Global Health Law Committee of the International Law Association

and the

Global Health Programme at the Graduate Institute|Geneva

Global Health Security Challenges: towards strengthening global governance

Identifying the elements of a research agenda

Provisional Agenda

Welcome – 9:15 am

Session 1: 9:30 am – 11 am - The developmental and humanitarian dimensions

1. The conditions that allowed the Ebola virus to spread widely in West Africa included poverty, weak public health infrastructure, and cultural patterns resistant to appropriate defensive measures.

   Are international law and its supporting institutions failing to address these shortcomings? If so, how? What corrective measures might be envisaged?

   Does international human rights law generally, and the right to health specifically, mandate collective action on the part of the international community to increase funding and support for public health infrastructure?

2. Governments and multilateral institutions acted in a haphazard manner in addressing Ebola containment, including with respect to the imposition of travel restrictions, quarantine of medical personnel and communication of risk to the public.

   Are international legal instruments at fault for laying inadequate groundwork for emergency response in a coherent and sound manner? Do those rules need to be improved? How can the basic principle of national sovereignty be reconciled with protection of global public health?

Break: 11 am – 11:20 am (Coffee)

Session 2 – 11:20 am – 1 pm - Response by the science and business community

1. The science community was ill-prepared to address the Ebola outbreak, lacking effective vaccines and treatments (except in very limited quantity). Subsequent to the outbreak, and seemingly contemporaneous with its containment, potential new vaccines and treatments are receiving considerable support and attention.

   Is the problem of encouraging R&D on vaccines and treatments for Ebola fixed? Where is support coming from, and is it sustainable? Is some type of global public

goods R&D fund necessary, and where should it come from? How will payment for vaccine production and distribution be handled?

Are there legal issues associated with development of new vaccines and treatments? For example, if patents are granted on new vaccines and treatments, how will this affect pricing and availability for low income environments? If governments are sponsoring R&D, is it reasonable to allow private patenting and associated limitations on availability? What is the alternative?

2. The lack of advance preparedness with respect to vaccines and treatments gave rise to a situation in which new pharmaceutical products are being introduced for testing and treatment without customary safety testing protocols being followed. There seems to be a general consensus that because of the urgent circumstances it is appropriate to forgo typical protocols.

   Are existing legal rules adequate to accommodate the introduction of vaccines and treatments in urgent circumstances? What are the risks associated with foregoing typical safety protocols? Under what circumstances should (or should not) testing against placebo be dispensed with?

   More generally, the response to Ebola has resulted in the creation of an *ad hoc* accelerated regulatory review pathway that substantially speeds movement toward approval for use of new vaccines and treatments. Is there a utility to institutionalizing or formalizing this type of accelerated pathway for other types of emergency response?

3. In connection with negotiation of the PIP Framework, considerable attention was paid to the risk of vaccine and treatment hoarding by producing countries, and demands by developing countries for assurances (including local production) of adequate supplies in circumstances of emergency.

   Do equity issues remain in respect to availability of vaccines and treatments for pandemic response? What is the planning for allocation of supplies?

Break: 1 – 2 pm Lunch

Session 3: 2 pm – 4:00 pm - The longer-term institutional questions

1. By all accounts, the existing multilateral institutional response to the Ebola outbreak was deficient. Non-government organizations, with MSF in the lead, stepped into the government and multilateral institution gap. Since the initial missteps, national government resources have been allocated (e.g. the US military) and multilateral institutions have reacted. By its own account in preparatory documents for the Executive Board special session on January 25, 2015, WHO faced, and continues to face, a number of institutional challenges in organizing and executing response to

pandemics. The World Bank has proposed a global pandemic emergency facility. The United Nations Security Council took unprecedented steps in response to the Ebola outbreak.

What is the appropriate international institutional architecture for emergency pandemic response? What institution should take the lead? Can and should national governments delegate greater resources and authority to multilateral institutions to address pandemics, or is this unrealistic? Is there greater room for regional institutional coordination?

2. Is more work needed in respect to the global financial safety nets to respond to the potential consequences of pandemic?

3. What will be the relationship between national governments and a global mechanism for responding to emergencies? Must a global response be dependent upon national government approvals for intervention? Does UN Security Council authority to determine a threat to international peace and security provide an adequate basis for intervention? What would be the governance interface between the public health emergency response mechanism and the Security Council?

Session 4: 4- 5 pm - The future research agenda

1. Based on the day's discussion, what may be the most fruitful path for future research for the ILA Global Health Law Committee and its members? What subject matter areas might best be examined in depth, with a view toward recommendations?