

ARGUMENT

The World Should Treat Pandemics Like It Treats Chemical Weapons

Plans for a global pandemic treaty don't solve the problem of China's refusal to cooperate.

BY NINA SCHWALBE, SUSANNA LEHTIMAKI | APRIL 14, 2021, 1:21 PM

While the world is still in battling COVID-19, it's already time to start preparing for the next pandemic—above all, how to prevent it. As we've unfortunately seen, governments improvising reactively have little chance of containing a determined virus. Disjointed action based on too little information allowed a local outbreak of an unknown pathogen in Wuhan, China, to grow into a full-blown pandemic. The obvious lesson is that the international community needs a new approach to preventing future pandemics, including a way to quickly verify outbreak data by independent teams of investigators.

In short, we need to take pandemic containment as seriously as we take other dangers of mass destruction, such as nuclear proliferation and chemical weapons. Global treaties to prevent the spread of these weapons offer a toolbox that can be used or adapted to help prevent the spread of viruses as well.

In January, the [World Health Organization](#) called for a new pandemic treaty, but it looks likely to fall far short of these goals. Next month, a draft of the accord will be presented at the World Health Assembly, the organization's annual meeting of member states. Despite the good intentions, the treaty is already destined to fail to change how outbreaks will be handled in the future. That's because the treaty fails to address the main obstacle to pandemic preparedness: the refusal by some countries, notably China, to submit to full transparency, access, and inspections.

The lack of ambition is evident in the fact that the World Health Assembly is attended by health ministers, not heads of government. What's more, a treaty negotiated under the auspices of the World Health Organization, which has little authority of its own and instead reflects the interests of its member states, will be unlikely to make the sweeping changes that are urgently needed.

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COVID-19 made clear what needs to change—and why the odds of those changes happening, unfortunately, are low.

When the novel coronavirus was first detected in Wuhan, China, in late 2019, the world's response was based on [the International Health Regulations](#) (IHR), a 40-year-old pact modernized in 2005 following the SARS outbreak. The IHR requires the 194 WHO member states to submit annual reports of their outbreak preparedness, but most importantly functions as a global response mechanism whenever there is an outbreak. It requires national health authorities to notify the WHO as soon as there is an outbreak that could potentially spill over its borders. Once the WHO declares an outbreak a “public health emergency of international concern,” globally coordinated mitigation efforts begin.

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But the global response to COVID-19 broke down even before it got started. From the very beginning, there was no way to press China to share its outbreak findings in real time, other than good faith and goodwill. The WHO relies on the data and information voluntarily provided by the country in which the outbreak occurred; official visits by WHO scientists to gather data for outbreak investigations require the country's consent. In this case, China was not forthcoming. It was [the WHO country office](#) in China that picked up a media statement from the Wuhan health authorities on Dec. 31, 2019. By that time, it appears that the disease was already circulating widely and although the WHO made multiple requests for information, it didn't receive an answer from the Chinese side until Jan. 3. As pressure over its handling of the virus grew, Beijing clamped down. Instead of information flowing upward and outward, China obfuscated. The WHO, dependent on Chinese information yet unwilling to criticize Beijing for refusing to cooperate, faltered—in particular, [when it did not declare](#) a public health emergency of international concern at its meeting on Jan. 22-23. The rest, sadly, is history. The gaping holes in the world's collective pandemic preparedness and response have been laid bare for all to see.

The only way to plug those holes is to give the global community greater authority to conduct independent reviews of countries' pandemic preparedness, and to investigate

when any country is suspected of not complying with its pandemic obligations. [most](#) 

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importantly to immediately supply data on the outbreak. The current plan, set to be presented next month, is to model a new pandemic treaty on the 2003 WHO Framework Convention on Tobacco Control, a broad global effort to curb tobacco consumption that has had no significant effect. Unfortunately, dishing up old, ineffective ideas in public health fails to take the pandemic threat seriously. And the WHO plan opens no avenue for dealing with those opposed to new powers to enforce pandemic rules, particularly China.

What should a new pandemic treaty look like if the world is to be better prepared the next time an outbreak strikes? Luckily, there is no need to reinvent the wheel. There are several successful mechanisms already used elsewhere in the international system that we can learn from and apply to pandemics, including agreements covering human rights, trade in goods and services, and the containment of chemical and nuclear weapons.

Once an outbreak occurs, the two most important factors in containing it are the speed of the response and the availability of data on the disease. Empowering early, informed interventions is key for any new pandemic treaty. Therefore, we must create a system that promotes transparency and action so that evolving threats are known before they metastasize.

During the current pandemic, the WHO, which lacks the power to incentivize or sanction states, didn't have the muscle to take action on its own. It could not compel China to share data and could not conduct an investigation of its own. When Beijing dragged its feet by restricting access and data, the WHO's response was slow to nonexistent. It wasn't until a full month after the first official report from Wuhan and a personal visit by WHO Director-General Tedros Adhanom Ghebreyesus to Beijing that the outbreak was finally classified as a public health emergency of international concern. It took another six weeks, with the virus ricocheting around the world, for the WHO to classify the outbreak as a pandemic. More than a year and two million deaths later, China has yet to share the raw data from the original outbreak in Wuhan.

The current public health regime has no way to sanction noncompliance with international agreements and reporting requirements other than naming and shaming the offending states. That this falls short should be obvious by now. What's more, powerful states like China that have the muscle inside the WHO and other international institutions to derail investigations and bury reports. A recent report by the Wall Street Journal found that China has resisted all efforts to probe the origins of the pandemic.

Beijing has delayed any investigation for months, demanding veto rights over who

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conducts it and the right to review it before publication. China has also rejected the idea of an investigation in principle, insisting it be referred to as a “collaborative study” instead.

Enforcing pandemic response compliance therefore requires the ability to independently trigger investigatory visits and data verification—without the explicit consent of the state involved. This independent authority already exists in other areas. The [International Atomic Energy Agency](#) can visit nuclear sites and the [Organization for the Prohibition of Chemical Weapons](#) can do in-country inspections as well. Granting the power for unannounced visits would provide an early warning mechanism and, in the context of a disease outbreak, help identify the origin and early circulation of pathogens and assess whether the state has done enough to contain it. That would likely require the treaty to be concluded at the level of the United Nations, and not a member-controlled organization like the WHO.

To ensure any future pandemic treaty has the teeth to do its job, the international community needs to err on the side of more authority, not less.

Even if the majority of on-site inspections of nuclear facilities or chemical weapons sites occur with the consent and collaboration of the state, the mere capacity to initiate visits without consent incentivizes compliance. That kind of incentive for early reporting and more transparency would have been transformative during the early phases of the coronavirus outbreak. Just as important is for any pandemic treaty to enshrine the right of investigators to move freely—with access to any place, person, or document. This would make a profound difference in our ability to respond to pandemics.

Besides inspection and investigation procedures, the other key area for a functioning pandemic regime is an independent assessment of each country’s pandemic preparedness plans and information sharing procedures. The current thinking is for the new pandemic treaty to include a peer-review process. Peer review, however, is rarely independent and often subject to political pressure, particularly from influential countries like China. We’ve already seen China increasingly use its influence at every level of the United Nations system to control access and information. Making the review external, using independent experts instead, under the auspices of an international

treaty, not just a WHO-negotiated accord, would make the process more likely to be impartial—and states more likely to follow the rules.

To ensure any future pandemic treaty has the teeth to do its job, the international community needs to err on the side of more authority, not less; more independence, not less; more audacity, not less. By elevating the pandemic treaty to the level of the United Nations—the highest level of authority, one step up from the WHO—it would allow the WHO to focus on its much-needed role of technical support, monitoring, and research. It could concentrate on its normative and standard-setting role, supporting countries to develop strong public health systems to prevent future pandemics. Giving pandemic response the political weight of the U.N., and not just one of its agencies, would get the world's attention and signal the seriousness of the undertaking.

Bold action is required to improve pandemic preparedness and response. If we fail to elevate pandemic preparedness to the highest level of global political decision making, we will have failed to learn the lessons of COVID-19—and history will repeat itself.

Elliot Hannon, Aisling Reidy, Andrew Painter, and Sara Darehshori contributed to this article.

Nina Schwalbe is a principal at Spark Street Advisors and an adjunct assistant professor at Columbia University.

Susanna Lehtimäki is a senior advisor at Spark Street Advisors.

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