



Task Force 7
Towards Reformed Multilateralism: Transforming Global
Institutions and Frameworks



WHO REFORMS FOR A POST-PANDEMIC FUTURE

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Abstract




The need for effective multilateral platforms has arguably never been greater, with existential challenges such as climate change, pandemics, and the threat of nuclear war looming in an increasingly multipolar world. International organisations established in the post-Second World War era must undergo urgent reforms to reflect the changed political dynamics


and become more relevant in mobilising global action. This brief focuses on the need for reforms in the World Health Organization (WHO). It advocates for reforms that place global welfare at the heart of prevention, preparedness, and response. These proposed reforms will make WHO more effective and better equipped to address current and future global health challenges.



The Challenge



1




As the world continues to recover from the devastating impact of the COVID-19 pandemic, there is near-consensus among individuals, states, businesses, and non-governmental and intergovernmental organisations on one issue: the world *cannot* afford another pandemic. With over 762 million confirmed cases¹ and 6.8 million deaths, an estimated global excess mortality exceeding 14.91 million in its first year alone,² and the long-term health impacts of the virus infection still unknown, the pandemic brought the entire world to its knees. The economic costs have already run into trillions of US dollars.³ While the acute phase of the pandemic is on the decline, health systems, societies, and economies are now burdened with mitigating the impact of an additional disease. Besides, the threat of new and vaccine-resistant variants of the virus remains high.

In view of such sobering facts, the failures of the existing infrastructure for global health have become evident. At every step of the looming crisis, the system failed: from the outbreak of an unknown virus, SARS-CoV-2, at the end of 2019 in China, and the failure to

seriously prepare against the potential pandemic, through the raging pandemic engulfing the entire world, to the current status of the global immunisation against the disease. If outbreaks of novel pathogens are to be prevented from becoming pandemics, urgent reforms must be undertaken in the current multilateral frameworks. Being the only international organisation exclusively devoted to global health, the World Health Organization (WHO) must be at the centre of such reforms to ensure that it can effectively respond to future health emergencies. Additionally, reforming the WHO can help address the structural inequalities in global health that have been exacerbated by the pandemic. This includes promoting more equitable and inclusive health policies and interventions.

The Independent Panel for Pandemic Preparedness and Response (Independent Panel), created by the World Health Assembly in May 2020, has already detailed the many gaps and shortcomings in both WHO's and national governments' preparedness, early warning, surveillance, and alert systems, and early and sustained responses to the pandemic.^{4,5,6} The prolonged delay between the reporting



of clusters of cases in late 2019 in Wuhan, China, and declaring a Public Health Emergency of International Concern (PHEIC) by WHO was a crucial omission and revealed the lack of necessary urgency in the organisation's early warning systems. In addition, WHO was widely criticised for its poor communication, slow response, and lack of transparency.⁷ It also exposed many of its underlying issues such as the inadequate funding of the organisation, political interference, and lack of collaboration with other sectors.⁸ WHO's lapses were compounded by the failure of several states and national governments to take precautionary steps

to curb the spread of the disease after the organisation declared COVID-19 as a pandemic. This indicated their lack of understanding of the global threat and the short-sighted vision of their putative national interests.


In this context, this Policy Brief delves into the role of the G20 in spearheading the reform of WHO, aiming to fortify global preparedness and response mechanisms, thereby enhancing our collective ability to effectively combat and mitigate future pandemics. It discusses what the G20 can do, and outlines two sets of specific recommendations.



The G20's Role

2





Founded in 1999, the G20 defines itself as the “premier forum for international economic cooperation”⁹ and counts some of the most powerful states in the world as its members, including the United States, Russia, China, India, Japan, Brazil, South Africa, and Australia. Collectively, the group accounts for 85 percent of global GDP, over 75 percent of global trade, and nearly two-thirds of the world population.¹⁰ In the context of post-pandemic reforms, the G20 is uniquely positioned to steer policymaking within the global health architecture towards strongly desired directions on account of three key factors.

First, in terms of its membership and composition, the G20 is more inclusive and representative than both the Group of 7 (G7) and the United Nations Security Council (UNSC). Given the decline of American hegemony and the emergence of multipolarity, one might argue that the group has the potential to play a far more effective role in larger international politics than the UNSC, which is often rendered ineffective by the veto. If the G20 championed specific policy reforms, it would signal serious political will to prevent future pandemics.

Second, the group’s economic heft can be mobilised to restructure the foundations of global health and pursue both immediate and long-term reforms within and outside WHO. According to estimates by the G20’s High-Level Independent Panel, there is a need for an additional US\$10 billion per year to address the gaps in pandemic prevention and response.¹¹ The G20 has been focused on addressing the gap since 2020, and establishing the new Financial Intermediary Fund for Pandemic Prevention, Preparedness, and Response (Pandemic Fund) hosted by the World Bank indicates its commitment.

Third, the group’s decision to create linkages between economic, financial, and health-related issues since 2017 and tackle them at the highest level of decision-making provides it with the competence to act as a prominent policy coordinator. Thus, it could facilitate greater collaboration between WHO and national governments and other relevant international organisations in developing and implementing health policies. This will include sharing information and best practices on pandemic prevention, research, immunisation, and healthcare. G20 could also encourage WHO to improve

transparency and accountability in its operations.


Overall, the G20 can play a crucial role in improving global health outcomes by endorsing important reforms within WHO, providing necessary funding for its

activities, coordinating actions between WHO and other international actors, and addressing health inequalities to ensure that WHO is better equipped to respond to future health threats and promote health equity worldwide.



Recommendations to the G20

3



In a world ravaged by the prolonged impacts of the COVID-19 pandemic, the G20 has two foremost tasks: to address global inequality, and frame pandemic prevention as a global public good. The former is essential for recovery from the devastating impact of COVID-19; the latter is crucially linked to the prevention and management of future pandemics. Specific recommendations to the G20 are thus subsumed under these two goals.

Address global inequality.

The COVID-19 pandemic can justifiably be renamed as “the pandemic of inequality”. Whether within states or among them, it has widened the gaps between the “haves” and “have-nots” in every sphere. By now, it is well-documented that the pandemic has disproportionately affected vulnerable populations, including low-income countries, marginalised communities, the elderly, the immunocompromised, women, and children.¹² Millions of people have been pushed back below poverty levels,¹³ 1.6 billion children were affected by school closures,¹⁴ 118.5 million girls are out of school, and millions among them face the threat of child marriage.¹⁵ The G20

must be proactive about addressing the problem of inequality and support health policies and interventions that are more equitable and inclusive. To enhance the effectiveness of its measures, the group’s funds could first be allocated to lend support to existing institutional mechanisms and then to fund project-based initiatives directed at multisectoral capacity building of developing states.

First, the pandemic must be brought to an end, and, global immunisation is a non-negotiable goal for that to happen. To achieve WHO’s target of immunising at least 70 percent of a country’s population,¹⁶ there is an urgent need to prioritise the availability of vaccines in the Global South, particularly in low-income countries. As Figure 1 shows, the gap in vaccination between low-, middle-, and high-income countries remains a matter of deep concern.¹⁷ Similar concerns are raised by the Duke Global Health Innovation Center’s reports on vaccine inequity.¹⁸ High-income countries within the G20 must take the lead in assisting middle- and low-income countries to vaccinate their populations through the Gavi-COVAX Advance Market Commitments.¹⁹

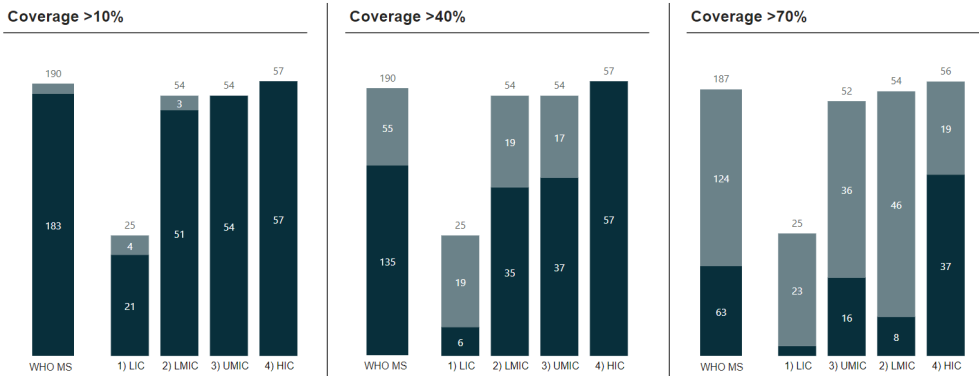
Figure 1: The Global Vaccine Gap

DATA AS OF 23/03/2023

6 LICs (out of 25) have achieved 40% COVID-19 immunization coverage as of 24 February

COVID-19 vaccination coverage of WHO Member states, per income group (# of MS)

Have not reached the ambition
Reached the ambition




Source: WHO COVID-19 vaccine administration data system | Notes: DPR Korea and Eritrea are excluded as they are not vaccinating against COVID-19. Cook Islands and Niue are excluded as they are not categorized in an income group by the World Bank.

Second, the G20 can take a leading role in financing the Access to COVID-19 Tools (ACT)-Accelerator, which has emerged as a crucial tool to support pandemic countermeasures in 92 middle- and low-income countries. According to its latest reports, there is a financing gap of US\$269.1 million for the ACT-A transition period.²⁰ For a start, an attempt must be made to fill this gap. Additionally, leveraging G20 countries' financial capabilities to support the newly established Pandemic Fund is likely to be crucial for the success of the aforementioned fund; the Joint Finance and Health Task Force²¹ mandated by the G20 Rome Leaders' Declaration has an especially critical role in this regard.²²

Third, for addressing vaccine inequality in the long run, manufacturing units dedicated to vaccines, therapeutics, and diagnostics must be set up in diverse regions of the world. This is required not only to break manufacturing and production monopolies but also to prepare the world for surges in production should another pandemic break out. To ensure sufficient production capacity, improve logistics, and reduce supply chain disruptions, G20 and WHO can work with international partners to strengthen supply chains for essential medical supplies during pandemics.

Fourth, the G20's endorsement of universal access to healthcare²³




regardless of socio-economic status and geographical location can be expected to be one of the most important checks against a future pandemic. Since the achievement of Universal Health Coverage is one of the pillars of the UN's Sustainable Development Goals, all actors, including international organisations and heads of governments, must take steps to create infrastructures that increase people's access to healthcare and social safeguards, especially in times of distress. This could involve advocating policies that increase access to affordable medicines and vaccines, as well as improving health infrastructure in developing countries. Emphasis must be directed at setting up robust public health infrastructure in every country and strengthening the capabilities of the national health system in each case, including investments in public hygiene and sanitation. When supported with increased financial resources and necessary skilled personnel, each country can arguably build resilient health systems that do not crumble in the face of sudden increases in demands for medical services. While it is impractical to expect the G20 to take on the lion's share of responsibility

in this matter, the group can adopt certain initiatives and support specific projects related to public health in various parts of the world.

Finally, to act effectively in times of crises, WHO needs at least some degree of financial autonomy. G20 members' financial contributions in this area could be instrumental in making this happen. G20 countries can enable WHO to carry out its functions effectively by voluntarily increasing their contributions to the organisation. This additional funding could also be used to strengthen WHO's emergency response capabilities, which are essential in responding to new threats.

Frame pandemic prevention as a global public good

Norm-setting is an essential part of international politics.²⁴ Members of the G20 – both independently and collectively – have the ability to push for the adoption of pandemic prevention as a global public good through its official resolutions and periodic endorsements. This view of prevention is not only in line with its stated approach of “One Earth, One Family, One Future” and “One Health” but is crucial in countering the ill-effects of undesirable political



interference in global health matters as well.²⁵ Viewing pandemic prevention from the perspective of a global public good can also facilitate some of the urgent and necessary reforms cited below:


First, the much-discussed Global Health Threats Council must be brought into existence as soon as possible, as has already been recommended by the G20 High-Level Independent Panel in 2021.^a G20's role vis-à-vis such a Council lies in coordinating actions between states, relevant private and civil society organisations, and international organisations, including the United Nations, the World Trade Organisation (WTO), the World Bank, the International Monetary Fund, and WHO. This Council can potentially act as a new multilateral and multisectoral global system of surveillance and must be structured to be inclusive and transparent in its functioning.

Second, the G20 can facilitate collaboration between the WTO and WHO to create a permanent framework

for waiving off intellectual property rights and allowing voluntary licensing and technology transfer covering all aspects of diagnostics, therapeutics, and vaccines in the eventuality of WHO declaring another PHEIC. Without such a framework, pandemic response can neither be timely nor rapid.²⁶

Third, key reforms are desirable within the structure and functioning of WHO. Formally, the organisation is responsible for providing leadership on global health policies, but in practice, its effectiveness is restrained by the non-binding nature of its recommendations. G20 countries must pay close attention to the future developments within the Intergovernmental Negotiating Body²⁷ (INB) and participate proactively in formulating both binding and non-binding state obligations that are crucial for preventing future pandemics. G20 must also closely monitor the forthcoming amendments to the existing International Health Regulations (2005).²⁸ The Working Group on Amendments to the International Health Regulations (2005) (WGIHR) created in

a Such a body has also been recommended by other actors in the past: by the Lancet Commission in 2014, by the UN Secretary General appointed body of experts studying the Ebola crisis in 2015, and by the Lancet Commission on COVID-19 in 2022.




May 2022 is expected to propose the amendments at the seventy-seventh World Health Assembly in 2024.²⁹ WHO must be given the authority to declare a PHEIC based on pre-determined, clear, and objective criteria without the approval of national governments.

Furthermore, the organisation must be empowered to publish early warnings and share data about new outbreaks as soon as it deems fit. States must also commit to allowing research teams dispatched by the organisation to investigate the origins of new outbreaks and pathogens. Enhanced surveillance systems through the setting up of more surveillance sites and developing better research techniques and technologies to detect novel outbreaks and track vaccine-resistant strains are likely to be essential components of preventing another pandemic. Periodic reviews of the organisation by external actors must also be instituted within its rules to enhance its accountability mechanisms. Finally, there is a serious need to assess whether WHO must be retained as a central authority in global health or be replaced by a set of smaller but specialised institutions that could act timely and with greater autonomy against future pandemics.

Fourth, perceiving pandemic prevention as a global public good would require devoting significantly more resources to research, technology, and knowledge production so that new threats can be detected, diagnosed, and treated effectively and new tools are developed rapidly to prevent and control pandemics. It is equally important to invest in the well-being of existing health workers and training of new health workers all over the world. There is a global shortage of 15 million health workers.³⁰ Without the crucial support of these essential workers, curtailing a future pandemic is close to impossible. G20 could work with WHO to strengthen capacity-building for health workers by providing technical assistance, training, and resources to improve health outcomes globally.

Fifth, there is an urgent need for setting up a Global Pandemic Response Plan that contains step-by-step guidelines for surveillance, communication, infection control, and treatment that all countries can follow. Legal and non-legal instruments must be explored to bind national governments to commit to formulating pandemic preparedness plans in accordance to WHO's directives and dedicate resources towards heads



that can help them in preventing future pandemics and responding to them, including appointing pandemic coordinators to oversee the matter at the national level. Countries must also improve their coordination through the WHO.

Finally, the G20 must address the threat posed to global health by vaccine hesitancy displayed by certain pockets of the global population.³¹ National governments will have to take the lead in this matter. The G20 could


collaborate with other multilateral actors, national governments, and social media platforms to rectify people's misconceptions about vaccines and promote scientific knowledge about public health issues in general and COVID-19 in particular. WHO must also improve its communication strategies to prevent misinformation and promote effective public health messaging through the sharing of accurate and timely information about health issues.



Conclusion



4




The COVID-19 pandemic has had a profound impact on the world, causing immense suffering and devastation that are still being felt. The loss of lives, overwhelmed healthcare systems, economic recession, and social disruptions have been among the most severe consequences of this pandemic. At the same time, it is important not to overlook the few opportunities that emerged during this challenging


time. Transnational collaborations and open access to scientific data led to unprecedented success in genome sequencing, developing diagnostics, and vaccines against the virus in record time for the first time in history. It would be foolish, not to mention disastrous, to not build on those possibilities. Disasters are neither entirely natural nor inevitable, after all. All disasters have within them an element of choice.³²

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