

Manuscript version: Author's Accepted Manuscript

The version presented in WRAP is the author's accepted manuscript and may differ from the published version or Version of Record.

Persistent WRAP URL:

<http://wrap.warwick.ac.uk/177441>

How to cite:

Please refer to published version for the most recent bibliographic citation information. If a published version is known of, the repository item page linked to above, will contain details on accessing it.

Copyright and reuse:

The Warwick Research Archive Portal (WRAP) makes this work by researchers of the University of Warwick available open access under the following conditions.

Copyright © and all moral rights to the version of the paper presented here belong to the individual author(s) and/or other copyright owners. To the extent reasonable and practicable the material made available in WRAP has been checked for eligibility before being made available.

Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge. Provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

Publisher's statement:

Please refer to the repository item page, publisher's statement section, for further information.

For more information, please contact the WRAP Team at: wrap@warwick.ac.uk.

OVERLINE

Implementation of pandemic obligations: compliance as one part of the package

Insert Deck Here

By Mark Eccleston-Turner¹, Gian-Luca Burci², Jonathan Liberman³, Sharifah Sekalala⁴

Member States of the World Health Organization (WHO) are undertaking ambitious governance reforms to prevent, prepare for, and respond to pandemics, by concurrently negotiating both a new international legal instrument (henceforth called “the Pandemic Treaty”) and amendments to the International Health Regulations (IHR). We therefore find ourselves at a critical juncture in global health governance, with the opportunity to strengthen pandemic prevention, preparedness, and response via international law. Though there is considerable overlap between these instruments, and the focus of their reform efforts, the push for a separate Treaty has been based on the idea that the global response to a pandemic event, and considerations of equity during that event are better addressed outside the IHR, which are overtly focused on preparedness and response.

One issue being given considerable prominence in each of these negotiations is how compliance by Member States with their obligations can best be achieved. We argue that any efforts to ensure compliance with these instruments should be seen as part of broader efforts to ensure effective and equitable implementation, as opposed to being overly focused on formal compliance mechanisms and the possibility of punitive action in response to non-compliance.

Compliance has dogged the IHR since their inception in 1969, notably during COVID-19, as widespread non-compliance saw numerous states acting in their own perceived self-interest, rendering WHO unable to coordinate an effective international response. This included failing to promptly share information with WHO and the international community and imposing disproportionate trade and travel restrictions against WHO advice. Moreover, many countries lacked the capacity to adequately control the pandemic – also an IHR compliance issue. Claims that the IHR have

been ineffective during COVID-19 primarily due to failures of compliance and enforcement (as opposed to, for example, reflecting gaps in the substantive provisions of the Regulations, and/or a lack of national capacities or support for implementation) have become commonplace(1, 2). Such calls appear to be finding traction in the current negotiations. Amendments to IHR have been proposed to both strengthen obligations and associated compliance mechanisms for preparedness and response, including through the creation of compliance assessment bodies. Additionally, the “zero draft” of the Pandemic Treaty proposes establishing “a universal peer review mechanism” and “cooperative procedures and institutional mechanisms to promote compliance ... and also address cases of non-compliance”(3). The exact formulation of such mechanisms is yet to be agreed. There have also been high profile calls to strengthen accountability mechanisms in order to achieve greater compliance.

We challenge the empirical basis for some of these arguments and argue that the current focus on compliance in the literature, as well as the negotiations, often fails to reflect that the ultimate aim of agreeing new treaties is to implement them effectively. This means looking to what the Treaty intends to achieve as an overall package, rather than merely looking to the binary obligations contained within. This goes well beyond formal ‘compliance’. For example, a focus on compliance can often become an overly legalistic search for, and concentration on, what an instrument specifically legally requires (as opposed to encourages or empowers), which might include an overemphasis on ‘shall’ provisions, and a downplaying of the importance of ‘shall consider’ and ‘should’ provisions and of the treaty’s overarching purpose and norms. By contrast, an implementation focus can often provide more space for identifying how best practice implementation of all commitments, however expressed, can be supported and facilitated, including distinguishing between different kinds of commitments, and the reasons that different obligations might be breached, or at least not optimally implemented. A ‘compliance’ focus may suit some types of obligations – for example, those where obligations are clear,

and contraventions are likely to be deliberate, such as failures to notify known information – but may not suit others, particularly those where the underlying issue might be a lack of resources or capacity.

Also problematic with this view is that states clearly consider a much broader range of responses to be punitive in nature – not just formal sanctions. For example, some States appear to view it punitive if an event in their territory is declared a ‘public health emergency of international concern’ (PHEIC), akin to WHO issuing a vote of no confidence in the State’s ability to adequately respond. Equally, while not a formal sanction, imposition of trade and travel restrictions following declaration of a PHEIC, or following the notification by a state of public health information evidencing a risk, can be highly punitive in its impacts.(4) Such consequences may discourage both compliance and best practice implementation.

Compliance in international law

It is argued by some,(5) including the Independent Panel on Pandemic Preparedness and Response, (6) that poor IHR compliance is largely due to the lack of effective compliance mechanisms within the Regulations,(7) and that this could be rectified by the inclusion of such mechanisms (or even sanctions) in the Regulations and/or the Pandemic Treaty. Indeed, some scholars have gone so far as to claim that “enforcement mechanisms appear to be the only treaty design choice that holds promise of maximizing the chances of achieving intended effects” and that treaties “that do not have enforcement mechanisms are unlikely to be worth their considerable effort.”(2, p.6) For instance, human rights treaties come under considerable criticism for making human rights outcomes worse, with a particular example of the UN Convention on the Rights of the Child, which was found to have harmful effects because it led to amongst others worsened human rights practices and increases in child labour (2). However this seems to ignore that before the signing of the treaty, there were considerable disagreements about the concept of child labor, and that it feels so abhorrent today in large part due to the socialization effects of the treaty which increase the rates of reporting of behavior that is perceived

¹Department of Global Health & Social Medicine, King’s College London, London, UK. ²Graduate Institute of International and Development Studies, Geneva, Switzerland. ³Schools of Law & Population and Global Health, University of Melbourne, Melbourne, Australia. ⁴Department of Law, University of Warwick, Coventry, UK. Email: mark.eccleston-turner@kcl.ac.uk

1 to be contrary to the treaty. Additionally, even
2 these scholars acknowledge that effectiveness
3 of a treaty can be enhanced through socializa-
4 tion, and changing norms over time.(2) This is
5 not a linear process and is achieved through
6 development of consensus and internalization
7 of norms as opposed to enforcement.(8) Addi-
8 tionally other scholars have argued that states
9 may comply due to the fear of reputational
10 damage if they derogate from agreed
11 norms(9). Thus compliance in this sense is not
12 binary but more of a spectrum which may ne-
13 cessitate ongoing development of the norms
14 of treaties over time.(10)

15 We therefore caution against any absolut-
16 ism in respect to the utility of formal compli-
17 ance or enforcement mechanisms, firstly be-
18 cause it is implementation that matters most,
19 not formal compliance systems designed to
20 punish errant behavior, and secondly, because
21 "hard" compliance mechanisms go against the
22 norm within international law, implying that it
23 is unrealistic to expect States to agree to such
24 mechanisms. Most treaties lack hard compli-
25 ance mechanisms, and treaties that do con-
26 tain them are often bilateral (e.g., arms con-
27 trol) or part of a broader regulatory
28 framework (e.g., trade, climate change and
29 protection of the ozone layer). For the most
30 part, compliance and enforcement mecha-
31 nisms are confined to reporting, some form of
32 review powers exercised by intergovernmental
33 or expert bodies, and, rarely, formal dis-
34 pute settlement mechanisms (such as that of the
35 World Trade Organization).(2) A notable trend
36 in environmental law is in favor of compliance
37 mechanisms based on dialogue, identification
38 of problems and mutual support, which are
39 considered a useful approach to support im-
40 plementation and compliance across a range
41 of obligations. Even these forms of "soft"
42 compliance can act as a deterrence against
43 non-compliance, whereby States are con-
44 cerned about public disclosures of their fail-
45 ures to comply with obligations.

46 In short, approaches to compliance need
47 not be strict to be meaningful. Chayes and
48 Chayes noted that standards of strict, absolute
49 compliance are often ill-suited to international
50 law, and that it is more realistic to think of an
51 "acceptable" overall level of compliance "in
52 the light of the interests and concerns the
53 treaty is designed to safeguard."(11 p.176)
54 They further noted that "What is an accepta-
55 ble level of compliance will shift according to
56 the type of treaty, the context, the exact be-
57 haviour involved, and over time."(11, p198)

58 To this end, it has become something of a
59 cliché to quote that "almost all nations ob-
serve almost all principles of international law
and almost all of their obligations almost all of

the time"(12, p.47) but why non-compliance
occurs is given insufficient emphasis in the lit-
erature, and in the negotiations thus far. It is
not always the case that non-compliance is ne-
farious in nature, or a calculated action taken
by a state pursuing its own self-interest. While
such action is of course possible, particularly
during an emergency event, it should not be
the sole focus of our efforts around imple-
mentation and compliance. On many occa-
sions, states may deviate from treaty obliga-
tions because of a lack of resources – be they
financial, knowledge, human, or structural – or
genuine uncertainty about what the treaty re-
quires, or knowledge gaps and coordination
problems within the legal regime. This is cer-
tainly the case when it comes to non-
compliance with the prevention, detection
and response "Core Capacities" (12a) re-
quirements under the IHR and may also be the
case for future resource-intensive obligations
under the Pandemic Treaty.

Essential criteria for more equitable approach to implementation and compliance

Negotiators should try to reach satisfactory
trade-offs and balance between rights and ob-
ligations, and mechanisms for implementation
support and for compliance. Negotiators
ought to carefully consider the optimal role of
formal compliance mechanisms, especially
during times of crisis where attention and re-
sources may be better directed elsewhere,
and to recognise such mechanisms as one part
of the overall toolbox which is designed to
support and facilitate implementation. This
would demand, in the first instance, consider-
ing *why* non-compliance might occur, includ-
ing the role of both resource scarcity and
knowledge gaps. A holistic approach to im-
plementation could include features such as
regular Conferences of the Parties (COPs),
whereby state parties can network, share best
practices, make commitments to each other
outside of the formal renegotiation of an in-
strument, and adopt a range of normative in-
struments needed to support implementation.
For example, in the case of WHO's Framework
Convention on Tobacco Control, the COP has
adopted several implementation guidelines
that clarify and elaborate upon often generally
expressed treaty obligations, drawing on the
best available, and often evolving, evidence
(13). Such precise and detailed – albeit softer
– instruments, can generate higher levels of
compliance (14). In multilateral environmen-
tal agreements, there is a particular emphasis
on COPs being used for mutual learning and
support, identification of specific and systemic
problems, and linkage with technical and fi-
nancial assistance to facilitate implementation

and compliance.

Negotiators ought to be attentive to the
inevitable costs of any compliance regime they
create, especially for countries from the global
south. Formal compliance mechanisms that
cover the wide range of obligations in the IHR,
as well as those currently proposed for the
Pandemic Treaty, would entail high costs – in
addition to the costs of compliance itself, such
as with IHR Core Capacities requirements. The
"reporting fatigue" arising from multiple and
increasing treaty obligations is not a new issue,
and is, for example, affecting credible compli-
ance monitoring of UN human rights treaties.

Moreover, whilst negotiators are currently
focused on the obligations contained within
the amended IHR and new Pandemic Treaty,
and how to maximize compliance with these
two instruments, it ought not be forgotten
that multiple other international law regimes
that are also relevant to pandemic prevention,
preparedness and response – e.g., environ-
ment, climate change, animal health, trade, in-
tellectual property – are placing demands on
states. Negotiators need to recognize that
states will also be 'servicing' the cost and
compliance requirements of such other re-
gimes.

Finally, any holistic implementation regime
should establish a governance framework that
creates a sense of community including both
governments and non-state actors, offers a
space for discussion and review, and allows
decisions on implementation and compliance
to be taken in a dynamic manner, responding
to the way in which circumstances and evi-
dence, and implementation of the instruments
themselves, evolve. For these reasons, nego-
tiators ought to avoid overly detailed compli-
ance provisions within the text of the instru-
ment itself. Instead, negotiators ought to use
the instrument to either create the compli-
ance body or entrust this authority to the COP
(or the World Health Assembly in case of the
IHR), leaving the details of its composition and
operation to be agreed later by these bodies.

Such an approach will provide states with
a greater sense of flexibility and responsive-
ness in the compliance mechanism, informed
by the early experiences of implementation,
rather than seeking to establish a compliance
regime for every obligation agreed to during
the negotiations. This is particularly important,
given the short timelines for both the IHR
amendment and Treaty negotiations – with
adoption of each currently planned for the
May 2024 session of the WHA – and the sheer
scale of potential obligations still on the nego-
tiating table. This will also allow states to ex-
plore how they wish to ensure the overall ef-
fectiveness of the legal regime by using other

mechanisms to facilitate both best practice implementation and legal compliance, such as using soft mechanisms not backed up by the prospect of punitive action. These can range from the very soft such as meetings of ministers to discuss progress on compliance, to more concrete mechanisms which can be undertaken either by the WHO or non-governmental organisations such as benchmarking indexes against commonly agreed indicators.

Additionally, providing financial and technical support for implementation – especially for countries in the global south to strengthen national capacities, would potentially be a major incentive towards compliance. However, strong demands for “equity” in the current negotiations show that such support cannot be a form of “charity” and has to move away from a development assistance model. To this end some LMICs are pushing for ‘common but differentiated responsibilities’ being a key element of the Treaty, whereby high income countries bear a greater responsibility to address the substantive goals of the Treaty than low-income countries. Finding common ground will be a major challenge for negotiators, but essential for the success of the emerging normative framework.

Conclusion

Compliance has traditionally been one of the thorniest questions in international law, both theoretically and practically, and it will remain so long after these reforms have reached their conclusions. This is true of global health, and many other areas of international law. How should we understand compliance with international obligations given the infrequency of enforcement mechanisms and the traditional dominance of rational choice theories anticipating non-compliance if a cost-benefit calculation points states in that direction? And from a practical perspective, what can be done to create the basis for better compliance and, more importantly, for effective and equitable implementation of treaties, in particular those of a regulatory nature where there is no immediate reciprocity of benefits? The short analysis in this article defies simplistic assumptions about one-size-fits-all approaches or the absolute necessity of highly formalized and potentially antagonistic mechanisms backed up by the underlying threat of sanctions – the evidence on such approaches is clear: states almost never agree to such compliance regimes being included within treaty regimes. Therefore, the international community needs to look to more holistic approaches to implementation and compliance, considering the overall legal, institutional and political “pack-

age” and whether and how it can generate trust and mutual reliance.

In the case of the Pandemic Treaty and the IHR amendments, the rather complex texts available as of the time of writing reveal an overall tension between the priority for health security mechanisms (e.g. information and pathogen sharing and early notification of events) for countries of the global north; and an equally urgent claim for equity and fairness (e.g. guaranteed access to vaccines, medicines and other medical countermeasures, transfer of technology, financing) by countries of the global south. If negotiators succeed in achieving a “package deal” that merges those two claims as cohesive and complementary components of the Pandemic Treaty and strengthened IHR, it will in our view offer the best chance of an effective, equitable and satisfactorily implemented – and complied with – international regime on pandemic prevention, preparedness and response.

REFERENCES AND NOTES

1. A. Spagnolo, *Global Jurist*. **18** (2018), doi:10.1515/gj-2017-0025.
2. S. J. Hoffman, et al, *Proc. Natl. Acad. Sci. U.S.A.* **119**, e2122854119 (2022).
3. WHO, “The zero draft of the ‘WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response,’” (available at https://apps.who.int/gb/inb/pdf_files/inb4/A_INB4_3-en.pdf).
4. M. Eccleston-Turner, C. Wenham, *Declaring a public health emergency of international concern: between international law and politics* (Bristol University Press, Bristol, 2021).
5. L. O. Gostin, R. Katz, *The Milbank Quarterly*. **94**, 264–313 (2016).
6. The Independent Panel for Pandemic Preparedness and Response, “COVID-19: make it the last pandemic” (2021), (available at https://theindependentpanel.org/wp-content/uploads/2021/05/COVID-19-Make-it-the-Last-Pandemic_final.pdf).
7. M. Sohn, D. Ro, D. H. Koh, S. Lee, S. Y. Kim, *J Glob Health Sci*. **3**, e18 (2021).
8. A. T. Guzman, *California Law Review*. **90**, 1823 (2002).
9. M. Finnemore, K. Sikkink, *Int Org*. **52**, 887–917 (1998).
10. J. von Stein, “Compliance With International Law” in *Oxford Research Encyclopedia of International Studies* (Oxford University Press, 2010; <http://oxfordre.com/internationalstudies/view/10.1093/acrefore/9780190846626.001.0001/acrefore-9780190846626-e-55>).
11. A. Chayes, A. H. Chayes, *Int Org*. **47**, 175–205 (1993).
12. L. Henkin, *How Nations Behave* (Columbia University Press, New York, ed. 2nd, 1979)
- 12a “Core capacities” is a term of art for the obligation of IHR states parties to develop and maintain the capacity in their health systems to detect, assess and respond to disease outbreaks, as stipulated in Articles 5 and 13, and Annex 1, of the Regulations.

13. Secretariat to the WHO Framework Convention on Tobacco Control, “Guidelines, and policy options and recommendations for implementation of the WHO FCTC” (2022), (available at <https://fctc.who.int/who-fctc/overview/treaty-instruments>).
14. K. W. Abbott, D. Snidal, *Int Org*. **54**, 421–456 (2000).

10.1126/science.adh2080