



Task Force 06

STRENGTHENING MULTILATERALISM AND GLOBAL GOVERNANCE

G20 Policy Briefing on Pandemics, WHO Global Governance and the Pandemic Instrument/Treaty/INB Process

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Abstract

The G20 has emerged as a crucial player in shaping the global health architecture, recently focusing on the review of the International Health Regulations (IHR) and the formulation of the International Pandemic Preparedness and Response Agreement (INB). These initiatives aim to address shortcomings highlighted by the COVID-19 pandemic and strengthen global health governance. Recent discussions within the G20 underscore a commitment to multilateralism, equity, and collective action in tackling global health challenges. However, challenges remain, particularly regarding financing for pandemic response and ensuring equitable access to health technologies. Concrete policy recommendations to enhance the G20's leadership in global health governance includes establishing dedicated funds for pandemic response, promoting technology transfer, and strengthening early warning systems. The G20 should use its political agenda-setting capacity to elevate action on social protection and human rights as critical but neglected aspects of pandemic response and mechanisms to promote states compliance with commitments.

Keywords: G20, global health architecture, International Health Regulations (IHR), International Pandemic Preparedness and Response Agreement (INB), pandemic response, equitable access, multilateralism, pandemic preparedness.



Diagnosis of the Issue

The G20 has played a critical role in shaping the global health infrastructure. The participants at the G20 Summit include the world's largest providers of development assistance for health, emerging donors, and economies on the front lines of tackling today's global health crises. Since 2014 global health has been a part of communiqués, with health ministers meeting since 2017 and health and finance ministers meeting jointly since 2021. Communiqués have addressed drug-resistant TB, universal health coverage, research and development for infectious diseases, human resources for health, antimicrobial resistance, and management of health emergencies. The Pandemic Fund was launched under Indonesia's G20 Presidency to support pandemic preparedness.

In March 2021 a group of world leaders proposed the adoption of an agreement on pandemics, including several G20 leaders. Since then, as the worst memories of the COVID-19 pandemic have faded, political will has cooled. *In this sense, the most important contribution the G20 can make is the political impetus to reach an agreement.* Despite its limitations, the greatest quality of the current IHR is the realization that emergencies cannot be fought randomly once a pandemic occurs (Ventura et al., 2020). The agreement on pandemics, for its part, must go beyond the IHRs to be a strong political commitment.

Brazil's Minister Nísia Trindade recently chaired a G20 Health Working Group virtual meeting. The main objectives of the meeting were to strengthen the global health structure and prevent future pandemics. The "Chairs' Summary" (Brazilian Presidency of the Working Group, 2024) of the meeting highlights vital agreements on the need for an ambitious, balanced, and effective global instrument for pandemic management and the need for promoting international cooperation and sustainable financing, while



acknowledging the sovereignty of WHO Member States.

Recommendations

1. Establish a concrete mechanism for rapid, sufficient funding for outbreak and pandemic response

The pandemics of the last decade have exposed gaping holes in the world's ability to ensure efficient and timely funding to respond to pandemics. A month after declaring COVID-19 a Public Health Emergency the WHO and UN emergency funds had allocated just \$23.9 million to fight the pandemic (Radin and Eleftheriades, 2021). While an estimated \$16 billion in development assistance for health was mobilized in 2020, with billions more for social and economic programs in low-and-middle-income countries (LMICs), it was piecemeal and ad hoc (Okonji et al., 2023; Stephan et al., 2023). Most importantly, it was mobilized much more slowly than the virus spread. By December 2020 high-income countries had already placed vaccine orders but COVAX only had 20% of what it needed for LMICs. A year into the Ebola outbreak in DRC and Uganda, WHO had less than half the money it needed and frontline responders lacked basic personal protective equipment (Muhumuza, 2019). Similarly, slow and fragmented financing undermined efforts to stop MPox, Zika, and Ebola before that.

There have been a series of unsuccessful efforts to finance pandemics response, like the World Bank's Pandemic Emergency Financing Facility which was shut down after failing during Ebola and COVID-19. The new Pandemic Fund, also housed at the World Bank, is an intermediary that channels funds through 13 different implementing organizations. In its first round of funding of just over \$300 million, however, it was 8-times oversubscribed with over \$2.5 billion in requests from 133 countries. Even more



importantly, the fund is for long-term capacity—not an emergency tool for response. *This means that if a pandemic strikes tomorrow, it would still not trigger an immediate release of funding.*

First, G20 should back a far larger rapid fund based at WHO, triggering release of resources as soon as an outbreak with pandemic potential is identified. Then, if the outbreak grows, and WHO declares an emergency, a larger pot of funding will be needed.

Second, G20 should support at minimum a roughly \$24 billion Response Fund. This amount is what was provided for the Act-Accelerator (WHO, 2022)—setting a benchmark both for what may be needed and what donors are willing to mobilize. It is about 1% of what high-income countries spent on domestic COVID-19 efforts but needs to be available on “day zero” (Agarwal and Reed, 2022; OECD, 2023). Funding could flow through existing entities including WHO or the Global Fund to Fight AIDS, TB, and Malaria and complement the existing Pandemic Fund for preparedness. Finance ministers have emphasized the political exigency to avoid accumulating “idle cash” (G7 Health Ministers, 2023). To avoid this IMF/World Bank reserves can guarantee this funding, backed by binding commitments from high income countries to contribute according to their means if a pandemic hits, avoiding an ad hoc philanthropic approach.

2. Production of medical countermeasures and technology transfer

The world has repeatedly experienced inequality in access to vaccines, treatments, and diagnostic tools leading to avoidable deaths, prolonging pandemics. Once effective HIV treatment arrived, deaths in high-income countries fell rapidly, but 12 million Africans died waiting for access (Nkengasong et al., 2020). During the first year of COVID-19 vaccination, just 1% of all doses were delivered to low-income countries (Schellekens, 2022). Last year the Democratic Republic of Congo reported over 13,000 suspected cases



of MPox and over 600 deaths, more than in the entire world during the 2022 global public health emergency. But vaccines deployed effectively in high-income countries are not available.

The G20 should back a regional production effort that focuses immediately on manufacturing new medicines, vaccines, and diagnostics against today's infectious killers but built to capacitate future pandemics. The most effective treatment for COVID-19 (paxlovid) was built from HIV antiretrovirals and the HIV rapid test was a springboard to COVID-19 tests, but today the most exciting HIV drugs (long-acting injectables) are not being made in most of the world. Meanwhile urgent efforts are needed to create new treatments for diseases like Dengue that affect many in low- and middle-income countries. The Brazilian G20 Presidency has proposed an Alliance for Regional Production, however, it must

- a) focus on production of cutting-edge technologies (including perhaps monoclonal antibodies and long-acting injectables); and
- b) decentralize production, even if it is less efficient, to help ensure greater supply.

The G20 should also back an international agreement of governments to link public research funding with global pandemic preparedness. The U.S. invested tens of billions to develop mRNA vaccines but without agreements for developers to share technology and know-how during health emergencies the publicly-funded technology was monopolized (Lalani et al., 2023). President Biden has announced new legal measures to require public access to government-funded medical technology domestically, which if mirrored globally could help (Cohrs, 2023).

CEPI (Coalition for Epidemic Preparedness Innovations), crucial in COVID-19 vaccine efforts, has called for a 100 Days Mission, to develop safe and effective vaccines within 100 days. It is a commitment to ensuring global accessibility to vaccines and



countering epidemic and pandemic threats effectively and particularly with low-income and middle-income countries, to guarantee equitable access and global inclusivity.

3. Ensure the inclusion of social protection & human rights

One aspect that has so far been neglected and that could be promoted by the G20 is social protection. The G20 should propose that the agreement establishes an international obligation to ensure that the adoption of measures that restrict human rights must inseparably come with social protection measures, which should be enshrined as a principle of international health law. Social protection is imperative for an efficient response to pandemics because, without it, adherence to containment measures is made difficult or impossible for huge numbers of low-income populations, especially informal workers. Social protection programs have been the rule during the Covid-19 pandemic when at least 126 states introduced or adapted measures due to covid-19 (Social Protection Interagency Cooperation Board, n.d.).

To make up for the absence of or complement emergency social protection programs during the pandemic, a vast social protection network has been created or expanded in peripheral communities in all world regions. In several countries, civil society actively participated in initiatives to distribute supplies and food. At least in terms of political discourse, there is consensus in the international community about the decisive role social protection should play in responding to pandemics. In Brazil, during the covid-19 pandemic, organizations such as the Central Única de Favelas (CUFA), G10 Favelas, Gerando Facões, Redes da Marés, among others minimized the impact of the emergency among the most vulnerable (Ventura et al., 2022). Another example is the struggle of the Amazonian peoples, especially the indigenous peoples, to minimize the effects of climate change and its adverse impacts on health. The inclusion of social actors disconnected



from the interests of the private sector should have greater relevance in the CA+, highlighting the need to promote their participation in planning and strengthen their capacities to act in the face of emergencies.

An Interinstitutional Cooperation Council on Social Protection was created around the G20, bringing together 25 international agencies to encourage adherence to prevention measures including emergency income programs and exemption from paying for essential services such as electricity, gas, and water.

The G20 should ensure that this consensus on the need for social protection is reflected in the agreement's text.

More broadly, human rights provisions have disappeared from the draft agreement on pandemics. The G20 should ask the negotiators not only to enshrine a guarantee of non-discrimination formally but, above all, to recognize the integrality of human rights, including the principle of non-reactivity; to incorporate the acquis of international human rights systems concerning pandemics; to expressly include the protection of migrants, refugees and asylum seekers in the face of border closures; and to insert specific provisions for the protection of health professionals.

4. Call for independent monitoring & compliance measures

One of the biggest challenges is how to compel countries to take agreed actions in the global collective interest to stop the pandemic rather than those that might serve short-term nationalist interests but prolong the pandemic. That might be reporting outbreaks even if it casts a negative light, sharing vaccine technology even if corporations object, or making evidence-based decisions to keep borders open when critics demand symbolic action. There is no global agency to compel governments to cooperate and neither economic sanctions nor armed intervention would ever be deployed to secure compliance



with global health law. But international relations shows that well-designed agreements can use a range of far softer mechanisms to coax countries to comply (Kavanagh et al., 2023).

The G20 should call for a pandemic instrument that makes use of multiple mechanisms to track implementation of the revised IHR framework and the INB agreement that are:

- Independent and transparent: Composed of experts from diverse backgrounds, free from political influence, and using mechanisms like independent rapporteurs.
- Include a dispute-settlement mechanism: Giving all countries standing to raise disputes and request negotiation to resolve differences.
- Data-driven: Utilizing real-time data on disease outbreaks and national preparedness efforts.
- Action-oriented: Regularly issuing public reports with recommendations for improvement.

5. Include the principle of Common But Differentiated Responsibilities (CBDR)

CBDR plays a crucial role in the context of the Pandemic Instrument/Treaty. CBDR is a fundamental principle in international law, acknowledging that while all nations share a responsibility to address global challenges, they do not share equal responsibility due to differences in historical contributions, economic capabilities, and vulnerabilities. In the context of the Instrument/Treaty, CBDR urges an approach to pandemic preparedness and response that considers the diverse capacities and vulnerabilities of different countries, including to



- a) Recognize that while all countries have a responsibility to prevent and respond to pandemics, developed nations bear a greater historical responsibility due to their past contributions. Therefore, developed countries are expected to take on more significant responsibilities in funding, technology transfer, and capacity-building.
- b) Differentiate obligations based on factors such as a country's level of economic development, healthcare infrastructure, and vulnerability to pandemics.
- c) Promote equity and fairness in the distribution of responsibilities and benefits associated with pandemic preparedness and response efforts according to capacities and needs.

CBDR needs to be integral to the Instrument/Treaty to recognize and address the unequal distribution of responsibilities and vulnerabilities among nations in pandemic preparedness and response.

The G20 has a historic opportunity to shape a future-proof global health architecture. As the world rewrites the rulebook for pandemic preparedness through the International Health Regulations review and negotiates the Pandemic Instrument/Treaty, the G20 can take concrete steps to ensure a more resilient and equitable system.

The G20 can also champion a people-centered approach to the IHR revisions:

- Prioritizing equity and access: Ensuring all countries, regardless of income level, have the resources and capabilities to comply with the IHR.
- Strengthening early warning systems: Investing in robust national and regional surveillance systems for rapid detection of emerging threats.
- Promoting community engagement: Empowering local communities to participate in preparedness and response efforts.



G20 should be a vocal advocate for a robust and equitable INB agreement:

- Securing sustained financing: Pushing for a dedicated funding mechanism to support resource mobilization for low- and middle-income countries.
- Facilitating technology transfer: Encouraging collaboration on research and development, and ensuring equitable access to diagnostics, vaccines, and treatments.
- Building global stockpiles: Advocating for creating and maintaining strategic stockpiles of essential medical supplies.

Possible Scenarios for the G20 Leadership on Global Health Governance



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Scenario 1: Success

- The G20 advocates for strong leadership and commitments from member states on financing, production, and social protection. The IHR review process and INB agreement prioritize equity and access for all countries through sustainable financing, technology transfer, and global stockpiling. A monitoring mechanism ensures compliance.

Outcome: This scenario leads to a more resilient and equitable global health architecture. Countries are better prepared to prevent, detect, and contain future pandemics, minimizing loss of life and economic disruption.

Scenario 2: Partial Success

- G20 made commitments on financing and surveillance, but needs to catch up to \$24B target. Weak agreements on tech transfer and local production may hinder access to medical countermeasures. INB agreement diluted due to disagreements on resource mobilization and compliance mechanisms. Monitoring mechanism lacks teeth, making it difficult to hold countries accountable.

Outcome: This scenario results in a moderately improved global health framework. While some progress is made, challenges remain in ensuring equitable access to resources and swift response to future pandemics.

References

- Agarwal, Ruchir, and Tristan Reed. 2022. "Financing vaccine equity: funding for day-zero of the next pandemic." *Oxford Review of Economic Policy* 38, no. 4: 833-850.
- Brazilian Presidency of the Working Group. 2024. "Chair's Summary. Virtual G20 Health Ministers Meeting on INB, 13 March 2024." <https://www.g20.org/pt-br/noticias/ministros-da-saude-do-g20-se-reunem-e-discutem-protocolo-de-preparacao-e-resposta-a-pandemias/chairs-summary-g20-ministerial-inb-en.pdf/@@download/file>
- Cohrs, Rachel. 2023. "In new Regeneron deal for Covid drug, White House imposes price limits for first time." *STAT*. Accessed Feb 11, 2024. <https://www.statnews.com/2023/09/13/covid-regeneron-white-house-price-limits/>
- G7 Health Ministers. 2023. "G7 Nagasaki Health Ministers' Communiqué." Nagasaki: G7; Accessed March 2, 2024. Available from: <https://www.mhlw.go.jp/content/10500000/001096403.pdf>
- Kavanagh, Matthew M., et al. 2023. "Increasing Compliance with International Pandemic Law: International Relations and New Global Health Agreements," *The Lancet*.
- Lalani, Hussain S., et al. 2023. "US public investment in development of mRNA covid-19 vaccines: retrospective cohort study." *BMJ* 380.
- Muhumuza, Rodney. 2019. "Ugandan Medics Now Tackling Ebola Say They Lack Supplies," *PBS NewsHour*, June 15, 2019, sec. World, <https://www.pbs.org/newshour/world/ugandan-medics-now-tackling-ebola-say-they-lack-supplies>.
- Nkengasong, John N, et al. 2020. "COVID-19 Vaccines: How to Ensure Africa Has Access," *Nature* 586 (October 2020): 197.
- OECD. 2023. *The rise and fall of public social spending with the COVID-19 pandemic*.

OECD; Accessed March 2, 2024. <https://www.oecd.org/els/soc/OECD2023-Social-Expenditure-SOCX-Update-Rise-and-fall.pdf>

Okonji, Osaretin Christabel, et al. 2023. "Global Investments in Pandemic Preparedness and COVID-19: Development Assistance and Domestic Spending on Health between 1990 and 2026,"

Radin, Elizabeth, and Chris Eleftheriades. 2021. "Financing Pandemic Preparedness and Response Background Paper 14." Independent Panel for Pandemic Preparedness and Response. *Governing pandemics at the local level* 207.

Schellekens, Philip. 2022. "Trackers of Vaccination by Income Group," Pandem-IC. <https://pandem-ic.com/trackers-of-covid-19-vaccination-by-world-bank-income-group/>.

Social Protection Interagency Cooperation Board (SPIAC-B). Joint Statement on the Role of Social Protection in Responding to the COVID-19 Pandemic. https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---soc_sec/documents/genericdocument/wcms_740551.pdf

Stefan, Cristina, et al. 2023. "The Next Pandemic: If We Can't Respond, We're Not Prepared." Center For Global Development, February 28, 2023. <https://www.cgdev.org/publication/next-pandemic-if-we-cant-respond-were-not-prepared>.

Ventura, Deisy de Freitas Lima, et al. 2020. "Challenges of the COVID-19 pandemic: for a Brazilian research agenda in global health and sustainability." *Cadernos de Saúde Pública* 36: e00040620.

Ventura, Deisy de Freitas Lima, et al. 2022. "Pandemic agreement: Brazil should seek leadership from the Global South with emphasis on reducing inequities before, during and after emergencies." Pandemic Accord and IHR Reform Working Group -



Fiocruz/USP, Technical Note n. 2, São Paulo/Rio de Janeiro, 10/10/2022.

WHO. 2022. ACT-Accelerator Outcomes Report, 2020-22. Geneva: WHO. Accessed March 2, 2024. <https://www.who.int/publications/m/item/act-accelerator-outcomes-report--2020-22>





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