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Good morning, everyone and thank you for being here early on a Sunday morning. Welcome to this session on global health challenges. I will introduce the panelists in a second. A key message from this panel is that global health and global health challenges are a political issue and this is why it is so relevant to the World Policy Conference.

We are very privileged to have a great panel this morning: the Honorable Maha Barakat, Assistant Minister for Health in the Ministry of Foreign Affairs of the UAE. I find it particularly relevant that there is now an Assistant Minister for Health in the Ministry of Foreign Affairs. Professor Jean-François Etter is an honorary professor of public health at the University of Geneva and a well-known specialist in tobacco and tobacco addiction. You will know Professor Antoine Flahault from previous WPCs. He is the Director of the Global Health Institute at the University of Geneva. Yoshiyuki Sagara is a Senior Research Fellow at the Institute of Geoeconomics at the Asia Pacific Initiative in Tokyo, Japan. Last but not least, Dr. Juliette Tuakli, is a distinguished pediatrician and who is here in her capacity as Mercy Ships International Ambassador for Africa. We will have different perspectives, different geographic and thematic perspectives today.

Let me start by bringing this panel back to the Covid pandemic. If you remember, health came into the WPC at the very beginning of the pandemic when Thierry de Montbrial organized a special session on the pandemic and its political and geopolitical relevance. At the time and because of the circumstances it was on video and since then, for three consecutive WPCs, 2022, 2023 and now 2024, we have had a WPC health session. You may remember that in those sessions, we have consistently discussed the state of the pandemic and its impact on geopolitics, economy and society.

I will also start from the pandemic this morning. So many have now forgotten about it, so here is a reminder of a few facts. Covid-19 has been the worst combined health and economic crisis in living memory, the global excess death toll is estimated to be 30 million people. At its highest point, 90% of children across the world were unable to attend school, which has had profound consequences around the world. At least 150 million people were drawn into extreme poverty, and it was a major economic shock, with an estimated USD 22 trillion of output is expected in the period from 2020 to 2025, which is much more than the 2008-2010 financial crisis. Even though quieter, the pandemic continues to have profound consequences on our lives, particularly in the poorest countries that are heavily indebted and still struggling to recover from the economic situation in particular. The last point I want to emphasize is that Covid-19 has not only somehow disappeared from our memories, minds and daily worries, it has also dropped off the global political agenda. This is a serious issue that I hope we can discuss in more detail.

Let me remind you that during the pandemic health and social systems were under major stress. Covid disrupted essential health services in 90% of the countries across the world. There were stark inequalities in access to vaccines that left large parts of the world exposed to Covid-19. There were also huge gaps in social protection that have resulted in widening inequalities, and that has been as much in low and middle-income countries as in high-income countries, for example, in the US where the epidemic has been catastrophic, particularly because of the lack of proper social protection. I believe that these inequalities, both in health systems and in social protection during the pandemic have had profound implications until now, for health, economic progress, trust in governments, social cohesion and geopolitics. The ongoing negotiations in Geneva on a Pandemic Treaty are characterized by mistrust and a profound gap between, the Global South and the Global North, with the South saying “never again” and the North sticking to its positions. We will come back to that a little later. There is distrust and polarization, which we also see in our societies, and a lot of it has to do with the pandemic and its sequelae.

There have been a number of assessments of what went wrong during the pandemic, including by the so-called Independent Panel for Pandemic Prevention Preparedness and Response, on which I was privileged to serve, which was convened by the World Health Assembly in 2020 and worked for about a year throughout 2021. That panel and other panels from academia, all agreed that averting another pandemic is a challenge that can be solved and there has been a number of converging opinions on the set of reforms needed. Everyone agreed that we need better internationally agreed principles, rules and obligations on states to prevent, prepare and respond to pandemics. This means amending the “International Health Regulations” (IHR), which you will have heard of. IHR, for example, deal with WHO’s freedom to visit a country where an outbreak appears, to investigate its nature and raises issues of supranational versus national sovereignty.

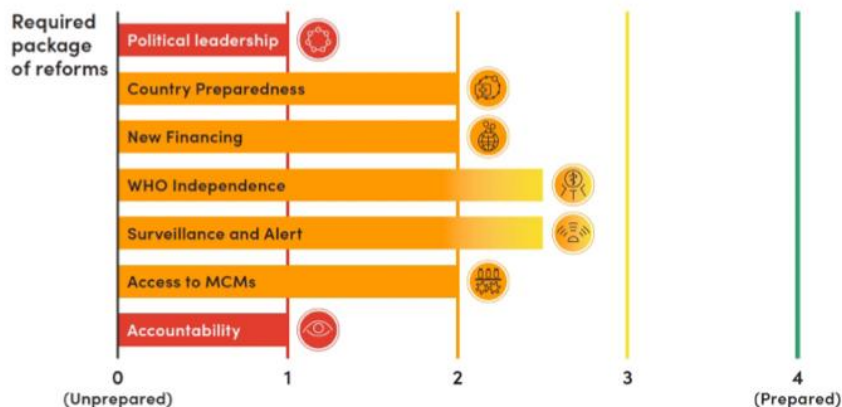
There was also a recommendation to negotiate a binding international Pandemic treaty (Pandemic Accord, Convention or Treaty). The agreement would address the inequitable access to vaccines and medicines that we saw during the pandemic, by agreeing on a new pre-negotiated system. At the time of the pandemic, everyone was taken by surprise; there was a race for vaccines development that allowed for vaccines to be marketed within a year or 14 months from the US, China, India, Russia, then Cuba. There was then another race for access to these vaccines and here, the process has been very messy. That is why there is a need to pre-negotiate in advance of a potential pandemic, how the world will proceed. Another issue during Covid-19 was the lack of funding for commodities. It took about six to eight months for the World Bank to start disbursing its special pandemic fund in 2020. Thus, we also need to agree as a global community on a financial package that would finance preparedness and include surge financing in case a new pandemic occurs.

My fourth and next point is about political leadership. We did not see strong political leadership at a global level during the pandemic, every country went its own way and the UN remained pale. Our panel suggested that we design and establish what we called a Global Health Threats Council, which would be a sort of a health Security Council, not working on the same model with a veto vote, but a high-level or heads of government council next to or in the UN system. That suggestion has not been taken on but, in the platform the Secretary General put forward last September, there was a suggestion for a council on all global emergencies that is not directly war and peace: climate, food, water, health, which may be the way to go. Finally, on

monitoring and accountability, everyone agrees that we need a process on the model of what is happening on climate with the IPCC.

Below is a Table on progress in pandemic preparedness achieved so far.

2024: The world is not ready for a new pandemic threat



As you can see, there has been little progress since 2020. There has been some progress on country preparedness and some on new financing with the creation of a pandemic fund. There is definitely some progress on surveillance and alerts with the International Health Regulations having been successfully negotiated and amended in Geneva. However, there has been no progress on accountability or political leadership and, as I said earlier, pandemics have dropped off the political agenda.

In December 2024, the world is not ready for a new pandemic threat. This became obvious with the Mpox pandemic that first erupted in 2022 but saw a new outbreak a few months ago in the Democratic Republic of Congo spreading to neighboring countries. Mpox was declared a continental emergency by the African CDC and declared a public health emergency of international concern by the WHO in August 2024. There are several hundred million doses of vaccine for Mpox available in-stock in the rich countries; African countries and the African CDC say that they need at least 10 million doses urgently. At this time only several hundred doses have been pledged as donations by the EU, the US, and GAVI, the international alliance on vaccines. We are thus seeing a very similar picture to what happened during Covid in terms of inequities and delays in access to vaccines.

Finally, a few words on the treaty negotiations in Geneva. Negotiations have now been going on for three years with 12 sessions of the Intergovernmental Negotiating Body and have not yet reached an agreement. The original deadline was set for May 2024, which was then pushed back to December 2024 and now probably to May 2025. We had thought that the world would have learned how urgent it is to act and come together but there is still no agreement in sight. A number of sensitive issues have not been resolved. The EU, for example, wants an annex

linked to Article 4 of the treaty that clearly outlines countries responsibilities to prevent pandemics. The Africa group is reluctant to agree with what would be costly responsibilities that they would be unable to finance and in exchange; it wants an annex promoting a system called pathogen access and benefit sharing of PABS. PABS is preferential future access to any vaccine or drug that would be developed from the genome of a pathogen or data on a pathogen that they provide when they identify a new outbreak. Of course, this is anathema to the pharmaceutical industry and the US and the EU at the negotiating table. My assessment is that the negotiators are tired after three years of negotiations but the future of pandemics and somewhere, the legitimacy of the WHO are at stake. The unknown is the US because the next six months of negotiation will happen under the Trump administration and a lot there is unknown: will the Trump administration withdraw from the WHO and the negotiating table or somehow be inflexible in negotiations on issues such as intellectual property or PABS?

On the next slide, I have summarized what I see key challenges to multilateralism in global health.

Challenges to multilateralism for Global Health

- The increasingly polarized political nature of global health agendas
- The clash of norms and ideologies
- The rise of sovereignty and nationalism in the face of interdependence
- The power of global industries - the health industry, food, soda, tobacco,
- Weak global governance

Those of you working in other areas will find very similar issues. The problem is the now increasingly polarized political nature of global health agendas, the clash of norms and ideologies, which is basically distrust in science and ideology prevailing over science; the rise of sovereignty and nationalism in the face of a world that is increasingly interdependent; for us in health, the power of global industries, food, soda, tobacco, and overall weak global governance. The probability of a new pandemic is high, it is not a matter of whether it will Commission, called *Lancet Commission 2050* predicts a 23% probability of a pandemic of the scale of Covid in the next five years and an 80% probability within 25 years that a pandemic causing over 1 million deaths will occur.

To conclude, let me make two points. One is that health is an important issue for the foreign policy agenda, health is a geopolitical issue, which we see every day in negotiations in Geneva. Health is an issue of both hard (when negotiating a treaty) and soft power. Health is now key

on the security agenda. Under the Biden administration, global health was under a Global Security Affairs department in the State Department. Health is a huge issue on the international economic agenda, of commerce and industry. It is also an issue of social justice and human rights and it is an integral part of intertwined, interconnected crises and challenges we face, food, climate, energy and water. We heard from our Brazilian representative on the panel yesterday that it will be a key issue on the G20 agenda of the BRICS for the coming year. It has been on the WPC agenda for three years now, a clear symptom that is indeed taken as something important for the foreign policy agenda.

What we are to cover in global health are a number of common issues that the world can only address by coming together as an international community. No country can solve these issues alone and I have listed some of them:

- Pandemic prevention, preparedness and response.
- HIV, tuberculosis, malaria, which are ongoing pandemics.
- Polio eradication.
- Antimicrobial resistance.
- Increasing epidemics of obesity and type 2 diabetes.
- The social, economic, commercial and political determinants of non-communicable diseases.
- Synthetic drugs, which are now a common problem for the world.
- Digitalization of health, all of AI and regulating AI for health.
- The issue of global health governance.

With this, I will turn to the panel to address some of the issues.