Extrapolating Insights from the COVID-19 Pandemic for the Advancement of Global Health Policy and Practice: The Imperative of an International Pandemic Treaty

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Abstract

The advent of the novel coronavirus COVID-19 in Wuhan, China, in 2019 sparked a coordinated global response, which was spearheaded by the World Health Organization and many nation-states. Surprisingly, the COVID-19 pandemic has permanently changed the landscape of global health governance. Whether this changing worldview can promote world unity in the face of escalating populist nationalism and the rise of statism is still an open question. It also calls for a nuanced assessment of the structural constraints that must be overcome in order to address the complex issues at hand, including the pressing need to improve global health institutions and governance frameworks in light of the pandemic's extensive societal, economic, and human disruptions. Relatedly, to outline the broad implications of COVID-19 on global health policy and practice, this paper conducts a thorough analysis of the relevant primary and secondary literature. It also argues that institutional interventions supported by the World Health Organization could improve results for people all across the world. However, it is crucial to stress that, in contrast to what is discussed in this study, the results of recent research suggest that the effectiveness of these measures may not be inescapably dependent on the creation of a formal pandemic treaty.

Keywords: COVID-19, pandemic, global health, WHO, populist nationalism, statism, pandemic treaty

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Introduction

In May 2023, World Health Organization (WHO) Director-General Tedros Adhanom Ghebreyesus declared the end of COVID-19 as a public health emergency of global concern (WHO, 2023). While this declaration might have been seen as a cause for celebration, it carried a sobering message, reflecting upon the stark absence of cooperation, equity, and solidarity among nations. These factors exacerbated the severity of the epidemic and resulted in the unnecessary loss of numerous lives. In a resounding call to action, Ghebreyesus cautioned against interpreting this development as a justification for relaxing security measures or undermining the meticulously constructed global health infrastructure (WHO, 2023).

This pivotal moment not only brought into sharp focus the glaring deficiencies in the international response to the pandemic but also bolstered the argument put forth by Gostin et al. (2020, 1615) that the pandemic laid bare a fundamental truth: no nation, regardless of its level of development, possesses the capacity to effectively combat global health threats in isolation. Given the rapid transnational spread of infectious diseases and the interdependence of our global society, ensuring global health security demands collective efforts.

Similarly, the scholarly discourse surrounding global health governance and pandemic preparedness has experienced a significant surge in the aftermath of the COVID-19 pandemic. As such, the objective of this article is to illuminate the multifaceted challenges confronting global health governance and underscore the imperative of proactive pandemic preparedness, by traversing the expanding body of scholarly work. Furthermore, it conducts a critical examination of the ongoing discussions pertaining to a prospective pandemic treaty, assessing their applicability in light of the insights derived from the COVID-19 experience.

That been said, the COVID-19 pandemic has underscored the systemic shortcomings within the current framework of global health governance. Ineffective coordination, unequal access to resources, and a dearth of international cooperation have impeded an efficacious response to the crisis. Consequently, it becomes evident that global health governance

requires substantive reform. A comprehensive re-evaluation and restructuring of the mechanisms through which nations collaborate on matters of global health concern are imperative to effectively address these challenges.

Nonetheless, recognizing that the COVID-19 pandemic has brought about lasting changes in international health policy and practice is pivotal. The proposed pandemic treaty represents a positive step toward enhancing global pandemic preparedness. However, it is crucial to acknowledge that these wounds cannot be healed solely through the introduction of a treaty. Rather, they necessitate a more thorough and profound strategy for overhauling the global health system. Therefore, the lessons gleaned from the COVID-19 pandemic should serve as a guiding force for substantial reforms in global health governance, resource allocation, and international cooperation. In summary, the pandemic treaty, while a significant milestone, forms just one piece of a broader puzzle that calls upon the international community to collaborate concertedly in safeguarding the health and well-being of all individuals.

What is Global Health?

Scholars and professionals recognize the difficulty in reaching an agreement on the precise meaning of "global health" in the fields of international relations and global health. Currently, there are many different interpretations and conceptualizations of global health, which contributes to a widespread feeling of ambiguity and doubt among both the general public and healthcare professionals. It is crucial to understand that this definitional variation is partially explained by the fact that the idea of "global health" is a relatively new development in the field of medical research and allied fields. Koplan et al. (2009), speaking on behalf of the Executive Board of the Consortium of Universities for Global Health, skilfully highlighted the difficulties that this lack of agreement presents. The challenges presented by this lack of unanimity were expertly emphasized by Koplan et al. (2009). Since tropical medicine has a close relationship to international health, their definition distinguishes global

health from similar terms like international health and public health (MacFarlane, Jacobs, & Kaaya, 2008, 383–384). Nevertheless, these phrases are commonly used in conversation in overlapping ways.

Therefore, global health is described by Koplan et al. (2009) as an area that prioritizes improving health and achieving health equity for all individuals worldwide. One of the earliest attempts to capture the essence of global health may be seen in this definition. It is seen as being verbose and lacking in emphasis on the inherent essence of global health, focusing instead on its overall aims, despite being academically relevant. As a result, academics and industry professionals have looked for alternate definitions to complete and deepen their grasp of global health.

For Marusic (2013), global health revolves around transnational health issues, their determinants, and potential solutions. It encompasses a wide array of disciplines both within and beyond the health sciences, promoting interdisciplinary collaboration. It represents a synthesis of population-based preventive strategies and individual-level clinical care.

Kickbush (2006) offers another perspective, characterizing global health as addressing health issues that transcend national boundaries and governments, necessitating actions on the global forces that influence people's health.

Furthermore, it is essential to distinguish between global health and international health. Their goals are fundamentally different: while international health primarily focuses on the health of participating nations with a specific aim to affect non-participating states, global health explicitly aims to promote health, prevent diseases, and provide treatment for all individuals across the globe, regardless of their national affiliation. Understanding the subtle distinctions between these two closely related but different notions in the fields of global health and international relations depends on this separation.

History of Global Health Practice and Governance

While pandemics have left an indelible impact on governments throughout history, a widely agreed and effective plan to address this

multidimensional threat is notably lacking. Similarly, historical medical records spanning two millennia reveal the occurrence of seven major plagues that have afflicted humanity, a couple of which have erupted into full-fledged pandemics. The table that follows provides an examination of the seven most lethal plagues in terms of human lives lost over the last two thousand years (Huremović, 2019).

	Plague/pandemic/disease	Timeline	No. deaths recorded (millions)
1	Justinian Plague	541–549 AD	30-50
2	Black Death	1353 AD	200
3	New World Small Pox	Early 17th century	25-55
4	The Third Plague	1959	12
5	1918 Flu	1918–1920	50-100
6	HIV/AIDS	Till date	48
7	COVID-19	2019 till date	5-17

Source: (Huremović, 2019)

The four waves of global health governance instituted by states include the following:

- Unilateral quarantine regulations (1377–1850)
- International Sanitary/Cholera Conferences (1851–1902)
- Early international organizations (1903–1947)
- World Health Organization (1948+) (Huremović, 2019)

In specific terms, governments initiated measures to prevent disease epidemics as early as the mid-fourteenth century. During this era, the city-state of Venice, a major hub of international trade, is credited with being the first to employ quarantine procedures to safeguard its inhabitants and territory from the plague. Nonetheless, it was not until the Second Cholera Pandemic in 1829 that European governments began dispatching medical teams to explore epidemic causes. For instance, the Royal Academy of Medicine of Paris dispatched experts such as Auguste Gérardin and Paul

Gaimard on a medical mission to Russia, Prussia, and Austria in June 1831, marking a watershed event (Howard-Jones, 1974, 8).

P. de Ségur-Dupeyron, Secretary of the Conseil supérieur de la santé, was charged by the Minister of Commerce in 1834 with compiling a report on the hygiene legislation of Mediterranean nations. This analysis identified major differences in quarantine legislation between countries, causing unneeded uncertainty. As a result, from 1851 to 1938, the International Sanitary Conferences were held to standardize quarantine practices for exotic illnesses, partly as a result of the French government's relentless efforts over more than 15 years (Howard-Jones, 1974, 9).

As fears of global disease outbreaks grew, a series of 14 international conferences known as the International Sanitary Conferences were held. The French government called the first Sanitary Conference in 1851 with the goal of codifying worldwide quarantine regulations to curb the spread of illnesses such as cholera, plague, and yellow fever. These conferences, conducted between 1851 and 1938, were crucial in the founding of WHO in 1948 and the *Office international d'hygiène publique* prior to WWII (Markel, 2014).

The World Health Organization acts as the main global health coordinating agency within the framework of the United Nations. The group assumes leadership roles in addressing global health concerns, establishing norms and standards, developing evidence-based policy recommendations, offering member states technical support, and tracking and analyzing health trends (WHO, 2023b, para 3).

However, in a world growing more interconnected by the day, a new international health scene is being formed, one that includes many different global health stakeholders. Numerous new entities have joined the WHO, such as non-governmental organizations and multinational pharmaceutical corporations; some of them have primarily financial investment functions, while others have mixed positions including operations, policy, and finance (Markel, 2014).

Global health has improved significantly with the advent of these new financing sources, initiatives, and players. But as a result of this growth,

international health organizations have become more fragmented, and the global health agenda has become more disorganized, haphazard, and inconsistent. This has left a leadership void for thorough convening and coordination. WHO is still carrying out the coordination function that is required by the constitution in this multilateral setting. It continues to be the only body with the power to set and carry out worldwide health rules and standards as well as to encourage continuous dialogue among member nations about priorities. Although cooperative supranational action on global health issues has many benefits, these benefits may be limited if WHO budgetary and policy priorities are shifted from global normative development to country-level operational activities (Burci, 2004; NG & Ruger, 2011).

Global Health Governance Infrastructure and Challenges

WHO traditionally acknowledged as the leading multilateral body responsible for offering both political and technical leadership in the realm of global health, has seen its dominant role in global health governance eroded. This transformation can be attributed to the increasing involvement of other multilateral entities such as the World Bank, the emergence of novel public-private partnership organizations exemplified by the Global Fund to Fight AIDS, TB, and Malaria (GFATM), and the ascendancy of philanthro-capitalism in the form of foundations, notably the substantial Bill and Mellon Foundation (Ruger & Yach, 2009).

Simultaneously, the ability of WHO to effectively confront global health challenges remains uncertain for several reasons. First and foremost, the recognition of health as a concept encompassing more than just the absence of disease signifies a normative perspective. Many contend that the attainment of optimal health represents a fundamental human right and is inherently aligned with principles of societal justice and human dignity. Consequently, there exists a moral imperative to rectify health disparities, as delineated by WHO as "unjust and avoidable variations in health status observed within and between nations" (Baker & Fidler, 2006, 1060).

When considering the amalgamation of health threats, social determinants of health, and the normative imperatives of social equity and human dignity, the current landscape of global health governance appears both formidable and expansive (Baker & Fidler, 2006, 1060). However, this extensive scope concurrently complicates effective collaboration. The mechanisms for collective action at the disposal of nation-states, intergovernmental organizations, and non-state actors are not well-suited to achieving health-centered, coordinated governance across all pivotal policy domains. Consequently, the landscape of contemporary global health governance is marked by gaps, inconsistencies, and shifting dynamics (Baker & Fidler, 2006, 1061).

On the other hand, closely intertwined with the complexities of global health governance is the issue of vaccine nationalism and diplomacy. This facet significantly impacted global health policy and operations throughout the pandemic, serving as a stark illustration of the substantial inequities in international relations. In a broader context, diplomacy encompasses strategic tools that states employ to advance their foreign policy objectives. According to Kickbusch & Liu (2022, 2156), diplomacy constitutes an integral element of global health governance. When the global community grappled with the COVID-19 pandemic, the concept of "global health diplomacy" took center stage in international forums and high-level bilateral and multilateral gatherings, even in instances involving nations with strained relationships.

As the world confronted the repercussions of the pandemic, it became evident that COVID-19 vaccinations represented the sole path to recovery. The production and distribution of these vaccines presented nations with a unique opportunity to showcase their scientific capabilities and the values they uphold on the global arena. It also served as a platform to reward longstanding allies and forge new partnerships, thereby underscoring the relative merits of their political systems, markets, and ideologies (Aspinall, 2021).

To put it in a nutshell, the four primary challenges of financing, issues associated with state-centric approaches and populism, frail healthcare

systems, and the implementation of vaccine diplomacy collectively pose substantial threats to the effective functioning of WHO. Moreover, the contemporary requirements of preserving global health in the twenty-first century necessitate both collective responses to global threats and the equitable provision of fundamental services, which is a complex feat to achieve.

COVID 19 and the Global Health Policy and Practice

With major health and economic implications, the COVID-19 pandemic is by far the worst worldwide public health disaster of the twenty-first century. According to UNFPA (2020), the UN Secretary-General stated that this "is the greatest test that we have confronted since the formation of the United Nations". To stop the virus's spread, governments are acting in a way never seen before, bolstering the infrastructure for healthcare and imposing travel restrictions on millions of people. The epidemic has significantly impeded access to life-saving sexual and reproductive health care already. It increases prejudice against other marginalized groups and exacerbates the existing disparities for women and girls. A serious public health issue that requires immediate, ongoing attention and funding is sexual and reproductive health and rights (UNFPA, 2020).

Global health governance (GHG) was among the first fatalities of the COVID-19 pandemic as well. Tensions between the United States and China caused WHO, the international body in charge of managing pandemic illness, to fade into the background after a brief period of prominence during the Wuhan epidemic. There was a virtual "collapse of global cooperation" as nations adopted haphazard, disorganized, and even competing efforts to contain COVID-19 (Taylor & Habibi, 2020; Lee & Piper, 2020; Kavanagh, Singh, & Pillinger, 2021a; Gostin, Halabi, & Klock, 2021, 1258). The WHO's 2005 International Health Regulations (IHR) were intended to prevent just this, but they proved inadequate and rapidly became obsolete when faced with the first real global crisis. States often ignored WHO warnings against travel restrictions and border closures, resorted to preventative measures like lockdowns that were never part of

WHO (or their own) pandemic preparedness, and regularly omitted the process of reporting deviations from the IHR to WHO as required by rules. While the WHO did encourage some technical cooperation and data sharing, its scientific advice was often highly contentious, and its major efforts to improve access to diagnostics, treatments, and vaccines were impeded by wealthy states' lack of commitment and "vaccine nationalism" (Kavanagh, Singh, & Pillinger, 2021a; Kavanagh, Singh, & Pillinger, 2021b).

Why did GHG not succeed? Currently, two primary theories exist. In the first, the activities of powerful nations are highlighted. When US President Trump and others accused China of being hesitant to declare a Public Health Emergency of International Concern (PHEIC), the WHO's image took a hit (Parker & Stern, 2022). Others saw this as an attempt to blame the WHO for domestic failings and blamed Trump's antipathy towards multilateralism and the US's lack of leadership for the GHG issue (Harman, 2020, 374). According to Busby (2020), there is a second and more common view that the WHO "failed by design" because governments refused to give up their sovereignty, leaving it unable to enforce conformity with the IHR. Thus, according to Fidler (2020), COVID-19 was a "Westphalian illness". Many observers are now skeptical about the prospect of genuine, "globalist" transformation as "statist" security objectives trump international collaboration (Wenham, 2022).

Both viewpoints fault GHG for not being what they want it to be: an authoritative pandemic management system run by an independent, competent WHO that also enforces its regulations in governments that refuse to cooperate. This causes a debate rather than assessing GHG as it truly is (Jones & Hameiri, 2022). This ideal condition is reflected in WHO reform proposals, which often call for governments to give the WHO more enforcement authority (Wenham et al., 2022, 470; Wenham & Eccleston-Turner, 2022, 2169). However, neither imposing laws on member states nor routinely granting supranational organizations direct authority over matters are the primary functions of global governance (Jones & Hameiri, 2022).

Additionally, a weakness in the World Health Organization's operations

was exposed by the emergence of the new corona virus. As seen by the organization's response to the COVID epidemic, the organization is susceptible due to its clear financing issues, populism and statism, and inadequate health systems.

Since so many countries turned to WHO for leadership and direction, the organization was once again in the focus as countries attempted to respond to COVID-19 epidemics (Kuznetsova, 2020, 470). Throughout the process, it has faced unavoidable criticism from many parties. According to Hassan et al. (2020, 398), this criticism has uncovered a number of organizational and legal instrument limitations that have impacted pandemic preparedness and response. It has also exposed certain misinterpretations of the WHO's mission and its authority—or lack thereof—over its member states.

The WHO did, in fact, initiate a number of institutional solutions in reaction to the aforementioned, the most prominent of which is the proposed pandemic treaty, the first draft of which was completed on February 7, 2023. In order to prevent the severe divisions that happened during the COVID-19 pandemic, this proposed treaty would provide legally enforceable guidelines for the distribution of medications, vaccinations, and diagnostics around the world in the event of a pandemic. As usual, member states are the only thing standing in the way of the treaty's signing and execution, therefore the eventual result is already known.

The Imperative of an International Pandemic Treaty

The need for an international pandemic treaty on COVID-19 has grown more pressing as the globe struggles to contain the epidemic's unexpected and protracted spread. The lessons from the pandemic highlight the necessity of a unified and well-coordinated worldwide response to health emergencies like as COVID-19. The lack of a legally enforceable international agreement has impeded attempts to provide fair and equal access to medical supplies, treatments, and immunizations. The World Health Organization (WHO) Director-General, Dr. Tedros Adhanom Ghebreyesus, has stressed the importance of such a treaty, emphasizing

that "the world needs an international treaty for pandemic preparedness and response, to ensure that we learn the lessons of COVID-19 and build a safer future" (UNFPA, 2020).

In the lack of a worldwide agreement, disparities in access to healthcare have been made worse by disorganized national reactions, export prohibitions on necessary medical supplies, and vaccination stockpiling by certain countries. The need for a worldwide pandemic treaty is demonstrated by the differences in vaccine distribution, where high-income countries get and deliver vaccinations more quickly than low- and middle-income countries. In addition to extending the pandemic, this inequality puts the security of the world health at risk since newly emerging variations may be able to elude current vaccinations by emerging in areas with low vaccination rates.

Furthermore, a global pandemic treaty can create a precise framework for international collaboration, openness, and information exchange. The COVID-19 pandemic has brought attention to the difficulties in promptly and accurately exchanging information, since several nations first played down the virus's severity or withheld vital information. In order to avoid the spread of false information and the weakening of public health initiatives, a treaty that addresses these problems might guarantee that governments make a commitment to provide timely and correct information to the international community. Although the notion of an international treaty on pandemics is not new—calls for such accords date back to earlier health crises—the COVID-19 pandemic's urgency has given the proposal considerable weight.

Before there is another pandemic, it is only a matter of time. Realizing that no member state can fully protect itself from the detrimental impacts of other areas' economies, ecosystems, and health would need the development of truly global governance, led by WHO, in order to battle pandemics in the future. If WHO abandons its tendency to blame "others" and adopts the viewpoint that developing cooperative solutions with member states going ahead is the only way to put an end to shared

suffering across borders, it may harness a feeling of global togetherness and unity (Anderson, 2022).

Reimagining the organization's readiness and response to possible or actual pandemic scenarios was one of the perks of the COVID-19 pandemic for WHO and other global health stakeholders. Its delayed response to the virus's initial appearance in Wuhan, China, was the cause of this. In order to prevent the virus's fast spread, the organization should have accurately classified it as a pandemic and kept member nations alert, in addition to offering medical and logistical support (Sebastian, 2022; Gostin, 2020).

A well-known quote frequently ascribed to Lao-Tzu, states "If you don't alter course, you'll get where you're going," could be applied to the global health ecosystem, which is still working to come together and defeat COVID-19. It also begs the question of whether we ought to behave differently. 194 countries agreed in May 2021 to call a special session of the World Health Assembly (WHA) to explore drafting a global pandemic accord. In order to enhance pandemic preparedness, prevention, and response, the World Health Assembly (WHA) resolved at this session to draft and negotiate a new World Health Organization (WHO) convention, which will go into effect on December 1, 2021 (Sebastian, 2022).

The WHO's proposed pandemic treaty is an excellent choice for a strategy that would address the present COVID issue as well as any potential pandemic scenarios in the near future. Member states alone have the authority to contest its approval and signage. In an attempt to claim the governance space for such a policy development in the middle of their COVID-19 legitimacy crisis, the WHO and a small group of heads of state have added to these proposals that "such a treaty should lead to more mutual accountability and shared responsibility, transparency and cooperation within the international system and with its rules and norms" (Wenham, Ecclesten-Turner & Voss, 2022). Despite these suggestions from international organizations, nations will ultimately choose the terms of any treaty (Wenham, Ecclesten-Turner, & Voss, 2022).

If governments are prepared to sign the treaty's final draft, it may be the solution to the present COVID dilemma. However, the focus of the treaty's

globalist supporters has been on the establishment of a legally-binding framework to ensure state compliance with its obligations. But the World Health Assembly (WHASS) amended the wording from "a legally binding instrument to be adopted under Article 19 of the WHO Constitution" to "WHO convention, agreement or other international instrument...with a view to adoption under Article 19, or under other provisions of the WHO Constitution as may be deemed appropriate by the Intergovernmental Negotiating Body" (INB) (Wenham, Ecclesten-Turner & Voss, 2022). This implies that the ensuing "pandemic treaty" may be some other document with no legal standing instead of a treaty at all. Nevertheless, this sudden change in direction shows that the decision to join the pandemic pact will eventually be made by globalist and statist forces.

Ultimately, considering the difficulties and injustices that the COVID-19 pandemic has brought to light, it is evident that an international pandemic treaty is necessary. A treaty like this could improve the world's capacity to respond to pandemics in the future, foster international cooperation and information sharing, and ensure that everyone has equal access to healthcare resources. The pandemic has highlighted the need for a coordinated and cooperative approach to pandemic preparedness and response by highlighting the interdependence of nations with regard to the security of the global health system.

Conclusion

The COVID-19 experience has sparked important changes in global health governance, resource allocation, and international collaboration. Although the pandemic treaty is an important part of this developing story, it is important to understand that it is only one aspect of a larger picture that calls for coordinated measures to protect the health and welfare of the whole international community.

Likewise, examining the notion and developmental trajectory of global health reveals its complex character, including several fields that necessitate international cooperation. The evolution of global health governance from unilateral actions to the creation of the World Health

Organization (WHO) is highlighted by the historical context, which also highlights the continued complexity of resolving global health issues.

Furthermore, there are several obstacles that global health governance must overcome, including changing stakeholder dynamics, budgetary limitations, state-centric approaches, and the rise of vaccine nationalism. The WHO's once-dominant role in the management of global health has been undermined by these problems. Furthermore, the COVID-19 pandemic has highlighted the need for a coordinated response to health emergencies and shown the shortcomings of the current global health governance frameworks. The purpose of the proposed pandemic treaty is to address concerns such as equal access to medical resources and to strengthen international collaboration and information exchange. The member countries' dedication to putting the deal into effect will determine its success, though.

In conclusion, the COVID-19 pandemic has highlighted the critical need for significant changes in the governance of global health as well as the creation of a worldwide pandemic treaty. It acts as a loud cry for countries to band together, take on global health issues, and guarantee fair access to medical treatment. The knowledge gained from this catastrophe ought to act as a blueprint for developing a more secure and cooperative future for world health.

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