: Conference Report

sef:

sef: Policy Lunch 12/2022 – Online

Towards more Cooperation and Equity in Global Health? A New International Treaty on Pandemic Prevention

Marcus Kaplan

All countries around the globe have been struggling with the impacts of the COVID-19 pandemic. However, it is evident that countries are equipped with different resources to deal with these challenges. The pandemic strengthened existing inequalities and inequities both within but also between countries, and it also created new ones and set back the global implementation of the Sustainable Development Goals (SDGs) by several years.

As the world is likely to experience more pandemics in the future, the international community decided to develop an international agreement on pandemic prevention, which could put into place "a comprehensive and coherent approach to strengthen the global health architecture". The agreement is expected to enter into force in 2024. The discussion at this Policy Lunch focused on the question of what such an agreement can achieve, and whether and how it can contribute to more equity and solidarity in the global health system. The discussion showed that expectations of the agreement are not very high. However, the reasons for this scepticism varied among the discussants.

sef: Policy Lunch 12/2022: Panel with Remco van de Pas, Cornelia Ulbert (Chair), Anna Holzscheiter nd Americo Beviglia Zampetti (clockwise)

In December 2021, the World Health Assembly (WHA), the decision-making body of the World Health Organization (WHO) consisting of all member states, decided to establish an intergovernmental negotiating body (INB) to draft a text for an international agreement on pandemic prevention. The draft is to be submitted to the WHA in April 2024.

Both Marcus Kaplan, Executive Director of the Development and Peace Foundation (sef:), and Cornelia Ulbert, Executive Director of the Institute for Development and Peace (INEF), emphasised in their opening statements that the negotiations are not only a matter of improving the international health system, but also touch on the question of how multilateral cooperation will work in the coming years, and how seriously we take values such as trust, solidarity and equity. Ms Ulbert reminded the audience that the international community failed miserably during the COVID-19 pandemic, as many countries, especially from the Global North, looked at the pandemic as a matter of health security by closing borders and securing medical equipment and later vaccines for their own citizens, leaving the poor and vulnerable behind.

This behaviour disrupted trust and solidarity between different regions of the world. Therefore, the negotiations on a pandemic treaty are seen – especially by countries in the Global South – as a litmus test of how much importance the international community attaches to the interests of poorer member states.

Complexity of global health governance

Anna Holzscheiter, Professor of Political Science and Executive Director of the Institute for Political Science at Technical University Dresden, gave a short summary of her recent Global Governance Spotlight "A panacea for fixing global health governance? The promises and pitfalls of negotiating a new pandemic treaty" (GG-Spotlight 3|2022). She started by stating that global health governance is still influenced by colonial relationships and dependencies, which can also

Anna Holzscheiter

be seen in the negotiations on intellectual property rights in the World Trade Organization (WTO), for example. The project of negotiating an agreement on pandemic prevention was initiated largely by a group of "liberal multilateralist governments", mainly from the EU. It was met with a rather lukewarm response from many countries from the Global South that had already lived through more than a year of hardship and growing inequalities during the pandemic. The INB's design of the negotiations on the zero draft was unusually inclusive; the draft thus includes many of the concerns over inequity and power imbalances voiced by various actors outside of the OECD. This is why the draft is being met with fierce opposition from many member states of the OECD.

Ms Holzscheiter emphasised three important aspects. First, global health governance is a complex landscape of international rules and a multiplicity of international organisations and initiatives that target many different aspects of health governance. There are high hopes that a treaty will bring more order in this field; however, given that fragmentation has increased in recent years, these hopes may be unfounded. Furthermore, global health governance is almost entirely based on "soft" (non-binding) international agreements, so there is a strong contrast to hard international agreements such as the intellectual property regime.

Second, the negotiations are embedded in a current geopolitical climate with serious power struggles that make the outcome of the negotiations and the relevance of the treaty highly unpredictable. There is considerable disappointment in the Global South because of the lack of solidarity from the countries of the Global North during the pandemic. This disappointment is aggravated by inconsistencies from governments such as Germany, which show great enthusiasm for a WHO reform while at the same time refusing any transformation of intellectual property rights under the WTO. Thus, the treaty may be a great opportunity for better international cooperation, but it may also end in an impasse, as in other international processes.

Expectations of an international agreement on pandemic prevention

As her third point, Ms Holzscheiter stated that many actors expect the treaty to be based on a broad notion of equity and global justice, which also includes aspects such as gender, anti-racism and socioeconomic equality and more generally the human right to health. This issue is closely linked to the question of how the treaty is negotiated: who should be sitting at the negotiating table? Whose concerns are taken up in the treaty?

Americo Beviglia Zampetti, Minister Counsellor of Global Health and Sanitary and Phytosanitary Issues at the Delegation of the European Union to the United Nations and other International Organisations, highlighted that the negotiations and the treaty itself are not meant to serve as a panacea to challenges in the global health sector. Rather, the more modest objective is to improve international cooperation between WHO member states related to preparedness, prevention and response to future pandemics. It is intended to lead to concrete improvements in capacities on the ground. In this regard, the negotiations and the treaty are to be seen as complementary to amending and strengthening the international health regulations.

Regarding the principle of common but differentiated responsibilities, mentioned earlier, Zampetti emphasised that it is a common responsibility of all countries to prevent and prepare for future pandemics, and all countries need to participate in this effort. However, it is clear that countries' capacities vary,

so it is important to ensure that technical assistance, capacity building and other forms of support are available to enhance the capabilities of less affluent countries. He also called for patience, as it will take some time for the agreement to be finalised, ratified by all member states and then implemented.

Americo Beviglia Zampetti

Remco van de Pas, Senior Research Associate at the Centre for Planetary Health Policy (CPHP) and Lecturer in Global Health at the Institute of Tropical Medicine (ITM), Antwerp, reminded the audience that there is considerable scepticism as to whether an international agreement on pandemic prevention is really needed, or if existing rules and regulations should be better implemented without creating another regulatory process. History shows that the countries which designed international health rules were also the ones which neglected them when it came to their own interests. There have been structural failures in the past, which cannot be fixed by introducing new norms into the system. As one example, many countries do not have the capacities to build a public health structure, which has been willingly eroded by higher-income countries through the intellectual property regime and global trade regulations that foster public-private partnerships. The international system needs more flexibility for countries to develop their public health systems so that they do not have to rely so much on private actors in the first place. However, there are some aspects of an agreement that could be useful, e.g. if it is designed as a clear protocol under a framework convention, as the final legal form of the agreement is not yet clear.

Finally, Mr van de Pas mentioned debt restructuring or even cancellation in the wake of the pandemic to enable countries to make much-needed investment in food security or basic health services. Such issues do not have a direct role in the negotiations, but they determine what countries can eventually do to strengthen their health systems.

Ms Ulbert observed that both Mr Zampetti and Mr van de Pas downplayed the importance of the desired agreement, but from different perspectives. While Mr van de Pas questioned the need for a new instrument instead of using existing instruments properly, Mr Zampetti highlighted the technical aspects of the agreement, which are not intended to solve the “big questions” raised by Ms Holzscheiter.

Referring to the previous statements, Ms Holzscheiter agreed that the process is overloaded because so many actors see this as an opportunity to fix structural issues even beyond pandemics. Diseases have completely different trajectories, e.g. in terms of speed of spreading, but their common feature is that they develop into global health threats when they meet fertile breeding ground due to poverty or gender imbalances, for example. And this is seen not only in countries in the South, but also in European countries such as Italy, the UK and Germany. These issues are difficult to deal with in a pandemic treaty. And the question is whether the mechanisms developed from the experiences during the COVID-19 pandemic will also work for the next pandemic, which might be completely different.

Who will benefit?

This question was raised by Mr van de Pas together with the question of which health risks will be covered by the agreement. Concerning the latter point, he explained that we are talking about completely different

Remco van de Pas

health risks in different types of country. Many risks which are particularly prevalent in southern countries, such as malaria, HIV/AIDS or chronic infectious dis-

eases, are permanently neglected by the international community despite promises by the G20, for example. For these countries, this raises the question of why they should engage in the negotiations on an agreement if it might not result in any benefits for them. There is a great deal of cynicism about whose risks are truly being addressed in such a treaty.

Cornelia Ulbert (Chair)

Regarding the question of who benefits from an agreement, Mr van de Pas mentioned that there is a great deal of scope for public-private partnerships in the agreement as part of the "One Health" approach. A pandemic fund is being established, but its relationship to the desired agreement is not clear. As far as the issue of comprehensive data sharing is concerned, with so many private actors involved in the negotiations it remains unclear if the benefits will be shared with all countries at the end of the day. As an example, he referred to COVAX, which did not deliver as promised. There are positive examples of cooperating with private actors, such as C-TAP, a platform for the developers of COVID-19 therapeutics, diagnostics, vaccines and other health products to share their intellectual property, knowledge and data. However, the financing of such patent pools has always been below expectations. And without regulations and state interventions on public health principles, the outcome of such initiatives will always be below par.

Mr Zampetti defended COVAX, which was set up and operated during a dire emergency situation. In this situation, COVAX decided to rely on one producer only, Astra Zeneca, which was a mistake in retrospect. However, he claimed that COVAX had managed to deliver a large number of vaccines and turned out to be a good example of global cooperation; it did not only function as a form of charity, as alleged by some critics.

Chances of an agreement

To sum up, Ms Ulbert asked all the panellists how they see the chances of an international agreement and what kind of agreement would be feasible. Ms Holzscheiter replied that she is sceptical about the tight timeline – if the treaty is adopted by 2024, as currently planned, this will mean that the treaty will be totally insignificant: due to the limited time available, countries will only decide on issues that are easy to agree on, which will not result in any significant changes.

Mr Zampetti agreed that the timeline is very tight. He claimed the agreement could be seen as a success if it led to improvements on the ground in terms of prevention, preparedness and response. Mr van de Pas finally linked the potential success of an agreement to the willingness of the West to focus much more on common interests around the globe and to provide funding for more vulnerable countries.

The Development and Peace Foundation (sef:) was founded in 1986 on the initiative of Willy Brandt. As a cross-party and non-profit-making organisation, the sef: provides an international high-level forum for shared thinking on urgent peace and development issues.

The reports on conferences and events of the Development and Peace Foundation (sef:) provide information about the discussions and results in a compact form.

Published by
Development and Peace Foundation (sef:)/
Stiftung Entwicklung und Frieden (sef:)
Dechenstr. 2 : 53115 Bonn : Germany
Phone +49 (0)228 959 25-0 : Fax -99
sef@sef-bonn.org : @sefbonn
www.sef-bonn.org

Editor
Ingo Nordmann
Hillary Crowe

Basic Design Concept
Pitch Black Graphic Design
Berlin/Rotterdam

Layout
Gerhard Süß-Jung