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International Cooperation Failures
in the Face of the COVID-19 Pandemic
Learning from Past Efforts to Address Common Threats

The past two years have witnessed the devastating impact of the failure to address the COVID-19 pandemic as a shared global problem. Cooperation broke down across a variety of multilateral settings as states retreated inward with unilateral and competitive strategies. Several reasons for this foundering of international cooperation have been suggested, including weaknesses in institutional design, the intensification of geopolitical rivalry, populist skepticism about scientific advice and guidance, and nationalist pressures to deprioritize the global commons.

As part of an effort to inform and complement wider international deliberations on what went wrong, and what reforms might contribute to more effective pandemic preparedness and response going forward, the *Rethinking the Humanitarian Health Response to Violent Conflict* project of the American Academy of Arts and Sciences engaged in a process of expert consultation and research to specify the nature of the cooperation problem confronting today's policy-makers in the domain of pandemic preparedness and response, the preconditions for effective cooperation that have been

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identified in the academic literature, and the ways in which cooperative arrangements could be and have been designed. By convening leading global health experts with scholars working in other policy domains—such as the environment, human rights, and weapons of mass destruction—the project examined why cooperative arrangements have succeeded or failed and how barriers to cooperation might be overcome. This process also generated recommendations for states and other actors as they prepare for the high-level diplomatic discussions on potential changes to the global health architecture to better meet the challenges of infectious disease.

An Executive Summary and the full paper, by project cochair Jennifer M. Welsh (McGill University), are available at www.amacad.org/covid19 internationalcooperation.

Recommendations for Policy-Makers

Three key lessons emerged from the analysis of efforts to address common threats at the global level. First, optimal institutions or arrangements to facilitate cooperation often fail to emerge, even when there are large potential gains to be captured. Moments of crisis do not always translate into successful reform. We need to consciously seize them, and already the momentum from the COVID crisis is waning. Second, while infectious diseases with pandemic potential are viewed as a common threat, they have not mobilized cooperation in the same fashion as threats from other policy domains, such as weapons of mass destruction. While the mantra "no one is safe until everyone is safe" presents a powerful moral imperative, not all actors accept its validity, epidemiologically or politically. States differ in the extent to which they understand pandemic preparedness and response as a global public good. Third, competitive dynamics between great powers can both constrain and enable cooperative arrangements. Unlike during the Cold War, geopolitical competition, particularly between the United States and China, is directly affecting pandemic preparedness and response, including through efforts to demonstrate the capacity and competence of liberal democratic or authoritarian systems as part of an ideological competition. This makes future multilateral agreements on pandemic preparedness and response more challenging to achieve.

Building on these lessons to create the preconditions for more successful cooperation on pandemic preparedness and response, diplomats and policy-makers should:

1. *Understand the nature of the cooperation challenge underpinning pandemic preparedness and response.* Cooperation in the field of pandemic preparedness and response is particularly complex because it entails many participants, takes place over a long period of time, is multifaceted in scope, and must be based on a common scientific and epidemiological foundation. In addition, states vary in what they have been willing to commit to based on their own capacities and vulnerabilities. While high-income countries prioritize the rapid sharing of information about disease outbreaks from around the world, low-income countries typically want to improve their provision of health-related public goods domestically, and fear creating new international obligations without financial mechanisms to enable implementation.

2. *Understand and confront the incentives shaping state behavior.* All states have an interest in rapid information exchange leading to timely recommendations to prevent further spread of infectious diseases, but governments concerned about outside scrutiny *also* have incentives to defect from transparency requirements. And while more effective pandemic preparedness and response is a shared concern, it is not the primary health priority for all countries—particularly those in the developing world.

3. *Understand the current political dynamics associated with pandemic preparedness and response, and channel them productively.* One

key dynamic, between developed and developing countries, could be tackled by directly addressing the interests of low-income countries, including through substantial new investments in their public health systems. The second set of dynamics, which relates to the growing competition between the United States and China, could be addressed through careful and sustained efforts to create "islands of agreement" that will enable other, broader forms of multilateral negotiations on global health security to succeed.

4. *Take the long view.* Many prominent cooperation regimes took several years to negotiate and experienced ratification delays impacting their entry into force. Intergovernmental cooperation takes time and often manifests not in perfectly designed institutions, but in layers of collective action that create a complex but evolutionary regime. Moreover, effective cooperative arrangements do not always require universal membership, but can be catalyzed through the efforts of a smaller group of states. In the realm of pandemic preparedness and response, a set of leading democracies could take the initiative in creating a permanent platform for the equitable development and distribution of diagnostics, therapeutic treatments, and vaccines.

Given the uncertainty surrounding the outcome of the World Health Assembly's ongoing consideration of a new legal instrument on pandemic preparedness and response, policy-makers should focus in the near term on enhancing compliance with existing state commitments (such as the International Health Regulations) and addressing the challenges that arise from states' different capacities, vulnerabilities, and priorities. Policy-makers should actively consider and support the following priorities:

- Targeted efforts to address the economic and political barriers to comply with the IHR (2005), including:

  - a new investment package for low- and middle-income countries to help strengthen their domestic public health systems, and to assist in creating the foundations for effective disease surveillance and countermeasures;

  - material rewards for improving domestic-level preparedness;

  - a "universal periodic review" of national pandemic preparedness and response;[1]

  - additional resources for nongovernmental monitoring; and

  - new forms of financial compensation to incentivize transparent reporting.

- Targeted reforms of the WHO to:

  - increase the predictability of its funding;

  - strengthen its Health Emergencies Programme;

  - reform its alert system, including the creation of a Standing Committee for emergencies, clearer categories for evaluating disease threats, and clearer action guidelines attached to different phases of outbreak and response;

  - limit the politicization of staff appointments and reappointments; and

  - mobilize a "Group of Friends" that can provide political support for new cooperative solutions.

- Three new institutional arrangements that fill critical gaps:

  - *a stronger global surveillance network* based on the proposals of the WHO's Independent Panel for Pandemic Preparedness and Response and the G20's High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response;

  - *a new head-of-state council* that mobilizes resources and political will in emergency situations and that maintains a political commitment to pandemic preparedness in "normal times"; and

  - *a permanent platform for equitable access to diagnostics, treatments, and vaccines* that responds to the lessons learned from COVAX and creates a reliable stand-by production capacity.

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1. As recommended by the Independent Panel for Pandemic Preparedness and Response and the Review Committee on the Functioning of the IHR (2005).

Project on Rethinking the Humanitarian Health Response to Violent Conflict

The Academy's project on *Rethinking the Humanitarian Health Response to Violent Conflict* brings together legal and security experts, health professionals, leaders of humanitarian organizations, policy-makers, artists, and representatives of victimized communities to confront the current crisis in humanitarian protection and the provision of health services in areas plagued by armed conflict. The project's overarching goals include helping to define new strategies for the effective provision of humanitarian health responses to populations in need.

To download a copy or to access an online version of *International Cooperation Failures in the Face of the COVID-19 Pandemic: Learning from Past Efforts to Address Common Threats*, please visit www.amacad.org/covid19internationalcooperation.

page 1: Workers handle boxes of Oxford/AstraZeneca COVID-19 vaccines, part of the COVAX program that aims to ensure equitable access to COVID-19 vaccinations, after they arrived by plane at the Ivato International Airport in Antananarivo, Madagascar, on May 8, 2021. Photo by Mamyrael/AFP via Getty Images.
above: The United States delivers 1,058,400 doses of the Johnson & Johnson vaccine to Tanzania in coordination with Gavi, the Vaccine Alliance, the African Union, and COVAX on July 24, 2021. U.S. government photo/Public Domain.

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