

Future-Proofing Global Health Governance Through the Proposed Pandemic Treaty

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The current global health governance framework is highly fragmented, encompassing aspects of infectious disease response, trade, intellectual property, human rights, security, and environmental protection. These stem from a range of multilateral sources, not just the World Health Organization (WHO). Moreover, in international law terms, there is a patchwork of signatories and ratifiers to each of the relevant international instruments in this field, resulting in a hodgepodge of obligations for States. Despite this complex international system, the governance architecture failed to adequately protect humanity from a pandemic threat in COVID-19, notably with limited robust data; lack of cooperation and coordination between governments; and States being focused on national protectionism. These factors have combined to prolong the pandemic and exacerbate its impact on the world's poorest. Finally, the global health governance framework is far from future-proof; numerous potential threats to humanity are not presently addressed in the current framework, including One Health approaches, dual-use research of concern, and the sharing and trading of pathogen sequence data.

In response to these issues, world leaders have begun the process of reforming the global health governance system, proposing to introduce, for the first time, a multilateral treaty into the system for pandemic preparedness and response – the so called 'pandemic treaty'. This short comment outlines the process for this, and questions the extent to which it is capable of protecting all of humanity from future pandemic threats.

The Pandemic Treaty

At a Special Session of the World Health Assembly (WHASS) in 2021, member states [agreed](#) by consensus to establish an intergovernmental negotiating body to draft a convention, agreement or other international instrument for pandemic preparedness and response under the constitution of the WHO. The underlying logic to which supporters subscribe is that global law and governance failed during COVID-19, and a treaty is required to add political and legal commitment to the technical knowhow which already exists to mitigate future challenges in preventing, detecting, responding to, and recovering from future pandemic events. Proponents argue that such a treaty, rooted in 'norms of solidarity, fairness, transparency, inclusiveness and equity', can be the cornerstone of future global health security, and that this will overcome many of the shortcomings in the response to COVID-19. They grandly declared: '[Our solidarity in ensuring that the world is better prepared](#)

[will be our legacy that protects our children and grandchildren and minimizes the impact of future pandemics on our economies and our societies.'](#)

Making pandemic preparedness fit for the future

The system of pandemic preparedness and response is broken; but as a citizen of the United Kingdom, it is broken in my favour, and in favour of those of us who reside in wealthy, high-income nations. The present system embeds processes and norms that require low- and middle-income countries (LMICs) – where most novel infectious diseases emerge – to have in place certain so-called '[core capacities](#)' such as surveillance mechanisms and healthcare systems which are primed to detect novel outbreaks rapidly (obligations which came without a commitment to finance them, or a recognition that LMICs may have other priorities for their limited healthcare budget). We have further created rules to ensure that when detection occurs, those LMICs [promptly share information with WHO and the rest of the world](#) about the potential threat. This buys precious time for countries like mine to [close their borders](#), and hoard as much [personal protective equipment](#) (PPE), [drugs](#), and [vaccines](#) as we can. These drugs and vaccines are then sold to the highest bidder first, regardless of global need. The current global framework looks to have put in place an early detection system that affords rich countries even more of an advantage at the expense of poorer ones. These policies are unjust and dangerous, they entrench neo-colonial power imbalances between rich and poor nations, and they risk elongating the pandemic for all and leaving whole swathes of the global population at risk for the safety of a few.

In order to secure the long-term future of humanity through pandemic preparedness we must fix the deep rooted, structural inequalities which are embedded within our global health system.

The Pandemic Treaty – securing longterm preparedness?

Despite the lofty goals of the proposed pandemic treaty outlined above, meaningful proposals regarding the substantive content for the treaty are still thin on the ground, and that which has been proposed by the proponents of the treaty seems wholly inadequate to address the huge structural inequalities which plague pandemic preparedness and response. To this end, the European Union, who very much view themselves as [leading the treaty initiative](#) are the first to provide clear, meaningful proposals for the treaty content, through the "[European Union contribution to the identification of the substantive elements for a convention, agreement or other international instrument on pandemic prevention, preparedness and response](#)" published in late April 2021.

Much of the content in the EU proposal seeks to strengthen the "*obligations*" States have to identify and report health threats with pandemic potential and "share data and information", as well as "sequences and pathogen materials" for enhanced pandemic preparedness. Whereas equitable access to vaccine and

medical countermeasures has much weaker language in the EU proposal; we must “*consider* international stockpiling of relevant healthcare materials for emergency and humanitarian use” and “*encourage* voluntary participation in technology sharing platforms” (emphasis added). So, for all the lofty claims, it appears the treaty will take forward the neo-colonial thinking of the current system: the samples, data, and information of LMICs are public goods and must be shared for the good of humanity, and vaccines and other medical countermeasures are private goods to be hoarded and accessed by the world’s wealthiest first. Meet the new framework, same as the old framework.

To be clear, nothing is set in stone at this stage and the pandemic treaty presents a unique opportunity to embed justice considerations into the global health governance architecture, and future-proof global health governance. Doing so will result in humanity being better prepared, and more equitably prepared for the next pandemic. However, I have significant doubts as to if this will be achieved, many of which [I have address elsewhere](#). Most importantly, my cynicism is based on the fact that the proposals we have seen so far show that those advocating for the treaty are making little effort to address the deep-rooted structural inequalities underlying global health problems and outcomes. Indeed, it is accepting these inequalities and further embedding them within the new global health governance architecture. The proposals we have seen so far are being developed by a small number of wealthy nations – the same wealthy nations that hoarded medical countermeasures throughout the pandemic and that closed their borders to most of southern Africa when South Africa reported Omicron. I have written elsewhere with colleagues that we “[fear the process will simply cost a lot of time and money, without fundamentally changing the ways in which states respond to emerging infectious diseases or the underlying inequalities which blight the global health system.](#)”

Conclusions

It is clear that humanity is not prepared for the next pandemic; the global health governance architecture requires fundamental change in order to get us to that point. If humanity is to be prepared for the next pandemic, we must fix the deep rooted, structural inequalities which are embedded within our global health system. The pandemic treaty is an opportunity to do this, but on the basis of the present proposals, and the manner in which the treaty is being developed, it is clear that the treaty will fall far short of such expectations. For all the rhetoric of equity, solidarity, and the ‘legacy we leave to our children’ coming from the small number of world-leaders pushing the treaty, we are not even at the stage of diagnosing the problems within the global health system, let alone treating them. Global inequality is an existential threat to humanity; it makes pandemic events more likely; it elongates them when they occur; and it means that only a small segment of society is in a position to recover and even thrive from them.

