# SBS✚
## SWISS BUSINESS SCHOOL

**International
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## Table of Contents

**Question 1: Impact of Globalization on Global Health**

Globalization is relatively a new concept that became infamously adoptable after the second half of the twentieth century. It has been widely described as the process in which nations, businesses, and people have become seamlessly connected and interdependent through communication exchange, cultural diffusion, economic integration, and migration. Global health is one of the beneficiaries of the increased globalization through sharing of new health information, accessibility of affordable health technologies, and revolutionization of human rights. Besides, economic integration brought by globalization has been instrumental in reducing economic disparity, enabling the vulnerable groups to afford quality healthcare. Food security has improved with globalization. Healthcare discoveries, experts, and information are now highly shared among economies. On the downside, globalization has contributed to the transmission of diseases. Hence, globalization has had both positive and negative impacts on global health. However, the benefits of globalization appear to outweigh its detriments, resulting in an overall notion that it is more beneficial than being harmful to global health.

Globalization has led to the implementation of human rights policy, low-cost health technology use, and dissemination of new health information, hence promoting global health. The fundamental aspects of globalization include producing money through public assets privatization, enhancing private sector growth through the liberalization of economic markets, encouraging foreign direct investments by reducing corporate and individual taxes, and decreasing government spending (Holst, 2020). However, the current positive characteristic of globalization is the ratification decision by most of the world's countries of international human rights agreements. According to Gupta (2020), most of these treaties enhance individuals' right to health, while most others deal with requests related to access to socioeconomic determinants of Health. Therefore, through the globalization of trade, there has been an increase in the number of opportunities for women to earn a living outside of traditional patriarchal social structures, such as better funding for maternal and child health care.

Moreover, Indirect effects of globalization on health include aspects like employment and economic growth. Globalization leads to the liberalization of trade rules, thus allowing significant financial possibilities for skilled labor forces. The increase in employment opportunities and export-driven development has allowed developing countries to achieve a considerable reduction in poverty and an improvement in some health outcomes (Holst, 2020). However, different countries participating in international trade activities and those employed in the old economy, have different possibilities that cause substantial income inequality between populations. Therefore, rural and inland communities become more prone to poverty and its health repercussions. In contrast, social protection programs enhanced through globalization decrease threats to health through proper development and administration (Meier & Gostin, 2018). Hence, global health advancements must consider political, social, and economic factors of health in addition to resilience and preparation for cross-border disease threats.

The broad context for considering health outcomes depends on the relationship between globalization and economic growth, income distribution, and poverty. When monetary expansion leads to poverty alleviation, health outcomes tend to improve. Higher family earnings result in better access to health and health-related products and services. Growth also generates social resources, such as government income, to offer those goods and services

(Holst, 2020). However, aggregate increases in living standards have been reversed in certain nations. There is evidence that globalization has increased substance use, particularly among young people, in developing nations. Poorer nations have traditionally used taxation and domestic subsidies to support education, health, and sanitation services. Tariffs have been reduced or eliminated as part of liberalization to decrease poverty and help the poor (Gupta, 2020). International trade agreements rapidly limit national governments' ability to regulate social issues and the environment.

Nevertheless, people are migrating throughout the world due to spatial change caused by globalization. Many high-income nations are concerned about the spread of infectious diseases, including HIV/AIDS, TB, respiratory infections, and plague, in low- and middle-income countries. However, Countries with big immigrant populations from the developing world are concerned about their financial burdens. Therefore, developed nations benefit from high population migrations, which is the transfer of health professionals from poorer countries to understaffed health systems in richer nations (Gupta, 2020). As a result, each civilization experiences a unique set of benefits and drawbacks due to the greater mobility of people and other goods. In order to achieve Health for All and reduce disparities within and across countries, consistent health-in-all policies are required (Forster, Kentikelenis, Stubbs & King, 2020). Hence, Global Health must focus on enforcing the universal right to health and contributing to the fight for global dominance.

Free trade may have helped many countries meet their food needs and contributed to food insecurity due to increased globalization. According to Holst (2020), it should go without saying that maintaining and improving our ecology is critical to preserving and enhancing public health. In addition to providing food, clean water, and clean soils, ecosystems also serve to prevent the spread of disease through biological control. Ecosystems supply us with medicinal and genetic resources for human health, essential to preventing or curing sickness. Profits frequently take precedence over environmental concerns. Since medications are vital products, the issue of ease of access to them is critical. Globalization has influenced governments and healthcare organizations to provide drugs to everyone who needs them at a reasonable cost (Meier & Gostin, 2018). As a result, member nations must work to align their rules with the agreement's requirements to ensure that those in greatest need have access to medicine.

As a result of globalization, household income and budgets for social services such as health and education are re-allocated. If globalization is to have a positive impact on health and well-being, home markets must be competitive, and well-established regulatory institutions. Health outcomes can be improved with proper social safety nets and improved entry rules to global markets, as explained by Forster et al. (2020). In order for globalization to be effective, it must reduce opportunistic behavior, use economies of scale to reward efforts and entrepreneurialism and increase employment opportunities and improve incomes, and cut the price of consumer items. Globalization has already had its positive impacts on household income and budget allocations to social services, which have continually enhanced the well-being of public health. Hence, addressing these areas could improve the benefits further.

## Question 2: Internal Health Laws, Acts, or Concepts on Movement Restrictions

### Introduction

 COVID-19 pandemic, rapidly emerged as one of top killers, had forced the world community to take restrictive actions, laws and measures to control the situation. Those measure, though they might seem very strict and, consequently having negative impacts, but they were legitimate as well as vital and badly needed in order to protect global health.

### International Health, Global Health and Public Health

International health, in Koplan's view, focuses on the health issues, especially infectious diseases, and maternal and child health in low-income countries. However, elsewhere international health is also used as a synonym for global health. For example, Merson et al. view international health as 'the application of the principles of public health to problems and challenges that affect low and middle-income countries and to the complex array of global and local forces that influence them. The term 'international health' has also been used to

refer to 'the involvement of countries in the work of international organizations such as WHO, usually through small departments of international health in the Ministries of Health and as development aid and humanitarian assistance.

Public health is usually viewed as having a focus on the health of the population of a specific country or community, a perspective shared by Koplan et al. (Beaglehole, 2010)

### International Health Regulations (IHR)

With trade and travel expanding on a global level, the opportunity for greater disease spread also increases. The public health and economic impact due to infectious diseases can cause great harm to humans and severely damage a country's economy. The World Health Assembly external icon first adopted IHR in 1969 to cover six diseases. Over the years, the IHR were revised multiple times. The IHR (2005) is legally binding; all WHO member states must report events of international public health importance. Countries reference IHR (2005) to determine how to prevent and control global health threats while keeping international travel and trade as open as possible.

IHR (2005) external icon requires that all countries have the ability to do the following:

- **Detect:** Make sure surveillance systems and laboratories can detect potential threats
- **Assess:** Work together with other countries to make decisions in public health emergencies
- **Report:** Report specific diseases, plus any potential international public health emergencies, through participation in a network of National Focal Points
- **Respond:** Respond to public health events

IHR (2005) also includes specific measures countries can take at ports, airports and ground crossings to limit the spread of health risks to neighboring countries, and to prevent unwarranted travel and trade restrictions.

### IHR's Future Needs

In today's tightly connected world, a disease can spread from any remote village to any major city on all continents in as little as **36 hours.** Recent disease outbreaks, including the COVID-19 pandemic, have demonstrated that a disease threat anywhere is a disease threat everywhere. All countries have a responsibility to one another to build healthcare

systems that are strong and that work to identify and contain public health events before they spread.

IHR (2005) is more flexible and future-oriented than previous regulations, requiring countries to consider the possible impact of all hazards, whether they occur naturally, accidentally, or intentionally. In spite of broader global agreement to the importance of IHR (2005), **only about 1/3 of the countries in the world currently have the ability to assess, detect, and respond to public health emergencies.** These gaps in global preparedness leave Americans and the rest of the world vulnerable.

Global health security is not just a health issue; a crisis such Ebola, Zika, or COVID-19 can devastate economies and keep countries from developing.
One of the most important aspects of IHR (2005) is the requirement that countries detect and report events that may constitute a potential public health emergency of international concern (PHEIC).

Under IHR (2005), a PHEIC is declared by the World Health Organization if the situation meets 2 of 4 criteria:

- Is the public health impact of the event serious?
- Is the event unusual or unexpected?
- Is there a significant risk of international spread?
- Is there a significant risk of international travel or trade restrictions?

Once a WHO member country identifies an event of concern, the country must assess the public health risks of the event within 48 hours. If the event is determined to be notifiable under the IHR, the country must report the information to WHO within 24 hours. Some diseases always require reporting under the IHR, no matter when or where they occur, while others become notifiable when they represent an unusual risk or situation.

Since IHR (2005) was put into place, WHO has declared the following PHEICs external icon:

- H1N1 influenza (2019–2010)
- Polio (2014–Present)
- Ebola (2014–2016) & (2019–2020)
- Zika virus (2016)

- [COVID-19](#) (2020–Present)

When a PHEIC is declared, WHO helps coordinate an immediate response with the affected country and with other countries around the world.

**Global IHR Participation**

IHR represents an agreement among 196 countries, including all WHO Member States, to work together for global health security.

While disease outbreaks and other acute public health risks are often unpredictable and require a range of responses, the International Health Regulations (2005) (IHR) provide an overarching legal framework that defines countries' rights and obligations in handling public health events and emergencies that have the potential to cross borders.

The IHR are an instrument of international law that is legally-binding on 196 countries, including the 194 WHO Member States. The IHR grew out of the response to deadly epidemics that once overran Europe. They create rights and obligations for countries, including the requirement to report public health events. The Regulations also outline the criteria to determine whether or not a particular event constitutes a "public health emergency of international concern".

At the same time, the IHR require countries to designate a National IHR Focal Point for communications with WHO, to establish and maintain core capacities for surveillance and response, including at designated points of entry. Additional provisions address the areas of international travel and transport such as the health documents required for international traffic.

Finally, the IHR introduce important safeguards to protect the rights of travelers and other persons in relation to the treatment of personal data, informed consent and non-discrimination in the application of health measures under the Regulations. ("International health regulations", 2022)

**Measure taken by countries to control COVID-19**

In response to rights and obligations created by IHR regarding COVID pandemic, countries around the world imposed severe restrictions on their populations in a bid to stop the spread of coronavirus such as:

1.  Some of the first restrictions were on travel from China, but then other countries were added as virus hotspots began to emerge elsewhere

2.  Many countries have effectively closed their borders to all but their own citizens, imposed strict controls on internal travel and ordered people to stay in their homes.

3.  Countries banned entry to all foreigners, telling all citizens and residents <u>who return to the country they must go into quarantine for two weeks.</u>

4.  Some countries especially those were severely hit by the epidemic like Italy, forced a major lockdown then it had been extended beyond the original end date and been gradually tightened.

5.  More and more countries across the world had placed restrictions on the movement of their citizens within the country, which in some places has led to confusion about what's allowed and what is not.

6.  <u>Other countries, such as UK, had severely limited movement,</u> although people were allowed out once a day to exercise, to shop for basic necessities, for medical reasons or to go to work if absolutely necessary.

7.  Countries such as France and Spain had told people they need permission to move around, with the restrictions being tightened as cases of the virus continued to increase.

8.  The World Health Organization had urged countries to test as much as possible to find out who's infected, <u>and so help curtail the spread of the virus.</u> ("Coronavirus: What measures are countries taking to stop it?", 2020)


**Impacts of Covid-19 measures**

1.  Closing schools and educational institutes.
    The UN estimates that about 87% of those enrolled in education around the world had been affected by school and college closures.
    The UN's educational, scientific and cultural body UNESCO says that more than 180 countries had closed their schools.

2. The coronavirus pandemic has also had a major impact on the sporting calendar, as countries had sought to limit mass gatherings and even to cancel some internal sport events. The Tokyo 2020 Olympic and Paralympic Games had been postponed. But there had also been a huge impact on a whole host of other major sporting events, including football, rugby union, Formula 1, tennis, cricket, golf and others.

3. There had also been cancellations of major cultural and religious events around the world, including film festivals, major music events and religious pilgrimages

4. The normally busy Oxford Circus station in London had been deserted. ("Coronavirus: What measures are countries taking to stop it?", 2020)

5. COVID-19 had affected the global economy and financial markets, significant reductions in income,

6. A noticeable rise in unemployment stroked most countries

7. Disruptions in the transportation, service, and manufacturing industries were among the consequences of the disease mitigation measures that have been implemented in many countries. ("The Global Economic Impacts of Covid-19", 2022)

**Criticisms for WHO's response to Covid-19**

The WHO was criticized for enforcing the rules and regulations regarding the pandemic. There have been questions in countries such as the UK and elsewhere about how to interpret the rules, and some criticism of the way the authorities are enforcing them. The authorities in France, Spain, Italy and the UK have introduced fines for people who ignore the rules. In one part of Italy - Lombardy - these are as high as €5,000 (£4,400).

Other criticisms addressed the very bad social and economic impacts resulting from the world wide

Lockdown instructed by WHO during the pandemic.

Despite post-pandemic criticisms WHO has received, yet, WHO's handling of the COVID-19 outbreak in 2019 is justified for several reasons, and to some extent can be considered a success.

First, Under the International Health Regulations( IHR), a global legal agreement revised in 2005 and signed by all WHO members, countries are required to report to WHO any disease outbreaks that are unexpected or of unknown cause and have significant risk of international

spread. China reported a cluster of pneumonia cases to WHO on Dec. 31, 2019. "Based on the [International Health Regulations], what is expected from WHO is declaring the Public Health Emergency of International Concern as early as possible.

Secondly, Under IHR (2005), a PHEIC is declared by the World Health Organization if the situation meets 2 of 4 criteria described, and in the case of Covid-19, the situation met all 4 criteria (the public health impact of the event was serious, the event was unusual and unexpected, there was a significant risk of international spread, there was a significant risk of international travel or trade restrictions)

In the light of the previous facts, WHO acted fairly quickly, providing useful guidance to countries on how to slow COVID-19 transmission and helping monitor the virus's spread. Its messaging around the severity of the pandemic was clear and its success to coordinate effective vaccine distribution led countries to receiving them on fairly right time which was truly helpful.

Secondly, the concerns raised over WHO's its late performance are not the first criticisms for a WHO response to a health emergency. For instance, WHO's response to the 2014 Ebola outbreak in West Africa was criticized for not being quickly enough in declaring a public health emergency of international concern," says Raphael Lencucha, a global health researcher at McGill University. WHO initially dismissed the scale of the problem, then lacked the staff and funds to lead an effective response, NPR reported in 2015. (Huang, 2020) Back then, the focus was on the WHO in responding in a timely way. And in the case of COVID, in order to avoid similar criticisms, WHO has to act in a quick decisive way to control the pandemic.

**Conclusion**

However, It has become clear that most governments in the world underestimated the risks of rapid COVID-19 spread and were mostly reactive in their crisis response. As disease outbreaks are not likely to disappear in the near future, proactive international actions are required to not only save lives but also protect economic prosperity.

## Question 3: The Role of WHO in Sustaining Global Health

### Introduction

The World Health Organization (WHO) is an intergovernmental organization within the United Nations system. The objective of WHO, which has 166 Member States, is the attainment by all peoples of the best possible level of health. The Constitution of WHO was approved in 1946 and came into force on 7 April 1948; this date is commemorated each year as World Health Day.

The WHO has as its aim 'the attainment by all peoples of the highest possible level of health.' It lists specifically a number of responsibilities which include: to assist governments, upon request, in strengthening health services; to establish and maintain such administrative and technical services as may be required, including epidemiological and statistical services; to provide information, counsel and assistance in the field of health; to stimulate the eradication of epidemic, endemic and other diseases; to promote improved nutrition, housing, sanitation, working conditions, and other aspects of environmental hygiene; to promote cooperation among scientific and professional groups which contribute to the enhancement of health; to propose international conventions and agreements on health matters; to promote and conduct research in the field of health; to develop international standards for food, biological and pharmaceutical products; and to assist in developing an informed public opinion among all peoples on matters of health.

### *World Health Organization Achievements*

In the forty years since the creation of the world Health Organization in 1948, there have been major accomplishments resulting in a healthier world. For example: One of the first diseases to claim WHO'S attention was yaws, a crippling and disfiguring disease that afflicted some 50 million people.

In 1948 came a scientific breakthrough: long-acting penicillin. A single injection was enough to cure the disease. By 1965, a total of 46 million yaws patients had been successfully treated in 49 countries. In 1967, smallpox was endemic in 31 countries. In that year alone, between 10 and 15 million people were stricken with smallpox: of these some 2 million died and millions of survivors were disfigured or blinded for life. The last known case of smallpox was detected in Somalia on 26 October 1977. Since then, at least 20 million people would have died of smallpox if it had not been eradicated. Onchocerciasis (river blindness) is a parasitic

disease of the tropics which particularly affects much of West Africa. In 1974, the WHO, together with three other United Nations (UN) agencies, launched the Onchocerciasis Control Program. The strategy was to aerially spray the river breeding sites of the disease-carrying black flies. An estimated 7 million children born since the start of the program no longer risk going blind. A new drug, Ivermectin, has been available since 1987 for those infected with the parasite.

The World Health Organization takes the lead in battling to prevent one of the world's biggest killer diseases. According to the Best Health Science Degree Guide, there are essentially five important functions of the World Health Organization (Best Health Science Degree Guide):

**1. Providing Leadership on Global Health**

The WHO is not the only major player in global health; there are several organizations who share the spotlight, but where this organization differs from others is that it continuously provides leadership in all areas of global health. This organization works with experts, volunteers, politicians, and governments to ensure that there is a set standard for global health and that it demonstrates this standard at all times. Since the WHO is one of the most visible organizations, it is critical that they showcase leadership at all times, something it has done well since its inception.

**2. Shaping the Research Agenda**

Research is the main function of WHO; it is through research of disease and health policy that practices can be implemented on a global scale to save as many humans lives as possible. Research is constantly changing and evolving, and WHO sees it as a priority to ensure that their own research practices are always beneficial to public health. The organization also distributes life-saving information all over the world, enabling the information they receive from research to make it to the communities that are affected the most by poor health conditions.

**3. Setting the Standards for Global Health**

One of the functions of WHO is to set international standards for the monitoring and implementation of global health policy and practices. While it continues to work hand-in-hand with governments and other non-governmental organization, it is this organization to which all other non-profit organizations look up to when discussing global health policy,

norms, and practices. WHO does this by annually reviewing their own standards, taking constructive criticism from the global health community, and updating its standards as it sees fit.

**4. Advocating for Evidence-Based and Ethical Policy**

The WHO is not the only organization that works to promote global health. It is, however, the one that takes the most responsibility for building a strong foundation on evidence-based science and ethical policies. Since the organization works all over the world, it is imperative that it takes the proper steps to ensure that their work is backed by sound science, ethical behaviors on their part, and demonstrates a high ethical standard for their international partners. This has been a function that WHO has been working tirelessly to improve as it is clear that the organization cannot act alone in the global health field; still, it remains a beacon of moral standards by upstanding global citizens. (World Health Organization, 2000).

**5. Monitoring and Assessing Health Trends and Concerns**

One of the main functions for the WHO continues to be tracking health trends across the globe. With malnutrition and preventable diseases supporting high mortality rates in underdeveloped countries, it is a mission of the WHO to assess trends in order to ensure that its resources are going to the communities that need the most help. The WHO continues to be a symbol of integrity, rationality, and hope for the communities around the world that face global health crises. It has a remarkable reputation for providing excellent service for global communities' while being an example for other organizations all over the world. The five significant functions of the World Health Organization are well defined and communicated, but now healthcare stakeholders and health policy makers should learn more about current projects the organization is overseeing and offer help in any capacity, where they are able. (Yadav, 2017).

**Conclusion**

To provide more effective monitoring and to maintain the wellbeing level of the world, the WHO works closely with other organizations within the United Nations. It is a constitutional requirement that WHO should establish and maintain effective collaboration with the United Nations, and provide global health services and facilities. The WHO also maintains close working relationships with bilateral agencies, intergovernmental and non-governmental organizations.

There are over 1,000 leading health related institutions around the world officially designated as WHO Collaborating Centers. The global health care sector continues to adapt to new challenges presented by the ongoing pandemic, which still continues to dominate health care systems' attention and resources. We collaboratively continue to elevate the human experience of our workforce and reshaping how, what and where work is performed, swiftly scaling virtual health services for patients, and creating partnerships to produce and procure the required vaccines, treatments, and supplies. At the same time, we endeavor to continually address the heightened importance of inequities of health care, sustainability, and the environment.

Well-being is generally described as the state of being happy, healthy or prosperous (Kwon, 2008). The benefits of globalization have increased many characteristics of the well-being in most countries, thanks in part, to the expansion of health technology and medicines. However, these advantages have still not yet managed to reach all Third World countries which are not able to overcome the human development barriers in health and income. They continue to be trapped in poverty which shows little sign of their catching up or converging to the general competitive common global market trend. Globalization may deliver liberty, but not fraternity or equality.

## References

Diderichsen, F. (2018). The relevance of public health research for practice: A 30-year perspective. Scandinavian Journal of Public Health, 46(22_suppl), 58-66. doi: 10.1177/1403494818765706.

Dos Santos, J. L. G., Stein Messetti, P. A., Adami, F., Bezerra, I. M. P., Maia, P. C. G., Tristan-Cheever, E., & Abreu, L. C. D. (2021). Collision of fundamental human rights and the right to health access during the novel coronavirus pandemic. Frontiers in Public Health, 553. doi: 10.3389/fpubh.2020.570243.

Daulaire, N. (1999). Globalization and Health. *Development* 42, pp. 22-24. Available at: https://doi.org/10.1057/palgrave.development.1110077 (Accessed June, 2022)

Deloitte Touche Tohmatsu Limited (2022) *2022 Global Health Care Outlook.* Are we finally seeing the long-promised transformation? Available at:

https://www2.deloitte.com/content/dam/Deloitte/global/Documents/Life-Sciences-Health-Care/gx-health-care-outlook-Final.pdf (Accessed June, 2022)

Ezzati M., Vander Hoorn S., Lawes M.M., Leach R., James W., Lopez A., Rodgers A., & Murray C. (2005). Rethinking the 'Diseases of Affluence' Paradigm: Global Patterns of Nutritional Risks in Relation to Economic Development. *PLOS Medicine.* Vol. 2.

Feachem R.G.A. (2001). Globalisation is good for your health, mostly. *British Medical Journal* 323:504 doi:10.1136/bmj.323.7311.504 (Accessed June, 2022)

Huynen, M.M., Martens, P., & Hilderink, H.B.M. (2005). The health impacts of globalisation: a conceptual framework. *Global Health* 1, Article 14. Available at: https://globalizationandhealth.biomedcentral.com/articles/10.1186/1744-8603-1-14 (Accessed June, 2022)