

Global Governance of Pandemics post-COVID-19

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Ausschuss f. Gesundheit
UA GlobG

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Diagnosing the problems

- IHR is a prevention, preparedness and detection mechanism, aimed at preventing a health event becoming a pandemic. It is not designed to be a response mechanism
- Limited impact of PHEIC
- Many governments departed from requirements under IHR:
 - Article 15 (Temporary Recommendations)
 - Article 43 (Additional Health Measures)
- No word “equity”
- Data sharing challenges
- Financing and cooperation limitations (Art 44)
- No consideration of secondary impacts of pandemic policy
- Health sector siloes
- No compliance mechanism

Analysis of functioning of IHR

- IHR Review Committee, Independent Panel on Pandemic Preparedness and Response (IPPPR), Independent Oversight Advisory Committee of the Health Emergencies Programme all conclude the same.
 - IHR IS NOT THE PROBLEM IT IS STATES IMPLEMENTATION WHICH IS THE PROBLEM
- WGPR highlights:
 - 131 recommendations
 - #101 appear to be met by implementing or building on current frameworks
 - #30 actually require a new instrument.
 - BUT most of these 30 could be met through the IHR functioning as originally intended, ie. Better implementation; thus
 - the only # recommendation which requires something “new” is the recommendation which states that there must be an establishment of a new framework convention
- “The WHO CA+ and other relevant international instruments, including the International Health Regulations, should be interpreted so as to be complementary, compatible and synergistic, and the WHO CA+ should be interpreted in a manner that promotes and supports the implementation and operationalization of the International Health Regulations and other relevant international instruments”

Forum Shopping

- Pandemic Treaty
- IHR Revisions
- UHPR
- Pandemic Fund
- Executive Board Standing Committee on Health Emergency Prevention, Preparedness and Response
- HLM @ UNGA
- TRIPS
- Nagoya
- Multilateral Platform for Access to Medical Countermeasures

Guiding Principles

- Respect for Human rights
- Right to health
- Sovereignty
- Equity
- Solidarity
- Transparency
- Accountability
- Common but Differentiated Responsibilities
- Inclusiveness
- Community Engagement
- Gender Equality
- Non-discrimination and respect for diversity
- Rights of individuals and groups at higher risk and in vulnerable situation
- One health
- Universal Health Coverage
- Science and Evidence-informed Decisions
- Central Role of WHO
- Proportionality

Will Treaty meet expectations?

- WHO as location of governance:
 - Little authority of its own, reflects the interests of its member states – but no compliance mechanism
 - WHO takes a globalist, cosmopolitan world vs security language
 - States want the treaty in a weak institution with no meaningful accountability and compliance mechanisms?
 - Mechanism for strengthening WHO
 - Alternative: Global Health Threats Council (e.g. UNSC)
- Treaty Design
 - Framework Convention: Agreement on 38 Articles (Good Luck!)
 - Then Protocols; implementation; Compliance
- Compliance
 - How to do this – carrot or stick?
 - Current focus on the inability of low-income countries to build and sustain core capacities; non-compliance by high-income countries to honour commitments to provide sufficient resources via bilateral or multilateral routes
 - WHO lacks sufficient enforcement mechanisms to incentivise compliance, and only occasionally uses the informal tools (naming and shaming/praising compliance and non-compliance).
 - G7 states themselves demonstrated significant compliance and implementation gaps. Political prioritisation of national interests and domestic political incentives has led to unilateral over multilateral action in complying with the IHR

