Strengthening Global Health Security and Reforming the International Health Regulations
Making the World Safer From Future Pandemics

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Since the SARS-CoV-2 outbreak emerged in late 2019, more than 623,000 people in the US and 4.4 million people worldwide are known to have died from COVID-19.\textsuperscript{1,2} The true death count is probably many times higher. More than 200 million more people around the world have been infected. The rapid spread of highly contagious variants is a grim signal that those numbers will continue to rise.

Behind the daily reports are the momentous health, economic, and security challenges this crisis poses for the US and the rest of the world. The pandemic has revealed significant weaknesses in global health security. While working to end the COVID-19 pandemic as quickly as possible, leaders around the world must also marshal the resources and commitment to look beyond this pandemic and build much stronger global health security for the future. There are 4 critical components of an effective global health security system in a post-COVID world, which US government and global leaders must come together to pursue.

First, global leaders must modernize essential global institutions, starting with the World Health Organization (WHO). Many of the institutions that are critical to global health security—including the WHO, other technical agencies of the United Nations, and the regional and global multilateral development banks that facilitate funding for preparedness and response—were created decades ago. A reassessment is needed to ensure that they have the resources, organizational capabilities, and flexibility necessary to respond swiftly to today’s threats.

Second, countries and institutions must strengthen international laws and norms, and agreements written at an earlier time may need to be revised. For example, as the climate crisis gives rise to emerging infectious diseases, mechanisms for efficient and effective sharing of data on genetic sequencing must be examined. In a globalized world, regional public health organizations such as the Africa Centres for Disease Control and Prevention should be more involved in decision-making; so should organizations like the International Civil Aviation Organization. New technologies are rapidly changing response capabilities, from state-of-the-art laboratory equipment to medical countermeasures like newly developed vaccines. Many existing agreements, including those governing public health, intellectual property, information sharing, and deliberate biological events, do not reflect these new realities. By reexamining and modernizing these agreements and norms, they could work better for the 21st-century world.

Third, the international community must mobilize sustained financing. Without sufficient funding, it is far more difficult to detect and respond to biological threats, help countries build their own national capacities to respond to crises, fund research and development into new treatments, and carry out rapid response. A critical first step is the creation of a financial intermediary fund,\textsuperscript{3} capitalized with a mix of private and public funding; the US plans to work with countries and financial institutions to create such a fund. In the wake of past global health threats, including SARS and Ebola, national governments, international organizations, and civil society all failed to make the investments necessary to prevent future crises. The international community must seize the momentum around the current pandemic to make sure the entire world is prepared for the next one.

Fourth, global leaders must strengthen global governance, with an emphasis on transparency and accountability. Facts, data, and science are the most effective tools available. When governments and organizations share data openly, coordinate policies forthrightly, and take responsibility for missteps so they and everyone can do better, the inescapable result is lives saved.

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Across all this work, health equity must be addressed and advanced. COVID-19 has exacerbated existing inequities and inequalities around the world. The goal must be to design a global health security regime that will reduce morbidity and mortality and improve well-being across all populations in all countries. It is the right thing to do, and it is in the enlightened self-interest of each nation because viruses like SARS-CoV-2 do not stop at borders. Without an equitable and fully inclusive approach, every country and every person is vulnerable. Whether building regional vaccine manufacturing capacity, facilitating voluntary technology transfers, or sharing samples at the onset of an outbreak, approaches must be designed that can be adapted for countries at every income level, not just the wealthiest.

Some major strides to advance global health security may take years to accomplish, for example, the
creation of a new international instrument on preparedness and response, which the WHO and a number of other countries have endorsed. But it is not necessary to choose between a new instrument and a revised standing legal framework; immediate steps can make a meaningful difference. One is strengthening the WHO’s International Health Regulations (IHR), adopted by the World Health Assembly in 1969 and revised in 2005. This is the legal framework under which 196 States Parties are responsible for developing their capacities to prevent, detect, report, and respond to public health emergencies within their borders, to prevent them from spreading to other countries. The IHR key provisions include how to report public health events quickly, handle international travel and transport safely, and protect people’s personal health information. It is a vital legal agreement, but the COVID-19 pandemic revealed weaknesses in it that can be fixed, particularly around early warning systems, coordinating the response, and information sharing.

Through targeted amendments following established practice at the WHO, the IHR can be revised to improve risk assessments, advance equity, help create an environment in which the WHO can fulfill its mission, encourage better information sharing, and clarify the roles and responsibilities of different organizations and governments in an emergency. Specifically, the amendments to the IHR could include the following:

- Establish early warning triggers for action, for example, through a system of intermediate, graded, or regional health alerts prior to determination of a Public Health Emergency of International Concern (PHEIC) or pandemic.
- Enable more rapid sharing of information by countries and the WHO when an event that may constitute a PHEIC is identified. This would make it easier to identify emerging infectious diseases, track genomic sequence data, and establish disease surveillance quickly.
- Strengthen implementation of the IHR, for example, through a new compliance committee or regular conferences that bring all parties together to address pressing issues.
- Bolster rapid assessments and responses from the WHO to provide assistance and expertise in response to a possible PHEIC.
- Enhance the effectiveness of guidance provided by the WHO Emergency Committee convened to assess potential PHEICs by making its deliberations more transparent and by expanding the professional and geographic diversity of its membership.
- The IHR was last revised in 2005, yet the world has changed a great deal in the past 16 years. Amending the IHR again will make it more effective, build on the work advanced by public health experts through the years, and sharpen the work for the future.

Since the influenza pandemic more than a century ago, the world has made major leaps forward in science and medicine, as well as diplomacy, global governance, and the creation of a system of international law and organizations to foster cooperation across borders. Now is the time to take another leap forward to establish a more effective, innovative, responsive, and equitable system for global health security. That is how the legacy of the COVID-19 pandemic could result in a healthier, safer, and more secure world for all.

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