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**NUS CENTER FOR INTERNATIONAL LAW
GLOBAL HEALTH LAW NOTES**

**THE 2023 UNITED NATIONS GENERAL ASSEMBLY HIGH-LEVEL
MEETING POLITICAL DECLARATION ON PANDEMIC PREVENTION,
PREPAREDNESS, AND RESPONSE: EMERGING PRINCIPLES OF A
POST-COVID-19 GLOBAL HEALTH SYSTEM**

Comments by Dr. Ayelet Berman

20 September 2023

The 2023 UNGA High-Level Meeting Political Declaration on Pandemic Prevention, Preparedness and Response: Emerging Principles of a Post-Covid-19 Global Health System

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A. Introduction

During the 78th Session of the United Nations General Assembly High-Level Week, on 20 September 2023, the President of the General Assembly, in collaboration with the World Health Organization, is convening Heads of State and Government for a one-day high-level meeting to adopt the Political Declaration on Pandemic Prevention, Preparedness and Response. The meeting brings together Member States, Observers, NGOs in consultative status, and other representatives of organizations with special accreditation.

The Declaration, a 13-page document, outlines major shortcomings in the global pandemic response system and calls for almost 50 action points needed to improve pandemic prevention and response.

In parallel, the World Health Organisation (WHO) is conducting discussions and negotiations on two international legal agreements: the Intergovernmental Negotiating Body (INB) is working on a new pandemic accord, which is scheduled to be adopted in May 2024, and the Working Group on Amendments to the International Health Regulations (WGIHR) is working on the revision of the International Health Regulations (2005). While many of the matters mentioned in the Declaration are addressed in current drafts, there is still considerable disagreement about the scope of the commitments.

Many global health activists and scholars are criticizing the Declaration for being aspirational and lacking commitment to action. Nonetheless, the Declaration has relevance, even if it is not legally binding: it reflects the global political consensus as to the building blocks of a post-COVID-19 global health system. In that sense, it not only serves to provide political support for the work at the WHO, but is also an important source of legitimacy and incentive for action by all actors (public and private) and sectors in the pandemic space- at the local, national, regional, and international levels. It also implicitly establishes the political boundaries beyond which global reform is unlikely.

Against this background, the purpose of this note is to draw key principles that emerge from the Declaration and underpin the calls for action. Some principles reinforce established attitudes (e.g. equitable access to medicines), while others bring relatively novel concepts to the forefront (e.g. One Health, scaling up vaccine production in developing countries, combating misinformation).

B. Emerging Principles

1. Fair, Equitable and Timely Access to Medical Countermeasures

One of the painful features of the pandemic was the disparity in access to COVID-19 vaccines between high-income and low and middle-income countries. The IHR (2005) did not address fair, equit-

-able, or timely access to pharmaceuticals, and the TRIPS Agreement's flexibilities proved insufficient. The Declaration prioritizes equity as a fundamental principle. It includes many provisions aimed at ensuring "...sustainable, affordable, fair, equitable, effective, efficient, and timely access to medical countermeasures such as vaccines, diagnostics, therapeutics, and other health products." For example, see OP1, OP2, OP6, and OP7.

2. Strengthening R&D and Manufacturing of Medical Countermeasures in Developing Countries

The majority of COVID-19 vaccine development and manufacture occurred in high-income nations. The Declaration represents the consensus that local and regional R&D and manufacturing capacities should be developed and reinforced in order for developing nations to have faster access to vaccines in future pandemics. Thus, while the Declaration continues to recognize the TRIPS Agreement (OP 7 and 8) and its protection of intellectual property rights, it encourages initiatives that will improve regional and local R&D and manufacturing. This includes calls for R&D cooperation (OP 9), facilitating technology and know-how transfer, and voluntary licencing (OP 10 and OP 12 and 13).

3. Fair and Equitable Sharing of Benefits

The fair and equitable distribution of pathogen-derived benefits is a debated issue in the context of the Nagoya Protocol, but the Declaration reiterates the position that states sharing pandemic pathogens (or their genetic sequences) should be entitled to enjoy the medicinal benefits developed from their use. See OP 14.

4. Combatting Misinformation and Restoring Public Trust

During the pandemic, misinformation substantially eroded trust in science and governments, leading to vaccine hesitancy and, as a result, undermined effective response. The Declaration emphasizes the need for combating misinformation and fostering public trust. For example, it calls to "Take measures to counter and address the negative impacts of health-related misinformation, disinformation, hate speech and stigmatization, especially on social media platforms...". See OP 35 and 42.

5. One Health

Human health is intertwined with environmental and animal health, and the majority of epidemics and pandemics have been caused by zoonotic diseases that spread from animals to humans. Historically, the IHR (2005) regulated outbreaks, but did not include a more comprehensive "One Health" prevention approach. The Declaration recognizes the need for early prevention and calls for the following of a One Health strategy, such as by calling to "... support building regional, national and community capacities...through the use of a One Health approach". See OP 39, 40, and 41.

6. Sustainable Financing

The World Health Organisation (WHO) and national public health systems have historically received little funding for pandemic prevention and response. The pandemic demonstrated the catastrophic consequences of this lack of funding. Thus, the Declaration highlights the significance of sustainable funding for WHO as the international coordinating agency, as well as financing and funding to support local capacity development (OP 27, 31, 44, 45, 46, 47).

7. Strengthening National Public Health Capacity

The Declaration emphasizes the significance of national public health capacity-building and reaffirming "national ownership" by establishing or improving laboratories, research institutes, national public health institutes, disaster risk management (OP 29, 30, 43), and legal and regulatory frameworks (OP 31).

8. Global Solidarity and Multi-Actor Governance

While the WHO is the primary international coordinating authority on health, the Declaration emphasizes the expectation that actors in all sectors (intergovernmental organizations, civil society, private sector, academia, governments) at all (national, regional, and international) levels collaborate, coordinate, engage stakeholders, act in solidarity, and support developing countries (OP 1, OP 26, OP 28, OP 34). Governments at the national level should employ a whole-of-government strategy, involving constituents from all sectors (OP 31, 32, 36).

C. Conclusion

While vague and not legally binding, the Declaration reflects a global political consensus regarding the desired components of a post-pandemic global health system. Some of these reinforce existing attitudes (e.g., equity in access to medicines, sustainable financing, multi-actor governance), while others highlight new ideas that were not previously prominent in the international political community (e.g., scaling up production in developing countries, One Health, Solidarity, fighting misinformation).

The Declaration is valuable as a source of legitimacy and motivation not only for WHO negotiations, but for all public and private actors and sectors in the pandemic space – at the local, national, regional, and global levels. In addition, it implicitly indicates the political limits of global reform. Notably, it reaffirms commitment to the TRIPS Agreement (thus upholding the international IP system) and emphasizes national ownership of pandemic response and multi-sector/actor collaboration (thus signaling that most power will continue residing outside of the WHO).

Concerning the international legal operationalization of these principles, it remains to be seen to what extent the pandemic accord and IHR revision will operationalize them into legally enforceable commitments. The next draft of the INB is scheduled for publication in October 2023, followed by the final version in May 2024. In January 2024, the WGIHR will submit its recommendations to the DG. Watch this space!