A Historic Moment in Global Health—"Futureproofing" the World Against Pandemics

Lawrence O. Gostin, JD

The international community is facing a consequential opportunity to make the world safer from pandemics. On March 30, 2021, the World Health Organization (WHO), along with 25 heads of governments and international agencies, issued an extraordinary joint call for a new treaty on pandemic prevention, preparedness, and response. The following year, the US, which was later joined by other WHO member states, proposed substantial amendments to the International Health Regulations (IHR; the latest edition of the regulations was released in 2005). The WHO launched international negotiations for both instruments, which are scheduled for adoption by the World Health Assembly in May 2024. To build political support for both processes, the 78th United Nations General Assembly held a high-level meeting on pandemic prevention, preparedness, and response, resulting in adoption of a political declaration on September 20, 2023.

The High-Level Political Declaration

Although not legally binding, United Nations political declarations can be highly influential in setting targets, supporting negotiations for legally binding treaties, and catalyzing action in civil society. The political declaration includes calls for equitable access to medical countermeasures, enhanced supply systems and manufacturing capacities, financing for low- and middle-income countries (LMICs), and transparency and accountability in the WHO’s response to health emergencies. However, the political declaration is short on concrete commitments.

The IHR

Since 1951, the IHR has been the governing instrument for outbreak detection and response. The 2002-2004 epidemic of severe acute respiratory syndrome (SARS) spurred major revisions to the IHR, empowering the WHO to declare a Public Health Emergency of International Concern (PHEIC) and coordinate a global response. The IHR requires member states to maintain core health system capacities to detect and assess outbreaks and to notify the WHO of a potential PHEIC. The COVID-19 pandemic was marked by widespread noncompliance with the IHR, including delayed reporting of the initial outbreak in Wuhan, China; failure to share scientific information; and travel restrictions contrary to the recommendations from the WHO. Although the IHR is legally binding, the voluntary dispute settlement process has never been used.

Moreover, many member states have failed to build core health capacities, with only 30% of member states meeting the IHR requirements to rapidly detect outbreaks. Even though the proposals by member states to amend the IHR are far-reaching, currently there is no consensus. The various proposals by member states include introduction of intermediate or regional alert levels to trigger an international response sooner than a PHEIC and expanding the list of events that member states must report to the WHO, such as clusters of "severe acute pneumonia of unknown cause." Some proposals would strengthen the WHO's authority, including making its recommendations binding and building the WHO's institutional capacities to coordinate an emergency response, enhance production and equitable distribution of medical countermeasures, and maintain databases of novel pathogens and genomic sequencing data. Other changes would institute independent
assessments of the IHR core capacities for member states. Critical to these proposals is their alignment with the pandemic agreement.

A Pandemic Agreement

In parallel with IHR negotiations, the World Health Assembly created an intergovernmental negotiating body to draft and negotiate a new legally binding pandemic agreement. Major divisions between high-income countries and LMICs have stalled the negotiations and have eroded trust. High-income countries want an accountable system of scientific exchange, including prompt sharing of novel pathogens and genomic sequencing data. The LMICs are reluctant to accept binding obligations to share data without an equitable system for allocating the benefits of the research. (Countries that are parties to the Nagoya Protocol to the Convention on Biological Diversity own and are legally entitled to benefits from the use of genetic resources discovered in their sovereign territory.) Similarly, the LMICs want the pandemic agreement to incorporate “common but differentiated responsibilities,” which is a principle of international environmental law that places differential obligations on low- and high-income countries. Above all, the LMICs point to the catastrophic failures during the pandemic caused by the inequitable distribution of COVID-19 vaccines and therapeutics. The scarcity of medical countermeasures caused unnecessary deaths and facilitated the development of dangerous SARS-CoV-2 variants.

Two additional proposals have proved controversial. First, some countries are pushing to adopt a “One Health” approach that would create national obligations to improve human, animal, and ecological health, including zoonotic surveillance and upstream prevention. Second, the LMICs are insisting on sustainable funding to build and maintain resilient health systems. Undoubtedly, a One Health strategy, coupled with resilient health systems, would improve pandemic preparedness and response.

Futureproofing the World Against Pandemics

Here are 5 fundamental reforms to futureproof the world against pandemics.

Facilitate Sharing of Research Findings and Scientific Data

In February 2023, the WHO launched a process to coordinate the development of and access to lifesaving medical countermeasures. A multilateral system of access to pathogen data and benefits sharing would facilitate both scientific dissemination and affordable access to medical products. The Pandemic Influenza Preparedness Framework provides a model for sharing pathogens with pandemic potential and expanded access to vaccines and other benefits. International law must also prevent disincentivizing the exchange of data (eg, travel restrictions later imposed on countries that shared information).

Promoting Equitable Investment in Technology and Innovation

Developing equity mechanisms has become the primary goal of the pandemic agreement. Key ideas include reducing the intellectual property barriers to countermeasures during a health emergency, and increased capacity for the manufacturing of countermeasures in all WHO regions. In 2021, the WHO launched an mRNA vaccine technology transfer hub in Cape Town, South Africa, with plans to develop a network of mRNA technology laboratories. The sharing of technology and expertise by large pharmaceutical companies would be critical to the success of such a network.

Financing for Prevention and Response

The International Monetary Fund estimates that the COVID-19 pandemic cost the world $13.8 trillion. It would take $10 billion annually to strengthen health systems and pandemic preparedness.
World Bank launched a Pandemic Fund to support long-term investments in pandemic prevention and preparedness, yet it remains significantly underfunded.

**Mechanisms to Ensure Compliance and Accountability**

Independent assessment and compliance mechanisms are needed for both the pandemic agreement and the revised IHR to hold the WHO and member states accountable. Linking compliance to technical or financial assistance could strengthen implementation and encourage accurate reporting. Independent monitoring could enhance accountability, such as establishing a formal role for civil society to report on progress and rapporteurs with investigatory powers. External evaluations of IHR core capacities are essential to objectively assess and improve health systems, but they should be coupled with financing and technical assistance.

**Adopting a One Health Approach**

The pandemic agreement should create strong obligations and ample funding for One Health surveillance across the human-animal-environment interface. Governance reforms should harmonize existing international agreements for addressing the upstream drivers of pandemics, including deforestation, intensive agricultural practices, wildlife trade, and climate change.

**Conclusion**

If these 5 reforms succeed in the Geneva negotiations, the world would be far better prepared to detect, report, and respond to novel outbreaks. Lifesaving countermeasures would be developed more quickly and allocated more equitably. With May 2024 fast approaching and at a time of intense diplomatic negotiations, the international community must not lose sight of what drove it to transformational law reforms in the first place. Nations must meet this historic moment with bold action on scientific exchange, equity, finance, accountability, and One Health. A more secure and fairer world is at stake.

**ARTICLE INFORMATION**

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**Corresponding Author:** Lawrence O. Gostin, JD, Georgetown University Law Center, 600 New Jersey Ave NW, Washington, DC 20001 (gostin@georgetown.edu).

**Author Affiliation:** O'Neill Institute for National and Global Health Law, Georgetown University, Washington, DC.

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**REFERENCES**


