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Geneva Telegram - World Health Assembly draws first lessons from the pandemic

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The "Geneva Telegram" looks at events in the Geneva multilateral organizations on a current topic. This time the focus is on the 74th World Health Assembly.

The theme of the 74th World Health Assembly (WHA), held May 24-31, was "Ending this pandemic, preventing the next: building together a healthier, safer and fairer world." In several ways, it was a historic meeting: first, the agenda was unusually packed with more than 70 resolutions up for debate (of which 30 were adopted). In addition, the WHA drew important lessons from the COVID-19 pandemic. A central instrument discussed by Member States was the possible drafting of a new framework convention ("pandemic treaty"). The WHA decided to discuss such a treaty at a special meeting on 29 November - 1 December this year. The issue of more equitable vaccine distribution also drew significant attention; the WHO Director-General, experts, but also numerous representatives of Member States warned that present efforts to address the pandemic-related challenges were insufficient. Overall, as in previous years, the discussions were marred by geopolitical disputes.

The WHA took place against the background of diverging global conditions: in particular, the vaccination campaign is progressing rapidly in large parts of Europe and in the USA; India, on the other hand, has recently recorded around 1.4-2 million new infections per week¹, and the number of infections worldwide remains alarmingly high (currently 3.5 million infections, and as many as four

million per week in the previous week). Accordingly, the discussions revolved around questions on crisis management, the immediate consequences of the crisis, and how to 'nip future pandemics in the bud'.

Preventing the next pandemic: harnessing COVID-19 as the "Chernobyl moment" of the 21st century

The debate was based on three COVID-19 response evaluation reports, namely, i) the Independent Oversight and Advisory Committee (IOAC) of the WHO Emergency Response Program, ii) the International Health Regulations Review Committee (IHR RC), and lastly, from the iii) Independent Panel for Pandemic Preparedness and Response (IPPPR).

The findings of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, headed by the chairman of the Robert Koch Institute, Prof. Lothar Wieler, discussed how to improve knowledge-exchange between Member States, strengthen the WHO's warning system related to declaring an international health emergency, and lessons learned from the controversial implementation of travel restrictions.

¹ The latest WHO situation reports can be found [here](#) and [here](#)

The report of the Independent Panel for Pandemic Preparedness and Response, chaired by the former heads of state or government of Liberia (Ellen Johnson Sirleaf) and New Zealand (Helen Clark), however, received the most attention: the latter referred to COVID-19 as the "Chernobyl moment" of the 21st century and consequently urged for very far-reaching reforms, both at WHO itself and among its Member States. The IPPPR report calls for a comprehensive strengthening of the WHO's mandate: among other things, the agency should be given faster access to pathogens and outbreaks with pandemic potential and be able to publish information on outbreaks even without the prior consent of the Member States. In the future, the Independent Panel impels, the WHO is to focus primarily on its normative role in order to strengthen the WHO's political independence. Along the same lines the report advocates limiting the term of office of the WHO Director-General to one term (5 years)².

In addition, the Independent Panel recommends the creation of a Global Health Threats Council presided by the UN General Assembly to promote the strengthening of global pandemic preparedness and the coordination of political and financial resources for this purpose. But it also calls on Member States to reform their pandemic preparedness and strengthen the resilience of their national health and social systems. As such, it recommends that global financial instruments should be created to ensure adequate financial pandemic preparedness. Lastly, the Independent Panel recommends that one of the most important tools to combat the crisis, the ACT Accelerator, needs to be expanded and developed further into a global platform for sharing vaccines as well as diagnostics and therapeutics knowledge³.

However, one of the most important demands was the creation of a pandemic framework agreement (also called a "pandemic treaty" by other representatives) compatible with the International Health Regulations within the next six months. Such a pandemic treaty⁴ could include provisions

to improve implementation of the International Health Regulations and strengthen peer review and information-sharing among Member States.

All three reports agree that there needs to be an increase in the financial base of the WHO (and an increase in the Member States' share of the WHO budget), which relies on voluntary contributions for over 80% of its funding.

The Heads of State and Government and Ministers who spoke at the WHA also stressed the importance of drawing the right lessons from the crisis. Some of them took up concrete reform proposals: German Chancellor Angela Merkel declared her support for financial and political strengthening of the WHO and spoke out in favor of both a pandemic treaty and the creation of a Global Health Threat Council.⁵ German Health Minister Jens Spahn, echoed this appeal for an ambitious pandemic pact. Other European leaders (including Emmanuel Macron) as well as some non-European countries (including South Africa) also supported the proposal for a pandemic treaty.

Nevertheless, this demand was controversial among Member States in the run-up to the WHA. In addition to Russia and China, Brazil, the USA and Mexico also expressed reservations, albeit for very different reasons. Some are generally skeptical of binding regulations; others demanded more preparation time for such a far-reaching step. In the case of the USA, the skepticism came as quite a surprise. Observers suspect that the reluctance to adopt a legally binding instrument may be due to doubts about its enforceability in the Senate.

The compromise (also supported by the USA and Canada) looks as follows: the WHA will hold a special session from 29 November to 1 December to

² The next elections are scheduled for May 2022.

³ The full report of the Independent Panel is available [here](#)

⁴ For the development of the discussion about a pandemic treaty more info in the [KAS map of the month May](#)

⁵ <https://www.who.int/about/governance/world-health-assembly/seventy-fourth-world-health-assembly>

discuss a possible WHO convention or similar instrument (such as a pandemic treaty) in an open-ended manner⁶.

From Germany's point of view, this compromise can be considered acceptable. It is however no surprise that many countries do not support, or only partially support, the ambitious reform demands put forward by Germany.

The early failure of the talks on a pandemic treaty could be averted; the scheduling of a special meeting of the WHA in November should, on the one hand, leave enough room for preparation of the meeting, but on the other hand, not allow too much time, as this could weaken the political momentum for ambitious steps. In his concluding remarks, WHO Director-General Dr. Tedros also strongly advocated an ambitious pandemic treaty.

Remarkably, many of the Independent Panel's more far-reaching proposals were not discussed further (until now). Nevertheless, the WHA adopted a resolution in which some of the proposals of the expert groups are taken up. It mandates the WHO i.a. to support developing countries in their efforts to build their own supplies of medicines. The WHO shall equally help to identify weaknesses in supply chains and possibilities to increase production capacities. At the same time, a working group will be created to implement further reform suggestions⁷. Critical voices complained that the resolution had been repeatedly watered down in recent weeks.

Ending the pandemic: Renewed discussions about the origin of the virus

On the sidelines of the WHA, the discussion on the origin of the virus also gained renewed momentum: a statement shared by the U.S. delegation in Geneva on May 29 criticized the results of the Wuhan mission so far as insufficient and called for a

further study that would also allow scientists access to China (which was previously denied by the government). However, this demand did not find its way into a resolution. WHO Emergency Coordinator Michael Ryan stressed at the WHA that it had been known from the beginning that several studies would be needed. At the same time, he lamented the increasing politicization of the discussion and the speculation about the origin of the virus, which was becoming increasingly removed from science.

Fighting unequal vaccine distribution

Discussions also repeatedly focused on the unequal distribution of vaccines: in fact, 75% of all COVID-19 vaccines have been administered in just ten countries to date. In high-income countries, nearly one in four people have received a vaccine, compared with only one in more than 500 people in low-income countries.⁸ African Union countries, among others, reiterated the WTO demand of 60 countries (led by India and South Africa) for a suspension of patent rights (TRIPS waiver) for vaccines, among other things. However, the vast majority of EU countries, Canada and Switzerland remain skeptical of the move. The EU, for its part, has presented its own paper with proposals on this highly sensitive issue at the WTO on 4 June which emphasizes the importance of limiting export restrictions, increasing production capacities and facilitating the implementation of TRIPS flexibilities on compulsory licenses⁹.

Proponents of the TRIPS waiver note that voluntary instruments have so far not met with the desired response:¹⁰ the initiative, first proposed by Costa Rica in March 2020, aims to share intellectual property, knowledge and data on a voluntary basis in the fight against the pandemic.

So far, the mechanism has lacked the critical mass to move the needle, but discussions during the WHA indicated that interest in voluntary technology exchange is growing. Whether the initiative

⁶ https://apps.who.int/gb/eb_waha/pdf_files/WHA74/A74_ACONF7-en.pdf

⁷ https://apps.who.int/gb/eb_waha/pdf_files/WHA74/A74_ACONF2-en.pdf

⁸ <https://www.who.int/director-general/speeches/detail/director-general-s-opening-remarks-at-the-media-briefing-on-covid-19-9-april-2021>

⁹ More details [here](#)

¹⁰ <https://genevahealthfiles.substack.com/p/constraints-facing-the-covid-19-technology>

will now meet with greater response remains to be seen in the coming months.¹¹

Many experts, as well as Dr. Tedros, also criticized the slow pace of support for COVAX, the vaccine pillar of the ACT Accelerator, which for many countries is the only channel through which they obtain vaccine doses. The supply of vaccines to the most vulnerable has been inadequate, representatives of many developing countries criticized. Faced with supply problems through the COVAX instrument, the ambitious goal of delivering 2 billion vaccines in 2021 has been called into question, and the deadline for 1.8 billion vaccines for lower-income countries has been extended to early 2022.¹² A lack of logistical capacity and health personnel in some developing countries has exacerbated these difficulties. Not least, another reason underlying these constraints is that too many vaccines have been distributed through (more lucrative) bilateral agreements.

Most contributions to COVAX come from the EU, other Western democracies or Japan. China has been reluctant to make specific deliveries, preferring targeted bilateral vaccination diplomacy. At the WHA, China's representative also held back on concrete commitments to support COVAX. However, there is now talk of an emerging deal for a supply of Chinese-produced vaccines for COVAX.

Shadow pandemic and collateral damage

The WHA also took aim at other health inequalities exacerbated by the pandemic and passed several resolutions to improve the health of vulnerable groups. For example, Member States debated violence against children and women, which has increased during the lock-down. New data show that one in three women experiences physical or sexual violence in her lifetime. The WHA adopted a global action plan to combat interpersonal violence against women, girls and children.¹³ Experts

urge action as the pandemic has increased women's exposure to abusive partners and known risk factors while limiting access to support services. Based on the report, 47 states (including Germany) launched a resolution calling for special attention to protecting children from violence, to improve their long-term health and well-being. In the end, only a diluted version was passed, as Russia, Egypt and Iran, among others, opposed the proposed terminology on "comprehensive sexuality education."

New ambition in combating diabetes

Overstretching national health systems is putting routine health services at risk, including the treatment of noncommunicable diseases (NCDs) such as diabetes. The WHA passed a particularly ambitious resolution to combat diabetes¹⁴.

The resolution asks WHO to explore the development and feasibility of a web-based instrument to create more transparency for diabetes drug prices. The resolution aims to address the dire global situation: diabetes deaths have increased by 70% in the last 20 years¹⁵. Especially during the pandemic, access to life-saving insulin has become more difficult, which has increased the risk of amputations, kidney disease and blindness. In addition, Member States asked WHO to work with governments, civil society, the private sector and affected people to develop recommendations for strengthening and monitoring diabetes interventions in national programs for adoption in 2022.

Increase in the WHO budget and election of the new Executive Board

The WHA also adopted the WHO program budget for 2022/2023, which includes a 5% total increase from the previous budget (however, polio funding is cut by 35%). As before, the vast majority of the budget is funded by voluntary contributions. The

¹¹ <https://www.who.int/publications/m/item/c-tap-a-concept-paper>

¹² <https://worldhealthorganization.cmail19.com/t/ViewEmail/d/0F5E7E3E4E8BBB862540FE23F30FEDED/BD95C7108E817C31DCCB6820C4466A74>

¹³ https://apps.who.int/gb/eb-waha/pdf_files/WHA74/A74_21-en.pdf

¹⁴ https://apps.who.int/gb/eb-waha/pdf_files/WHA74/A74_ACONF5-en.pdf

¹⁵ <https://www.devex.com/news/wha-reaches-break-through-moment-on-diabetes-100026>

share of fixed contributions will be around 16%.¹⁶ Germany and France are strongly advocating a future increase in fixed contributions to improve the predictability of WHO's work. In agreement, Dr. Tedros noted at the WHA that many WHO experts are employed on short-term contracts.

In rotation, 12 of the 34 members of the WHO Executive Board were newly elected.¹⁷ The election of Syria and Belarus to the Executive Board irritated many countries. In the first meeting immediately after the WHA, the U.S. representative harshly criticized the two countries for their disregard of human and health rights.

After three years, Germany's representative left the Executive Board: nevertheless, Germany remains a driving force in the WHO and will also play an important role in the WHO's Working Group on Sustainable Financing.

Ubiquitous (geo)politics

Considerable geopolitical tensions found their way into the World Health Assembly once again this year:

For example, the debate (held every year) on the resolution titled Health Conditions in the Occupied Palestinian Territories, including East Jerusalem, and the Golan Heights took up nearly an entire day of the 74th Assembly. This year's debate centered around issues of equitable access to COVID-19 vaccines for the Palestinian population. Debates were particularly heated following the 11-day armed escalations between Israel and Hamas, which damaged the only COVID-19 testing lab in Gaza.¹⁸ Member States argued over a draft decision introduced by Pakistan, Egypt, Saudi Arabia, Cuba, Venezuela, and Syria, among others.

The negotiations culminated in a virtual vote in which a total of 83 WHO Member States voted in favor of the resolution. At the other end of the spectrum, 14 Member States, including Germany, voted against the measure.¹⁹ Opponents stressed their support for the Palestinian people but noted

that the text makes WHO "just another arena for finger-pointing and political fighting" and puts the Palestinian conflict above any other humanitarian conflict (including those in the countries of the resolution co-sponsors Syria and Venezuela). 39 Member States abstained, and 58 did not participate in the vote.

Other geopolitically motivated decisions transpired largely behind closed doors and received comparatively little attention and debate time. Even Taiwan's fifth consecutive exclusion from the WHA received only four remarks in plenary. As every year since 2016, the spectacle of Taiwan's quest to participate in the World Health Assembly was repeated: once again, there was an exchange of statements between countries friendly to Taiwan (in this case Eswatini and Nauru) on the one hand and China and Pakistan on the other. China and Pakistan (the latter pushing the Palestine resolution) argued that such a motion was a politically motivated move to undermine the political neutrality of the WHA, while Taiwan's supporters focused on the WHO's principle of equal participation and the benefits of knowledge-sharing in light of the pandemic. The debate was not followed by a vote and Taiwan remained excluded from the WHA. Observers nevertheless report that the number of supporters of Taiwan has increased compared to previous years.

After the coup earlier this year, two applications were received from Myanmar to join the assembly, one from the deposed civilian government and one from the military regime. The WHA decided to delegate the decision to the UN General Assembly. Unable and unwilling to delve into the question of government recognition, Myanmar was not represented at this WHA.

Holy See becomes observer

The Holy See was granted the status of an observer non-member by the WHA on a permanent basis.²⁰ The proposal put forward by Italy - and

¹⁶ https://apps.who.int/gb/eb-waha/pdf_files/WHA74/A74_5Rev1-en.pdf

¹⁷ The new Executive Board composition can be found [here](#)

¹⁸ <https://www.devex.com/news/resolution-seeking-vaccine-access-in-palestinian-territories-splits-waha-100012>

¹⁹ Australia, Austria, Brazil, Cameroon, Canada, Colombia, Honduras, Germany, Hungary, the Netherlands, the United Kingdom, the United States, the Czech Republic and Israel voted against the resolution.

²⁰ https://apps.who.int/gb/eb-waha/pdf_files/WHA74/A74_BCONF1-en.pdf

supported by over 70 co-sponsors (including 19 EU countries, including Germany) - was adopted by consensus. This allows the Holy See to comment on and re-solve issues that affect itself. In the run-up, organizations from the field of sexual and reproductive health had expressed concerns about the first draft of this initiative.

Commentary and outlook

The rhetoric at the WHA suggests that the cautionary tales, which the various evaluation reports spelled out in a drastic manner, have not been overlooked. However, whether it has been more than a WHA of good intentions and whether people are taking advantage of the (small) window of opportunity for bold reforms and a change in behavior will remain to be seen in the months (and years) ahead. Many measures, such as strengthening the resilience of health systems, improving pandemic preparedness, and better protecting particularly vulnerable populations, will have to come from political will at the national level.

It also remains to be seen how ambitious a pandemic treaty of any kind will ultimately be. Ideas about what should be included in such a treaty vary widely. Many countries view Germany's ambitious ideas with skepticism.

Persistence will be key. The resolution on strengthening the WHO for public health emergencies, which ultimately addresses only some of the recommendations of the three evaluation reports, indicates that the discussions in November

will not be a foregone conclusion. Any measure that is perceived as a limitation of sovereignty will likely lack support. At the same time, the time horizon for drafting such a text is limited. Experience with past epidemics has made clear that the political window of opportunity for truly ambitious steps is very limited.

In addition to these fundamental reforms for the future, the still dramatically high numbers of infections show the importance of rapid vaccine supply worldwide. Accordingly, immediately after the WHA, the leaders of WHO, WTO, World Bank and IMF called were called on by major media outlets - especially in the context of the G7 summit next week - to develop a \$50 billion package to fight the pandemic, supporting in particular COVAX, the ACT Accelerator, but also the use of the C-TAP instrument to share know-how and technologies.

At least the urgent call during the WHA for increased financial support for COVAX seemed to have had (some) impact: a virtual donor conference for COVAX organized by the vaccine alliance Gavi attracted a total of an additional \$2.4 billion in pledges from some 40 donors.

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