties to actively support the work of the CMS Flyways Working Group given its role in providing information relevant to disease issues;
22. *Requests* the Secretariat to:

a) explore possibilities for establishing partnerships so as to support the development of long-term funding for monitoring schemes, such as the International Waterbird Census and its derived outputs, that are relevant to the Convention’s objectives,

b) provide support for the Scientific Task Force on Avian Influenza and Wild Birds,

c) include information on implementation of this Resolution in the format of the National Reports and to report progress on the implementation of this Resolution to each meeting of the Conference of the Parties.

DRAFT DECISIONS

**WILDLIFE DISEASE**

***Directed to Parties***

14.AA Parties are encouraged to:

1. take note of the Migratory Species and Health Review and implement its key recommendations;
2. engage with WHO in the ongoing development of a new instrument on pandemic prevention, preparedness and response and encourage the incorporation of the key elements of operative paragraph 12 and other key elements of the operative section of Resolution 12.6 into the instrument.

***Directed to the Scientific Council***

14.BB The Scientific Council is requested to:

1. provide any recommendations on issues related to migratory species and health, as appropriate, to COP15, noting the establishment of the CMS Scientific Council Working Group on Migratory Species and Health (Terms of Reference are contained in the document UNEP/CMS/ScC-SC5/Outcome 11) and the Scientific Task Force on Avian Influenza and Wild Birds.

***Directed to the Secretariat***

14.CC The Secretariat is requested, subject to the availability of resources, to:

1. engage with WHO regarding the development of an instrument on pandemic prevention, preparedness and response;
2. organize an online meeting of the CMS Scientific Council Working Group on Migratory Species and Health and the Scientific Task Force on Avian Influenza and Wild Birds to set up their work programmes;
3. provide support for implementation of the work programmes of the CMS Scientific Council Working Group on Migratory Species and Health and the Scientific Task Force on Avian Influenza and Wild Birds, including commissioning studies or organizing workshops, as appropriate.
1. Spillover: infectious agent, usually at relatively high prevalence, ‘spills’ (is transmitted) into a new host, usually crossing a species barrier. [↑](#footnote-ref-2)
2. Terms of Reference in document UNEP/CMS/ScC-SC5/Outcome 11 [↑](#footnote-ref-3)