

## MICHEL KAZATCHKINE

### Special Advisor to the World Health Organization Regional Office for Europe

At this stage, let me say a few words about where we stand as a global community, at global level, in moving towards better preparedness to pandemics.

Are we drawing the lessons? The starting point is that, despite warnings and past lessons of SARS, H1N1, Ebola, Zika, the world was not prepared for Covid 19 because we are going into these cycles of panic and then neglect. To repeat myself, I do think we are now again in a phase of neglect.

Last year, at this conference, Ambassador Anders Nordström, who was part of the Independent Panel on Pandemic Preparedness and Response, of which I was also privileged to be a member, talked about the six main recommendations that came out of the independent panel work to the international community.

One is the need for sustained high-level political attention and leadership. We have lacked strong leadership and coordination in our response to Covid 19.

The second is modernizing our surveillance and alert systems, in order to respond much faster to infectious outbreaks in the future.

The third, as Els Torreale discussed, is to build a new platform that will ensure equitable access to all in need to medical countermeasures.

The fourth – and thank you Minister Barakat for mentioning that – is that we need new funding. We need new funding for pandemic preparedness and response.

The fifth is that we need strong a strong, independent, well-funded, well-functioning World Health Organization.

The sixth is that, at national level, all governments must start investing in better preparedness now. Following what Antoine Flahault said earlier, one of the obvious areas of work is improving ventilation and the quality of the air.

At global level, there are three ongoing processes out of the four that we have been recommending as an independent panel.

The first is that, for the first time in history, a special session, high-level meeting of the UN General Assembly was held on pandemic preparedness and response at the UN in September 2023. The outcome has been a political declaration.

It was a high-level meeting, but was hardly attended by any high-level Head of State and none of the European major Heads of State were there – no Chancellor Scholz, no President Macron, no British Prime Minister, no Madam von der Leyen – no-one present which, to me, is a strong signal of the phase of neglect that we are in. Minister Barakat, we met in New York, so you were there. Congratulations to the UAE.

The second is that we have now started negotiations in Geneva, since February 2022, for a new Pandemic Treaty – a treaty that would be a binding one, according to international law – and this is negotiated under the auspices of WHO. You may know that, in the constitution of WHO, there is room for negotiation of international treaties. The first one the WHO had negotiated was the International Convention on Tobacco.

Third, there is an ongoing more technical process of revising what is called the International Health Regulations, but that is a very sensitive negotiation because this is where we are discussing how countries will inform the world about new pathogens, and also whether the WHO will or will not have the ability to move to a country and investigate a new outbreak in case it happens.

The fourth, which is not currently in discussion, is that we had proposed that there is a Global Health Threat Council established, something like a Security Council on threats, to elevate the issue of leadership.

The Secretary General of the UN, António Guterres, also came with an alternative suggestion a few months ago. He suggested that the UN creates, next to the Security Council, a platform on all threats that are non-military that is food, water, climate and health. That will be discussed at the Summit of the Future next year.

The big issues at stake in these discussions are governance, the topic of this conference; financing and, in terms of financing, we need financing in order to prepare ourselves for the next pandemic. We also need surge financing in case something happens. Then, as Els Torreele alluded to, we need to build a regional resilience in order for every region of the world to have the ability to develop, research, manufacture and distribute global common goods that are personal protective equipment, oxygen, vaccines, therapies, that are essential in containing an infectious outbreak where and when it occurs.

As we speak, the latest draft of the Pandemic Treaty is on the table in Geneva and there are four very sensitive issues that are being debated.

One is access to pathogens. You may know that, in 2007, during H1N1, Indonesia said that it will not communicate the sequence of the virus to the global community because, and I will make it simpler here: 'If we give this sequence to the world and then it serves the rich country industry to produce vaccines that will be sold to us at unaffordable prices, then this is unfair'.

There is a lot of discussion now in the Pandemic Treaty negotiations around whether countries should always give free access to the new pathogens, or whether a country that provides the information should have benefits from that information.

Then there are major debates around medical countermeasures, as Els Torreele also alluded to, including the sensitive issues of intellectual property, of research and development, modalities of technology transfer.

There are discussions about financing. Financing pandemic preparedness is a global issue for everyone. We all agree that everyone should contribute to funding pandemic preparedness, whether you are a rich country or a poor country but, of course, with so-called differentiated responsibilities, and that is what is difficult to define in the negotiations.

Finally, the WHO had suggested that it could come up itself with a system of providing equitable access of countermeasures – vaccines, therapeutics – to the world, and that is being negotiated.

It is unlikely, at this time, that these negotiations will come to an agreement by the deadline of May 2024. More time will probably be needed, but viruses do not wait and that is the problem.

Let me add an optimistic note here, which is that whatever the challenges, there is a word that is everywhere every day in the negotiations: “equity”. We now need to find a system that would guarantee equity and “equitable access”.

Now, as in every negotiation, the geopolitics are there and the difficult negotiations that we are currently witnessing in Geneva show how closely health is now intertwined with geopolitics, particularly with the tensions between the global North and the global South.

Your Holiness Bartholomew, you alluded to that in your speech, talking about the fact that they occur so strongly, despite the diversity of the south – I think I am quoting you here – and that is what we are seeing. Vaccine nationalism, the fact that the rich countries overbought all of the vaccines as they became available with no access for poor countries, has really left profound scars that we see in the negotiating scene in Geneva.

Then, of course, there is much less trust at this time in the multilateral system. Domestic, international but also partisan political agendas have somehow forcefully entered into the global health discussions. Think of the attacks on WHO by President Trump and his administration or the misinformation campaigns from the Bolsonaro team.

Unfortunately, the pandemic and global health are no longer the one issue that brings countries together in those negotiations. It is, in fact, contributing to the polarization of our geopolitical world.

What is clear now is that global health is a matter of global politics. That is why, Thierry, we need global health in the WPC, as you allowed it to happen, because the pandemic, at national level, has impacted every sector of policymaking. Therefore, at national level, it is no longer just an issue for Ministers of Health, it is an issue for the whole government. At global level, it is an issue that is negotiated now at the level of Heads of State, Minister of Finance, Ministers of Trade, Ministers of Development. It is a key issue at the G7 and at the G20. It is on the agenda of the UN General Assembly and all regional organizations, such as the African Union or the European Union, and it has become a particularly important interface between health and foreign affairs.



I think it is remarkable that, in the UAE, we have an Assistant Minister of Health and Research within the Ministry of Foreign Affairs.

The question of today's session is: Are we ready for the next pandemic? To me, the answer is no, we are not, but it is our choice if we want it to be so. It is a choice now to put in place measures that will allow us to identify new outbreaks rapidly and to respond to them in speed where and when they occur, and prevent an infectious outbreak from becoming an epidemic or becoming a pandemic and becoming a social and economic catastrophe, such as the one we have seen.

To quote here Ellen Johnson Sirleaf, President Sirleaf, who was the chair with Madam Clark of the independent panel, she said: 'New pandemic threats are inevitable, but pandemics are a political choice, the political choice whether we stop an outbreak or whether we let it move to the pandemic stage'.

Let me say, I think the ongoing processes, however difficult they are, offer an unprecedented opportunity now for the world of focused and transformative change.