



# **Despite improved WHO regulations, the world remains ill-prepared for the next pandemic**

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# Summary

The recent failure to conclude a global Pandemic Agreement has left significant gaps in the world's ability to handle future infectious disease emergencies. While the World Health Organization (WHO) has made progress by adopting important revisions to the International Health Regulations (IHR), these changes are insufficient on their own. Especially as the risk of another pandemic like Covid-19 is growing.

The IHR amendments that have been agreed emphasise rapid detection of “pandemic emergencies”, greater preparedness, and additional competencies such as risk communication and managing misinformation and disinformation. What is missing are more expansive measures to prevent zoonotic spillovers and enhance data sharing. A comprehensive Pandemic Agreement going beyond the IHR is essential to address broader issues and achieve greater global cooperation and equity. Global solidarity is crucial to prevent future pandemics and honour the memory of the millions who have died from Covid-19.

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The international community's recent [failure to conclude a global pandemic agreement](#) leaves large gaps in our capacity to deal with the next major infectious disease emergency.

The risk of another pandemic like Covid-19 – the worst in a century – [is increasing](#).<sup>1</sup>

The World Health Organization ([WHO](#)) took an important step by [adopting useful revisions](#) to the existing legally-binding International Health Regulations.

But while this advance is something to celebrate, it is not enough. Even if governments approve the revised regulations, our best chance of preventing history repeating itself lies in a [pandemic agreement](#).

Global responses to health hazards that cross borders date back to an [international sanitary conference in 1851](#) which focused on measures to limit the spread of cholera. Since then, several initiatives have aimed to improve global health security, including the formation of the WHO itself in 1946.

The [International Health Regulations](#) of 2005 were a major step in this evolution. They ushered in the modern era of risk assessment and created a [global surveillance system](#)<sup>2</sup> for [public health emergencies of international concern](#).

Nonetheless, it was soon evident the [new tools were limited](#)<sup>3</sup> in dealing with the [increasingly complex and fast moving](#)<sup>4</sup> threat of zoonotic diseases (when an animal pathogen “spills over” to infect people).

## Key changes to the International Health Regulations

Earlier this month, the 194 members of the WHO World Health Assembly passed by consensus several important amendments to the International Health Regulations, including:

- adding a definition of a “pandemic emergency” to emphasise the importance of such

events within the broader category of public health emergencies of international concern

- increasing the focus on prevention with specific mention of “preparedness”
- strengthening equitable access to medical products and finance, with specific mention of “equity and solidarity”, and a dedicated “coordinating financial mechanism”
- requiring each state to establish a “national authority” to improve the implementation of the international health regulations within and among countries
- requiring countries to build a core capacity for “risk communication including addressing misinformation and disinformation”
- and modifying the “decision instrument” to enhance the detection of emerging respiratory infections with high pandemic potential.

## The proposals that didn't make it

Not all proposed amendments were achieved. Some commentators had advocated incorporating the experience of countries in the Asia-Pacific region that used an [elimination strategy](#) to delay the spread of Covid-19, giving time to roll out vaccines and other interventions.<sup>5</sup>

Such measures protected both high-income islands (Aotearoa New Zealand, Australia, Singapore, Taiwan) as well as low and middle-income countries in continental Asia (Vietnam, Thailand, Cambodia, Laos, Mongolia).

These nations generally achieved [lower excess mortality](#) than countries where the pandemic was less controlled.<sup>6</sup> Similarly, the concept of elimination at source (sometimes called containment) wasn't included in this revision.

A range of other [potential improvements](#) also failed to make it into the final text.<sup>7</sup> These included an emphasis on preventing zoonotic spillovers from animals, enhanced sharing of scientific data and specimens, and strengthened accountability.

All WHO member states now have 18 months to consider the proposed revisions. They may enter reservations to parts they disagree with, even though this may weaken the coherence of the proposed amendments.

## Why we need greater global cooperation

A pandemic agreement could address the [many needed reforms](#) that go beyond the International Health Regulations.

But the negotiations to reach global agreement are [proving contentious](#). There have been deep divisions between rich and poorer countries over the sharing and affordable pricing of vaccines, treatments and diagnostics for developing states. The sharing of pathogen data has also proven problematic.

The negotiations have been further undermined by completely [unfounded assertions](#) that the WHO will be given power to impose restrictive measures such as lockdowns and vaccine mandates. It is not clear whether [New Zealand's changed negotiating position](#) to focus more on national sovereignty influenced these discussions.

Due to these challenges, the international community has not yet agreed on a text for a pandemic agreement. The WHO has [announced the next steps](#) for further negotiations,

which are already years past their start date.

From the threats of war to environmental devastation and pandemics, no country can unilaterally protect its citizens from the gravest shared threats to humanity. But while the need for global solidarity and cooperation is greater than ever, support for many of the key areas of international law is failing.

We owe it to the memory of the [more than 27 million people](#) estimated to have died so far from Covid-19, and the rising threats to future generations, to do the best we can to achieve a safer and more secure world.

## What this Briefing adds:

- There is an urgent need for a comprehensive global Pandemic Agreement to address the increasing risk of pandemics.
- While the WHO has made progress by adopting important revisions to the International Health Regulations (IHR), these changes are insufficient on their own.

## Implications for Policy and Practice:

- Governments must prioritise concluding a global Pandemic Agreement to ensure comprehensive strategies for pandemic preparedness and response are in place.
- They should also enhance international cooperation to address shared global health threats and work together on building capacity and equitable access to vaccines, treatments, testing and other essential services.
- The New Zealand Government can support global health security by adopting the revised IHR amendments without reservations and implementing the core capacities including establishing a National IHR Authority.

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