

MAURITIUS

Mandate of the Independent Expert on the promotion of a democratic and equitable international order

Question 1. What are the key obstacles to a more effective, inclusive and networked multilateralism to handle the COVID-19 pandemic, in terms of both health response and economic recovery?

1.1 The Covid-19 pandemic is currently the biggest challenge to the global community. In addition to creating a health crisis, it has led to a deep socio-economic and financial crisis that has exposed vulnerabilities in all countries. States have different capacities in responding to those challenges and countries having weaker health systems, weak productive capacity, less fiscal space and least access to liquidity are facing the brunt of the pandemic and its effects.

1.2 The multilateral system, according to the United Nations, is expected to be a platform for harmonizing the actions of nations and allow Member States to coordinate effectively and address challenges that they cannot face on their own including threats related to terrorism, health, international trade, climate change and humanitarian disasters.

1.3 A number of agencies were formed, following World War II, to promote peace and human development and prevent destructive trade and military wars. These inter-linked agencies were based on a respect for the sovereignty of States and were held accountable for their actions. However, over the years, the increase in the number of members and their wide disparity in terms of size and wealth has led to agencies not being able to effectively respond to the concerns and interests of all their members. Consequently, the creation of small informal grouping was noted where like-minded countries worked together to ensure that their interests were taken on board as a priority. As a result, it is observed nowadays that there are certain agencies that can effectively address the concerns of some States and exert considerable influence on them.

1.4 To compound the problem, the last decade saw also a number of big and influential countries choosing to pursue a path of protectionism and favouring bilateralism or plurilateralism, thereby impacting on multilateralism and the effectiveness of the agencies.

1.5 The essence and spirit of multilateralism, the aspect of alliances and cooperation in pursuit of a common agenda have been put to test with the coronavirus. Global responses have been at the very least haphazard and uncoordinated with countries championing self-interests and adopting unilateral

approaches that only serve to hamper the fight. Multilateral agencies were criticized on the current state of play as well as slow and inadequate action. Many influential countries even openly chose to bypass the agencies.

1.6 The potential obstacles that constrained an effective, inclusive and networked multilateralism during the response to COVID-19 pandemic include the:

- i. confrontational and unilateralist relations between major powers;
- ii. choice of superpowers to adopt either unilateralism or bilateralism rather than multilateralism resulting in accrued difficulties to reach a consensus;
- iii. absence of policy coherence and network by globally responsible institutions including a common global agenda to steer health and economic recovery;
- iv. responsiveness capacity of institutions in charge such as the WHO and the absence of leadership in multilateral institutions;
- v. ineffective response despite the existence of regional/international agreements and institutions (E.g: The limited role played by AU, SADC, COMESA to address the sanitary and economic crisis as a region);
- vi. communication deficiency between institutional headquarters and regional/national offices whereby clear information and advice on the pandemic were often inadequate;
- vii. inequalities in multiple dimensions leading to an imbalance in power, food and unemployment insecurities as well as difficulties in building of equal and all-inclusive societies;
- viii. massive investment required to enable multilateralism to fix the inequalities and ensure sustainability of long-term arrangements;
- ix. heterogenous political context of each and every country concerned and priorities of individual Governments;
- x. weak political will for countries to cooperate with one another and international institutions;
- xi. unfair and unequitable approach by countries, especially rich economies, for the purchase of vaccines against COVID-19;
- xii. nationalistic reflexes impacting on the collaboration at international and regional levels (E.g: Export restrictions and stockpiling of essential products in disproportionate manners such as the materials required to produce vaccines);

- xiii. application of free market principles in times of crisis resulting in the price of certain essential commodities and logistics to become excessive and unrealistically high;
- xiv. priority consideration by States to political appropriateness instead of scientific evidence;
- xv. fragile health systems of certain countries;
- xvi. inadequate sharing of information among countries;
- xvii. different levels of Information Technology in each country and digital divide to adopt adequate distancing measures while keeping the economy running (E.g: inability to adopt e-commerce, work from home protocol, home delivery mechanism, etc.);
- xviii. Intellectual Property (IP) barriers which increased the cost of technology and constrained the ramping up of production of vaccines, therapeutics, medical devices and related sanitary products as well as insufficient framework and resources for rapid production once the IPs are removed; and
- xix. lack of a strong Surveillance, Preparedness and Response Plan including a lack of early warning system to notify or manage pandemics, the incapacity to absorb societal and economic shocks and the inability to react in real time to a crisis situation.

1.7 It is to be noted that the COVID-19 crisis might have been much worse if there was no strong individual government intervention through huge direct funding for response and recovery. This level of support, however, has come at a cost of ballooning government debt and put pressure on the fiscal space of States. There is a need for more international cooperation, especially in the support of developing countries, for the socio-economic recovery as well as in the healthcare value chain.

Question 2. What are the solutions to overcome such obstacles in a fair and sustainable manner (including targeted reforms)?

2.1 The system of governance in the multilateral agencies need to be reviewed to take into account the increase in the number of actors, whether they are States, private sector corporations and the civil society. Issues such as environment, society and human rights need to be considered when articulating a holistic vision of development which should have the involvement of all relevant stakeholders. Furthermore, the consultations throughout the process should be more inclusive, more regular and should be focused on relevant issues with effective solutions.

2.2 Efforts should also be made in the following directions to have a fairer and more sustainable multilateral approach:

- i. a coordinated, global multilateral mechanism and stronger multilateral cooperation should be developed to face new challenges together;
- ii. more focus should be laid on collaborative work instead of competing against each other;
- iii. there should be more effective international cooperation, knowledge and information sharing, development and provision of medical equipment, diagnostic tools, vaccines and treatments and solidarity among all countries around the world to help mitigate the health and economic consequences of the pandemic;
- iv. there is an urgent need to address the issue of Trade-Related Aspects of International Property Rights (TRIPs) to reduce the prices of essential medicine and to achieve Universal Access to health;
- v. there should be adequate policies for least developed and other developing countries to increase their productive capacities and industries in a way that would enable them to move towards equitable and sustainable development;
- vi. targeted actions should be made in supporting poorer and vulnerable countries to rebuild more resilient economies and reform their health systems so that they are better prepared for future pandemics;
- vii. funding for the World Health Organisation, the central multilateral player in the fight against COVID-19, should be reviewed. Moreover, measures should be put in place to address systemic failure within the multilateral set up;
- viii. there should be a meaningful involvement of the private sector and the development of strong Public/Private Partnership (PPP);
- ix. resilient measures to strengthen the health systems throughout the world should be explored;

- x. a strong surveillance system should be put in place for the control of communicable diseases. In addition, regional surveillance networks to enable the sharing of timely information and experience between countries and also for preparedness of emerging outbreaks should be developed;
- xi. the decision-making process at international level should be reinforced including the adoption of the timeliness concept;
- xii. the creation of subsidiary bodies on the basis of geography or interests within the multilateral agencies should be explored. These subsidiary bodies would have as role to engage with all stakeholders, including non-State actors before recommendations are submitted for consideration. The relationship between the African Regional Economic Communities (RECs) and the African Union could be used as example for such a model;
- xiii. there is a need for more advocacy in respect of initiatives to support international safety and public health imperatives including the sensitization on sanitary precautions, vaccination, respect of health workers and commitment of States; and
- xiv. scientific opinions and investment in Information Technology should be prioritized. The post-COVID-19 environment will be more digital and international co-operation is required to make sure we address the issues of skills, privacy, security and competition.

2.3 The Covid-19 pandemic is also an opportunity to address the shortcomings at national including the interaction and collaboration between the public sector, the private sector and the civil society. New and innovative approaches to policy and regulation should be defined. The 2030 Agenda for Sustainable Development as well as Africa Agenda 2063 have principles addressing all the objectives relevant to countries and the wellbeing of their populations and our planet. These core elements should be prioritized in the development plans. They should be incorporated in domestic priorities, but also form part of development co-operation programmes.

Question 3. What are your views on a new international treaty for pandemic preparedness and response?

3.1 It is noted that Articles 21(a) and 22 of the WHO Constitution, empower the WHA to adopt regulations for prevention of the international spread of disease. The adopted regulations are binding on all WHO Member states except those which expressly reject them within a prescribed time.

3.2 Moreover, the International Health Regulations (IHR), adopted by the WHA in 1969 and revised in 2005, defines, at Article 44, ways of collaboration between States and the WHO to detect and prevent health emergencies. Instruments based on IHR 2005 are binding and can enter into force quite rapidly.

3.3 The proposal for a treaty that outlines the objectives and principles for the necessary collective action to fight pandemics has been proposed by some countries as well as the WHO. The Treaty, proposed under Article 19 of the WHO Constitution, would support and focus on early detection, prevention and resilience to pandemics; increasing the response to any future pandemics by ensuring universal and equitable access to medical solutions; and providing a stronger international health framework with the WHO as the coordinating authority on global health matters. The Treaty would thus work towards enhancing international cooperation in a number of priority areas, such as surveillance, alerts and response as well as reaffirming general trust in the international health system.

3.4 The entry into force of such a Pandemic Treaty is expected to be a lengthy process. There are very few States (around 30) which are supportive of the new Treaty and there has not been heavy involvement of NGOs, researchers and civil society as in the elaboration of other Treaties. Non adherence by major producers of medical supplies may also lead to the Treaty not achieving its purpose or delay the achievement of its objectives.

3.5 Opinions have been expressed to the fact that there is a rush to conclude a new Treaty without really understanding how existing mechanisms and instruments have failed and whether the application of remedies to these existing measures would be preferable. There is also no guarantee that a Pandemic Treaty would resolve the supply constraints for vaccines that many countries are currently facing. Moreover, it may not resolve the restrictive measures that were been put by vaccine producers to curtain exports and the outbidding process for securing medical supplies.

3.6 A pandemic is a global challenge and no single government or institution can overcome such a challenge alone. An international instrument based on multi-sectoral approach would certainly

reinforce national, regional and global resilience to eventual pandemics. It is only through global efforts in having an equitable, equal in all dimensions that a pandemic can be addressed to curb its effects. Having every country protect their respective borders would also reduce the propagation of biological viruses.

3.7 However, any proposed solution would need to take into consideration the following:

- i. a clear focus on early detection and prevention of pandemics, resilience of future pandemics, response to future pandemics, stronger international health framework and also the health of the environment in general;
- ii. wide consultations with views of States, international and regional organisations, NGOs, academics, researchers and the civil society at large;
- iii. an assessment whether there will be binding and non-binding elements of the treaty and its compliance with national laws and interests;
- iv. provisions to assist more vulnerable countries such as Small Island Developing States that are particularly vulnerable to global shocks;
- v. equitable access to vaccines, therapeutics and other essential products including IP rights;
- vi. sustainable elements that would cater for any future pandemics including resource allocation;
- vii. ways to reinforce the work of international institutions including more effective consultation, collaboration and delivery of services among States, research centres and other relevant institutions; and
- viii. significant measures to ensure that the objectives and fundamental principles that are laid out are followed and collective actions can be taken to fight the pandemic

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