Global Health Security Agenda and WHO document EB 152/12 - Report by the Director-General: Strengthening the global architecture for health emergency preparedness, response and resilience

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Abstract:
This document aims at analyzing how the ongoing negotiation within the World Health Organization (WHO) intends to establish WHO, through the International Health Regulations (IHR/2005) reform and the new pandemic accords, as a tool of high level entities within the United Nations system - as the UN Security Council and the Office of the UN Secretary-General - of implementation of Articles VII and X of the Biological and Toxin Weapons Convention (BWC), among other strategic geopolitical security provisions. The high level UN documents "Report of the High-level Panel on the Global Response to Health Crises" (2016), UN Security Council Resolution 2177/2014 on the 2014 Ebola crisis in West Africa and "Draft Final Document of the Ninth Review Conference" (BWC/CONF.IX/CRP.2/Rev.1) were milestones of the proposed analysis, confronted with the WHO document EB 152/12 "Report by the Director-General: Strengthening the global architecture for health emergency preparedness, response and resilience".

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I. Introduction:

The **document *EB 152/12 - Report by the Director-General: Strengthening the global architecture for health emergency preparedness, response and resilience*[1]** - is based on the concept of **"global Health Emergency Preparedness, Response and Resilience (HEPR) architecture"**. According to the document, the current global HEPR architecture is deemed, by the current WHO command, fragmented in nature, often offering "*less than the sum of its parts*", and failing "*to respond rapidly, predictably, equitably and inclusively to health emergencies*".

Based on that understanding, the Report presents, for the consideration of the WHO Executive Board, a proposal sponsored by the Director-General of a draft framework:

> *"(…) that brings together 10 key Member-State-led proposals to strengthen the global HEPR architecture, with the principles of equity, inclusivity and coherence at its centre. This cohesive and holistic strategy is designed to strengthen HEPR under the aegis of a new WHO convention, agreement or other international*

[1] Source: https://apps.who.int/gb/ebwha/pdf_files/EB152/B152_12-en.pdf

instrument on pandemic prevention, preparedness and response (hereafter referred to as the pandemic accord), which is currently being developed by Member States through the Intergovernmental Negotiating Body established by the Second special session of the World Health Assembly in decision SSA2(5) (2021)(the "INB")."

Below, **comments** - based, among others, on documents and the legal framework of the Biological Weapons Convention (BWC), the UN Office for the Coordination of Humanitarian Affairs (OCHA), the office of the UN Secretary-General and the United Nations Security Council - **on key elements of the proposal of a renewed global architecture for HEPR presented by the WHO Director-General to the Members of the Executive Board in January 2023**.

II. Analysis of the document EB 152/12 - Report by the Director-General:

1) Key principles (paragraph 8, document EB 152/12):

The proposal sponsored by the Director-General is based on three key principles derived from the WHO Constitution, namely, equity, inclusiveness and coherence:

(i) They must promote **equity**, with no one left behind – equity is both a principle and a goal to protect the most vulnerable.

(ii) They should promote an HEPR architecture that is **inclusive**, with the engagement and ownership of all countries, communities and stakeholders from across the One Health spectrum. Commitment to diversity, equity and inclusivity is key to effective HEPR at all levels, including equal participation in leadership and decision-making, regardless of gender.

(iii) They must promote **coherence** by reducing fragmentation, competition and duplication, and be fully aligned with existing international instruments, such as the International Health Regulations (2005) and the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits; ensure synergy between institutional capabilities for systems strengthening and financing; and promote the integration of HEPR capacities into national health and social systems based on universal health coverage and primary health care.

Comment:

In spite of **"equity"** being obviously a positive aspect of international policies, the concept of "no one left behind" is, in the global HEPR architecture context, weaponized by WHO, since its adoption aims at spreading the notion that a country will remain under the risk of international interventions based on global health security concerns, until no one of its nationals is below an arbitrary level of health security established by WHO, other UN organizations or some of its influential Member-States.

The **"inclusive"** principle is also weaponized when its adoption is bonded to the **"One Health" strategy** interconnecting food, health and environmental risks under the umbrella concept of "Human Security".

Indeed, it is fundamentally misleading, in the context of debates aiming the establishment of a new global HEPR architecture, to adopt a derivative strategy of the "human security" concept without making it clear that the **UNGA Resolution 66/290 on human security** states that national Governments retain the primary role and responsibility for ensuring human security, and that the role of the international community in this regard is to complement and provide the necessary support to Governments, upon their request, so as to strengthen their capacity to respond to current and emerging threats.

Below, some pivotal paragraphs of **UNGA Resolution 66/290**, considered the current WHO efforts to design an innovative global HEPR architecture:

> (*f*) Human security is based on national ownership. Since the political, economic, social and cultural conditions for human security vary significantly across and within countries, and at different points in time, human security strengthens national solutions which are compatible with local realities;
>
> (*g*) Governments retain the primary role and responsibility for ensuring the survival, livelihood and dignity of their citizens. The role of the international community is to complement and provide the necessary support to Governments, upon their request, so as to strengthen their capacity to respond to current and emerging threats. Human security requires greater collaboration and partnership among Governments, international and regional organizations and civil society;
>
> (*h*) Human security must be implemented with full respect for the purposes and principles enshrined in the Charter of the United Nations, including full respect for the sovereignty of States, territorial integrity and non-interference in matters that are essentially within the domestic jurisdiction of States. Human security does not entail additional legal obligations on the part of States;

1.1) So how exactly does the "One Health" approach infiltrate WHO?

The "**One Health" approach** is, within WHO, sponsored by the Director-General and legitimated by the **2021 Resolution WHA 74.7, "Strengthening WHO preparedness for and response to health emergencies"**, that calls on the implied organizations:

> *"to build on and strengthen the existing cooperation among WHO, FAO, WOAH and UNEP to develop options, for consideration by their respective governing bodies, including establishing a common strategy on One Health, including a joint workplan on One Health to improve prevention, monitoring, detection, control and containment of zoonotic disease outbreaks"*

Relying on the general UN support, the **"One Health" approach** already developed a **quadripartite joint plan of action** aiming at **preventing future pandemics and promoting health sustainably**, engaging in high level terms the so called "Quadripartite Organizations": the WHO, the Food and Agriculture Organization of the United Nations (FAO), the United Nations Environment Programme (UNEP) and the World Organization for Animal Health (WOAH, founded as OIE).

The Executive Summary of the document **"One Health Joint Plan of Action (2022-2026) - Working Together for the Health of Humans, Animals, Plants and the Environment"**[2] emphasizes that the Quadripartite Organizations have joint for the sake of changing, collaborating: *"(…) to drive the change and transformation required* ***to mitigate the impact of current and future health challenges at the human–animal– plant–environment interface at global, regional and country level****."* (italics added)

And, despite the highlight given by the "One Health Joint Plan Of Action (2022-2026) - OH JPA" to the fact that its content is not legally binding, and the presentation of its objectives as a collaboration approach that provides a framework for action aiming at "*strengthen collaboration, communication, capacity building and coordination equally across all sectors responsible for addressing health concerns at the human–animal–plant–environment interface*", it is crucial to keep track of the recommendations, joint activities and coordination schemes arising from that global high level governance structure, once the objectives of the Quadripartite Organizations are transformative and innovative in nature, and:

> *"The OH JPA aims to engage wider stakeholders, including NGOs, CSOs, the private sector and academia, on particular themes and activities of the OH JPA and to help with advocacy and maintaining the urgency, public support, political momentum and visibility of the One Health approach. This may include organizing regular consultation forums and high-level conferences at appropriate milestones in the implementation of the OH JPA."*

The distortion related to the concept of **"coherence"** has to do with the fact that the current WHO efforts aiming at achieving synergy and alignment with existing international instruments and organizations lack transparency and have been applied in hidden attempts to weaponize WHO as a strategic tool of third UN organizations as the Biological Weapons Convention (BWC) and the UN Office for the Coordination of Humanitarian Affairs (OCHA); a strategy that ultimately empowers the UN Secretary-General and the United Nations Security Council.

Such a strategy of weaponizing WHO as a strategic tool of third UN organizations was clearly described in the UNGA document **UN "Report of the High-level Panel on the Global Response to Health Crises" – 71st Session of the General Assembly, 2016**, discussed in items **3) and 6) of this document**.

Moreover, such a strategy, of **"coherence"** related to "human security, is clearly described in the **UN document "Human Security and Delivering as One"**[3], published by the UN Trust Fund for Human Security, which correlates challenges of an increasingly complex and interconnected world and scarcity of resources with human security approach and the alleged necessity of a more integrated United Nations system:

> *"Recent reviews on the occasion of the 70th Anniversary of the United Nations affirm that* ***fragmented responses most commonly adopted by the international***

[2] Source: https://apps.who.int/iris/handle/10665/363518
[3] Source: https://www.un.org/humansecurity/wp-content/uploads/2017/10/Human-Security-and-Delivering-as-One.pdf

community are not keeping pace with the challenges of an increasingly complex and interconnected world. These reviews have called for a more integrated United Nations system *that can effectively close the ongoing deficits in peace, development and human rights around the world.*
The human security approach supports this aim*. By tackling insecurities comprehensively, it can deepen the impact of Delivering as One, which recognizes the significant benefits that a more coordinated United Nations system can provide.* ***A focus on human security strengthens the interlinkages between peace, development and human rights, and stimulates more meaningful partnerships among United Nations entities by combining existing tools to accelerate delivery, limit duplication and maximize the reach of scarce resources****."* (italics added)

Further in the document, while emphasizing the necessity of synergies between UN organizations aiming at finding comprehensive solutions to humanitarian challenges, the UN Trust Fund for Human Security gives "public health pandemics" as an example:

"For the United Nations, operating within narrow thematic silos is no longer enough. ***The time is past for the conventional single-agency style of planning and programme implementation that leads to overlap, loss of synergies and competition****.*

(…) ***Human security brings diverse entities together to find comprehensive solutions to pressing development and humanitarian challenges, such as*** *exclusion and abject poverty, natural disasters, violent conflict and protracted crises, forced displacement and* ***public health pandemics****, among other issues."* (italics added)

In sum, the three key principles - **equity, inclusiveness and coherence** - mentioned by the Director-General in his proposal are deeply embedded in a much more complex, strategical and political UN agenda related to the human security concept. Such an agenda has much more to do with coordination, command and control of UN organizations than with the humanitarian concerns and the WHO Constitution.

Notably if taken into consideration the fact that the North Atlantic Treaty Organization (NATO) adopts the "human security approach", as stated by the document **"Human Security - Approach and Guiding Principles"**[4]:

"3. ***The notion of human security directly links NATO's common values of individual liberty, human rights, democracy and the rule of law to NATO practice. A human security approach provides a heightened understanding of conflict and crisis.*** *This allows NATO to develop a more comprehensive view of the human environment, consequently enhancing operational effectiveness and contributing to lasting peace and security.*
4. ***Allies reaffirm their commitment to an ambitious human security agenda, and to ensuring that NATO integrates human security principles into all of the Alliance's core tasks. This is an essential tool to make the Alliance modern, agile and equipped to address the challenges of today and tomorrow****. (…)*

[4] Source: https://www.nato.int/cps/en/natohq/official_texts_208515.htm?selectedLocale=en

6. ***NATO's human security approach is drawn from that of the United Nations. The United Nations conceptualised human security as a multi-sectoral approach to security that identifies and addresses widespread and cross-cutting challenges to the survival, livelihood and dignity of the people****.*

7. For NATO, taking such an approach means embedding considerations for the comprehensive safety and security of the populations into all stages and levels of Alliance operations, missions and activities, wherever NATO operates, with the objective of preventing and responding to risks and threats to all people, especially in conflict or crisis situations." (italics added)

2) Health Security and Global Health Security (paragraph 9 and following paragraphs, document EB 152/12):

Under the allegation of needing to accelerate progress towards the Sustainable Development Goals of the 2030 Agenda for Sustainable Development, the Director-General Report EB 152/12 mentions three interdependent priority areas: health promotion, primary health care and "health security".

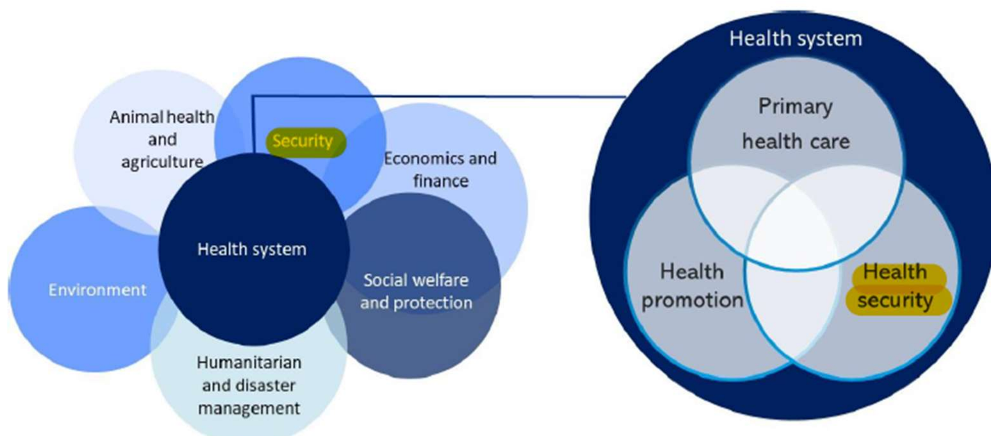
10. The need to accelerate progress towards the Sustainable Development Goals is now urgent. Countries were already off track to meet their commitments before the COVID-19 pandemic, which has compounded these delays. Achieving the health-related Sustainable Development Goals will therefore require a plan for recovery and renewal based on rapidly accelerating progress in three interdependent priority areas:

- **health promotion**: preventing disease by addressing its root causes;
- **primary health care**: supporting a radical reorientation of health systems towards primary health care as the foundation of universal health coverage; and
- **health security**: urgently strengthening the global architecture for HEPR at all levels.

11. These priorities stem from the principle that every country's health system encompasses a core set of essential public health functions that are crucial for, and common to, health security, primary health care and health promotion (Fig. 3).

12. Targeting these essential public health functions for investment will accelerate the strengthening of national, regional, and global health security.

Fig. 3: Investing in health security strengthens primary health care and health promotion, and vice versa, within the broader health system and multisectoral landscape



Comment:

Many pivotal critical issues arise from the concept of “health security”. First of all, “health security” has never been conceptualized within WHO. And, most importantly, there is no legally binding definition of such a concept, within the United Nations, that could indirectly authorize WHO to develop policies or strategies based on health security matters.

And even if such a concept were defined within the UN, security matters (as well as military and defense matters) are not under the scope of WHO and its Constitution. Which means that WHO does not have, in its structure, any general mandate to act in such a sphere of action and concern.

Additionally, the fact that health security shares with primary health care and health promotion a core set of essential public health functions **(paragraph 11, document EB 152/12)** doesn’t provide WHO mandate to strategize on and weaponize public health functions for the sake of health security interests and priorities. Specially if such a strategy lacks transparency and was not openly authorized by Member-States.

Neither national, regional or global health security are under the mandate of WHO. Additionally, neither “national health security”, “regional health security” or “global health security”[5] were defined by WHO Member-States **(paragraph 12, document EB 152/12)**.

In fact, if WHO were really willing to be transparent and to act upon its mandate, the debate and strategic action involving “national health security”, “regional health security” or “global health security” concerns should be based on **UNGA Resolution 66/290 on Human Security**, since “health security” is a branch or a derivative of the human security notion.

Indeed, according to the **2009 UN OCHA document “Human Security in Theory and Practice: Application of the Human Security Concept and the United Nations Trust Fund for Human Security”**[6]: “(…) ***human security entails a broadened understanding of threats and includes causes of insecurity relating for instance to*** *economic, food,* ***health****, environmental, personal, community and political* ***security***.” (italics added)

According to Segun Osisanya[7], with the advocacy of the UN OCHA, “*human security elements have acquired a wider dimension, for they go beyond military protection and engage threats to human dignity. (…) OCHA’s expanded definition of security calls for a*

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[5] Probably the most important “global health security” definition utilized in the WHO context is the definition provided by the US Centers for Disease Control and Prevention (CDC), that states: “Global health security is the existence of strong and resilient public health systems that can prevent, detect, and respond to infectious disease threats, wherever they occur in the world.”
But that definition is in no means an official UN definition.
Source: https://www.cdc.gov/globalhealth/security/what.htm

[6] Source:
https://www.unocha.org/sites/dms/HSU/Publications%20and%20Products/Human%20Security%20Tools/Human%20Security%20in%20Theory%20and%20Practice%20English.pdf

[7] Source: https://www.un.org/en/chronicle/article/national-security-versus-global-security

wide range of security areas (…)", lead, within UN, by non-military organizations like WHO, FAO and UNEP. That's how global health, food and environmental security were born:

With the advocacy of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) human security elements have acquired a wider dimension, for they go beyond military protection and engage threats to human dignity. Accordingly, it has become necessary for states to make conscious efforts towards building links with other states and to consciously engage in global security initiatives. OCHA's expanded definition of security calls for a wide range of security areas:

1. Economic: creation of employment and measures against poverty.
2. Food: measures against hunger and famine.
3. Health: measures against disease, unsafe food, malnutrition and lack of access to basic health care.
4. Environmental: measures against environmental degradation, resource depletion, natural disasters and pollution.
5. Personal: measures against physical violence, crime, terrorism, domestic violence and child labour.
6. Community: measures against inter-ethnic, religious and other identity tensions.
7. Political: measures against political repression and human rights abuses.[6]

Being health security a branch of the human security notion, based on the **UNGA Resolution 66/290 on Human Security**, the debates, within WHO, arising from health security concerns and strategies should take into consideration fundamental concepts adopted by the General Assembly as the fact that **human security** recognizes the interlinkages between peace, development and **human rights, and equally considers civil, political, economic, social and cultural rights**. The understanding that **human security does not entail the threat or the use of force or coercive measures** should be considered. As well as the statement that **human security does not replace State security**.

Finally, it is not accurate to state that investing in means of national security related to health security would usually strengthen primary health care and health promotion **(figure 3, document EB 152/12)**, since public health initiatives have strongly distinct nature when compared to strategic national security measures and countermeasures.

Also important to mention that even the United Nations itself published, in 2022, through the **United Nations Development Programme (UNDP)**, a **Special Report on "New Threats to Human Security in the Anthropocene - Demanding greater solidarity"**[8], in which the human security dimension of the new pandemic accords negotiated within WHO is mentioned. Such a UN reference demonstrates that interpreting "health security" concerns as an extension of subjects addressed by **UNGA Resolution 66/290** isn't an isolated or unbased take on the motivations behind the ongoing WHO reform of the global HEPR architecture:

> *"As discussions over the form of the new and reformed international instruments continue, it is critical to retain the focus of this effort on* ***human security*** *and on embedding protection, empowerment and solidarity as key pillars.* ***A new framework agreement for human security in the face of health threats*** *must affirm the principle of universalism in healthcare and tackle prevailing dysfunctions in global governance that undermine health. (…)"* (italics added)

[8] Source: https://www.undp.org/lebanon/publications/new-threats-human-security-anthropocene?utm_source=EN&utm_medium=GSR&utm_content=US_UNDP_PaidSearch_Brand_English&utm_campaign=CENTRAL&c_src=CENTRAL&c_src2=GSR&gclid=EAIaIQobChMIs7iq0YiS_QIVB26RCh3wRQquEAAYASAAEgIXePD_BwE

2.1) Security as an elusive and manipulation prone concept:

While discussing health security definitions or lack of definitions, it is crucial to bear in mind that "security" is an elusive concept usually exploited by stakeholder willing to manipulate the geopolitical scenario. According to Segun Osisanya[9]:

> *"(…) Because of its seeming lack of conceptual boundary, security, as a concept, is used to entice and whip up patronage for many political projects both at the state and international levels of politicking. Hence, Paul D. Williams argued that 'security is therefore a powerful political tool in claiming attention for priority items in the competition for government attention'."*

Another difficulty involving security definitions is that they can cover both military and non-military threats. Osisanya also emphasizes that, in a globalized world, it is impossible to maintain a clear-cut delimitation between national and global security:

In the context of this article, Samuel Makinda's definition of security as "the preservation of the norms, rules, institutions and values of society"[2] appears to be useful. He further argues that all the institutions, principles and structures associated with society, including its people are to be protected from "military and non-military threats".[3] The term "preservation", as an important component of this definition, presupposes conscious, deliberate and definite steps and actions. Hence, the perception of the leadership of a society determines its actions and guides its efforts, which becomes evident in the width and depth of the security agenda of that society.

In many forums on the topic of security, there has been an attempt to establish a divide between national and global security. Although, in theory, a boundary exists between these two conceptual frameworks, such a boundary is not sufficient to maintain a clear-cut delimitation between them. Rather, they have a symbiotic relationship, although limited to the local security sphere, which states lack the capacity to handle unilaterally. Equivalently, there are issues at the international sphere that will require a domestic security apparatus to deal with.

This article is aimed at articulating reasons for more collaboration, cooperation and synergy between national and global security apparatus and mechanisms.

In his UN Chronicle, Osisanya, as an intern at BWC Implementation Support Unit, Office for Disarmament Affairs, concludes that global interconnection and interdependency call for global cooperation. That, given globalization, there are many situations in which one state's security cannot be achieved without security measures taken within other national states. That the remedy for rivalry among states arising from the concept of security complex can only be found in global security initiatives:

National security has been described as the ability of a state to cater for the protection and defence of its citizenry. Makinda's definition of security fits into this confine of national security. Global security, on the other hand, evolved from the necessity that nature and many other activities, particularly globalization, have placed on states. These are demands that no national security apparatus has the capacity to handle on its own and, as such, call for the cooperation of states. The global interconnection and interdependence among states that the world has experienced and continues to experience since the end of the cold war, makes it necessary for states to cooperate more and work together.

One of the major challenges that the field of global security has to contend with is the concept of security complex,[4] a situation in which the security concerns of states are deeply interconnected to the point that one state's security needs cannot be realistically considered without taking into consideration the security needs of the other states.[5] The fear or threat content of security complex breeds rivalry among states. The remedy for such rivalry lies in cooperation which can only be found in global security initiatives among states.

2.2) Health Security vs Biosecurity and Biosafety:

Crucial to bear in mind that the term "health security" is not the only one available for debates within BWC and the UN system. There are at least two other terms more specific and benign that can be used instead "health security": "biosecurity" and "biological

[9] Source: https://www.un.org/en/chronicle/article/national-security-versus-global-security

security", whose focus are on the control and accountability of personnel handling biological agents originating the security concerns, instead of on potential victims and populations that could under certain circumstances be subjected to the risk (health security).

According to the **Africa CDC "Biosafety and Biosecurity Initiative 2021 – 2025 Strategic Plan"**, *"(…) Biosecurity involves the protection, control and accountability of biological materials and information related to these materials and dual-use research, to prevent their unauthorized access, loss, theft, misuse, diversion or intentional release."*, while biosafety, encompassing non-deliberated actions, *"(…) involves the implementation of containment principles, technologies and practices to prevent unintentional exposure to biological agents."*

Being WHO an organization that historically deals with biosafety debates and norms, and having in mind that WHO doesn't have the mandate to tackle security issues, it is important that the interface of WHO with biosecurity agendas focus, as much as possible, on the adequate management of biological agents, based on biosafety practices, procedures and norms, instead of on the management of populations, bearing in mind military and defense strategies (health security) or enforcement agendas of control and accountability of personnel handling biological agents (biosecurity/biological security).

Important one more time to stress that the human security concept/notion adopted by the UN system, similarly to the health security concept, has to do with potential victims and populations that could under certain circumstances be subjected to potential or actual risks. Meaning that also "human security" is a concept/notion of a completely different nature than the objective concepts of biosecurity/biological security and biosafety, and very far from the traditional technical approach expected from WHO. According to the **UN document "Human Security and Delivering as One"**[10]:

> *"**Human security, with its strong focus on people and the full range of insecurities they face**, provides a practical and policy-oriented approach to integrating peace and security, development and human rights. These three pillars of the United Nations correspond to **the three primary and integrated aims of human security—to free people from fear, want and indignity**. Traditionally, activities under each pillar have taken place separately, but through the human security approach, they are increasingly brought together, including as part of Delivering as One."* (italics added)

2.3) How does security become insecurity?

The definition of "World Food Security" was established by Heads of States, at the invitation of UN Food and Agriculture Organization (FAO), in 1996, after years of

[10] Source: https://www.un.org/humansecurity/wp-content/uploads/2017/10/Human-Security-and-Delivering-as-One.pdf

preparatory meetings, through the "**Rome Declaration on World Food Security**"[11], which reaffirms, among other pillars, democracy, peace, human rights and fundamental freedoms as essential foundations for food security:

> *"We reaffirm that a peaceful, stable and enabling political, social and economic environment is the essential foundation which will enable States to give adequate priority to food security and poverty eradication. Democracy, promotion and protection of all human rights and fundamental freedoms, including the right to development, and the full and equal participation of men and women are essential for achieving sustainable food security for all."*

Similarly to **UNGA Resolution 66/290 on human security**, the "**Rome Declaration on World Food Security**" states that national Governments retain the primary role and responsibility for ensuring the state of security: "*Attaining food security is a complex task for which the primary responsibility rests with individual governments.*" Furthermore, the declaration underscores that: *"Food should not be used as an instrument for political and economic pressure (…)."*

The theme "food security" is so strategic and sensitive that there is no formal definition for such a concept reached within the scope of the UN. The furthest the "**Rome Declaration on World Food Security**" goes is stating that "*Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life*.".

Moreover, there is no statement of any sort defining, within the UN system, "World Food Security" or "Global Food Security".

Also in 1996, based on the necessity of a follow-up to the approval of the "**Rome Declaration on World Food Security**", at the national, intergovernmental and inter-agency levels, the **World Food Summit Plan of Action** established that the **FAO Committee on World Food Security (CFS)**, created in 1974, would monitor its implementation:

> **9.** The multi-dimensional nature of the follow-up to the World Food Summit includes actions at the national, intergovernmental and inter-agency levels. The international community, and the UN system, including FAO, as well as other agencies and bodies according to their mandates, have important contributions to the implementation of the World Food Summit Plan of Action. The FAO Committee on World Food Security (CFS) will have responsibility to monitor the implementation of the Plan of Action.

And, despite all the references to national countries' sovereignty, to democracy, peace, human rights and fundamental freedoms as essential foundations for the notion of food security, the apparently benign legal instruments arising from the "**Rome Declaration on World Food Security**" were twelve years later weaponized by the UN system.

Based on the 2008 economic crisis, UN leaderships recognized the state of "Global Food Security Crisis", establishing in that same year the **"High-Level Task Force on the Global Food Security" (HLTF)**, under the lead of the UN Secretary-General:

[11] Source: https://fao.org/3/w3613e/w3613e00.htm

*"**The extraordinary rise of global food prices in early 2008 posed a major threat to global food and nutrition security** and caused a host of humanitarian, human rights, socio-economic, environmental, developmental, political and security-related consequences. In particular, it presented challenges for low income food deficit countries, and severely affected the world most vulnerable. It threatened to reverse critical gains made toward reducing poverty and hunger as outlined in the Millennium Development Goals (MDGs).*

*(…) **Under the leadership of the UN Secretary-General, the Task Force brought together the Heads of the UN specialized agencies, funds and programmes, as well as relevant parts of the UN Secretariat, the World Bank, the International Monetary Fund, the Organization for Economic Cooperation and Development and the World Trade Organization**. The primary aim of the Task Force was to promote a comprehensive and unified response to the challenge of achieving global food security, including by facilitating the creation of a prioritized plan of action and coordinated its implementation. (…)"*[12] *(italics added)*

The **"High-Level Task Force on the Global Food Security" (HLTF)** was commended by the G8[13], that funded - under the scope of a **global partnership on agriculture and food** involving specialized agencies, funds, programmes, NGOs, the civil society and the Bretton Woods institutions - the creation of the **"Global Network of High-Level Experts on Food and Agriculture"**, aiming at the reform of the **FAO Committee on World Food Security (CFS)**.

As recommended by the G8, the CFS's reform started in 2009, aiming at adapt its rules and procedures with the objective of becoming a central UN political platform dealing with food security. According to the document **"Reform of the Committee on World Food Security - Final Version" (CFS:2009/2 Rev.2)**[14], based on the 2008 economic crisis, FAO State Members agreed at the 34th Session of CFS to reform the CFS so it could coordinate international initiatives, expand participation of stakeholders and explore synergies, among other strategic changes:

*"(…) **so that it can fully play its vital role in the area of food security and nutrition, including international coordination**. The reforms are designed to redefine the CFS' vision and role to focus on the key challenges of eradicating hunger; **expanding participation in CFS to ensure that voices of all relevant stakeholders are heard in the policy debate on food and agriculture**; adapt its **rules and procedures with the aim to become the central United Nations political platform dealing with food security and nutrition**; strengthening its linkages with regional, national and local levels; and supporting CFS discussions with structured expertise through the creation of a High Level Panel of Experts (HLPE) so that the decisions and the work of the CFS are based on hard evidence and state of the art knowledge. **FAO Council considered 'the CFS reform to be crucial to the governance of world food security, with a view toward exploring synergies with the emerging Global Partnership for Agriculture, Food Security***

[12] Source: https://www.un.org/en/issues/food/taskforce/establishing.shtml
[13] Source: https://www.fao.org/3/CFS_PARE1/CFS_PARE1.pdf
[14] Source: https://www.fao.org/3/k7197e/k7197e.pdf

__and Nutrition'__ (CL 136/REP, paragraph 29). CFS reform has been a topic of discussion in several for a including G8, G20 and the UN General Assembly and is on the agenda for the World Summit on Food Security 2009." (italics added)

And the intended reform of CFS would be so extensive and profound, that the document **"Reform of the Committee on World Food Security - Final Version" (CFS:2009/2 Rev.2)** emphasizes that the proposals would require major legal adjustments as:

> *"(…) changes to the General Rules and Regulations of FAO governance aspects such as CFS membership, composition of the Bureau and Secretariat, and reporting arrangements, would require adjustments to legal dimensions of the CFS will be addressed by FAO Legal Counsel once the nature of the proposed changes is established."*

Indeed, the main objectives of the CFS's reform were the creation of a body within FAO - controlled by G8 experts - of coordination at global level of food security and nutrition initiatives; national and regional policy convergence; development of a global strategic framework for food security; and, also very important, further developments based on the concept/notion of "food insecurity". According to document **CFS:2009/2 Rev.2**, the roles of the reformed CFS would be:

> *"i) **Coordination at global level.** Provide a platform for discussion and coordination to strengthen collaborative action among governments, regional organizations, international organizations and agencies, NGOs, CSOs, food producers' organizations, private sector organizations, philanthropic organizations, and other relevant stakeholders, in a manner that is in alignment with each country's specific context and needs.*
> *ii) **Policy convergence.** Promote greater policy convergence and coordination (…).*
>
> *In Phase II, the CFS will gradually take on additional roles such as:*
> *i) **Coordination at national and regional levels.** Serve as a platform to promote greater coordination and alignment of actions in the field, (…) to build on and strengthen existing structures and linkages with key partners at all levels. Key partners include national mechanisms and networks for food security and nutrition, the UN country teams and other coordination mechanisms such as the International Alliance Against Hunger (IAAH) and its National Alliances, food security thematic groups, regional intergovernmental bodies and a large number of civil society networks and private sector associations operating at the regional and national levels. (…)*
> *ii) **Promote accountability and share best practices at all levels.** (…) The CFS should help countries and regions, as appropriate, address the questions of whether objectives are being achieved and how __**food insecurity**__ and malnutrition can be reduced more quickly and effectively. This will entail developing an innovative mechanism, including the definition of common indicators, to monitor progress towards these agreed upon objectives (…).*
> *iii) **Develop a Global Strategic Framework for food security and nutrition** in order to improve coordination and guide synchronized action by a wide range of stakeholders. (…)."* (italics added0

Important to add that after such an extensive and profound reform, FAO's CFS is still a very useful tool to the most developed western countries. For example, the **"Global Alliance for Food Security" (GAFS)**, launched in May 2022, bases its approach on FAO's CFS norms, guidelines and procedures:

> *"**The Global Alliance for Food Security (GAFS) was launched in Berlin, Germany, on May 19 2022 by the Group of Seven (G7) Development Ministers and the World Bank Group** as a way to address the emerging global food security and nutrition crisis. GAFS is jointly convened and supported by the G7 Presidency, the World Bank Group, the European Commission, the African Union, the UN Global Crisis Response Group and UN Agencies like the World Food Programme and Food and Agriculture Organization, International Fund for Agricultural Development, International Organizations, CSOs/NGOs and other multilateral and bilateral development partners. Participants agreed that **it continues to be of great importance to invest in more sustainable agriculture food systems and in the diversification of diets and improved nutrition as we respond to the current food security crisis, and base this response on the norms, guidelines, and processes of the Committee on World Food Security (CFS), and from the outcomes of the UN Food Systems Summit**."* (italics added)

Also in May 2022, taking the "food security" debate to a new level, the UN General Assembly approved the **UNGA Resolution 76/264 on the "State of Global Food Insecurity"**, calling Member-States and the international community to urgently respond not only on food **security** issues but also on food **insecurity** matters:

> *"2. Also calls upon the international community, including the Group of Seven and the Group of 20, to place global food security at the top of their agendas and to support multilateral efforts in finding affordable solutions to the crisis;*
>
> *(…)*
>
> *13. Calls upon Member States, the United Nations, humanitarian and development organizations and other relevant actors to urgently and effectively respond to, prevent and prepare for rising **global food insecurity** affecting millions of people, especially those who are facing famine or the immediate risk of famine, including by enhancing humanitarian and development cooperation and providing urgent funding to respond to the needs of the affected population, and calls upon Member States and other relevant stakeholders to contribute further to the Central Emergency Response Fund."* (italics added)

The implications of the **UNGA Resolution76/264 on the "State of Global Food Insecurity"** must be further assessed. But it is fundamental to keep in mind, while debating (global) health security matters, the possibility of an UNGA (or even UN Security Council) Resolution on "global health insecurity" as a consequence of the ongoing process of IHR reform lead by WHO Director-General.

3) **Proposal 1 for Strengthening Global HEPR – Governance (paragraph 16 and following paragraphs - document EB 152/12):**

***"Proposal 1:* to establish a Global Health Emergency Council, to complement the Standing Committee of the Executive Board, and a main committee on emergencies of the World Health Assembly."**

Comment:

It is accurate to mention that "Several panels have proposed the establishment of a high-level body on global health emergencies, comprising Heads of State and other international leaders".

It is indeed relevant to emphasize that the **UN "Report of the High-level Panel on the Global Response to Health Crises" – 71st Session of the General Assembly, 2016**, proposed the establishment of a high level council on global public health crises within the UN General Assembly (above WHO, therefore), based on the lack of adequate response from the WHO and the international community in general, while tackling the Ebola outbreak in West Africa, in 2014:

A/70/723

To ensure that key measures are taken, a central recommendation of the Panel's work is to establish a high-level council on global public health crises within the General Assembly to provide political leadership on global preparedness, monitor the implementation of reforms and help to prepare for a summit on global public health crises, to be held in 2018.

The Ebola outbreak was a wake-up call. Global leaders must act now to implement the recommendations contained in the report.

Such an architecture – of a high level council above WHO - would obviously establish a high-level body on global health emergencies not aligned with or subordinated to the WHO Constitution, and, of course, completely out of the reach of the organization's governance.

3.1) So what exactly were the main proposals presented by the UN "Report of the High-level Panel on the Global Response to Health Crises" and rejected by some WHO Member-States?

The Recommendation 7 of the High-Level Panel on the Global Response to Health Crises states that WHO should immediately strengthen its leadership and establish an unified, effective operational capacity, based on the idea that the WHO "Programme for Outbreaks and Emergencies Management" should become a center for emergency preparedness and response, with command and control authority.

As the central command and control mechanism in case of health emergencies, the Programme should be adequately funded and staffed, with clear lines of authority within the organization. A standing advisory board within the center should guide its activities.

The advisory board should incorporate representatives from United Nations bodies, national Governments, NGOs and institutional partners to encourage a multisectoral approach. During a health crisis, the center should take full authority for the Health Cluster response and liaises closely with the Government and all actors, calling on political action where obstacles delay or prevent international action.

The effective management of a health crisis exceeds the remit of health ministries or WHO alone and requires political leadership and a United Nations system wide response, and, based on Recommendation 7, WHO, through the "Programme for Outbreaks and Emergencies Management" (the center for emergency preparedness and response), in collaboration with the UN "Inter-Agency Standing Committee" (IASC), should establish standard operating procedures for humanitarian actors operating in health crises.

Recommendation 7
WHO immediately strengthens its leadership and establishes a unified, effective operational capacity.

- Taking note that WHO established the Programme for Outbreaks and Emergencies Management, but in the light of the need for unified command, the Panel proposes that such a Programme become a centre for emergency preparedness and response, with command and control authority
- The centre is the central command and control mechanism in case of health emergencies. It should be adequately funded and staffed, with clear lines of authority within the organization
- A standing advisory board is established to guide the centre in its activities. The advisory board should incorporate representatives from United Nations bodies, national Governments, NGOs and institutional partners to encourage a multisectoral approach
- During a health crisis, the centre takes full authority for the Health Cluster response and liaises closely with the Government and all actors
- The centre houses a workforce deployment management unit, to include the Global Outbreak Alert and Response Network and foreign medical team programmes, which coordinates the Global Emergency Health Workforce, deploying experts and foreign medical teams, as needed
- The centre establishes a transparent protocol to activate an immediate response to outbreaks and to call on political action where obstacles delay or prevent international action
- The centre also houses an open data platform that will collect, manage and analyse public data on epidemiological events globally. The centre will be responsible for making this data publicly available in real time
- The centre manages the proposed WHO contingency fund and has access to the pandemic emergency financing facility
- The centre collaborates closely with the WHO Health Systems and Innovation Department with regard to research and development in health crises
- The centre, in collaboration with IASC, establishes standard operating procedures for humanitarian actors operating in health crises

Observation: The effective management of a health crisis exceeds the remit of health ministries or WHO alone and requires political leadership and a United Nations system-wide response. The West Africa Ebola crisis further demonstrated the need to establish effective reporting lines within WHO as well as to improve the coordination of any system-wide response.

But what is the UN "Inter-Agency Standing Committee"?
According to the IASC's webpage, the Inter-Agency Standing Committee (IASC), created in 1991, by the UNGA, is the longest-standing and highest-level humanitarian coordination forum of the United Nations system. It brings together the executive heads of 18 organizations (for example: FAO, WHO, UNDP and OCHA) and consortia to formulate policy, set strategic priorities and mobilize resources in response to humanitarian crises.

Additionally, the IASC is chaired by the Emergency Relief Coordinator, who facilitates the leadership role of the United Nations Secretary-General. The IASC regularly convenes to ensure preparedness and a rapid and coordinated humanitarian response. Through the Emergency Relief Coordinator the IASC also brings critical issues to the attention of the United Nations Secretary-General and the United Nations Security Council.

Meaning that the IASC is a rapid and effective tool to leverage any local health crisis with alleged potential to become an international thread to the attention of both the United Nations Secretary-General and the United Nations Security Council.

The Inter-Agency Standing Committee

Photo Credit: Ivo Brandau/OCHA

Created by United Nations General Assembly resolution 46/182(https://interagencystandingcommittee.org/working-group/united-nations-general-assembly-resolution-46182) in 1991, **the Inter-Agency Standing Committee (IASC) is the longest-standing and highest-level humanitarian coordination forum** of the United Nations system. It brings together the executive heads of 18 organizations and consortia to formulate policy, set strategic priorities and mobilize resources in response to humanitarian crises.

With members from within and outside the United Nations, the IASC strengthens collective humanitarian action through the implementation of a coherent, unified response. Towards that end, the IASC advocates for common humanitarian principles and makes strategic, policy and operational decisions with a direct bearing on humanitarian operations on the ground.

The IASC is chaired by the Emergency Relief Coordinator, who facilitates the leadership role of the United Nations Secretary-General. The IASC regularly convenes to ensure preparedness and a rapid and coordinated humanitarian response. Through the Emergency Relief Coordinator (ERC)(/emergency-relief-coordinator) the IASC also brings critical issues to the attention of the United Nations Secretary-General and the United Nations Security Council.

The IASC is supported by subsidiary bodies as well as groups of experts who inform and carry out the priorities set by the IASC.

Source: https://interagencystandingcommittee.org/the-inter-agency-standing-committee

And who is the UN IASC Emergency Relief Coordinator?
According to the IASC's webpage, the Emergency Relief Coordinator (ERC) is the most senior UN official dedicated to humanitarian affairs. The ERC reports directly to the United Nations Secretary-General and serves as a focal point for governments, intergovernmental, and nongovernmental organisations on humanitarian issues. In this capacity the ERC is often called before the UN Security Council in response to humanitarian emergencies.

The UN General Assembly Resolution that created the position of Emergency Relief Coordinator also founded the Inter-Agency Standing Committee and made the ERC its Chair. This gives the ERC the unique power to convene a meeting of the Committee and to set the agenda. As Chair of the IASC, the ERC consults the Committee to develop unified positions and mobilise resources in response to humanitarian crises.

The Emergency Relief Coordinator

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The UN General Assembly Resolution(https://interagencystandingcommittee.org/working-group/united-nations-general-assembly-resolution-46182) that created the position of Emergency Relief Coordinator also founded the Inter-Agency Standing Committee and made the ERC its Chair. This gives the ERC the unique power to convene a meeting of the Committee and to set the agenda. As Chair of the IASC, the ERC consults the Committee to develop unified positions and mobilise resources in response to humanitarian crises.

In the event of a crisis, the ERC may appoint a Humanitarian Coordinator (HC) to lead the response on the ground. If the emergency requires specialised support, the HC may request that a 'Cluster'; a multi-agency group of thematic experts; be activated. The ERC seeks the inter-agency agreement required to activate a Cluster, and decide which agency should lead it, through the IASC.

Martin Griffiths

On 19 July 2021, Mr. Martin Griffiths, officially assumed his new position as Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator (ERC).

Mr. Griffiths brings extensive leadership experience in humanitarian affairs at headquarters and country le strategically and operationally, as well as senior level experience in international conflict resolution, negoti mediation, most recently as the Secretary-General's Special Envoy for Yemen (since 2018), a position he w continue to serve until a transition has been announced.

Mr. Griffiths served as Adviser to three Special Envoys of the Secretary-General for Syria and Deputy Head United Nations Supervision Mission in the Syrian Arab Republic (UNSMIS) (2012-2014). He was the first E Director of the European Institute of Peace (2014-2018) and founding Director of the Centre for Humanitai Dialogue in Geneva (1999-2010), where he specialized in developing political dialogue between Governme insurgents in a range of countries across Asia, Africa and Europe.

Source: https://interagencystandingcommittee.org/emergency-relief-coordinator

Career [edit]

Griffiths meets with U.S. Secretary of State Michael R. Pompeo at the U.S. Department of State in Washington, D.C., on March 14, 2019.

Griffiths is a career diplomat at the UK's Foreign, Commonwealth and Development Office and an experienced conflict mediator.[2] Griffiths previously served as the first executive director of the European Institute of Peace from 2016 to September 2018.[5] In 1999, he helped launch the Centre for Humanitarian Dialogue in Geneva. He has also worked for Save The Children, Action Aid and UNICEF and has worked as an advisor to multiple United Nations Syria envoys.[2]

From 16 February 2018 to 19 July 2021 Griffiths served as the United Nations Special Envoy for Yemen at the Office of the Special Envoy of the Secretary-General for Yemen.[6] In February 2021 he visited Iran in an attempt to find a political solution to the Yemeni Civil War.[7] Efforts to end the conflict were largely unsuccessful.[citation needed]

On 12 May 2021, United Nations Secretary-General António Guterres announced that he had appointed Griffiths as Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator at the Office for the Coordination of Humanitarian Affairs (OCHA), taking over from Mark Lowcock.[8]

Source: https://en.wikipedia.org/wiki/Martin_Griffiths

Moreover, the IASC webpage affirms that a specialized cluster of organizations can be convened in the advent of a crisis. About the appointment of a Humanitarian Coordinator and the creation of a IASC cluster, the website states:

> *"In the event of a crisis, the ERC may appoint a Humanitarian Coordinator (HC) to lead the response on the ground. If the emergency requires specialised support, the HC may request that a 'Cluster'; a multi-agency group of thematic experts; be activated. The ERC seeks the inter-agency agreement required to activate a Cluster, and decide which agency should lead it, through the IASC."*

Such a prerogative (of establishing a specialized IASC cluster) is directly related to the Recommendation 8 of the High-Level Panel on the Global Response to Health Crises.

According to Recommendation 8 of the High-Level Panel, in the event of a Grade 2 or Grade 3 outbreak that is not already classified as a humanitarian emergency, a clear line of command would be activated throughout the United Nations system.

The Director General of WHO should report to the United Nations Secretary General on the response, the Executive Director, the Secretary General's Emergency Coordinator, who would be tasked with leading an inter agency response, if needed.

Given that WHO is the designated lead operational agency in a health crisis response, the Secretary General should ensure that the IASC cluster system is fully operational in supporting the Emergency Coordinator in leading an inter agency response.

Recommendation 8

In the event of a Grade 2 or Grade 3 outbreak that is not already classified as a humanitarian emergency, a clear line of command will be activated throughout the United Nations system.

- The Director-General of WHO reports to the United Nations Secretary-General on the response
- The WHO Regional Director reports directly to the Executive Director of the WHO centre to ensure the coherence of the whole system
- The Executive Director of the centre will be the Secretary-General's Emergency Coordinator, who will be tasked with leading an inter-agency response, if needed
- Given that WHO is the designated lead operational agency in a health crisis response, the Secretary-General should ensure that the IASC cluster system is fully operational in supporting the Emergency Coordinator in leading an inter-agency response, if needed
- The IASC remit, including the cluster system, is reviewed to enhance robustness, timeliness, coordination and the capacity to address health crises

Observation: The Ebola outbreak exposed a lack of coherence among categorizations used for health and humanitarian crises, leading to an ineffective response.

Additionally, according to Recommendation 9 of the High-Level Panel, the UN Secretary General should initiate the integration of health and humanitarian crisis trigger systems. With immediate

effect, every health crisis classified as Grade 2 or Grade 3, according to the WHO Emergency Response Framework, automatically triggers an inter agency multisectoral assessment to be coordinated by the UN IASC Emergency Relief Coordinator.

Recommendation 9
The Secretary-General initiates the integration of health and humanitarian crisis trigger systems.

- With immediate effect, every health crisis classified as Grade 2 or Grade 3, according to the WHO Emergency Response Framework, automatically triggers an inter-agency multisectoral assessment

Finally, the Recommendation 26 of the High-Level Panel on the Global Response to Health Crises endorses the idea that the United Nations General Assembly should immediately create a high level council on global public health crises to ensure that the world is prepared and able to respond to public health crises.

The high level council should act beyond the health field, monitoring political and non-health issues related to prevention and preparedness imperatives for a potential epidemic of global proportions that could have unprecedented implications on economies, movement of people and stability, as well as recovery. It will reaffirm guidance during times of health crises and will intervene in affected fields outside the health field.

The high level council should also ensure that the adopted recommendations of the High level Panel are implemented in a timely manner.

Recommendation 26
The United Nations General Assembly immediately creates a high-level council on global public health crises to ensure that the world is prepared and able to respond to public health crises.

- The high-level council monitors political and non-health issues related to prevention and preparedness imperatives for a potential epidemic of global proportions that could have unprecedented implications on economies, movement of people and stability, as well as recovery. It will reaffirm guidance during times of health crises and will intervene in affected fields outside the health field
- The high-level council monitors and reports regularly to the General Assembly on the implementation of the adopted recommendations of the High-level Panel on the Global Response to Health Crises at the country, regional and international levels
- The high-level council ensures that the adopted recommendations of the High-level Panel are implemented in a timely manner
- The high-level council is composed of political representatives of between 45 to 50 Member States, elected by the General Assembly
- The high-level council supports the substantive preparations for a summit on global public health crises

3.2) After the rejection of the 2016 UN High Level Panel, the WHO document EB 152/12 sponsored by the WHO Director-General:

Taking into consideration the resistance of WHO Member-States against the creation of a body outside WHO, as proposed in 2016 by the **High-Level Panel on the Global Response to Health Crises**, the current proposal sponsored by the Director-General suggests the creation, within the WHO, of a **Global Health Emergency Council** with three main responsibilities related to the implementation of an effective global Health Emergency Preparedness, Response and Resilience (HEPR) architecture, and the compliance with the future IHR and pandemic accords to be approved by the WHA:

18. The Council could address health emergencies, as well as their broader context and social and economic impact. It would have three primary responsibilities:

(i) address obstacles to equitable and effective HEPR, ensuring collective, whole-of-government and whole-of-society action, aligned with global health emergency goals, priorities and policies;

(ii) foster compliance with, and adherence to, global health instruments, norms and policies, including the International Health Regulations (2005), and amendments thereto, currently being negotiated by the Working Group on Amendments to the International Health Regulations (2005), in line with the mandate provided in decision WHA75(9) (2002)) and the WHO convention, agreement or other international instrument on pandemic prevention, preparedness, and response being negotiated by the INB; and

(iii) identify needs and gaps, swiftly mobilize resources, and ensure effective deployment and stewardship of these resources for HEPR.

According to the Director-General, the WHO **Global Health Emergency Council** would complement and be linked to the Standing Committee on Health Emergency Prevention, Preparedness and Response (Standing Committee) established by the Executive Board at its 151st session in May 2022.

The WHO Standing Committee main functions is to provide guidance to the Executive Board and Director-General, through the Executive Board, on matters regarding HEPR and the immediate capacities of the WHO Health Emergencies Programme, in the event that a public health emergency of international concern is determined pursuant to the International Health Regulations (2005):

(i) In the event that a public health emergency of international concern is determined pursuant to the International Health Regulations (2005), the Committee shall consider information provided by the WHO Director-General about the event, as well as the information provided and needs expressed by the Member State(s) in whose territory the given event arises, and, as appropriate, shall provide guidance to the Executive Board and Director-General, through the Executive Board, on matters regarding HEPR and the immediate capacities of the WHO Health Emergencies Programme.

(ii) In the intervening periods between public health emergencies of international concern, the Committee shall review, provide guidance and, as appropriate, make recommendations to the Executive Board regarding the strengthening and oversight of the WHE Programme.

To summarize items 3.1) and 3.2), given the resistance presented by WHO Member-States, the United Nations as a whole was forced to keep the intended new global HEPR architecture under the auspicious of WHO, with no explicit structure acting outside the guarantees of the WHO Constitution.

Even though such a new global HEPR architecture within WHO would never have the capabilities to prevent hierarchically superior players as the UN IASC Emergency Relief Coordinator, the UN Secretary-General and the UN Security Council, to act, if that is their intent. **[See item 6) of this document.]**

4) Proposal 2 for Strengthening Global HEPR – Make targeted amendments to the International Health Regulations (2005) (paragraph 23 and following paragraphs, , document EB 152/12)

The target amendments to the IHR must be analyzed as an intended compensation for the fact that the initial strategy of weaponizing the global HEPR architecture, by transferring the control and command of the matter to a body outside WHO, was rejected by some Member-States.

Bearing in mind such a resistance, WHO is now trying to act on global health security matters despite the lack of mandate for such an approach, by weaponizing the IHR itself, infiltrating BWC language within IHR, an international legally binding framework, that is mandatory to all United Nations Member-States, irrespectively of being a member of BWC or WHO.

In sum, these proposals cannot be efficaciously evaluated and interpretated without a detailed confrontation with the ongoing debates taking place within BWC, regarding mainly articles IV, VII and X.

Below, a summary of the main issues debated last December within BWC, that impact the current WHO negotiations involving the IHR reform and future pandemic accords.

4.1) What exactly are the connections between WHO and BWC, related to the concept of "global health security"?

Former US President, Barack Obama, made it explicit, during his Address to the United Nations General Assembly, September 22, 2011, that the US intended to combine its international policies regarding both WHO and BWC, having WHO and the IHR (2005) as implementation tools of global health security initiatives:

> *"(…) President Obama addressed the United Nations General Assembly and urged the global community come together to prevent, detect, and fight every kind of biological danger, whether it is a pandemic, terrorist threat, or treatable disease.* ***The United States is taking a multi-faceted approach to the full spectrum of***

> ***challenges posed by infectious diseases, whether naturally occurring, accidental, or the result of a deliberate attack. Through fora such as the UN Security Resolution 1540, the Biological Weapons Convention (BWC), and the World Health Organization (WHO), the United States is pursuing a common vision where disease no longer threatens the security and prosperity of nations. The "Global Health Security" policy framework is derived from the common approaches that shape key U.S. strategies and initiatives: the National Strategy for Countering Biological Threats, the National Security Strategy, Department of Health and Human Services National Health Security Strategy , and the Global Health Initiative***." (italics added)

Further on the Address to the United Nations General Assembly, Barack Obama emphasizes the importance of IHR (2005) as key for the fulfillment of the MoU on "global health security" the US government had just signed with WHO:

> "***On September 19th, the United States took an important step by signing an agreement with WHO on "Global Health Security,"*** *affirming our shared commitment to strengthen cooperation on shared health security priorities.* ***The Memorandum of Understanding (MOU)*** *was signed by Health and Human Services Secretary Sebelius, WHO Director-General Chan and* ***establishes a framework for collaboration on common goals in the area of global health security to ensure that the international community effectively manages public health risks. It outlines a number of areas of cooperation, including: global alert and response systems, the International Health Regulations, public health networks, global health leadership, risk management, and preparedness***." (italics added)

Besides IHR (2005), important to stress that Barack Obama underscores other key areas of collaboration with WHO (further discussed throughout this document, given their strategic military nature and purpose): **global alert and response systems** consubstantiated as GOARN, a public-private partnership within WHO with no transparency regarding its structure, command and funds), **global health leadership** (emphasized in documents **UN "Report of the High-level Panel on the Global Response to Health Crises" – 71st Session of the General Assembly, 2016**, **document EB 152/12 - Report by the Director-General** and **UN Security Council Resolution 2177/2014 on the 2014 Ebola crisis in West Africa**), and **preparedness** (basically a military concept of having forces and troops, equipment and other resources under alert and read to act in any time).

In sum, the strategy sponsored by the US and implemented in some extent within WHO through the aforementioned MoU is to utilize the WHO structure and legal framework as tools to implement the **UN Security Council Resolution 1540/2004 on multilateral treaties, whose aim is to prevent the proliferation of nuclear, biological or chemical weapons**. Meaning, of course, special emphasis on the "Biological and Toxin Weapons Convention" (BWC), where the US government is especially vocal.

Important, on the other hand, to underscore that this apparent US endeavor and interest regarding the effective implementation of the "Biological and Toxin Weapons

Convention" (BWC) is only an illusion, since the US government has systematically blocked Member States initiatives aiming at strengthening the biological weapons non-proliferation regime and improving confidence-building measures within the framework of the Convention, as, for example, the Russian submission **"Proposals to Improve Biological Security and Enhance Confidence-Building Measures under the Biological and Toxin Weapons Convention"[15] (BWC/CONF.IX/WP.60)**, encouraging all Member States to fully implement the disarmament treaties and agreements to which they are party.

In the common interest of developing effective ways of strengthening global biological security (not "health security") in the framework of the BWC, providing means of ensuring full compliance with the BWC provisions by its States Parties, the Russian proposal essentially urges the Convention:

> *"(a) **To resume the negotiations to develop a legally binding protocol to the BTWC** which would contain lists of pathogenic micro-organisms, toxins and specialized equipment, have a comprehensive nature, take into account modern scientific and technological advances and establish an effective verification mechanism;*
> *(b) To introduce, as part of the Confidence-Building Measures, a new form entitled "Biological defence research and development conducted outside the national territory"."* (italics added)

And, despite the logical appeal of such an approach, ensuring means for the fully implementation of the BWC as a form of strengthening the Convention, the Russian proposal was not seriously analyzed by the **BWC Ninth Review Conference of the States Parties**, and, according to submission **BWC/CONF.IX/WP.60**, "*currently, the Confidence-Building Measures approved by a decision of the Third Review Conference back in 1991 are the only mechanism ensuring transparency in the BTWC implementation*".

4.2) How exactly BWC infiltrates WHO through the concept of "global health security"?

Article VII of the BWC limits the possibility of Member States to provide assistance under the auspices of the Convention to cases combining (i) the request of an affected country, (ii) observation of the UN Charter, and (iii) only when and if the UN Security Council decides that such requesting Party has been exposed to danger a result of violation of the Convention:

> *"Art. VII. Each State Party to this Convention undertakes to provide or support assistance, in accordance with the United Nations Charter, to any Party to the Convention which so requests, if the Security Council decides that such Party has been exposed to danger a result of violation of the Convention."*

Such a limitation, according to US government limits the possibility of humanitarian assistance in cases of emergency not decided by the Security Council as a violation of

[15] Source: https://documents-dds-ny.un.org/doc/UNDOC/GEN/G22/610/31/PDF/G2261031.pdf?OpenElement

the BWC. Also according to US representatives, given the urgency of the matter, BWC's Article VII should be implemented based on the argument that international compassionate and preventive assistance must be provided before the determination of the origins of an outbreak.

In this regard, the 2022 **US "Submission for Inclusion in Background Information Document on Implementation of Article VII of the Convention"** stresses that *"(…) much work remains to overcome the legal, regulatory, and logistical impediments to the ability of governments to both provide and receive international assistance during health emergencies that have been identified in BWC discussions (…)"*.

Below, prints of core arguments presented in the aforementioned US position paper:

Submission for Inclusion in Background Information Document on Implementation of Article VII of the Convention

United States of America

1. The United States places great importance on Article VII of the Biological and Toxin Weapons Convention (BWC) and on the obligation of States Parties to provide assistance in response to a request made by any State Party that the United Nations Security Council has decided is "exposed to danger as a result of violation of the Convention." Article VII of the BWC has never been invoked, but the United States stands ready to assist other Parties in such circumstances.

Addressing Barriers to Sharing and Receiving Assistance Under Article VII

6. The Eighth Review Conference also recognized that "there are differences among States Parties in terms of their level of development, national capabilities and resources, and that these differences may directly affect both national and international capacity to respond effectively to an alleged use of a biological or toxin weapon." It may also be challenging for some States Parties to identify their needs for assistance, to provide assistance, or to receive and use assistance provided by others. Many States Parties have made progress in identifying and addressing specific impediments to international preparedness and response; however, much work remains to overcome the legal, regulatory, and logistical impediments to the ability of governments to both provide and receive international assistance during health emergencies that have been identified in BWC discussions over the past several years. Having preparedness measures is not a prerequisite for a country to request assistance under Article VII, but they may well be necessary to be able to accept and make use of such assistance.

Based on the argument that barriers related to BWC's Article VII must be overcome, the US delegation also emphasized that the Eighth BWC Review Conference, *"(…) recognizing this challenge and the humanitarian imperative of rapid response, encouraged States Parties to provide emergency assistance, if requested, in advance of such a decision (…)"* [a decision of the UN Council], as well as claimed for further strengthening of Article VII, in order to authorize its adoption in terms of *"(…) voluntary provision of assistance at the earliest possible date, as well as the assistance obligations triggered by a finding that a State Party has been exposed to harm or the threat of harm due to a violation. (…)"*:

Article VII Proposals and the Way Ahead

9. One of the challenges for implementation of Article VII is that it cannot be formally triggered until a decision has been made that the Convention has been violated. Under some circumstances, such a decision could lag well behind the need for response. The Eighth Review Conference, recognizing this challenge and the humanitarian imperative of rapid response, encouraged States Parties to provide emergency assistance, if requested, in advance of such a decision. This was an important step and should be built upon. In particular, further

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development of measures to strengthen Article VII should be consistent with, and support, the voluntary provision of assistance at the earliest possible date, as well as the assistance obligations triggered by a finding that a State Party has been exposed to harm or the threat of harm due to a violation. The United States welcomes initiatives to strengthen Article VII and recognizes that several proposals have been under discussion throughout the intersessional process, such as those by South Africa and France and India. The United States appreciates the

Also important to mention that the 2022 **US "Submission for Inclusion in Background Information Document on Implementation of Article VII of the Convention"** while claiming for waivers of barriers for the implementation of BWC's Article VII, mentions IHR (2005) and the US initiative "Global Health Security Agenda" as *"(…) examples of steps that States Parties and the international community can take to strengthen coordination and reduce barriers in the event of a health emergency. (…)"*, indicating that both IHR (2005) and WHO are strategic tools in the attempts to broaden the scope of health emergency interventions based on BWC and the **UN Security Council Resolution 1540/2004**:

7. The 2018 U.S. working paper (BWC/MSP/2018/MX.4/WP.9) provides some examples of steps that States Parties and the international community can take to strengthen coordination and reduce barriers in the event of a health emergency. We are assisting over 40 countries and regional partners, including 19 countries which receive intensive U.S. support, to improve their ability to prevent, detect, and respond to infectious disease threats, in an effort to improve capacities around the world, thereby enhancing implementation of the International Health Regulations (2005) and our commitments to the Global Health Security Agenda. Other international stakeholders have taken a similar approach to identifying and addressing challenges to the deployment of international assistance that strengthens global health security.

In this regard, relevant to mention that **document BWC/MSP/2017/WP.15**, submitted, in 2017, by Australia, Japan, the Netherlands and the United Kingdom, proposed, BWC to strengthen its cooperation with WHO, stressing that **IHR (2005)** states that WHO is prepared to assist and respond to public health emergencies regardless of the cause of the threat, whether natural or deliberate. The document also sees the **WHO Emergency Response Framework (ERF) as a window for WHO to begin further and more robust collaboration with security communities:**

III. Cooperation with WHO

7. As the International Health Regulations (2005) states, the WHO is prepared to assist and respond to public health emergencies regardless of the cause whether it is a natural or a deliberate outbreak. In order to prepare for all hazards, WHO established an Emergency Response Framework (ERF) (second edition in 2017) to respond to all sorts of public health emergencies. Thus far the ERF has not been activated to respond to a deliberate outbreak of infectious disease or intoxication. However, this initiative opens a window for WHO to begin further and more robust collaboration with security communities.

Important observation: Another very crucial aspect of the strategy put in place, through BWC, aiming at capture WHO and the IHR (2005) for "global health security" interests, is the fact that the International Health Regulations are mandatory to any UN Member State, regardless of their membership in multilateral agreements[16]. Meaning that only a country completely outside the UN system wouldn't be subjected to obligations stated by a new weaponized IHR.

Also very important to highlight that **document BWC/MSP/2017/WP.15** does not only recommends that BWC strengthens cooperation with WHO, but also with FAO and OIE, both member of the **"One Health" strategy** (discussed in item 1) of this document as another tool diminishing WHO's governance within the UN system):

Strengthening cooperation with international organizations

Submitted by Australia, Japan, the Netherlands and the United Kingdom of Great Britain and Northern Ireland

I. Introduction

1. Since its entry into force, the Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and their Destruction (hereinafter "BWC") has played a significant role in the elimination of biological and toxin weapons while also working as an effective deterrent. Although the BWC is effective, its effectiveness could be further strengthened when combined with other frameworks and measures.

2. This working paper recommends strengthening collaboration between the BWC and international organizations such as the World Health Organization (WHO), the World Organization for Animal Health (OIE) and the United Nations Food and Agricultural Organization (FAO) in support of States Parties which are exposed to emergency as a result of possible violation of the Convention.

[16] You can find this information in the document "Biosafety & Biosecurity Initiative 2021-2025 Strategic Plan – ENG", p. 23.
Source: https://africacdc.org/download/biosafety-and-biosecurity-initiative-2021-2025-strategic-plan/

BWC/MSP/2017/WP.15

date information and trends related to biological threats in addition to ordinary public, animal, or plant health issues.

5. At the Seventh Review Conference in 2011, States Parties recognized that health and security issues are interrelated at both the national and international levels. The Conference highlighted the importance of pursuing initiatives in this area through effective cooperation and sustainable partnerships. The Conference noted the importance of ensuring that efforts undertaken are effective irrespective of whether a disease outbreak is naturally occurring or deliberately caused.

6. During the Intersessional Period from 2012 to 2016 and at the Preparatory Committee meetings in 2016, several States Parties emphasized the importance of coordination with the WHO, OIE and FAO a factor also recognized at past Review Conferences.

On the role and impact of BWC cooperations with other UN organizations, important to mention that the Ninth Review Conference **(BWC/CONF.IX/CRP.2/Rev.1)** understands that in the event Article VII might be invoked, the UN could coordinate the assistance under the Convention, with the help of organizations such as WHO, OIE, FAO and IPPC:

47. The Conference considers that in the event that this Article might be invoked, the United Nations could play a coordinating role in providing and delivering assistance under the Convention, with the help of States Parties, as well as the appropriate intergovernmental organizations, in accordance with their respective mandates, such as the World Health Organization (WHO), the World Organisation for Animal Health (WOAH), the Food and Agriculture Organization of the United Nations (FAO), and the International Plant Protection Convention (IPPC).

Such an understanding means that, according to BWC, a high level authority in the UN System can coordinate BWC, WHO, FAO and other organizations of the "One Health" strategy in providing and delivering assistance under the Convention (BWC scope and legal framework), with the help of States Parties. Which implies the following rationale: a high level authority (probably based on global health security concerns) could, based on articles and procedures of BWC, instrumentalize WHO and other organizations of the "One Health" strategy in assisting countries under biological threats whose origin, whether natural or deliberate, is still unknown, unclear or debatable.

Important to contextualize though that, legally, WHO, FAO and other organizations of the "One Health" strategy have no mandate to implement military policies, strategies or initiatives. Besides that, BWC has no mandate to command or capture these organizations. Which means that, forced by the lack of legal provisions for such a "synergy" among UN organizations, slowly and through hidden agendas and maneuvers, "global health security" interests have been infiltrating WHO, FAO and other organizations of the "One Health" strategy, aiming at providing BWC's article VII high level implementation tools within the UN system.

About the BWC's lack of mandate to command an UN response to health emergencies, important to cite the document **BWC/MSP/2017/WP.20**, submitted in 2017, by Canada, the United Kingdom, Northern Ireland and the United States of America, "**Responding**

to deliberate biological release: the requirements for effective, coordinated international action".

Having chemical weapons utilized in Syria and the 2014 Ebola outbreak in West Africa as reference, the document discusses the fact that no UN organization has been designated as the lead authority on issues related to deliberate biological releases:

> "**At the international organisation (IO) level, no agency has been designated as the lead authority on issues related to deliberate biological releases**. The map of all stakeholders potentially involved in preparedness and response to a deliberate bio-event is extremely crowded, and roles and responsibilities are poorly defined. **While the BTWC has a theoretical role in providing assistance (via Article VII) and investigating (via Article VI) following a deliberate biological event, in practice, it lacks the functional capacities to effectively coordinate a response with the pertinent agencies and IOs**." (italics added)

Mentioning the conference, sponsored by Global Affairs Canada's Global Partnership Program and the Center for Global Health Science and Security, Georgetown University, Washington DC, and hosted by **Wilton Park** in September 2017, the document **BWC/MSP/2017/WP.20** mentions the following conclusion related to command and control of UN responses to health emergencies related to deliberate acts, emphasizing the need of a coordinating body with representatives from all relevant agencies involved:

> *"**Coordination amongst IOs could be rendered very complex following a deliberate act**, and the United Nations (UN) system would have very little capacity overall to respond to a natural outbreak in a non-permissive environment or to a deliberate outbreak. **A coordinating body is essential and should be established with representatives from all relevant agencies involved in the response — an international operations centre would be needed to collect information and coordinate the response on the ground** — a baseline assessment of the situation on the ground is needed promptly: see also first and second bullet in the section on equipment, logistics and operations."* (italics added)

Additionally, the document **BWC/MSP/2017/WP.20** recommends that initiatives led by NATO countries, as Wilton Park conferences and the US/CDC "Global Health Security Agenda", are taken into consideration by the international community when developing a work plan on the operationalization of BWC's Article VI:

> *"(…) The international community now needs to develop a work plan, drawing on the outcome and recommendations of this conference and taking into account other on-going efforts such as the GHSA Action Package 2 Respond, the work of the WHO and of the Global Partnership. And to initiate and drive this work plan forward we need to establish an informal group of experts to take the lead on discrete issues."*

And **Wilton Park** is in fact a very important institution in the debates on command and control of international responses to health emergencies of alleged or effective international concern.

The **2016 Wilton Park Report "The 2014 2015 Ebola outbreak: lessons for response to a deliberate event"** identifies a clear lack of preparedness from the global health system for outbreaks of infectious diseases, highlighting the role to be played by military actors in such operations.

The following key points are underscored by the report: health and humanitarian actors don't have adequate responses to health emergencies of international concern; in case of a biological attack, militaries must necessarily be included in the response, and even natural outbreaks can be used by terrorists, meaning that military forces must always be involved in responses of potential international impact, even though the militarization of the response is an obvious political concern. Given the biorisk, the fact that a natural outbreak can turn into a criminal case, and the use of compassionate drugs and previous clinical trials can be involved in the effective response, public health players must collaborate in a complex environment where the military personnel is also involved.

Key points

- The Ebola outbreak demonstrated a number of weaknesses in the international health and humanitarian response infrastructure. It is clear that a number of factors affect the nature of response and that any possible combination of these factors could occur. Permissiveness of environment affects NGO response, and a biological attack shifts response into including a military component. A natural outbreak could also be exacerbated by a nefarious actor acquiring biological samples that could be used deliberately against populations.
- Interoperability and coordination with the military is a key lesson to be learned. Military actors possess capacity that can be used, and are useful for providing surge and additional capacities in an emergency. Hence they have a significant role to play in both security and response. However, this role does also raise concerns, both from a military perspective (danger of mission-creep) and a response perspective (concerns over militarisation of response).
- The engagement of local communities is similarly a common lesson to be learned from Ebola. Local innovations, local community knowledge, and the building of community trust were key to containing and treating the outbreak. Communities, therefore, must be *engaged* and not simply expected to submit to external impositions of response.
- In implementing Article VII and providing aid and assistance, it is necessary to build capacity to both provide *and* receive assistance under Article VII. Response

  capacities should ensure that not only is there a clear requirement for aid and assistance being sent, but that the capability of countries to logistically distribute the aid is sufficient.
- Bio-risk was high in the Ebola outbreak and managing this risk is one of the keys to containment. Biosecurity procedures and biosafety protocols should be embedded in all outbreak responses lest a natural outbreak turn out to be a deliberate biological weapon event. Bioethics for clinical trials and compassionate use authorisations must be considered *before* outbreaks to allow for reflexive and considered, rather than emergency-mode, decisions.
- Each of these challenges must not be considered in isolation. All challenges exist in a complex environment with one another and can affect one another in emergent ways.

Based on these key points, the mains recommendations of the **2016 Wilton Park Report "The 2014 2015 Ebola outbreak: lessons for response to a deliberate event"** were that BWC operates in a complementary fashion to the health and humanitarian organizations and that a working group were established, within BWC, to explore ways to provide assistance under BWC's Article VII, while engaging WHO, IASC an the UN Humanitarian Cluster System **[the IASC role is discussed in items 3) and 6) of this document]**:

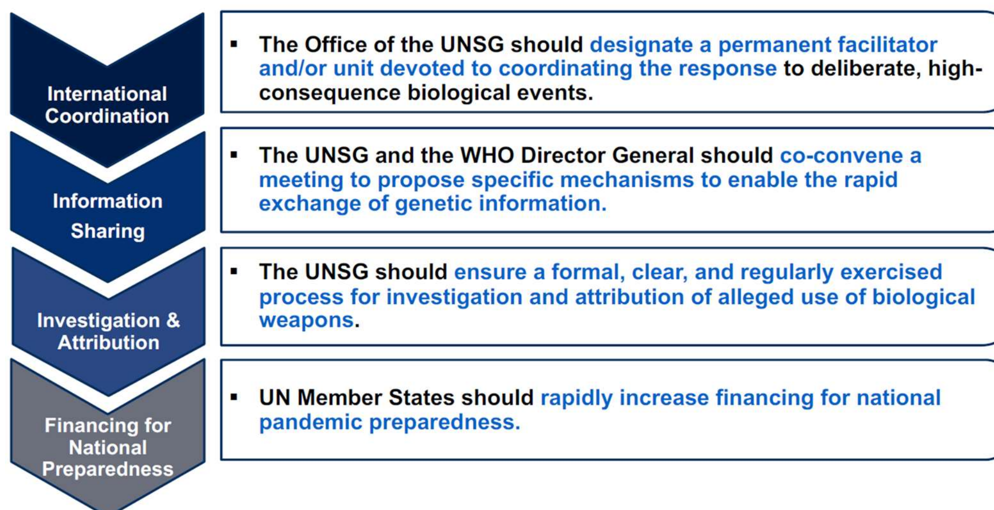
- Recommendations:
    - That the BTWC operates in a complementary fashion to the health and humanitarian communities; not duplicating the efforts that these two systems make.
    - Establishing an Article VII Working Group to specifically explore assistance in a BWC context, explicitly engaging with States Parties, the WHO, the IASC, and the Humanitarian Cluster System.
    - Bio-risk management should be considered prior to the next outbreak and embedded in natural as well as deliberate outbreak responses. Actions Package 3 of the GHSA should be engaged in this aim.
    - Communities must be engaged, and communication with affected populations must be open and honest, in order to improve future responses and enable fast and inclusive action.

The conclusion of the **Wilton Park Report** is that there must be synergy between BWC and the health and humanitarian community, besides the necessity of standard operations procedures for the adequate implementation of BWC's Article VII. Difficulties related to bioethics and compassionate use of medicines were also highlighted, as well as the risk of natural outbreaks being weaponized by terrorists. According to the report, this biosecurity risks, of natural outbreaks being misused by terrorists, justifies the military action not just in suspected/confirmed biological weapon use, but in any case of alleged international concern. Command and control of such operations is major issue to be solved.

> **Conclusion**
>
> From the United States investigation into the implications of a deliberate release of Ebola, it is clear that NGO capacity would be severely reduced under the conditions of a deliberate event (suspected or confirmed). As such, country capacities and the manner in which nations interact with the international organizational community become critical to the overall capacity of response.
>
> Of paramount concern is that the BTWC and other relevant security bodies operate in a synergistic manner with the existing health and humanitarian structures. The security sector should avoid duplicating the efforts of the health and humanitarian communities and ensure that it contributes value to deliberate event responses. The lack of standard operating procedures (SOPs) for the request of, and receipt of, assistance under Article VII of the BTWC is a particular gap in this complementary role for the BTWC in responses.

> Biosecurity, biosafety, and bioethics of disease response were highlighted by the 2014-15 Ebola outbreak. Fast decisions had to be taken in order to approve EUAs and the clinical trials for ZMapp - amongst others - and best practice, along with a deeper consideration of the ethics of outbreak trials, must be preserved. Additionally, many of the observed weaknesses in biosecurity protocols during the outbreak significantly increase the likelihood that a natural outbreak could provide an opportunity for non-state actors to acquire pathogenic materials that could be used in a subsequent deliberate release.
>
> Therefore the inclusion and consideration of bio-risk management both prior to and during all outbreaks – not just suspected/confirmed biological weapon use – should be a priority. The ease of access for non-state actors in obtaining samples and biomaterial in the Ebola outbreak demonstrates a key need to embed bio-risk management into the normal operations of natural disease outbreak response. Of particular use here is Action Package 3 of the Global Health Security Agenda – Biosafety and Biosecurity.
>
> The role of communities in outbreak response must be expanded. The use of local knowledge, local innovation, and community trust was imperative and irreplaceable in the response, and this must not be forgotten. In all the discussions of command and control, the sovereignty of recipient nations is paramount and should be carefully considered and the impact on local populations and local cultures (including the de-stigmatisation of survivors and responders) should be included in decision-making.
>
> Whatever the next event or outbreak is, and regardless of its source, the Ebola outbreak revealed weaknesses in the global health and humanitarian responses that must be fixed. Coordination between agencies should be increased, and efforts should not be duplicated.

The 2019 "**Munich Security Conference Tabletop Exercise on Responding to Deliberate Biological Events**"[17], related to the BWC's Meeting of Experts (MX4), presented the following main recommendations, regarding command and control involving the UN Secretary-General: the office of the UN Secretary-General should designate a permanent facilitator or unit devoted to coordinating the response to deliberate, high consequence biological events; the UN Secretary-General and the WHO Director General should co-convene a meeting to propose specific mechanisms to enable the rapid exchange of genetic information, and The UN Secretary-General should ensure a formal, clear, and regularly exercised process for investigation and attribution of alleged use of biological weapons.



[17] Source: https://documents.unoda.org/wp-content/uploads/2021/03/FBF7B7EF5B160FE2C125844E004A79E74BWCMX4MSCTTX_sideevent.pdf

Further developing the theme “command and control”, the proposal states that the UN Secretary-General should provide the United Nations Office for Disarmament Affairs (UNODA) with resources and authorities necessary for Secretary-General’s Mechanism for Investigation of Alleged Use of Chemical and Biological Weapons (UNSGM) fact-finding missions. Additionally, it states that UNODA should develop clear protocols for operations, including coordination with public health and humanitarian operations. Countries should also establish guidance for linking security organizations to public health and veterinary agencies:

Organizers’ Recommendations

Investigation & Attribution

- **The UNSG should ensure a formal, clear, and regularly exercised process for investigation and attribution of alleged use of biological weapons.**

- The UNSG should provide UNODA with resources and authorities necessary for UNSGM fact-finding missions. This should include an attribution investigation mandate, whether the alleged use was the result of a terrorist or a state-sponsored attack.
- UNODA should develop clear protocols for operations, including coordination with public health and humanitarian operations.
- The UNSGM should be regularly exercised for biological scenarios, with access to a roster of trained and globally diverse experts.
- The UNSG, in coordination with UNODA, WHO, and INTERPOL, should designate a trusted laboratory network responsible for receiving evidence and for determining chain of custody. This laboratory network should be regularly exercised.
- Countries should establish guidance for linking security organizations to public health and veterinary agencies.

13

Such a proposal aims at changing the UN architecture in cases of (alleged) deliberate release of biological agents of (alleged) international concern by the creation of a new permanent facilitator or unit, directly linked to the UN Secretary-General, subjecting WHO to BWC in cases of (alleged) “global health security” concerns, and is connected to the themes of items 3) and 6) of this document.

4.3) What BWC language and understandings were infiltrated in the IHR (2005) reform?

There are at least three main points of insertion of BWC language/procedures in the proposal of IHR reform under negotiation within WHO, namely, Articles 3, 4 and 12 of the **WHO “Working Group on Amendments to the International Health Regulations” (WGIHR)** document[18], as explained below.

Article X of BWC/Articles 3 in general, 3.5 and 3.6 of the proposal of new IHR:

[18] Source: https://apps.who.int/gb/wgihr/pdf_files/wgihr1/WGIHR_Compilation-en.pdf

The language "*differentiated responsibilities and respective level of development of the State Parties*" in the proposal of new WHO IHR Article 3.5 relates to BWC's Article X, whose language includes *"Parties to the Convention in a position to do so*" - meaning Parties in a position to provide cooperation. Moreover, the language "*exclusively for peaceful purposes*" in the proposal of new WHO IHR Article 3.6 also relates to BWC's Article X language, *"for the prevention of disease, or for other peaceful purposes*". Below, the full length of Article X:

ARTICLE X

1. The State Parties to this Convention undertake to facilitate, and have the right to participate in, the fullest possible exchange of equipment, materials and scientific and technological information for the use of bacteriological (biological) agents and toxins for peaceful purposes. Parties to the Convention in a position to do so shall also co-operate in contributing individually or together with other States or international organisations to the further development and application of scientific discoveries in the field of bacteriology (biology) for the prevention of disease, or for other peaceful purposes.

2. This Convention shall be implemented in a manner designed to avoid hampering the economic or technological development of States Parties to the Convention or international co-operation in the field of peaceful bacteriological (biological) activities, including the international exchange of bacteriological (biological) agents and toxins and equipment for the processing, use or production of bacteriological (biological) agents and toxins for peaceful purposes in accordance with the provisions of the Convention.

In fact, the rational presented by BWC Ninth Review Conference[19] is that, according to BWC's Article X, BWC Member-States have the legal obligation to facilitate and the right to participate in cooperations for peaceful purposes:

75. The Conference stresses the importance of implementation of this Article and recalls that States Parties have a legal obligation to facilitate and have the right to participate in the fullest possible exchange of equipment, materials and scientific and technological information for the use of bacteriological (biological) agents and toxins for peaceful purposes and not to hamper the economic and technological development of States Parties.

And, because the development of core capacities to comply with WHO IHR (2005) is a *conditio sine qua non* for "global health security" achievements, provide cooperation under the scope of BWC, for peaceful purposes, usually has to do with cooperating on the implementation of national capacities to comply with IHR (2005).

In this regard, important to mention the US statement on the document **BWC/CONF.IX/6** on **"Implementation of Article X of the Convention"** recalling that the **Global Health Security Agenda (GHSA)**, a multilateral initiative launched in 2014 lead by the US, aims at accelerating compliance specifically with the IHR 2005:

[19] According to the "Draft Final Document of the Ninth Review Conference" **(BWC/CONF.IX/CRP.2/Rev.1)**: "75. The Conference stresses the importance of implementation of this Article and **recalls that States Parties have a legal obligation to facilitate** and have the right to participate in the fullest possible exchange of equipment, materials and scientific and technological information for the use of bacteriological (biological) agents and toxins for peaceful purposes and not to hamper the economic and technological development of States Parties."

181. The United States is a founding member of the Global Health Security Agenda (GHSA), a multilateral initiative launched in 2014 by 20 countries to accelerate compliance with the 2005 International Health Regulations (IHR). The IHRs, a legally binding instrument now adopted by 196 countries, aims to strengthen country-level capabilities needed to prevent, detect, and respond to health emergencies. From its inception, GHSA has been a catalyst for progress to protect the world from global health threats posed by infectious diseases, whether caused naturally, deliberately, or accidentally. This collaborative multisectoral initiative now includes 70 countries, international organizations, non-governmental organizations, and the private sector with the objective of strengthening global health security.

In sum, Article X basically states that even though BWC is a convention related to weapons and deliberate biological releases, there is an obligation of cooperating for peaceful purposes that would contribute to increase biological security. And the new language of proposed Articles 3.5 and 3.6 combines all these four ideas – IHR, solidarity (cooperation), responsibility to act based on the respective level of development and peaceful purposes:

> *"New 5. The State Parties shall implement these Regulations on the basis of equity,* ***solidarity*** *as well as and in accordance with their common but* ***differentiated responsibilities and respective level of development of the State Parties****.*
> *New 6: Exchange of information between State Parties or between State Parties and WHO pursuant to the implementation of these Regulations shall be exclusively for* ***peaceful purposes****."* (italic added)

BWC's Article X opens then the possibility of cooperation for peaceful purposes in cases of health threats posed by infectious diseases, whether caused naturally, deliberately, or accidentally, BWC Ninth Review Conference states that the countries have the legal obligation to facilitate cooperation on the subject, and the most important subject of this sort of cooperation is precisely the IHR, that now can possibly state on its Article 3, as a principle, that countries shall implement IHR (globally? In any country?) based on their differentiated responsibilities (considered BWC and global security concerns?)and respective level of development of the State Parties.

Which means that a concern raised within WHO, regarding the implementation of a new approved IHR in a third country could trigger the implementation of BWC's Article X, which is of course based on the global health security perspective and implemented through military personnel.

In this context, important to stress that the US investment in international cooperation on themes and actions related to the implementation of BWC's Article X is pervasive, encompassing dozens of international organizations, as WHO:

II. General perspectives on the implementation of Article X

154. The United States places great importance on the effective implementation of Article X of the Biological Weapons Convention (BWC) and invests billions of dollars in international cooperation and assistance programs. U.S. efforts aim to strengthen global health capacities to counter biological threats of all types – whether natural, accidental, or deliberate in origin – that could affect human, animal, or plant health.

155. Since our last report in 2020, the United States Government has committed over $2.4 billion in international health, humanitarian, and economic assistance specifically aimed at fighting the pandemic and is deploying the full range of U.S. resources to contain and prevent the spread of COVID-19 across the globe.[36]

156. As the largest funder and implementer of global health programs worldwide, the United States Government engages in a wide range of cooperation and capacity-building assistance relevant to Article X. These efforts save lives by enhancing public health education; bolstering healthcare facilities; and building laboratory, disease-surveillance, and rapid-response capabilities in over 120 countries.

157. Additionally, the United States is by far the largest and most reliable contributor to crisis response and humanitarian action through WHO, UNICEF, the World Food Program, and dozens of other international organizations. Our support enables these organizations to fight disease and ultimately, protect lives. The United States is also one of the largest funders of basic and applied research in the life sciences. U.S. funding supports such work not only in the United States but around the world.

<u>**Article VII of BWC:**</u>

As previously discussed in **item 4.2 of this document**, BWC's Article VII states that providing or supporting assistance under the scope of BWC depends on three conditions: the observation of the United Nations Charter, the request of any affected Party to the Convention, as well as the UN Security Council decision that such Party has been exposed to danger a result of violation of the Convention:

ARTICLE VII

Each State Party to this Convention undertakes to provide or support assistance, in accordance with the United Nations Charter, to any Party to the Convention which so requests, if the Security Council decides that such Party has been exposed to danger a result of violation of the Convention.

Given the high standard of theses three conditions, the US submission to the **BWC Ninth Review Conference,** in 2022, advocates for early Article VII interventions based on humanitarian imperatives and the risk of a deliberate outbreak being wrongly considered natural in its origin. Also according to US representatives, given the urgency of the matter, BWC's Article VII should be precautionarily implemented based on the argument that international compassionate and preventive assistance must be provided before the determination of the origins of an outbreak.

In this regard, relevant to point out that the "**Draft Final Document of the Ninth Review Conference" (BWC/CONF.IX/CRP.2/Rev.1)** encourages, based on the vague notion of "humanitarian imperative", States Parties to emergently act despite a pending decision by the Security Council:

“44. The Conference considers that should a request for assistance be made, it should be promptly considered and an appropriate response provided. In this context, and ***in view of the humanitarian imperative, the Conference encourages States Parties in a position to do so to provide timely emergency assistance if requested pending consideration of a decision by the Security Council****.”* (italics added)

Which means that in the context of the current BWC debates on Article VII, responsible of ruling international assistance based on violation of the Convention, the new proposed language included in WHO IHR Article 3 would serve countries lead by the US advocating that, for the sake of global health security, assistance should be provided irrespectively of the nature of the outbreak, whether caused naturally, deliberately, or accidentally, even when the Security Council decision is pending. Basically, the central concern to be addressed, according to NATO countries, is that the maintenance of global health security depends on early action, irrespective of the origins of the threat, and that any risk or alleged risk should trigger a response based on the worst-case scenario.

Combining both BWC and WHO legal frameworks, can in the future lead to situations in which a national government concerned with a biological threat in its own territory could request cooperation or assistance through the reformed IHR, which could, through intricacies of the internal UN bureaucracy, trigger both BWC’s Articles VII and X responses, accordingly to the concrete situation, even if the affected country’s initial intention was to keep the issue under the auspices of WHO.

Such a future, in which an IHR request could trigger responses through BWC, is very much in line with the Ninth Review Conference **(BWC/CONF.IX/CRP.2/Rev.1)** understanding that in the event Article VII might be invoked, the UN system could coordinate the assistance under the Convention (meaning, based on BWC rules, definitions, priorities and procedures), with the help of organizations such as WHO, OIE, FAO and IPPC:

“47. The Conference considers that in the event that this Article might be invoked, the United Nations could play a coordinating role in providing and delivering assistance under the Convention, with the help of States Parties, as well as the appropriate intergovernmental organizations, in accordance with their respective mandates, such as the World Health Organization (WHO), the World Organisation for Animal Health (WOAH), the Food and Agriculture Organization of the United Nations (FAO), and the International Plant Protection Convention (IPPC).”

The UK has in fact anticipated the future with the **UK “Public Health Rapid Support Team” (UK-PHRST)**, an entity on stand-by to tackle outbreaks of infectious disease anywhere in the world within 48 hours, trigged by a request of a affected country, WHO or directly from GOARN, a public-private partnership within WHO with no transparency regarding its structure, command and funds, as discussed in item 6) of this document:

“(…) In 2018, the UK reported to States Parties about the establishment of its Public Health Rapid Support Team (UK-PHRST). Consisting of public health experts, scientists and academics, ***UK-PHRST is on stand-by to tackle outbreaks***

__of infectious disease anywhere in the world within 48 hours. Deployment of UK-PHRST is at the invitation of the host government or in response to requests made by the World Health Organization (WHO) or by the Global Outbreak Alert and Response Network (GOARN).__ UK-PHRST also conducts rigorous operational research to improve epidemic preparedness and outbreak responses."[20] (italics added)

Moreover, important to recall, as mentioned before in item 4.2 of this document, that **submission BWC/MSP/2017/WP.15**, presented by Australia, Japan, the Netherlands and the United Kingdom, proposed, BWC to strengthen its cooperation with WHO, stressing that **IHR (2005) states that WHO is prepared to assist and respond to public health emergencies regardless of the cause of the threat, whether natural or deliberate**. The document also mentions the **WHO Emergency Response Framework (ERF) as a window for WHO to begin further and more robust collaboration with __security__ communities.**

In sum, it is desirable for countries taking part into the global health security ideology that the WHO legal framework could legitimize and even trigger the implementation of BWC's Articles VII and X in a very early and precautionary manner, irrespectively of the nature of the outbreak - whether caused naturally, deliberately, or accidentally – or the Security Council's decision on the concrete case.

On the other hand, it is also crucial to recall that the **UN Security Council Resolution 2177/2014 on the 2014 Ebola crisis in West Africa** (item 6.2 of this document), basically in the same perspective and practical consequences of **BWC's Article VII** (despite the scenario in which no violation of the Convention was observed), **called on Member States to provide urgent resources and assistance to affected countries**:

"__Calls on Member States to provide urgent resources and assistance, including deployable medical capabilities such as field hospitals with qualified and sufficient expertise, staff and supplies, laboratory services, logistical, transport and construction support capabilities, airlift and other aviation support and aeromedical services and dedicated clinical services in Ebola Treatment Units and isolation units, to support the affected countries__ in intensifying preventive and response activities and strengthening national capacities in response to the Ebola outbreak and to allot adequate capacity to prevent future outbreaks." (italics added)

Which means that the UN Security Council, in practical terms, doesn't need a scenario in which violation of the BWC is observed to call on Member States to provide urgent assistance to countries affected by biological threats - irrespectively of the origins of the biological agent -, providing basically the same concrete consequences of the implementation of **BWC's Article VII**, a provision – important to underscore – that has never been invoked by Member States.

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[20] Source: **"Contribution by the United Kingdom of Great Britain and Northern Ireland on Implementation of Article VII of The Biological and Toxin Weapons Convention (BTWC)"**, https://documents.unoda.org/wp-content/uploads/2022/09/UK.pdf

Article 4 of the proposal of new IHR:
It's important to mention that the definition of the national IHR focal point can be another form of military infiltration in health policies, since the designated entity or personnel can have strict ties with the army or other security institutions. If the chosen institution cumulates the function of national BWC focal point, promoting an even more effective and pervasive infiltration of BWC's priorities, rationale, rules, definitions and procedures within WHO and the health system as a whole.

Article 12 of the proposal of new IHR:
As previously mentioned, the **BWC's Ninth Review Conference (BWC/CONF.IX/CRP.2/Rev.1)** understands that in the event Article VII might be invoked, the UN system could coordinate the assistance to the affected Party under the Convention, with the help of UN organizations such as WHO, OIE, FAO and IPPC. Which means that providing extra powers to the WHO Director-General to **determine (not to declare!, since WHO doesn't want to be legally responsible for such a declaration)** potential or actual public health emergency of international or regional concern, as well as intermediate health alerts would be extremely useful and instrumental to BWC's intentions of responding irrespectively of the origin of the threat and of the Security Council's decision on the violation of the Convention.

Recalling that, having IHR and WHO as a military tool has the additional advantage of broadening the scope of action to any UN Member State, regardless of their membership in multilateral agreements.

4.4) How BWC rationale and procedures have already infiltrated WHO?

Despite the lack of legally binding definitions for "health security" and "global health security", as well as the lack of mandate to develop health security polices, WHO webpage shares a strange definition of "global public health security":

> *"Global public health security is defined as the activities required, both proactive and reactive, to minimize the danger and impact of acute public health events that endanger people's health across geographical regions and international boundaries."*[21]

Additionally, **Canada's Weapon Threats Reduction Program** established in fiscal year 2017/2018, within the WHO's Health Emergency Program, the **WHO's Health Security Interface (HSI) Secretariat**, as informed to the **BWC's Ninth Review Conference of the States Parties**, through the document **"International Activities of Global Partnership Member Countries related to Article X of the Biological and Toxin Weapons Convention (2017-2022)" (BWC/CONF.IX/WP.51)**:

[21] Source: https://www.who.int/health-topics/health-security#tab=tab_1

Project Title	*Strengthening WHO Capacity to Respond to the Deliberate Use of Chemical and Biological Weapons*
Partner Country/Region	Global
Implementing Country	Canada – Weapons Threat Reduction Program
	Global Affairs Canada
Collaborating Partner(s)	World Health Organization (WHO)

BWC/CONF.IX/WP.51

Project Title	*Strengthening WHO Capacity to Respond to the Deliberate Use of Chemical and Biological Weapons*
Project Value	C$10,140,000
Duration	2018-2023
Description	This project supports the WHO's Health Emergency Program to further strengthen its capacity to respond to deliberate use of chemical and biological weapons through the Health Security Interface (HSI) Secretariat (established in fiscal year 2017/2018 with funding from Canada's Weapon Threats Reduction Program). Project activities include the development of a multidisciplinary "deliberate event readiness and response team" that will be empowered, trained, and equipped to deploy in response to chemical or biological weapons use anywhere in the world.

Furthermore, the former head of **WHO's Biosecurity and Health Security Protection Unit**, Dr. Matthew Lim, retired from the US Navy in May 2020 and is currently Deputy Health Attaché, U.S. Mission to International Organizations in Geneva.

Last but not least, important to point out that the WHO webpage mentions that **WHO's health security interface** works with defense and military players, as well as advocates a WHO role in responses to deliberate events:

> *"WHO's health security interface works with involving international organizations, civil defense, military doctors, law enforcement and armed forces.* ***The Secretariat advocates for the role of public health in the security sector****, increase WHO preparedness and* ***response to deliberate events*** *and provides awareness about health security internationally."*[22]

[22] Source: https://www.who.int/health-topics/health-security#tab=tab_2

5) **<u>Proposal 3. Scale up Universal Health and Preparedness Reviews and strengthen independent monitoring (paragraph 28 and following paragraphs, document EB 152/12)</u>**

Essential to highlight that negotiations on "access to medical countermeasures" should not only take rapid and equitable access into consideration, but also de fact that "medical countermeasures" arise from national security concerns implying that this category of products doesn't need to observe regulatory norms and procedures regularly applied to medicines, vaccines and advanced therapies.

Depending on the national jurisdiction, when medical countermeasures are implied, no clinical trials are performed, no complete safety and efficacy profile are produced, and no informed consent by the target population is needed, resulting in a scenario in which experimental products can be forced upon an entire population, based on alleged or potential national security threats.

Depending on the concrete circumstances, providing rapid access to this category of products can prove to be an ethical and humanitarian mistake, exposing entire populations to dangerous experimental prototypes, if the national legal framework doesn't provide adequate balance between safety waivers and fundamental guarantees.

6) **<u>Emergency coordination and Proposal 4 - Strengthen the health emergency workforce (paragraph 38 and following paragraphs, document EB 152/12)</u>**

The proposed emergency coordination strategy sponsored by the WHO Director-General must be discussed in a transparent and broad manner, once the real-world experience demonstrates that, in the case of relevant emerging global threats, the effective real-world coordination of national and global urgent responses will not remain under the responsibility of national, regional and global health sectors.

Indeed, approving a global HEPR architecture within WHO without properly taking into consideration the necessary involvement of other influential actors, as military forces, will only make it easier for security and defense interests to kidnap the entire WHO system, if desirable.

Even the example provided by the Director-General, in paragraph 45 of the document EB 152/12, mentions that the real-world covid-19 response mechanism involved UN structures beyond WHO, as the UN Crisis Management Team (UNMCT). In spite of the WHO coordination of the UNMCT, its is very important to highlight that the UNMCT "Draft Terms of Reference"[23], available on the internet, points out that both UN OCHA and GOARN had essential roles in the covid-19 response mechanism:

> *"<u>**At the global level, humanitarian operational coordination will continue to be managed through the Inter-Agency Standing Committee (IASC) Emergency**</u>*

[23] Source: https://www.globalprotectioncluster.org/old/wp-content/uploads/200214-TOR-for-COVID-19-UN-Crisis-Management-Team-FINAL.pdf

> ***<u>Directors Group, chaired by OCHA</u>***. ***<u>Global public health operational response coordination will be managed through WHO and its partners such as the Global Outbreak Alert and Response Network (GOARN)</u>***. *OCHA and WHO will provide briefings to the CMT regularly on significant global developments."* (italics added)

Such a real-world coordination structure means that even today the response mechanism "coordinated by WHO" put in place during the covid-19 response strategy implies management of the humanitarian operational coordination by IASC and the pivotal participation of "Global Outbreak Alert and Response Network" (GOARN), an international network of public and private institutions with no transparency at all on its governance, membership and terms of reference.

Below, a journal article[24] on GOARN's governance, in which the public-private partnership is highlighted.

Global Governance 18 (2012), 317–337

The Promise and Challenge of Global Network Governance: The Global Outbreak Alert and Response Network

Chris Ansell, Egbert Sondorp, and Robert Hartley Stevens

Networks are often heralded as a promising strategy of global governance. This article examines the challenges encountered in managing one relatively successful network—the Global Outbreak Alert and Response Network (GOARN). Over the past decade, this international network of public and private institutions has played a major role in organizing the global response to infectious disease outbreaks around the world. Despite its successes, GOARN confronts difficult challenges in balancing performance objectives with the goals of maintaining and developing the network. The imperative to integrate closely into World Health Organization (WHO) operations makes it difficult for GOARN to balance its obligations to the WHO with the need to maintain and cultivate its role as an independent network. KEYWORDS: public health, infectious disease, early warning systems, GOARN, network governance, global public policy networks.

Another paragraph evoking IASC and GOARN as strategic players is paragraph 44, affirming that health emergency corps should build on and leverage other global health emergency networks, such as the GOARN and the Global Health Clusters, whose webpage[25] provides a link to the Cluster System of the UN Inter-Agency Standing Committee (IASC).

Bearing that context in mind, also important to mention that the "Bill & Melinda Gates Foundation", one of the major supporters of GOARN, took part in the publication of the

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[24] Source: https://www.jstor.org/stable/23269960
[25] Source: https://healthcluster.who.int/about-us

2019 edition of the "Global Health Security Index"[26], which recommends, among other strategies, that a facilitator or unit above WHO is created to empower the global HEPR architecture:

> *"**The Office of the UN Secretary-General, working in concert with the WHO, the UN Office for the Coordination of Humanitarian Affairs, and the UN Office for Disarmament Affairs, should designate a permanent facilitator or unit for high-consequence biological events that could overwhelm the capacities of the current international epidemic response architecture, resulting in mass casualties**. This function would not be operational in nature, but rather the facilitator or unit would convene the public health, security, and humanitarian sectors before and during crises to identify and fill gaps in global preparedness specific to rapidly spreading events with the potential for great loss of life.19 The person or unit with this responsibility would also spur simulation exercises in concert with the UN Operations and Crisis Centre to promote unity of effort across public health, humanitarian, and security-led responses."* (italics added)

Additionally, the 2021 edition of the "Global Health Security Index"[27] states that international organizations such as the UN, WHO and World Bank should:

> *"**Support the formation of a dedicated international normative body to promote the early identification and reduction of global catastrophic biological risks**.*
>
> *Work to improve coordination among national and global actors to address high-consequence biological events, including deliberate attacks. Specifically, **the Office of the UN Secretary-General should work in concert with the WHO, the UN Office for the Coordination of Humanitarian Affairs, and the UN Office for Disarmament Affairs to designate a permanent facilitator or unit for high-consequence biological events and call a heads-of-state-level summit on biological threats that is focused on creating sustainable health security financing and new international emergency response capabilities**."* (italics added)

Finally, it is also relevant to emphasize that the enhancement of United Nations system coordination in the global response to health crises through bodies and initiatives above WHO isn't something new or merely hypothetical, but the actual model adopted, in 2014, by the organization while addressing the **Ebola crisis in West Africa**.

[26] Source: https://reliefweb.int/report/world/global-health-security-ghs-index-october-2019?gclid=EAIaIQobChMIhoTCloaS_QIVS0FIAB2qqwBmEAAYAyAAEgLEx_D_BwE
[27] Source: https://www.ghsindex.org/

6.1) So, important to clarify: how exactly did the 2014 Ebola crisis unfolded within the UN structure?

Initially, according to the UNGA document **UN "Report of the High-level Panel on the Global Response to Health Crises" – 71st Session of the General Assembly, 2016**, WHO decided not to raise the issue of the Ebola outbreak in West Africa with other heads of UN organizations through IASC:

> *"160. First, there was no established inter agency mechanism for responding to health crises with multidimensional impacts. The IASC cluster system, coordinated by the United Nations Office for the Coordination of Humanitarian Affairs, is usually activated to respond to large scale humanitarian crises.* ***In the case of the Ebola crisis in 2014, the IASC mechanism was considered but in the end not selected for several reasons. These included the fact that the Ebola outbreak was initially seen as a health rather than a humanitarian crisis, a belief compounded by the decision by WHO to not raise the issue with the IASC Principals (agency heads) at an earlier stage****. Also, the numbers of those infected in the early days of the Ebola crisis were relatively small compared with the caseloads in other humanitarian crises."* (italics added)

As the situation developed and WHO's response was considered insufficient, IASC members concluded that given the rate at which the epidemic was evolving, a string response system with leadership able to provide direct command and control should be established within the United Nations:

> *"161. The WHO Director General first briefed IASC on the Ebola crisis at a meeting in August 2014. The IASC Principals felt that WHO, as the lead agency for health, should take the lead in responding to the crisis. There was no decision to activate a broader humanitarian response level. However, the slow response by WHO including its slow deployment of staff prompted questions about its ability to provide the required leadership. Furthermore,* ***as the crisis unfolded, it became clear that it included several other dimensions besides health such as Water, Sanitation and Hygiene for All (WASH), education and food security and that WHO alone would therefore not be able to coordinate the overall response. IASC members and others also concluded that given the rate at which the epidemic was evolving, a string response system with leadership able to provide direct command and control should be established. This is significantly different from the IASC cluster system****."* (italics added)

Later, in September, with the spread of the outbreak rapidly outpacing efforts to contain it, the UN Secretary General announced his intention to immediately establish the United Nations Mission for Ebola Emergency Response (UNMEER), the first ever United Nations health emergency mission:

> *"162. Amidst delays in the response, and with the spread of the outbreak rapidly outpacing efforts to contain it, it was recognized that a rapid scale up of the response was needed.* ***Following consultation with the Director General of WHO, on 17 September 2014, the Secretary General announced his intention to immediately establish the United Nations Mission for Ebola Emergency Response (UNMEER), the first ever United Nations health emergency mission.***

The proposal to establish UNMEER was welcomed by the General Assembly in its resolution 69/1, on 19 September 2014.

163. In its consultations, the Panel learned that, ***the establishment of UNMEER, under the personal leadership of the Secretary General****, played an important role in raising worldwide attention on the Ebola crisis and supported Governments, United Nations agencies and other actors to galvanize their response into emergency mode.* ***While most of the United Nations operational response continued to be implemented by lead agencies****, including the International Federation of Red Cross and Red Crescent Societies, the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF), WFP and WHO,* ***UNMEER helped to establish a common operational platform for the response****. In the affected countries, the UNMEER Ebola Crisis Managers were credited for convening actors and partners at the country level, engaging politically and ensuring a nationally owned and inclusive approach. UNMEER also brought a much needed and called for regional perspective to the response. This allowed the Mission to support the redeployment of response assets across national borders. Furthermore, the logistical support provided by WFP under the coordination of UNMEER was seen as a critical multiplier for the response."* (italics added)

The experience, according to the **UN "Report of the High-level Panel on the Global Response to Health Crises"**, highlights the importance of pre agreed coordination mechanisms, such as the IASC cluster system mechanism, to deal with crises, since the UNMEER was subjected to difficulties related to the establishment of a new coordination mechanism in the midst of a health crisis of international concern. The strategic importance of a Special Envoy to provide policy direction to the Ebola response and to galvanize international donor support is also highlighted by the document:

"165. In the view of the Panel, the establishment by the Secretary General of UNMEER made a valuable contribution to strengthening the global Ebola response at the height of the crisis. However, ***the experience of UNMEER also highlighted the challenges involved in establishing a new coordination mechanism in the midst of a crisis, and underscores the need to rely on existing or pre agreed coordination mechanisms, such as the IASC cluster system mechanism, to deal with crises. If needed, such mechanisms should be adapted to the nature of the crises****.*

166. Concurrently with the establishment of UNMEER, the Secretary General also appointed his Special Envoy on Ebola to provide strategy and policy direction to the Ebola response and to galvanize international donor support. In its consultations, the Panel heard that the Special Envoy played an important role in defining financial requirements, raising funds for the Ebola response and facilitating regular coordination among international responders throughout the world. The appointment of the Special Envoy further helped to maintain political attention on the crisis." (italics added)

Based on the difficulties faced by UNMEER, the **UN "Report of the High-level Panel on the Global Response to Health Crises"** recommends, in cases of communicable disease outbreaks, the adoption of the IASC cluster system, with variable coordination configurations, depending on the severity of the actual health crisis to be addressed:

> *"168.* ***Wherever possible, the IASC cluster system should be used to ensure inter agency coordination in emergency response situations. This would include crises brought about by communicable disease outbreaks. If, as is frequently the case, a communicable disease outbreak occurs as part of a broader conflict driven emergency or a natural disaster, the Health Cluster, under the leadership of WHO, should lead the health response, reporting to a Humanitarian Coordinator appointed by the Secretary General****.*
>
> *169.* ***However, there may be situations, such as with a possible pandemic influenza outbreak, where a health crisis is the root cause of a humanitarian emergency. Given the need for the health response to inform the overall crisis response in such situations, IASC may wish to assign overall leadership of the inter agency response to WHO, through the cluster system****. When these situations occur, the Secretary General should appoint the Executive Director of the WHO centre as his/her Emergency Coordinator, allowing the WHO centre to oversee the direct health response as Health Cluster lead, as well as overall coordinator of the wider humanitarian response.*
> *(…)*
>
> *171.* ***To ensure global political engagement and commitment beyond the health sector, the Panel further recommends that, in the case of health crises such as Ebola, the WHO Director General formally and regularly report to the United Nations Secretary General on the crisis response****. This will assist the Secretary General in using his or her good offices to support the global response efforts." (italics added)*

Another extremely important measure adopt amid the 2014 Ebola crisis in West Africa was the adoption, by the Security Council at its 7268th meeting, on 18 September 2014, of the Resolution 2.177/2014, discussed below.

6.2) So what does the UN Security Council Resolution 2.177/2014 state?

In its preamble, the **UN Security Council Resolution 2177/2014 on the 2014 Ebola crisis in West Africa** states that "*the unprecedented extent of the Ebola outbreak in Africa constitutes a* ***threat to international*** *peace and* ***security***" (italics added), also emphasizing the relevance, in terms of national responses, of the **"Global Health Security Agenda"**[28] [29], an U.S. government initiative lead by the U.S. Department of

[28] Source: https://www.cdc.gov/globalhealth/security/what-is-ghsa.htm
[29] In the preamble of the UN Security Council Resolution 2177/2014:
"Emphasizing the key role of Member States, including through the Global Health Security Agenda where applicable, to provide adequate public health services to detect, prevent, respond to and mitigate

Health & Human Services, with the participation of other 70 countries, whose declared target is to strengthen the world's ability to prevent, detect, and respond to infectious disease threats.

The preamble also recalls the WHO **IHR (2005)** as a contributing coordinating tool for the global public health security, as well as the role of relevant UN entities, **particularly, WHO, which designated the Ebola outbreak a public health emergency of international concern**, the General Assembly, the Economic and Social Council, and the Peacebuilding Commission, in supporting the national, regional and international responses to the Ebola outbreak in the West Africa:

> *"Recalling the International Health Regulations (2005), which are contributing to* ***global public health security by providing a framework for the coordination of the management of events that may constitute a public health emergency of international concern****, and aim to improve the capacity of all countries to detect, assess, notify and respond to public health threats and underscoring the importance of WHO Member States abiding by these commitments."*
> *(…)*
> *"****Emphasizing the role of all relevant United Nations System entities, in particular the United Nations General Assembly, Economic and Social Council, and Peacebuilding Commission, in supporting the national, regional and international efforts to respond to the Ebola outbreak and recognizing, in this regard, the central role of the World Health Organization (WHO), which designated the Ebola outbreak a public health emergency of international concern****."* (italics added)

Additionally, the preamble of the **UN Security Council Resolution 2177/2014** stresses the need for urgent action, international collaboration and coordinated efforts of all relevant UN entities, observed their respective mandates; as well as welcomes the Secretary-General intention to convene a high level UN meeting to urge an exceptional and vigorous response to the Ebola outbreak:

> *"****Underscoring that the control of outbreaks of major infectious diseases requires urgent action and greater national, regional and international collaboration and, in this regard, stressing the crucial and immediate need for a coordinated international response to the Ebola outbreak****,*
> *(…)*
>
> ***Stressing the need for coordinated efforts of all relevant United Nations System entities to address the Ebola outbreak in line with their respective mandates*** *and to assist, wherever possible, national, regional and international efforts in this regard,*
> ***Welcoming the intention of the Secretary General to convene a high level meeting*** *on the margins of the sixty ninth United Nations General Assembly to urge an exceptional and vigorous response to the Ebola outbreak."* (italics added)

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outbreaks of major infectious diseases through sustainable, well functioning and responsive public health mechanisms."

Based on such a comprehensive preamble and on its mandate of maintaining international peace and security, the Security Council, **motivated by the 2014 Ebola crisis in West Africa and its designation, by WHO, as a public health emergency of international concern**, urges Member States:

> *"(…) **to implement relevant Temporary Recommendations issued under the International Health Regulations (2005)** regarding the 2014 Ebola Outbreak in West Africa, **and lead the organization, coordination and implementation of national preparedness and response activities**, including, where and when relevant, in collaboration with international development and humanitarian partners."* (italics added)

And, basically in the same perspective and practical consequences of **BWC's Article VII** (despite of lack of violation of BWC), **calls on Member States to provide urgent resources and assistance to affected countries**:

> *"**Calls on Member States to provide urgent resources and assistance, including deployable medical capabilities such as field hospitals with qualified and sufficient expertise, staff and supplies, laboratory services, logistical, transport and construction support capabilities, airlift and other aviation support and aeromedical services and dedicated clinical services in Ebola Treatment Units and isolation units, to support the affected countries** in intensifying preventive and response activities and strengthening national capacities in response to the Ebola outbreak and to allot adequate capacity to prevent future outbreaks."* (italics added)

Specifically in relation to the UN Secretary-General, the Security Council requests the acceleration of the response to the Ebola outbreak, through "*all relevant United Nations System entities*", which means that any entity deemed relevant by the Secretary-General would be legitimated to act, within its mandate, irrespectively of its hierarchy:

> *"Requests the Secretary General to help **to ensure that all relevant United Nations System entities, including the WHO and UNHAS, in accordance with their respective mandates, accelerate their response to the Ebola outbreak, including by supporting the development and implementation of preparedness and operational plans** and liaison and collaboration with governments of the region and those providing assistance."* (italics added)

Regarding WHO, the Security Council emphasizes, among other activities, its role in hasten the development and implementation of therapies and vaccines, with the support of Member States, if possible – a statement that underscores the perspective of having WHO as a bridge between experimental technologies developed by pharmaceutical multinationals and national military complexes and third countries' populations under biological threat or alleged biological threat:

> *"Encourages the WHO to continue to strengthen its technical leadership and operational support to governments and partners, monitor Ebola transmission, assist in identifying existing response needs and partners to meet those needs to facilitate the availability of essential data and **hasten the development and implementation of therapies and vaccines according to best clinical and ethical practices and also***

***encourages Member States to provide all necessary support in this regard, including the sharing of data in accordance with applicable law**."* (italics added)

In sum, the high level entity within the United Nations responsible for maintaining the international peace and security, while emphasizing the security and "global health security" dimensions of the national, regional and international efforts to respond to the Ebola crisis in West Africa, calls on Member States to provide urgent resources and assistance to affected countries, basically providing the same practical consequences of the implementation of **BWC's Article VII**, in a scenario in which no violation of the Convention was observed.

It also highlights the necessity, observed the respective mandates, of coordination of all relevant UN system entities, lead by the Secretary-General, involving the UN General Assembly, the Economic and Social Council, the Peacebuilding Commission and WHO, while WHO should, with the support of Member States, continue to strengthen its technical leadership and operational activities, with special emphasis on the role of **IHR (2005)**, mentioned as a tool for the global public health security, and the development and implementation of innovative (experimental) therapies and vaccines.

7) Proposal 10. Strengthen WHO at the centre of the global HEPR architecture (paragraph 64 and following paragraphs, document EB 152/12)

Bearing in mind all the aforementioned issues related to coordination, command and control of real-world health crisis of alleged international concern, the proposal, sponsored by WHO Director-General, of strengthening WHO at the center of a new global HEPR architecture can prove to be a trap, if negotiated without the proper context analysis implying its connections with OCHA, BWE, UNDP, FAO, UNEP, UN Secretary-General and the United Nations Security Council, among other organizations and influential international stakeholders directly interested in the geopolitical consequences of a factual or alleged public health emergency of international concern.

In other words, the ongoing negotiations should not weaponize "*the only multilateral Organization with a mandate that encompasses the systems, finance and governance of HEPR*" (paragraph 64) aiming at occultly utilize WHO, the UN organization with mandate for "*setting international norms and standards; promoting and conducting research in the field of health; providing data and information; developing evidence-based policy and guidance; investigating and responding to health emergencies as a first responder and as a provider of last resort, including in the most vulnerable and fragile contexts; and maintaining strong relationships within the global health ecosystem*" (paragraph 65), as a implementation tool of security, defense, military and war interests kept hidden from the public and the scrutiny of UN General Assembly and WHO World Health Assembly.

III. Conclusion:

Past major health crises have been followed, by design, by the reform of strategic norms, procedures and structures of WHO and global health systems in general. The SARS outbreak led to major revisions of the International Health Regulations in 2005, and the 2006 H5NI avian flu outbreak was followed by the development of the Pandemic Influenza Preparedness Framework within WHO.

The 2014 Ebola crisis in West Africa led to the approval of the UN Security Council Resolution 2177/2014 that basically had the same practical consequences of BWC's Article VII, in a scenario in which no violation of the Convention was observed, calling on Member States to provide urgent resources and assistance to affected countries. Another consequence of the 2014 Ebola crisis was the approval, in 2016, of the UN "Report of the High-level Panel on the Global Response to Health Crises" – 71st Session of the General Assembly, proposing the establishment of a high level council on global public health crises, based on the lack of adequate response from the WHO and the international community in general, while tackling the Ebola outbreak in West Africa.

The proposal of an UN a high level council was rejected by the Member States but the essential idea encompassed by the report is still on the table, kept occult from the public opinion, hidden in the core strategies embedded in negotiations within strategic UN organizations, as WHO.

Accordingly, the global Covid-19 pandemic has been weaponized to incept radical changes in the current global HEPR architecture. Most of the objectives behind the proposed changes are hidden and have deep roots in global health security agenda sponsored by specific UN Member-States strongly vocal in debates within BWC, especially the US government.

Also the current first-ever outbreak of Marburg virus disease[30] in Equatorial Guinea can be weaponized aiming at the inception of changes in the global HEPR architecture, and IHR (2005), as well as the fast-track approval of new pandemic accords and the emergency use of new therapies and vaccines in the target population.

Which means that it is crucial, in order to defend the integrity of WHO mandate and purpose, while negotiating and debating within WHO IHR reforms and future pandemic accords, to expose the global health security agenda and the hidden interconnections between WHO, OCHA, BWE, UNDP, FAO, UNEP, One Health approach, UN Secretary-General and the United Nations Security Council, among other organizations and influential international stakeholders directly interested in the geopolitical consequences of a factual or alleged public health emergency of international concern.

[30] Source: https://www.afro.who.int/countries/equatorial-guinea/news/equatorial-guinea-confirms-first-ever-marburg-virus-disease-outbreak