



Foundation for Global
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**WHY IS THE MULTILATERAL
SYSTEM UNABLE TO
EFFECTIVELY DEAL WITH
GLOBAL HEALTH CRISES, AND
WHY THERE IS A NEED FOR A
GLOBAL RESILIENCE COUNCIL**

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Background

FOGGS proposed the establishment of a Global Resilience Council, as a “UN Security Council” for non-military threats in the summer of 2020. This proposal acquired renewed relevance in the context of the UN reform process initiated by UN member states through their Declaration on the 75th anniversary of the United Nations in September 2020 and the Our Common Agenda report issued in response by the UN Secretary-General in September 2021. By commissioning this discussion paper, FOGGS wanted to explore how the proposed Global Resilience Council would work in practice and how it might help address a pandemic more effectively. A “sister paper” to this one has also been commissioned, to discuss how the proposed Council would help address the climate crisis.

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WHY IS THE MULTILATERAL SYSTEM UNABLE TO EFFECTIVELY DEAL WITH GLOBAL HEALTH CRISES, AND WHY THERE IS A NEED FOR A GLOBAL RESILIENCE COUNCIL

INTRODUCTION

Pandemics and epidemics are more than health crises. For the COVID-19 pandemic, along with the millions of lives lost from COVID-19 infection, there has been a secondary health crisis since many national and local health care systems have diverted medical resources to respond to COVID-19 patients. There have also been cascading crises derived from the COVID-19 responses in the economy, in schools, in families, in agriculture and in government finances. Decades of progress fighting poverty and seeking equality and sustainable development have been partly undone because of the inter-connectedness of public responses to COVID-19. At the global governance level, the World Health Organization (WHO) alone is simply not able to address all these multidimensional consequences of the pandemic.

The selfish actions of powerful nations and pharmaceutical companies to hoard vaccines and prioritize profits over public health have also gone unchallenged by international governmental organizations. Unfortunately, with the increase of biodiversity loss and the heightening of the climate crisis, zoonotic diseases and subsequent epidemics and pandemics will be more common. This makes the need for a mechanism that facilitates whole-of-government and whole-of-multilateralism responses and has oversight authority at the multilateral level more urgent.

The Foundation for Global Governance and Sustainability (FOGGS) has proposed the establishment of a Global Resilience Council, which would have the capabilities to better coordinate effective responses to the challenges faced by humanity than the current sectorally fragmented multilateral bodies. As explained in ‘A “Security Council” to Deal with Non-Military Threats (FOGGS, June 2021), the Global Resilience Council (GRC) would have similar powers to the UN Security Council (UNSC), with one of its key features being enforcement measures to back up collective decisions. If properly set up and equipped, the Global Resilience Council could enable the multilateral system to achieve global pandemic preparedness and response and prevent catastrophic fall out like that from COVID-19.

THE CURRENT MULTILATERAL FRAMEWORK FOR PANDEMIC RESPONSE

The current governance framework to “prevent, protect against, control and provide a public health response to the international spread of disease” is the International Health Regulations 2005 (IHR 2005) coordinated by the WHO. The original IHR were adopted by the Health Assembly in 1969, but with the growth of international travel and trade, the emergence or re-emergence of international disease threats, and other public health risks, the IHRs were updated in 2005. However, even with the updates, the multilateral system was still not able to

come together and prevent COVID-19 from becoming a pandemic and adequately address it when it became one.

As they stand, the United Nations, the WHO, UNICEF, UNESCO, the international financial institutions (IFIs), the multilateral development banks (MDBs), and the World Trade Organization (WTO) do not have a coordinated operation plan to respond to an outbreak, epidemic, or pandemic. For example, during the COVID-19 pandemic there has been inadequate collaboration between national governments' departments/ministries of education, schools, and UNESCO on how to safely continue children's education. Additionally, nearly one-and-a-half years after effective vaccines against COVID-19 became available, the multi-country request for a waiver under the WTO's Trade-Related Aspects of Intellectual Property Rights (TRIPS) remains pending before the WTO Council. Further amplifying this bottleneck to the necessary technology transfer and knowledge sharing, pharmaceutical companies continue to campaign against the approval of this waiver. Lastly, the inflexible policies of the Bretton Woods Institutions (BWIs) have made it difficult for countries to access necessary finance to address the COVID-19 emergency. For example, the conditionalities on World Bank funding have kept countries from being able to re-allocate funds to address COVID-19, and developing countries could only feasibly use the IMF's new Special Drawing Rights (SDR) to obtain medical supplies if they used the SDRs to pay off a portion of their debts and then transfer the money that would have originally gone to paying off the debt to the country's health ministry. Therefore, not only were many developing countries' health systems unprepared to absorb the pandemic, but the governments were also unable to access the necessary support to provide emergency financial relief to their populations during pandemic times. One of the most established multilateral preparedness mechanisms is the influenza pandemic preparedness framework. However, the coordination mechanisms that could have been used from this established preparedness framework for the COVID-19 response were not used to the extent possible.

In 2018, the WHO and the World Bank Group co-convened the Global Preparedness Monitoring Board (GPMB), which is an independent monitoring and accountability body to ensure preparedness for global health crises. Each year, it publishes a report that sheds light on the gaps in political will, action, financing for preparedness, national public health systems and communities' trust in them, research and development, and global and regional coordination and capabilities and then provides policy recommendations to address these gaps. It has even provided a consistent warning of the threat of "a rapidly spreading pandemic due to a lethal respiratory pathogen." However, neither the WHO nor the IHR (2005) have oversight authority, so there is no way to ensure that intergovernmental agencies, governments, and private entities implement these recommendations, build health surveillance and health systems capacity, or adopt and adjust certain policies recommended by the WHO as a novel pathogen is better understood.

Prior to COVID-19, regions around the world have faced various disease outbreaks and epidemics. The SARS outbreak in the Asia-Pacific Region, the Ebola outbreaks in West Africa, and the Zika outbreak in Latin America exposed the need for resilient health systems, multi-

sectoral engagement, robust surveillance systems, and collaboration within regions to prevent, detect, and respond to emerging infectious diseases. These outbreaks also led multilateral institutions, such as the World Bank, to establish the Regional Disease Surveillance Systems Enhancement Program (REDISSE) in Africa and regional institutions like the European Union and African Union to enhance programs and mechanisms that strengthen regional coordination and collaboration on epidemic and pandemic preparedness and response. However, the global pandemic preparedness and response system did not consolidate the lessons learned from these regional experiences and did not apply them to improve the larger global pandemic preparedness and response systems.

Champions in the pandemic response

Non-state actors have displayed resourcefulness and adaptability in filling the gaps in the global pandemic response and international scientific collaboration has facilitated data sharing and vaccine, therapeutic, and diagnostic development.¹ This however is not the first time that health organizations and initiatives have played an instrumental role, especially when governments have failed to meet the needs of their people. For example, since 2000 the Global Fund to Fight HIV, Tuberculosis, and Malaria has been raising money, working with representatives of people affected by HIV, TB, and malaria, and implementing programs to combat these diseases with local experts.¹ Since its formation nearly 22 years ago, the Global Fund has helped bring millions of people antiretroviral therapy to prevent and treat HIV, halved the number of people dying from malaria and provided diagnostics and treatment for individuals with TB.²

Digital platforms and modern technologies have also facilitated collaboration and rapid sharing of information among the scientific community throughout the COVID-19 pandemic. Since 2017, the Coalition for Epidemic Preparedness Innovations (CEPI), has harnessed this multisectoral collaborative approach with its innovative partnership between public, private, philanthropic, and civil society organizations to advance research and development of therapeutics and vaccines that can help address existing and emerging pathogens with epidemic potential. Additionally, platforms like the Institute of Health Metrics and Evaluation (IHME), the Johns Hopkins Coronavirus Resource Center, and Our World in Data have made publicly available daily cumulative counts and mortality rates for COVID-19, which provide real-time information on the spread and evolution of the virus and can be used in a variety of ways to better understand the pandemic, including by helping form conclusions on the efficacy of certain public health policies to address the pandemic.

Along with highlighting the critical role non-state actors play in crisis response, the COVID-19 pandemic has exposed major gaps in the multilateral governance system. For instance, the gaps in the oversight of and collaboration between national governments, intergovernmental agencies, civil society organizations, and the private sector. One example being that the network model used for the vaccine equity mechanism COVAX did not lead to global vaccine access and delivery. There was also no mechanism to hold national governments and private

vaccine developers to account for making bilateral agreements that gave high-income countries priority over COVAX.

To summarize, suppressing and eliminating a rapidly spreading pathogen requires whole-of-government, whole-of-multilateralism, and whole-of-society mobilization. However, with the current arrangement of the multilateral system and global governance more generally, there is no rapid way to establish a shared goal and ensure full mobilization to achieve it.

Three priority areas that need to be urgently addressed are:

1. The ability to develop coherent coordination between all governance mechanisms that fall under the 'health crisis' umbrella and the crises generated by the pandemic in other areas of global and national governance. This includes better coordination among UN entities, but also between the UN and national governments, and stronger engagement, coordination, and guidance to non-state actors, including private sector organizations.
2. Effective mechanisms through the IFIs and otherwise for guaranteeing and rapidly providing access to emergency financial resources to developing countries and civil society organizations, ensuring that funding it goes to where it is most needed.
3. An effective accountability mechanism for state and non-state actors, both for adherence to national and multinational pandemic response plans and to new multilateral policies and regulations made in response to the emergence of the novel pathogen and its transmission and disease severity qualities.

THE GLOBAL RESILIENCE COUNCIL AND ITS POTENTIAL FRAME AND FUNCTIONS

What is currently missing from the multilateral system is a body capable of bringing together specialized multilateral agencies, the international financial institutions (IFIs), government ministries and non-state actors to address mega-crises in a cross organizational manner and provide them with clear direction on how to do so. The system lacks a body where the political response to a non-military crisis can move up from the level of individual specialized agencies to the global community as a whole. In the absence of such a body, the United Nations Security Council (UNSC) is occasionally requested to respond even to non-military threats, but is restricted to those aspects of a global threat that have or might have an armed consequence. However, it does not have the authority, expertise, or political will to do so. Therefore, the Foundation for Global Governance and Sustainability (FOGGS) proposes the establishment of a new body: the Global Resilience Council (GRC).

Among the key characteristics envisaged for the GRC, most notable are:

- (1) it would have the authority to determine the existence of an actual or imminent major threat to human security;

- (2) it would be sufficiently agile and quick acting to deal with threats ranging from abruptly occurring events to chronic systemic challenges;
- (3) it would dispose of effective means to engage multiple constituencies now recognized as powerful actors in global governance, while maintaining the centrality of a state-based and accountable multilateral system;
- (4) it would have the authority to take binding decisions;
- (5) it would have an effective sanctioning mechanism.

The core membership of the proposed GRC could include state level representation and other governmental actors, and advisory positions for non-state actors and observer constituencies, such as scientists or regional experts. The membership will be based on the substantive need and will be drawn with the intention of formulating the most effective response and will allow for the accountability mechanisms to be implemented and close collaboration between state and non-state actors and key constituencies to be facilitated.

Like the UNSC, the GRC was conceived to build accountability, decisive action and sanctioning elements into the multilateral political sphere. Just as the UNSC recognizes that some actors may not abide by a call for a ceasefire and should be coerced to do so, the GRC would have the capacity to raise the cost of continuing adverse activities by those non-responsive to calls for voluntary actions to address non-military threats to human security. The GRC would have an escalating repertory of tools for pre-emption/prevention, public engagement, fact finding, cross-organizational action, criminal liability referral, and imposition of economic and other sanctions. The GRC would utilize these tools to go much further than the UNSC in ensuring effective cooperation and coordination among all relevant state and non-state actors, allowing for positive crisis response and relief efforts, rather than being mainly reactionary to emerging crises. Of course, if collective action by the international community to address mega crises like the climate crisis is to have any meaning, there must be some form of obligatory intervention when necessary.

The GRC could be supported in its work by a companion body consisting of the intergovernmental heads of UN system entities and other intergovernmental organizations – an “Intergovernmental Leadership Council”. The goal of such a body would be to begin to create the dynamics for effective all-of-multilateralism responses to non-military mega crises brought before the GRC by one of these organizations or otherwise. It would be a parallel GRC support pillar to an expanded CEB, that is the UN System Chief Executives Board for Coordination, which brings together the executive heads of UN system entities under the chairmanship of the Secretary-General of the United Nations. Moreover, support to the GRC would be provided by a set of diverse constituencies of non-state actors in the form of advisory assemblies, including of scientists and scientific associations, labor/trade union and professional associations, business leaders, parliamentarians, local authorities, indigenous peoples, civil society organizations, youth activists and young professionals.

The GRC proposal has been put forward primarily as a concept that responds to an obvious practical necessity. As the concept develops and its ownership spreads among state and nonstate actors, the specifics of the GRC make-up will emerge through discussions and negotiations, including details on the GRC membership and associated decision-making practices.

HOW THE GLOBAL RESILIENCE COUNCIL COULD ADDRESS THE SHORTCOMINGS OF THE CURRENT MULTILATERAL PANDEMIC RESPONSE SYSTEM

The Global Resilience Council would strengthen our ability to tackle a global health crisis because it would directly fill the existing mandate gaps and would complement a WHO-led system by strengthening implementation.

A key feature of the Global Resilience Council in the context of addressing a global health crisis is that its decisions would be binding and there would be strong accountability mechanisms. As of now, the WHO along with independent panels and various monitoring boards provide numerous recommendations during and after epidemics and pandemics for governments to act and prepare for the next. However, many remain unaddressed as the epidemic or pandemic ends and policymakers divert their attention to other concerns. With the Global Resilience Council, should a country not follow agreements to implement specific recommendations, there would be a multi-level sanctioning process, similar in nature to the UNSC, using financial tools and diplomatic pressures as necessary. Ideally, if governments did implement their commitments, these tools would not have to be used often. Their existence, though, would serve as an adequate incentive.

Like the composition and its decision-making process, the exact sanctioning mechanisms of the Global Resilience Council are yet to be determined. However, the damage caused by of non-binding decisions in the existing multilateral process are clear and must be redressed in a new arrangement.

The Global Resilience Council, assisted by the Intergovernmental Leadership Council, would improve coordination among intergovernmental organizations, thus bringing their combined strength to bear on health action priorities. Bringing in the IFIs too, the GRC would improve the allocation of financial resources, in terms of development assistance, trade arrangements, Special Drawing Right (SDR) assurance, etc.

Many of the non-state actors and constituencies at the frontlines of a health crisis are not represented adequately in existing decision-making processes, both at an international and national level, and are often not even consulted. Resolving this imbalance will be prioritized via the institutionalized involvement of advisory assemblies and health constituencies of non-state actors in the Global Resilience Council consultation process, enabling them to bring their viewpoints and resources in the search for solutions. Once a GRC decision is made, the advisory

assemblies could assist with implementation by mobilizing the tangible and intangible resources of their respective members.

Finally, all work of the Global Resilience Council, both in relation to pandemics and other areas, would adhere to a strict set of standards. These would prioritize human rights, gender equality, local and indigenous peoples' rights, and the needs of future generations, putting them at the center of decision-making processes and outcomes.

CONCLUSIONS

The COVID-19 pandemic exposed the fragmentation of the multilateral system and the nationalistic and profit-driven decisions that can be made during a crisis, a time when global collective action is necessary and life-saving commodities should be seen as global public goods. Bridging existing mandate gaps so as to bring the total capacities of the multilateral system to bear in preparing for and addressing pandemics, while holding state and non-state actors accountable for the contributions expected of them should be of utmost priority and should be a focus during the United Nations discussions on the possibility of a Pandemic Treaty and the revisions of the IHR 2005. If a Pandemic Treaty is agreed upon, the Global Resilience Council and the Intergovernmental Leadership Council could play critical roles in its implementation and effectiveness, given their potential convening, decision-making, and oversight capacities. Additionally, since the mandate gaps similar to those characterizing the multilateral systems' ability to address global health crises can be observed in addressing other crises, including the climate crisis, establishing the Global Resilience Council would be the needed step away from siloed multilateral structures and towards a multisectoral and interdisciplinary multilateral system.

The potential contribution of the Global Resilience Council to addressing climate change is the focus of another FOGGS Discussion Paper co-published with this one. More information on the Global Resilience Council proposal can be on the FOGGS website: <https://www.foggs.org/grc-global-resilience-council/>

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