



**CONVENTION ON  
MIGRATORY  
SPECIES**

UNEP/CMS/Resolution 12.6 (Rev.COP15)

Original: English

**WILDLIFE HEALTH**

Adopted by the Conference of the Parties at its 15<sup>th</sup> Meeting (Campo Grande, March 2026)

*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*Further recalling* Resolutions 8.27, 9.8 and 10.22 on various aspects of wildlife disease, which have been repealed by COP12 and consolidated in Resolution 12.6 *Wildlife Disease and Migratory Species* and developed significantly following increased CMS attention on health in Resolution 12.6 (Rev.COP15) *Wildlife Health and Migratory Species*,

*Acknowledging* that wildlife and ecosystem health, livestock and companion animal health, and human health are interdependent and influenced by multiple socioeconomic factors, and *concerned* about the impacts of emerging and re-emerging wildlife diseases that are being 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,

*Conscious* that infectious or non-infectious threats to wildlife health 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,

*Further acknowledging* that the environment is the setting (place and context) and a determinant for health and that conservation measures to create and maintain 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,

*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 particular risks of spreading pathogens and causing emergence of infectious diseases in wildlife, domestic animals and/or humans posed by wildlife trade where crowded conditions, stress and injury, and close proximity to people during capture, farming, transportation, marketing and butchering create opportunities for transmission between animals and potentially to people, *further acknowledging* risks related to the pet trade and other regional or international movements of animals and animal products, while, at the same time, *welcoming* the collaborative efforts of CITES, FAO, WHO and the World Organisation for Animal Health (WOAH) to address such risks,

*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 spillover<sup>1</sup> into wildlife (and/or humans) causing mortality and morbidity, sometimes with subsequent 'spillback' of these pathogens into livestock, and, as such, recognizing that the sustainable management and prevention of such forms of animal farming is highly desirable to achieve One Health objectives,

*Acknowledging* that the One Health approach is recognized 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 the One Health High-Level Expert Panel (OHHLEP), the Quadripartite partners (FAO, WOA, WHO and UNEP), IUCN, UNICEF and the World Bank, and is used within the WHO Pandemic Agreement; and *further welcoming* the consensus on appropriate approaches and responses to wildlife health that have developed among UN agencies, multilateral environmental agreements and other international organizations, reflected, for example, in decisions and resolutions of the Ramsar Convention on Wetlands, AEWA and CMS,

*Welcoming* the Pandemic Agreement which recognizes the importance of the environment and stresses that adequate pandemic prevention, preparedness, response and health systems recovery is part of a continuum to combat other health emergencies and achieve greater health equity through resolute action on the social, environmental, cultural, political and economic determinants of health,

*Welcoming* the adoption of the Convention on Biological Diversity's Global Action Plan on Biodiversity and Health which provides a voluntary framework for mainstreaming biodiversity and health interlinkages into national policies, strategies, programmes and accounts,

*Further welcoming* the significant work in the area of wildlife health by FAO, the Working Group on Wildlife Diseases of the WOA, 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, 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 are often inadequate, being limited by insufficient resources and investment, particularly in developing countries, surveillance and knowledge gaps and 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,

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<sup>1</sup>Spillover: infectious agent, usually at relatively high prevalence, 'spills' (is transmitted) into a new host, usually crossing a species barrier.

*Noting* the benefits of cross-sectoral organizational structures and communication involving health management authorities, health professionals, biologists, veterinarians, conservationists, natural resource professionals, and indigenous peoples and local communities for planning and responding to the complex issues surrounding human, animal and ecosystem health,

*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 health by the CMS and establishment of the CMS Working Group on Migratory Species and Health<sup>2</sup> of the Scientific Council as a mechanism for further elaborating and coordinating this work on issues related to health of migratory species and additionally 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; the Asia-Pacific Illegal Taking of Migratory Birds Intergovernmental Task Force; and the Working Group on Climate Change, and

*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,

*The Conference of the Parties to the  
Convention on the Conservation of Migratory Species of Wild Animals*

*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 these by, inter alia, reducing habitat loss, fragmentation and degradation; addressing drivers of climate change and enhancing mitigation and adaptation; preventing pollution; preventing the spread of invasive non-native species; addressing high-risk agricultural and aquacultural practices; preventing overexploitation; reducing health risks at wildlife/domesticated animals and wildlife/human interfaces;
2. *Urges* Parties and others to minimize the risk of infectious disease to wildlife and pathogen spillover by:
  - a) taking robust measures at domesticated animals-wildlife interfaces, inter alia, those linked to agriculture and aquaculture and encroachment into wild areas, pastoralism, improving biosecurity, domestic animal vaccination as appropriate and better planning and reassessment of intensive animal production where health risks have been identified,

<sup>2</sup> Terms of Reference in document UNEP/CMS/ScC-SC5/Outcome 11

- b) implementing measures 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
  - c) focusing efforts on reducing or otherwise managing those practices that are high risk for pathogen transfer and drivers of pathogen change;
3. *Encourages* Parties and others to take actions to minimize non-infectious negative impacts on wildlife health by, inter alia:
- a) reducing and mitigating pollutants and poisons, particularly where regulatory restriction and/or enforcement is required,
  - b) taking strong management actions to prevent pollutants and poisons from entering aquatic systems and working to restore marine and freshwater habitats of migratory species,
  - c) mitigating human-induced injury of wildlife (inter alia, in infrastructure and other human developments and activities), and
  - d) 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*

4. *Requests* Parties to take, inter alia, 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;
5. *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 wildlife health problems*

6. *Requests* Parties and others managing migratory wildlife to develop and evaluate strategies for prevention, preparedness and response to wildlife health threats by:
- a) 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,
  - b) ensuring plans and responses reflect One Health approaches, avoiding disease management actions that have adverse conservation impacts,
  - c) 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,
  - d) strengthening and supporting wildlife health and disease surveillance, with biodiversity conservation as a goal, and integrating ecological and population monitoring into surveillance systems,
  - e) 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, and

- f) when dealing with wildlife disease that impact livestock and/or human health, implementing risk communication that simultaneously provides information on risks *and* the value of these species in ecological and sociocultural systems;

*Information sources for tackling health problems*

- 7. *Encourages* Parties to inform their planning for wildlife health by:
  - a) taking note of the CMS Migratory Species and Health Review and implementing its key recommendations where relevant,
  - b) making use of the key messages from the CMS report on *Examining Resolutions and Articles from CMS to find Strategic Opportunities for the Working Group on Migratory Species and Health* (as summarized in Annex 3 to UNEP/CMS/COP15/Doc.28.5/Rev.1) which recognize shared root causes of population decline and ill health and call for greater impetus for fulfilment of other obligations under the Convention to bring about more efficient and effective double benefits to improvements to both health and conservation status,
  - c) making use of the lessons from the CMS report on *One Health Case Studies: a resource for Parties to the Convention on Migratory Species* (as summarized in Annex 3 to UNEP/CMS/COP15/Doc.28.5/Rev.1), which, inter alia, reflect the need for cross-sectoral working for maximizing health benefits,
  - d) 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, and
  - e) aligning planning with other relevant international mechanisms aimed at securing wildlife health, including the CBD Global Action Plan for Biodiversity and Health, and relevant sections of the WHO Pandemic Agreement for those countries that are party to it;

*Knowledge gaps and prioritization*

- 8. *Encourages* Parties to address the significant knowledge gaps concerning the drivers, epidemiology and impacts 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*

- 9. *Invites* Parties to support improvements and contribute voluntarily to rapid reporting systems for wildlife morbidity and mortality events in collaboration with WOAHP national delegates and wildlife focal points, taking fully into account existing and emerging health information systems provided by FAO, WOAHP and WHO, using existing national and regional information systems, and taking advantage of existing communication channels, inter alia, WOAHP disease reporting and ProMed-mail;

10. *Calls on* Parties to collaborate and share information as appropriate and in accordance with national legislation, respecting data sovereignty, confidentiality and biosecurity considerations, while ensuring equitable and transparent exchange of information among all countries, including through collaboration simultaneously with organizations linking wildlife health with conservation monitoring data, inter alia, WOA national delegates and wildlife focal points, WOA WAHIS, the IUCN Wildlife Health Specialist Group, the joint FAO–WOAH–WHO GLEWS<sup>3</sup> and existing regional information systems, and promoting technical cooperation, capacity-building and access to analytical tools to enable all Parties to effectively participate in and benefit from such information-sharing mechanisms;
11. *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;
12. *Urges* CMS focal points and ministries responsible for wildlife to work together with those responsible for implementation of the WHO Pandemic Agreement which recognizes that pandemic prevention is dependent on “resolute action on the [...] environmental [...] determinants of health”;
13. *Encourages* 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*

14. *Requests* Parties and international donor organizations to increase efforts towards providing predictable sustainable and adequate financial resources to support the implementation of this Resolution and the work of the CMS Working Group on Migratory Species and Health with special attention to the specific challenges faced by developing country Parties, in particular least developed countries and small island developing states, including 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;
15. *Calls on* Parties and international donor organizations to provide technical, financial and capacity building support to assist low- and middle-income countries in establishing appropriate pollutant, pathogen and disease surveillance in wildlife populations, as well as in the management and control of wildlife diseases, including outbreak management, while strengthening integrated One Health approaches; and

#### *CMS engagement*

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

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<sup>3</sup> Global Early Warning System for health threats and emerging risks at the human–animal–ecosystems interface