SOCIAL COHESION, GLOBAL GOVERNANCE
AND THE FUTURE OF POLITICS

Multilateralism with Multiple Layers and Strengthening the Base of National Capacity

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Abstract

The field of management of risks caused by globalization has been the fields where multilateral frameworks have been extensively used. But multilateralism also has its critics, while there are also challenges based on unilateralism. This paper clarifies what types of criticism and challenges are active concerning multilateralism so far on the issues of global health and climate change policies. The facts shown indicate a certain level of resilience of multilateralism in these particular fields. At the same time, measures for Strengthening multilateralism with multiple layers and the capacity of each country are necessary in order to further strengthen multilateralism.

Challenge

Globalization has increased the movement of people, things, and information while also encouraging the progress of science and technology. Yet at the same time this has brought about various risks. This field of risk management and crisis management has seen the fields where multilateral frameworks have been extensively used. But multilateralism also has its critics, while there are also challenges based on unilateralism. This paper seeks to clarify what types of criticism and challenges are active with the accumulation of multilateralism so far on the issues of global health and climate change policies. Having done so, it will also consider what policies might be required and recommended.

Multilateralism and its criticism- the case of global health

Health has required multilateral responses across borders since the expansion of international trade from the latter half of the nineteenth century. Initially there was debate over the effectiveness of preventive measures due to the lack of knowledge regarding infection mechanisms, but the growth of science and accompanying reduction of uncertainty led to the signing of an international sanitary convention in 1893, and the establishment of the International Health Office in 1907 (Shiroyama 1997). After the First World War, the League of Nations incorporated the Health Organization, while after the Second World War the World Health Organization (WHO) was established.

The basis of these multilateral systems for international health administration were systems to notify and share information on disease outbreaks. But the notifications were limited in their scope. The scope of International Sanitary Regulations (ISR) enacted in 1951, later renamed as the International Health Regulations (IHR) in 1961, were limited to yellow fever, cholera, and plague. The IHR was thus unable to deal with health crises caused by new or resurgent infectious diseases in recent years such as SARS or avian influenza. The need to deal with intentional spread of pathogenic caused by new threats such as terrorism has also been pointed out.

In 2005 the IHR underwent a major revision to respond to these challenges (Shiroyama 2016). Firstly, the revised IHR now adopts an all hazards approach. This all hazards approach requires reporting to WHO for all events which may constitute "a public health emergency of international concern" (Article 6), regardless of the causes. This applies to chemical and radioactive substances as well as diseases. Secondly, WHO can ask relevant countries to cross-check or verify information acquired from various channels (Article 10), allowing it to make active use of unofficial sources. Thirdly, National IHR Focal Points are to be set up to maintain constant contact with WHO (Article 4). Fourthly, member countries are expected to secure, within five years of the regulations coming into effect, core capacity for discovery, evaluation, notification and reporting (Article 5). The all hazards approach adopted in this way focuses not merely on naturally occurring but also man-made crises, requiring the formation of wide-ranging institutional networks on both a domestic and international level.

In 1997 the Global Outbreak Alert and Response Network (GOARN) was established, officially becoming a program of WHO in 2000 (Heymann and Rodier 2004). Expert network programs like GOARN were vital sources of information allowing WHO to act with a certain level of autonomy when the Chinese government proved reluctant to provide information during the 2003 SARS outbreak (Motoda, 2008). GOARN picked up information on an unnatural outbreak in Guangdong in February 2003, providing this and reports on Vietnam and Hong Kong to the WHO director-general, who then communicated concerns to the Chinese authorities in early March 2003. The Chinese Ministry of Health finally acknowledged the outbreak of SARS in Guangdong at the end of March 2003 (Heymann 2006).

But doubts over the efficacy of such multilateral mechanisms were highlighted by the spread of infection in the 2014 Ebola outbreak primarily affecting the three West African countries of Guinea, Sierra Leone, and Liberia. The NGO Médecins Sans Frontières (MSF) emphasized the seriousness of the situation from the outset, yet WHO failed to respond quickly, leading ultimately to fatalities of over 10,000. The WHO Director-General recognized the spread of Ebola as a public health emergency of international concern (PHEIC) in August 2014, but by this stage the disease was difficult to control. As a result, in September, under the initiative of the Secretary-General of the UN, the UN

Mission for Ebola Emergency Response (UNMEER) was established through a resolution of the UN General Assembly and Security Council as the first mission to respond to a global health threat. A large-scale team dressed in military-style dark camouflage uniforms was dispatched.

WHO faced widespread international criticism for its slow handling of this case. Against this background of fault-finding, WHO itself took the lead in making changes. Firstly, it recognized the need for a program to combine health security and humanitarian emergency response, ultimately leading to the decision in the World Health Assembly (WHA) in May 2016 to form a concrete, integrated program. The limited framework to procure funds for immediate use in emergencies was another reason behind the delayed response. Accordingly, WHO consented to set up the Contingency Fund for Emergencies (CFE) with 100 million dollars. Secondly, there were issues with implementation of the IHR, particularly with formation of core capacity in developing countries, and strengthening functions to evaluate the status of IHR implementation. The WHA set up a Review Committee on the Role of the International Health Regulations in the Ebola Outbreak and Response in 2015. This committee submitted its report to the WHA in 2016. It recommended that (a) international institutions such as WHO and the World Bank should provide funding for implementing IHR core capacity, and (b) that core capacity, which up until that time had been virtually entirely self-assessed, would undergo joint external evaluation including outside persons by the end of December 2019, and to be continued every five years hence (WHO A69/30).

WHO's slow response to the Ebola outbreak led to the establishment of UNMEER under the initiative of the secretary-general of the UN, and in subsequent action the UN led a general multilateral framework. In April 2015, a high-level panel was set up under the instigation of the UN Secretary-General, to work toward the preparation of recommendations to strengthen domestic and international level systems relating to prevention and response to future health crises, based on the lessons learned from Ebola. In January 2016 it published its report, titled *Protecting Humanity from Future Health Crises* (UN 2016).

Developed countries like Germany and Japan supported this bolstering of governance on a global health. The USA has been a primary source of funding

for global health, gaining domestic nonpartisan support for this aid (KFF, 2018b). The monetary amount from the USA has expanded from 2004, reaching a stable level at around 10 billion dollars from 2010. But since the establishment of the Trump administration in the USA, the amount of funding for global health requested from the US administration has declined. For example, the sum for fiscal 2018 was 7.9 billion dollars, over 20% down on fiscal 2017's 10.4 billion (Kates et al., 2018), while the fiscal 2019 budget request figure for the GHSA is reduced to two-thirds the GHSA's request of previous year (Youde 2018). This is generating a sense of crisis among those involved (Kates et al., 2017).

Multilateralism and its criticism- the case of climate change

The problem of climate change has placed the demand for international measures by national governments following the consensus on the outlook for global warming presented by scientists at the 1985 conference held in Villach, Austria. Following this, the WMO and UNEP combined efforts in 1988 for the establishment of the Intergovernmental Panel on Climate Change (IPCC).

In 1990 the Intergovernmental Negotiating Committee for a Framework Convention on Climate Change (INC/FCCC) was established under a resolution of the UN General Assembly (Resolution 45/212). The INC/FCCC, after five rounds of negotiations, adopted the United Nations Framework Convention on Climate Change (UNFCCC) in May 1992. During the negotiating process the developing countries asserted that the developed countries were primarily responsible, and on that basis Article 3.1 of the UNFCCC states that "The Parties should protect the climate system for the benefit of present and future generations of humankind, on the basis of equity and in accordance with their common but differentiated responsibilities and respective capabilities. Accordingly, the developed country Parties should take the lead in combating climate change and the adverse effects thereof." (Takamura 2011). The European countries asserted the need for the developed countries to adopt reduction targets, but the USA stated it would only cooperate in monitoring, maintaining that countries should not be subject to obligations for emission reductions. As a result, the UNFCCC remained limited to having low binding

force on emission reduction targets for developed countries. Negotiations then began seeking to institute reduction targets for developed countries with greater binding force. The Kyoto Protocol agreed upon in 1997 placed a greater emphasis on reduction targets, obliging the developed countries to reduce greenhouse gas emissions to set amounts for the five years the first commitment period) from 2008 to 2012 (Kameyama 2011).

But in 2001 the USA, under the Bush administration, announced that it would not ratify the Kyoto Protocol, which was subsequently enacted in 2005 as a framework without the participation of what was then the country with the largest emissions. Canada also announced it was withdrawing from the Kyoto Protocol at the end of 2011. As this process shows, so far the top-down approach of setting reduction targets with binding force from the viewpoint of environmental regulations on developed countries has struggled to function effectively.

Debate on a successor to the Kyoto Protocol tapered off. The United Nations Climate Change Conference in Copenhagen in December 2009 (COP 15) was attended by over 110 world leaders, including President Obama. The Copenhagen Accord was formulated at the conference, but countries such as Venezuela, Bolivia, Cuba, and Sudan criticized it for the lack of transparency and openness in its preparation. In the end, the COP delegates only "took note" of the accord rather than adopting it (Takamura 2011). President Obama of the USA showed a positive stance regarding the accord, but in the end, he could not obtain official agreement on it. Given this situation, efforts were then made to break with convention and use a bottom-up approach.

Specifically, bilateral efforts between the USA and China made progress (Cheng 2017). Both countries prepared conditions enabling international cooperation. Since 2008, China has reduced its use of coal as energy while maintaining its high economic growth. This was due to tougher environmental regulations and the addition of energy and environmental indicators to performance evaluation items for local governments officials, as well as higher prices for coal following a revision of the coal pricing system (Horii 2016). For the USA, President Obama's attempt to demonstrate leadership at the Copenhagen Conference in 2009 did not succeed, and domestically his emissions trading plan (American Clean Energy and Security Act) reached a deadlock in the Senate in 2010.

Subsequently, in Obama's second term from 2013, action moved forward under the presidential authority. In June 2014 the Clean Power Plan was formulated to set emission standards for existing domestic thermal power plants (Ueno 2016). While this was going on, the Joint US-China Climate Change Working Group was set up in April 2013, followed by a joint statement by President Obama and General Secretary Xi Jinping in November 2014 (Cole 2015).

The Paris Agreement was adopted at COP 21 in December 2015, and entered into force in November 2016. In this framework, each country will regularly report its progress in achieving Nationally Determined Contributions (NDCs), these reports allowing an overall global picture to be determined. This is described in Article 14.1: "The Conference of the Parties serving as the meeting of the Parties to the Paris Agreement shall periodically take stock of the implementation of this Agreement to assess the collective progress towards achieving the purpose of this Agreement and its long-term goals (referred to as the "global stocktake"). It shall do so in a comprehensive and facilitative manner, considering mitigation, adaptation and the means of implementation and support, and in the light of equity and the best available science."

As of February 2019, 194 countries and the EU have signed the Paris Agreement. However, the US Trump administration announced its withdrawal from the Paris Agreement, and is also dismantling domestic measures. There are also doubts as to whether the goal of keeping the temperature rise within two degrees above pre-industrial levels is actually feasible. Taking these facts into account, it seems multilateralism for climate change measures is under challenge.

Proposal

The facts shown indicate a certain level of resilience of multilateralism in these particular fields. At the same time, steps such as those outlined below are necessary in order to further strengthen multilateralism.

Strengthening multilateralism with multiple layers

Strengthening multilateralism requires dedicated, functional organizations, such as WHO for global health or climate change treaty or agreement bodies (including secretariats). It also requires the formation of frameworks with multiple layers between diverse nations.

Firstly, it is necessary to actively utilize frameworks involving powerful countries such as the G7/G8 or G20. The G7 summits in 2015 (Germany) and 2016 (Japan), and at G20 summits in 2014 (Italy) and 2017 (Germany) played a major role in the reforms of global health governance following the Ebola outbreak at. The leaders' declaration concerning Ebola at the G20 summit held in 2014 indicated commitment to complete IHR implementation and supporting capacity development for that. The G7 summit in 2015 indicated support for implementation of the IHR and for the ongoing process of transforming and upgrading the capacity of WHO. Furthermore, the 2016 G7 summit pointed out the importance of ensuring sound health systems, and the need for WHO reform, funding mechanisms to rapidly procure contributions, cooperative implementation between related stakeholders and systems, and a effective implementation of the IHR.

For climate change measures, "Gleneagles Process" began at the G8 summit held in the UK in 2005. Dialogue also opened at the G20, which includes 20 countries with fast-growing economies such as China, India, South Africa, Brazil, and Mexico.

Secondly, it is essential to actively utilize transnational networks connecting private sector organizations, experts, and local governments. In the case of global health, the GOARN (Global Outbreak Alert and Response Network) network of experts played a major role. GOARN was established in 1997 as a network of existing organizations at expert level. This network pools human and technological resources to gather, verify, and act on information concerning major international infectious disease outbreaks. GOARN functions as a network of exports at then nongovernmental level rather than that of central governments.

For climate change measures, the International Panel on Climate Change (IPCC) also plays a key role as a network of experts in an intergovernmental organization. The IPCC has aspects of both being a panel of experts and an intergovernmental panel. The IPCC's summaries for policymakers included in the assessment reports of its working groups and task force are studied line by line by the representatives of each country, the political requirements of each nation being reflected through their consent. At the same time, it also has a certain level of social trust as an expert organization.

Networks of local governments are also starting to play a greater role in climate change measures (Bulkeley 2010, Gordon and Johnson 2017). Efforts to cope with climate change by cities in North America and Europe from the early 1990s led to the formation of a network called the International Council for Local Environmental Initiatives (ICLEI). A second wave of locally led action occurred next around 2005, with local government involvement shifting from a symbolic to practical level (Gordon and Johnson 2017). One example is C40, formed through a meeting of 18 major cities convened by Ken Livingstone, the mayor of London, in October 2005. The private sector Clinton Climate Initiative was invited to join in 2006, bringing the number of participating cities to 40. Since then it has held a summit at San Paulo, and worked with the World Bank and ICEI. In 2011 Arnold Schwarzenegger, the former governor of California, established the R20 Regions of Climate Action, with the aim of promoting investment in infrastructure for a green economy at the local government level, collaborating with the UN, NGOs, and corporations.

This mobilization at the city level occurred in the preparatory process to the signing of the Paris Agreement in 2015 (Hale 2016).   The Lima-Paris Action Agenda (LPAA) was established as a stepping stone to the Paris Agreement (Gordon and Johnson 2017). Over 10,000 companies and cities have pledged their commitment to it (Hale 2016). As a result of these actions, they were referred to as non-Party stakeholders at COP 21 in Paris in 2015 (Hale 2016). The draft of the Paris Agreement adopted in December 2015 mentions in paragraph 118 that it "Welcomes the efforts of non-Party stakeholders to scale up their climate actions, and encourages the registration of those actions in the Non-State Actor Zone for Climate Action platform (NAZCA)".

Strengthening the core capacity of each country

Boosting the core capacity of each country is an essential component for strengthening multilateralism. Countries must be a basic source of support for multilateralism, rather than being taken over as a critic of it.

Commitment at a national level is essential to ensure the effectiveness of multilateralism. For global health, ultimately the core capacity of each country must be secured. But doing so is quite difficult for developing countries. The reports of the countries themselves indicate the limited level achieved, and in fact by the end of 2012, the initial completion deadline, only 42 of 192 signatories had attained this goal. There was also a serious problem with strengthening functions to assess the IHR implementation status. The report submitted in 2016 to the WHO General Assembly by the Review Committee on the Role of the International Health Regulations in the Ebola Outbreak and Response recommended that member countries complete joint external evaluations (JEE) incorporating outside agencies.

For climate change measures, nationally determined contributions (NDCs) have been set as goals as shown in the Paris Agreement. Each country will play the main role in reporting and verifying these. Article 4.2 of the Paris Agreement states that "Each Party shall prepare, communicate and maintain successive nationally determined contributions that it intends to achieve. Parties shall pursue domestic mitigation measures, with the aim of achieving the objectives of such contributions." Furthermore, Article 4.9 states that "Each Party shall communicate a nationally determined contribution every five years…and be informed by the outcomes of the global stocktake referred to in Article 14." This shows how securing capacity at national levels is a key element in multilateralism.

For countries to act as sources of support to underpin multilateralism, multilateral domestic systems also play a vital role. In the USA, the Trump administration tried to greatly reduce the budget for global health and the budget of the Environmental Protection Agency (EPA), which is necessary for global health and environmental policies, but was unable to do so. This was because an independent congress resisted the budget cuts. As an example, since the establishment of the Trump administration in the USA, the amount of

requests for funding for global health from the US administration has declined. But congress increased the amount in 2018 to 10.8 billion dollars (KFF, 2018c). The figures in 2019 are at almost the same level as the previous year for major institutions such as USAID, the Department of State. US funding to WHO was 520 million dollars in fiscal 2017, higher than the fiscal 2016 figure (KFF 2018a).

The Search for Collaborative Areas under Multilateralism

It is essential to search far and wide under multilateralism for areas where collaboration can be achieved in order to strengthen global social cohesion. Examples are the co-financing of infrastructure investments in various fields by the Asian Development Bank (ADB) led by the USA and Japan and the Asian Infrastructure Investment Bank (AIIB) led by China.

The field of international health also offers areas where China and the USA can seek collaboration. Though the USA is opposed to Universal Health Coverage (UHC), it is providing aid to strengthen health systems in African nations under the framework of the Global Health Security Agenda (GHSA), from the standpoint of promoting health security. China, at the same time, has developed its domestic health capabilities since SARS in 2003, achieving the IHR core capacity and forming a strong surveillance system. Based on these, it is providing aid to strengthen health systems in African nations. Also, as part of the One Belt One Road Initiative, it held a health conference for the countries involved in the policy in August 2017, issuing the Beijing Communique, with the aim of formulating a One Belt One Road health cooperation plan by 2020. These efforts by the USA and China show sufficient ground for cooperation together, such as in helping to strengthen health systems in African nations.

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