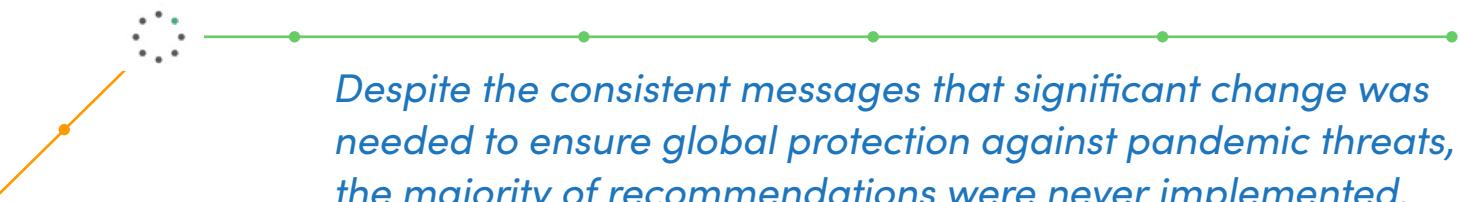


SARS propelled the decade-long negotiations to revise and broaden the International Health Regulations (IHR) to a rapid conclusion. The current regulations were adopted in 2005, setting out legally binding duties for both States and WHO in notification and information-sharing, prohibitions on unnecessary interference with international travel and trade, and cooperation for the containment of disease spread. The new IHR (2005) came into force in 2007 and imposed new requirements that must be met before the WHO Director-General could act on emergencies, rather than enabling WHO to act immediately and independently.

Groups of States also took initiatives to boost health security. The Global Health Security Initiative was established in 2001 by eight States and the European Commission, with WHO as an observer. The Global Health Security Action Group was its implementation and information-sharing body. The **Global Health Security Agenda** was launched by the United States in partnership with two dozen other countries in 2014 and has now grown to include seventy countries and a number of international organizations. It has sought to complement efforts to strengthen IHR (2005) implementation, including through support for voluntary Joint External Evaluations. The fact, however, that not all States participate in the Agenda and its related processes has limited its effectiveness and reach.



Despite the consistent messages that significant change was needed to ensure global protection against pandemic threats, the majority of recommendations were never implemented.

Since the 2009 H1N1 influenza pandemic, at least 11 high-level panels and commissions have made specific recommendations in 16 reports to improve global pandemic preparedness. Many concluded that the World Health Organization needed to strengthen its role as the leading and coordinating organization in the field of health, focus on its normative work, and receive more secure funding. Reviews also suggested improvements in the implementation of the IHR (2005). Some of the reviews resulted in specific action, including the establishment of the new WHO Health Emergencies Programme in 2016.

Yet, despite the consistent messages that significant change was needed to ensure global protection against pandemic threats, **the majority of recommendations were never implemented**. At best, there has been piecemeal implementation. A coalition of interests with sufficient power and momentum to achieve a package of essential reforms has never been assembled. As a result, pandemic and other health threats have not been elevated to the same level of concern as threats of war, terrorism, nuclear disaster or global economic instability. When steps have been explicitly recommended, they have been met with indifference by Member States, resulting in weakened implementation that has severely blunted the original intentions. It is clear to the Panel that pandemics pose potential existential threats to humanity and must be elevated to the highest level.