IV. Health security

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Global health security centres on strong and resilient public health systems to prevent, detect and respond to infectious disease threats, anywhere in the world. Risks to global health security include the emergence and spread of new infectious diseases (often facilitated by the globalization of travel and trade) and the rise of drug-resistant, disease-causing pathogens.[1] Climate change is also likely to alter the prevalence and spread of disease.[2] Nonetheless, according to the World Health Organization (WHO), 2023 was a record year for disease elimination, with several countries eliminating infectious diseases due to a combination of national and collaborative efforts.[3] There were two public health emergencies of international concern in 2023: Covid-19 and mpox (known until 2022 as monkey pox). Both were declared to have ended during 2023. This section first reviews developments in these two public health emergencies, and then briefly discusses ongoing efforts to negotiate a pandemic treaty.

Update on the Covid-19 pandemic and studies into the origins of SARS-CoV-2

By the end of 2023, over 770 million people across the world had been infected with the novel coronavirus (SARS-CoV-2), which causes the Covid-19 disease. The health, political and security consequences of the pandemic have been felt in countries around the world since 2020, and lessons are still being learned.[4] However, at a press briefing on 5 May 2023, Tedros Adhanom Ghebreyesus, the director-general of WHO, declared that Covid-19 was no longer a public health emergency of international concern. He said, 'For more than a year, the pandemic has been on a downward trend, with population immunity increasing from vaccination and infection, mortality decreasing and the pressure on health systems easing. This trend has allowed most countries to return to life as we knew it before Covid-19'.[5]

[1] Centers for Disease Control and Prevention, 'What is global heath security?', 18 May 2022.

[2] Teirstein, Z., 'The link between climate change and a spate of rare disease outbreaks in 2023', Grist, 22 Dec. 2023.

[3] WHO, 'Global health achievements 2023: Reasons for hope', 20 Dec. 2023.

[4] On the impact on public health in e.g. Africa see Nash, K., 'The African Union and emerging patterns of global health governance', *Global Studies Quarterly*, vol. 3, no. 3 (July 2023). On other impacts see earlier coverage in Lentzos, F., 'The unfolding Covid-19 pandemic', *SIPRI Yearbook 2021*; Lentzos, F., 'The unfolding Covid-19 pandemic', *SIPRI Yearbook 2022*; and Lentzos, F., 'Health security', *SIPRI Yearbook 2023*, p. 393.

[5] Tedros, A. G., WHO director-general, Opening remarks at media briefing, 5 May 2023.

The number of cases of Covid-19 reported in 2023 was significantly lower than in 2022 and 2021. Over 2023, the cumulative worldwide total of cases of Covid-19 reported to WHO increased by 40 million.[6] In contrast, over 2022 the total had increased by 440 million, from 290 million to 730 million. As of 31 December 2023, WHO reported 279 million cumulative cases in Europe, 193 million in the Americas, 208 million in the Western Pacific (including China), 61.2 million in South East Asia (including India), 23.4 million in the Eastern Mediterranean (the broader Middle East) and 9.6 million in Africa.[7] The five countries with the highest cumulative number of reported cases over 2020–23 remained, in descending order, the United States, China, India, France and Germany.

By the end of 2023, the number of Covid-related deaths reported to WHO had reached 7 million, including 3.0 million in the Americas, 2.3 million in Europe, 0.8 million in South East Asia, 0.4 million in the Western Pacific, 0.4 million in the Eastern Mediterranean and 0.2 million in Africa.[8] Yet, as Tedros noted in May, 'we know the toll is several times higher—at least 20 million'.[9] The five countries with the highest cumulative number of reported deaths over 2020–23 remained, in descending order, the USA, Brazil, India, the Russian Federation and Mexico.[10]

The announcement of the downgrading of Covid-19 from a public health emergency of international concern signalled the end of the acute phase of the pandemic. It did not, however, mean that Covid-19 had ceased to be a global health threat. As Tedros noted, 'Last week, Covid-19 claimed a life every three minutes—and that's just the deaths we know about. As we speak, thousands of people around the world are fighting for their lives in intensive care units. And millions more continue to live with the debilitating effects of post-Covid-19 condition'.[11] His message was that 'This virus is here to stay. It is still killing, and it's still changing. The risk remains of new variants emerging that cause new surges in cases and deaths.' The downgrading simply meant that 'it is time for countries to transition from emergency mode to managing Covid-19 alongside other infectious diseases'.

Little progress has been made in the three years since Covid-19 was declared a pandemic on understanding where the coronavirus SARS-CoV-2 came from and how it first came to infect humans. In 2021 WHO established the Scientific Advisory Group for the Origins of Novel Pathogens (SAGO) to define and guide studies into the origins of emerging and re-emerging

[6] WHO Covid-19 dashboard, as of 31 Dec. 2023.
[7] WHO Covid-19 dashboard (note 6). For the definition of these regions—which do not correspond with the regions used elsewhere in this volume—see WHO, 'Countries', [n.d.].
[8] WHO Covid-19 dashboard (note 6).
[9] Tedros (note 5).
[10] WHO Covid-19 dashboard (note 6).
[11] Tedros (note 5).

pathogens of epidemic and pandemic potential, as well as to provide an independent evaluation of the origins of SARS-CoV-2.[12] In a June 2022 report, SAGO set out a series of studies that still needed to be conducted to understand how the Covid-19 pandemic began.[13] No new data from the recommended studies was made available in 2023, and SAGO had not drawn any final conclusions about the pandemic's origins by the end of the year.

An outbreak of mpox

In July 2022 the WHO determined the worldwide outbreak of mpox virus to be a public health emergency of international concern.[14] Ten months later, in May 2023, it declared that the event no longer constituted a public health emergency.

The WHO director-general noted that 87 000 cases and 140 deaths had been reported to WHO from 111 countries, but that there had been steady progress in controlling the outbreak and that 'Almost 90% fewer cases were reported in the past three months, compared with the previous three months.'[15] While downgrading the threat from mpox, Tedros emphasized that, 'as with Covid-19, that does not mean that the work is over. Mpox continues to pose significant public health challenges that need a robust, proactive and sustainable response.'[16]

A pandemic treaty

With the aim of preventing a repeat of the health, social and economic impacts of the Covid-19 pandemic, in December 2021 WHO's governing body, the World Health Assembly (WHA), set up an intergovernmental negotiating body (INB) to negotiate a pandemic treaty to strengthen global pandemic prevention, preparedness and response.[17] Governments continued to negotiate and draft an agreement in 2023. At its seventh meeting, held at WHO headquarters in Geneva in December, the INB (which is open to all WHO member states) completed a review of the negotiating text presented

[12] WHO, Scientific Advisory Group for the Origins of Novel Pathogens (SAGO), Terms of reference, 20 Aug. 2021. See also Lentzos, *SIPRI Yearbook 2022* (note 4), pp. 477–82.

[13] WHO, Scientific Advisory Group for the Origins of Novel Pathogens (SAGO), Preliminary report, 9 June 2022.

[14] WHO, 'WHO director-general declares the ongoing monkeypox outbreak a public health emergency of international concern', News release, 23 July 2022.

[15] Tedros, A. G., World Health Organization (WHO) director-general, Opening remarks at media briefing, 11 May 2023.

[16] Tedros (note 15).

[17] World Health Assembly, 'The World Together: Establishment of an intergovernmental negotiating body to strengthen pandemic prevention, preparedness and response', Decision SSA2(5), 1 Dec. 2021. See also Lentzos, *SIPRI Yearbook 2022* (note 4), p. 482; and Lentzos, *SIPRI Yearbook 2023* (note 4), p. 395.

by its six-member bureau (which represents the six WHO regions).[18] A particular sticking point is ensuring that states implement and comply with the treaty.[19] The negotiations were set to continue in 2024.

In parallel with the pandemic agreement process, governments are also negotiating amendments to the International Health Regulations (IHR). The IHR, most recently revised in 2005, set out agreed approaches and obligations for countries to prepare for, and respond to, disease outbreaks and other acute public health risks.[20] In intensive discussions over a series of six meetings between February and December 2023, the working group on amendments to the IHR considered over 300 proposed amendments to 33 of the 66 articles of the IHR and 5 of its 9 annexes, plus 6 new articles and 2 new annexes.[21] All were tabled in response to the challenges posed by the Covid-19 pandemic. The proposed amendments were scheduled for consideration and adoption at the meeting of the WHA in May 2024.

[18] WHO, Intergovernmental Negotiating Body on a Pandemic Agreement, 'Proposal for negotiating text of the WHO Pandemic Agreement', A/INB/7/3, 30 Oct. 2023.

[19] Hannon, E., Schwalbe, N. and Lehtimaki, S., 'WHO member states are negotiating a pandemic treaty. But will countries follow the new rules?', *Bulletin of the Atomic Scientists*, 15 Feb. 2024.

[20] WHO, *International Health Regulations (2005)*, 3rd edn (WHO: Geneva, 2005).

[21] WHO, 'Governments hold first detailed discussions on proposed amendments to the International Health Regulations (2005)', 23 Feb. 2023; WHO, 'Sixth meeting of the working group on amendments to the International Health Regulations (2005)', 7–8 Dec. 2023; and WHO, 'Working group on amendments to the International Health Regulations (2005)', [n.d.].