

## Press Release

### Civil Society Report Raises Concerns About Proposed Pandemic Treaty

*\* Current International Health Regulations shouldn't be ignored\**

*\*Focus should remain on tackling COVID-19 pandemic\**

30 November, 2021  
Geneva, Switzerland

Civil society organizations have raised concerns on the rush to negotiate the proposed pandemic treaty at the World Health Assembly Special Session (WHASS), which [began yesterday](#), as the world is going through multiple waves of COVID-19 pandemic. A [report released](#) ahead of the WHASS by Geneva Global Health Hub (G2H2), an independent platform of civil society organizations committed to advancing the right to health, conveyed the geopolitical complexities behind the treaty proposal and the drivers of this diplomatic initiative.

The research report titled '[The Politics of a WHO Pandemic Treaty in a Disenchanted World](#)' includes interviews with 23 international policymakers, health diplomats, civil society actors, academic representatives and public health professionals from across the globe. According to the report's co-researcher Priti Patnaik, Founding Editor, Geneva Health Files, "This report gives voice, nuance and context to the concerns raised by many developing countries around the diplomatic process and motivations of negotiating new rules for future health emergencies."

Patnaik added that by showcasing perspectives from a range of experts and diplomats, both from the global North and the South, the research presents a careful and complex picture on countries' views on the ongoing discussions for a new pandemic treaty as well as analyzes the different narratives and triggers that envelope the promotion of the demarche pushed forward at the WHO.

While civil society organizations have traditionally advocated for the need of binding norms in the global health domain because the right to health shouldn't hinge on voluntary arrangements only, the original motivation behind the treaty and the hurried nature of the negotiations need to be questioned. Nicoletta Denticco, Head of Global Health Justice Program, Society for International Development (SID) and G2H2 co-chair said, "The treaty discussion is full of good intentions, but lacks evidence. The mechanics of the current treaty proposal have been enacted at full speed without a serious assessment of the reasons why the implementation of the current binding arrangement on health emergencies – the 2005 International Health Regulations - have been so broadly neglected and disregarded by all countries in the world. What's the real advantage of starting a negotiation on the same topic again?"

The report also highlights that this a pandemic of "inequalities and inequities" between and within countries and genders. The WHO needs to recognize the new organizing principles that COVID-19 has brought into the health domain in the context of managing the emergency, namely health and social justice, planetary boundaries and the need for encompassing racial, gender and digital justice. Research respondents from the global South expressed the need for immediate concrete action in dealing with the current pandemic and related inequities, including access to countermeasures like vaccines.

With the announcement of the new Omicron variant and the prevailing vaccine apartheid, Denticco questioned, "How can treaty proponents like the EU justify their frenzy at the WHO, in the name of saving multilateralism, while at the World Trade Organization (WTO) they paralyze multilateralism and health equity by blocking the proposal to suspend the intellectual property rights during the

pandemic tabled by India and South Africa?”. She added if the world aims to address pandemic preparedness and response it must focus on issues like the proprietary knowledge economy based on monopoly rights because these issues prevent access to science, which is developed with massive public funding and should be used for public good.

There is a push for influential private actors to become a permanent part of future pandemic responses as hinted by several respondents in the report. It emphasizes the risk of institutionalizing these actors in the WHO through a binding treaty, a move that can come as a major blow to the global health governance.

There is evidence that a pandemic treaty would not make a difference or that countries would act any different according to Remco van de Pas, Institute for Tropical Medicine Antwerp and co-researcher of the report. “There are often lofty cosmopolitan goals on pandemic governance but the last decades have shown that richer countries will go their own way in implementing it, despite what they have agreed upon with WHO. It is hence understandable that lower and middle-income countries are taking a cautious and skeptical approach to the treaty proposal”, he added.

Many low- and middle-income countries are already struggling with the reality of fragile or non-existent public healthcare systems often connected to service repayment of their burgeoning debt. Cancelling this debt to creditor countries, mostly the ones proposing the pandemic treaty, would enable investments in pandemic preparedness and response instead of reliance on private players.

The report clearly identifies that despite apprehension the proponents of the treaty have clearly managed to drum up support for the idea in these initial stages. As discussions on the treaty go ahead with the power imbalance in decision-making further exacerbated by the inevitable practice of online diplomacy it is important to note that according to several experts interviewed for the report, developing a strong and resilient public health systems should be the high priority on the WHO agenda and for the international health community.

#### **Additional Resources**

[Launch event video](#)

[Presentation of findings](#)

#### **About Geneva Global Health Hub (G2H2)**

The Geneva Global Health Hub is a membership-based association created in Geneva in 2016 to provide a space and enable civil society to meet, share knowledge and create initiatives to advocate for more democratic global health governance. The values that guide and drive its work are belief in democracy with equity in diversity; dignity; accountability and transparency; and ethics and justice.

Website: [g2h2.org](http://g2h2.org) Twitter: [@G2H2\\_Geneva](https://twitter.com/G2H2_Geneva)

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## Key Excerpts from the Report

The IHRs do not address preparedness matters of public health emergencies. However, many treaty proposals discussed at Working Group on Strengthening WHO Preparedness and Response to health emergencies (WGPR) overlap with the IHRs remit in the field of core capacities, early notifications, information sharing, powers of WHO, travel and trade measures issues. The message that the IHRs are intrinsically weak and ineffective - a narrative frame used quite aggressively by treaty proponents – bears the dangerous consequence of weakening the political commitment behind the IHRs implementation even more.

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Officials from the Global South do acknowledge the need for reflecting on future mechanisms against pandemics, yet remain convinced that this is not the best moment to engage because the COVID-19 response requires, right now still, the utmost level of Member States' attention, energy and concentration. Moreover, some of them reckon, any serious pandemic reflection will require - after such a long systemic crisis - a deep analysis on how societies have to organize and transform their economies and above all their health systems vis-à-vis future health risks.

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“Only once COVID has been defeated will it be appropriate for us to consider fundamental changes to the way WHO works and new treaties or conventions. We must understand why the instruments we have are not working. Is the problem with the instruments themselves? Or the way they are being used? Only a multi-faceted analysis involving all states could allow us to draw conclusions on that and to develop a future health architecture,” the Russian representative insisted during the WHA debate<sup>68</sup>. But Russia was not, and is not, the only key geopolitical player unsympathetic to this proposal. The US, China, India and Brazil have demonstrated a scanty appetite to the idea, and continue to have reservations on the deliberative process at the WHO.

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“There is an insistence on the need on making big reforms in the system right now, in the middle of a pandemic”. But countries need more time; some of them are frustrated with the process, respondents stressed. “Amending the IHRs and negotiating a treaty? Not many countries can play different tables at the same time, especially if they are closely connected to each other, in terms of the financial and human resources”, one delegate from the global South responded in the interview. And another one highlighted that “This process is very complicated for small delegations, given the amount of work entailed within and between ministries in capital”.

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The emergence of private actors, and their incorporation into what was a publicly dominated health governance system, are manifestations of a phenomenon that has revolutionized the health governance architecture into a splintered arena of wealthy influential entities claiming a role in global health. In a matter of few years, health institutions have virtually lost their lines of authority and responsibility, both politically and legally, in a structural metamorphosis that has – among other things – weakened the state's ability to govern globalization and protect the global ecosystem. The makings of this transformation in a few decades are driven by the ideology of ‘new public management’, the theory that has modeled major traditional institutions on the perceived virtues and values of the private sector. Eventually, these have remained underfunded, often contested,

and compelled to adapt to the new reality of overlapping and competing mandates. Such is the sad case for the WHO.

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Health professionals and academic involved in the research note that the limited financing of public health core functions - both at the domestic and international level - is largely due to the fact that public health has not been a political priority.

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A number of participants in this research from the Global South and based in Geneva have noted that several Latin-American, African and Asian countries have doubts on the policy drivers and values of the European initiative, including whether it would benefit their societies in the case of new health emergencies.