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Pandemics and International Law: The Need to Strengthen International Legal Frameworks after the COVID-19 Global Health Pandemic [Sierra Leone]

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PANDEMICS AND INTERNATIONAL LAW: THE NEED TO STRENGTHEN INTERNATIONAL LEGAL FRAMEWORKS AFTER THE COVID-19 GLOBAL HEALTH PANDEMIC [SIERRA LEONE]

CHARLES C. JALLOH*

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I. INTRODUCTION

I would like to begin by acknowledging the American University Washington College of Law and all its partners for organizing this timely symposium on “Pandemics and International Law: The Need for International Action.”¹ The theme of this symposium is rather

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1. American University Washington College of Law, *Pandemics and International Law*, YouTube (Nov. 18, 2020), <https://youtu.be/t-wcYGfv3-w>.

broad and, as we have heard already, there is much that can be said about it from various international law perspectives. I will not attempt to do that.

Instead, I wish to offer brief comments on one question given the time restrictions for my remarks and this panel. I will focus specifically on the topic I was assigned. In essence, given this pandemic of a lifetime that we are experiencing today, the question I was asked to ponder is whether international law needs to be codified or progressively developed to address issues stemming from pandemics. By those key words, of progressive development and codification, I use them in the meaning given to them by the UN General Assembly in Article 15 of the Statute of the International Law Commission. There, “progressive development” is defined, for convenience, as meaning the preparation of draft conventions on subjects which have not yet been regulated by international law or in regard to which the law has not yet been sufficiently developed in the practice of States. The expression “codification of international law” is used for convenience as meaning the more precise formulation and systematization of rules of international law in fields where there already has been extensive State practice, precedent and doctrine. Both mandates are equally important and equally critical for the work of the ILC.

We obviously have some treaties at the global level to regulate global health issues, mostly centered around the World Health Organization. A predicate question then is whether those are enough for future pandemics. I would submit not. If international law does need to be progressively developed or codified, as I think it does, it is important to identify the potential areas that we might need to focus on.² For our purposes here, I come to the topic from the perspective of the human beings who—as we all know—bear the brunt of deadly infectious diseases and epidemics such as COVID-19. I say this because, while obviously important, my focus is not per se the concerns of conventional international lawyers: States. With that point of departure, allow me to be selective and to offer four key points for

2. See Keun-Gwan Lee, *Recalibrating the Conception of Codification in the Changing Landscape of International Law*, in SEVENTY YEARS OF THE INTERNATIONAL LAW COMMISSION 300–332 (The United Nations, ed., 2021).

your consideration for our discussions before I offer concluding remarks.

II. A PATCHWORK OF INTERNATIONAL REGULATORY REGIMES

First, as we have learned in the past year, various international law regimes are clearly applicable to different aspects of pandemics, although the word pandemic itself is not a technical one we can find in the 2005 International Health Regulations of the World Health Organization (“WHO”). To note some examples of the wide variety of subfields that are relevant, these include international economic law, international human rights law, international health law, international humanitarian law, intellectual property law, aviation law, and maritime law.

While this sectoral or patchwork approach of the international law field is natural, and perhaps to some extent inevitable given the decentralized nature of international legal system, the impact of the current pandemic in almost all areas of human activity has demonstrated the need for a more comprehensive approach to address the legal concerns that may arise from public health emergencies of global concern in the future. If that claim is true, based on the ongoing global experience with the deadly disease that has so far claimed over two million lives and counting,³ then it would follow that States may need to strengthen the legal and policy frameworks for managing COVID-19-type pandemics at both the national and international levels. Indeed, it seems that international community will likely need to establish mechanisms that allow for recovery from the current crisis, while at the same time better preparing us for future global public health emergencies—especially those with potential to cause widespread devastation and perhaps even pose an existential threat to all of humanity.⁴ Several States, from different regions, have already suggested that it will be imperative to learn from the lessons

3. *COVID-19 Dashboard*, JOHNS HOPKINS UNIV. OF MED., <https://coronavirus.jhu.edu/map.html> (last visited April 17, 2021).

4. See Matiangai Sirleaf, *Capacity-Building, International Cooperation, and COVID-19*, AM. SOC’Y INT’L L. (July 9, 2020), <https://www.asil.org/insights/volume/24/issue/17/capacity-building-international-cooperation-and-covid-19>.

of the current pandemic.

For example, on December 3rd, 2020, within the context of a special session of the U.N. General Assembly, the President of the European Council, Charles Michel, called for a new pandemics treaty based on solidarity and collective mobilization to ensure that the international community is better prepared for future pandemics. It may be the case that the first step in that direction could come from sectoral regimes such as that of the WHO. Similar positions have been taken by other bodies, such as the U.N. General Assembly, and the leaders of several States have issued a joint statement to that effect.

But the effort should not end there and should explore the role that can be played by the U.N. General Assembly and its subsidiary bodies such as the Sixth Committee and the International Law Commission ("ILC"). Both these bodies have in the past played a vital role in the promotion of the codification and progressive development of international law. It might even be the case that, given their past practice such as the General Assembly's early nineties request for a draft statute for a permanent international criminal court from the ILC, that the General Assembly could make a request for assistance to that expert body to take advantage of the momentum of State interest when our experience is fresh. The ILC could also, acting *proprio motu* and in accordance with Article 18 of its Statute, respond to the call of States for U.N. bodies to explore what can be done better by proposing a topic of study in that regard to States. The ILC, as it has done in the past, could contribute by examining topics that are more of a general or systematic nature rather than focusing on specialized subject areas such as global health law, which is probably best left to subject matter expert bodies such as the WHO. In that way, not only might it be fulfilling its functions, but it would also have shown its willingness to respond to the call of the General Assembly that all U.N. organs see what they can do within their mandates in addressing this existential threat to humanity.

It appears critical, when preparing ourselves, that we take into account the different situations of different States. Some States obviously have a higher capacity to respond than others. This, to me, suggests that the U.N.-led development agenda is also an integral part

of this discussion. In fact, one might argue that it is central to the discussion. Indeed, from the perspective of developing States, one might examine the U.N.'s 2030 Agenda for Sustainable Development (Agenda 2030)⁵ and wonder what the current COVID-19 pandemic has meant for the progress, or the lack of progress, in addressing them. Take the example of Sustainable Development Goal 16 (SDG-16) and its emphasis on rule of law as an enabler of peace, justice, and strong institutions.⁶ The question arises that, as we are dealing with the current pandemic, is SDG-16 relevant or is it irrelevant? I would submit that it remains relevant. Indeed, not just relevant but in reality, highly relevant.

The reason is this and it is simple: the implementation of SDG-16 and the other SDGs can help to promote stronger and more resilient institutions, and enable otherwise weak governments to take prompt and effective action to help reduce the spread of deadly viruses—while, at the same time, addressing structural social inequalities that often affect the most vulnerable populations, countries, and groups.⁷ By working together to reduce structural inequalities within and among States, we might help limit the disproportionate burden of disease prevention and mitigation on the most vulnerable in the global community.⁸ That is not just a smart, morally, and practically justifiable investment in our common humanity; it also helps us to be better prepared to prevent and mitigate future pandemics. Indeed, as the International Labor Organization recently concluded in a September 2020 study, the values and principles enshrined in SDG-16 and Agenda 2030 remain highly relevant to overcome the ongoing crisis and ensure a just, equitable and sustainable recovery for all.⁹ The SDGs, in other words, are part of the solution. We need to address the development needs of the most impoverished if we are to build

5. G.A. Res. 70/1, Transforming Our World: The 2030 Agenda for Sustainable Development (Sept. 25, 2015).

6. *Id.* at 25–26.

7. See GLOBAL ALLIANCE, ENABLING THE IMPLEMENTATION OF THE 2030 AGENDA THROUGH SDG 16+, GLOBAL ALLIANCE 20–23 (July 2019), <https://www.sdg16hub.org/system/files/2019-07/Global%20Alliance%2C%20SDG%2016%2B%20Global%20Report.pdf>.

8. *Id.* at 22.

9. UNDP-ILO FRAMEWORK FOR ACTION, INT'L LAB. ORG. & U.N. DEV. PROGRAM 1 (2020).

sufficient national capacities to realize a more healthy and pandemic free world.

III. MITIGATING THE IMPACT OF FUTURE HEALTH CRISES

Second, States need to ensure that they are better prepared to mitigate the impact of future global health crises while comporting with the standards of national and international law. In the context of the COVID-19 situation, which is not even over yet, we have all read about alarmingly broad public emergency measures that some States have adopted to flatten the curve.¹⁰ Whenever adopted and implemented properly based on scientific advice and evidence, no one—or at least only a few—would quarrel with the need for such measures where those are reasonable and targeted at protecting public health.¹¹

The problem is this: from the perspective of international (and domestic constitutional) law, States may adopt restrictive measures that may impact the enjoyment on certain fundamental human rights—provided that States adhere to certain limits.¹² Where emergency measures are misused, for political or other more nefarious purposes, some of those emergency measures may give rise to other human rights violations—such as outright discrimination, the denial of the right to health, and even the denial of the non-derogable right to life.¹³ This suggests that there may be a need to have a better alignment in the laws concerning the use of restrictive measures during public health emergencies. Of course, this is a complex area and one that, in addition to international law, often implicates national emergency

10. See *Human Rights Dimension of COVID-19 Response*, HUM. RTS. WATCH (Mar. 19, 2020, 12:01 AM), <https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response> (providing an overview of COVID-19 related human rights issues).

11. See INTERNATIONAL HEALTH REGULATIONS, WORLD HEALTH ORG. 28–29 (3d. ed. 2005), <https://www.who.int/publications/i/item/9789241580496> (providing the requirements that States must comply with when implementing restrictive measures in response to public health crises).

12. Adina Pontá, *Human Rights Law in the Time of the Coronavirus*, AM. SOC'Y INT'L L. (Apr. 20, 2020), <https://www.asil.org/insights/volume/24/issue/5/human-rights-law-time-coronavirus>.

13. *Id.*

laws including constitutional standards and limitations. A key imperative is that we always ensure that the measures used are truly aimed at addressing the emergency, rather than at accomplishing other totally unrelated goals.¹⁴

For instance, under international law, a WHO Member State might adopt certain health emergency measures to protect public health in the context of pandemics.¹⁵ However, these must always be consistent with the WHO's 2005 International Health Regulations.¹⁶ Beyond the health regulations, which have revealed—through our current global conversation—that they have their own gaps, the measures should also be consistent with the international bill of rights, including the Universal Declaration of Human Rights (UDHR), the International Covenants on Civil and Political Rights (ICCPR) and Economic, Social, and Cultural Rights (ICESCR)—as well as under regional human rights regimes such as the African Charter on Human and Peoples' Rights or the American Convention on Human Rights, or under customary international law.¹⁷ Here, of course, we must start with the important right to the highest attainable standard of health which is fully recognized in the WHO Constitution and fundamental in international human rights law. But the obligation for States does not end with just that human right. It must recognize the intersectionality and indivisibility of economic, social, and cultural rights as well as the broader principle of equality and non-discrimination and right of access as well as to participation. The rich interpretation of those obligations by the specialized courts, commissions and treaty-bodies, and other pronouncements on the scope of those obligations including in general comments might also merit some attention.¹⁸

14. See *Human Rights Dimension of COVID-19 Response*, *supra* note 10.

15. See Anastasia Telesetsky, *International Governance of Global Health Pandemics*, AM. SOC'Y INT'L L. (Mar. 23, 2020), <https://www.asil.org/insights/volume/24/issue/3/international-governance-global-health-pandemics>.

16. *Id.*

17. See *Human Rights Dimension of COVID-19 Response*, *supra* note 10.

18. *Human Rights Bodies – Complaints Procedures*, U.N. OFF. OF THE HIGH COMM'R FOR HUM. RTS., <https://www.ohchr.org/en/hrbodies/tbpetitions/pages/hrtbpetitions.aspx> (last visited Mar. 7, 2021).

In the end, no matter the source of the obligation, whether national, regional, or international in nature, States should be able to demonstrate that the emergency laws used to restrict fundamental rights pursue a legitimate public health objective.¹⁹ There must also be proportionality and non-discrimination in the application of public health emergency measures,²⁰ lest the burden fall disproportionately on the most vulnerable including women, the disabled, seniors, children, migrants, refugees, displaced persons, or other minorities. By their very nature, as a response to a public health emergency, international law requires that the measures *also* be time limited, so that they are not applied indefinitely in flagrant violation of the rights of persons.²¹

IV. THE IMPORTANCE OF ADHERING TO THE RULE OF LAW DURING PANDEMICS

Third, as we speak today about a year after the start of this pandemic, we have realized that the rule of law, whether at the national or international level, matters more—not less. This view, which we might have taken for granted for the most part in the past, has increasingly been questioned by some authoritarian and nationalist regimes around the world. The committed States must thus continue to invest in building a global rule of law. The idea of a global rule of law must be practically meaningful, not just an empty slogan. We should not use a global public health emergency—or anything else, for that matter—to justify the erosion of the global rule of law, nor can we put the rule of law on hold, locked in a drawer with a key, until the pandemic is over. By the time the pandemic ends, there may not be anything left!

Indeed, the rule of law—a key component of which includes access to justice and courts based on full equality—requires that we safeguard the rule of law and that justice systems continue to be preserved and

19. Office of the High Commissioner for Human Rights, *CCPR General Comment No. 29: Article 4: Derogations During a State of Emergency*, U.N. Doc. CCPR/C/21/Rev.1/Add.11 (Aug. 31, 2001).

20. *Id.* ¶¶ 4, 8.

21. *Id.* ¶ 4.

to function to the extent possible.²² It is precisely in crisis situations, when there is a perhaps natural human tendency to take shortcuts, to find scapegoats and blame the “other” for our problems, that the adherence to the rule of law should be re-emphasized. The law and the justice institutions play a vital stabilizing function, not only to monitor possible abuses of legislative or executive power, but also to offer alternative ways to address legitimate grievances in a peaceful and impartial way. This helps to mitigate the risks of descent into chaos and violence before, *during*, and after such crises.

Relatedly, in circumstances of armed conflict, International Humanitarian Law (IHL) should guide the behavior of the parties to the hostilities.²³ IHL continues to apply, since—as we all know—conflicts do not magically end because of the arrival of a new pandemic. In fact, based on prior pandemics and the lesson so far, we know that conflicts might make pandemics or other public health emergencies even harder to control. Yet, under IHL as codified in the 1949 Geneva Conventions and their 1977 Additional Protocols and under customary international law, medical facilities are necessary in order to provide medical care on a large scale.²⁴ Water supply facilities are of critical importance as well. And, in many conflicts, many such installations have either been destroyed or degraded by long running hostilities. Any disruption to their functioning means thousands of civilians will be unable to realistically implement basic disease prevention measures. How do you wash your hands, to prevent the spread of a deadly disease, when you have no water? What if there is no hand sanitizer available to you? These are basic but still important practical questions. We must attend to them, instead of ignore them, if we are to find viable solutions.

Additionally, IHL expressly prohibits attacking certain objects that are indispensable to the survival of a civilian population.²⁵ This, of

22. *What Is the Rule of Law*, U.N. AND THE RULE OF L., <https://www.un.org/ruleoflaw/what-is-the-rule-of-law/#:~:text=It%20requires%20measures%20to%20ensure,and%20procedural%20and%20legal%20transparency>. (last visited Mar. 7, 2021).

23. *What Is International Humanitarian Law?*, INT’L COMM. OF THE RED CROSS (July 2004), https://www.icrc.org/en/doc/assets/files/other/what_is_ihl.pdf.

24. *Id.*

25. *Id.*

course, includes water installations and supplies. Other specially protected persons and groups under the law of armed conflicts, including detainees, persons specifically at risk including the wounded, the sick and those who have surrendered as well as others such as persons cramped in internally displaced or refugee camps must also be treated with dignity, respect, and humanity.²⁶

At the same time, such vulnerable groups—including seniors—might find themselves in overcrowded conditions in detention facilities where a disease could run rampant or in camps where their freedom of movement might be restricted. Furthermore, they may lack access to humanitarian relief supplies, which may be their only way to survive hunger. While the parties to the conflict are required to provide for them, it may be that access by humanitarian relief organizations—such as the International Committee of the Red Cross—may be restricted. If such entities lack full access, the protected persons may become that much more vulnerable to the pandemic absent careful implementation of sound public policy measures.

V. EXAMINING SOME INITIAL LESSONS LEARNED WHEN MOVING FORWARD

Fourth, and this will be my last point, we should note that for many years, the World Health Assemblies convened under the framework of the WHO have consistently warned that the world is ill-prepared to respond to a severe influenza pandemic or to any similarly global, sustained, and threatening public-health emergency.²⁷ The warnings have been made by scientists for many years, including recently by the U.N. Environmental Program and the International Livestock Research Institute,²⁸ who suggest that, in the future, we can expect

26. See U.N. OFF. OF THE HIGH COMM'R FOR HUM. RTS., *Monitoring and Protecting the Human Rights of Refugees and/or Internally Displaced Persons Living in Camps*, in TRAINING MANUAL ON HUMAN RIGHTS MONITORING 167–70 (2001).

27. See U.N. General Assembly, *Report of the High-Level Panel on Threats, Challenges and Change on a More Secure World: Our Shared Responsibility*, ¶¶ 8, 19, 280, U.N. Doc. A/59/565 (Dec. 2, 2004).

28. U.N. ENV'T PROGRAMME & INT'L LIVESTOCK RSCH. INST., PREVENTING THE NEXT PANDEMIC: ZOOONOTIC DISEASES AND HOW TO BREAK THE CHAIN OF TRANSMISSION (2020).

more zoonotic based disease outbreaks due to several human mediated factors such as unsustainable agricultural intensification; increased use and exploitation of wildlife; unsustainable utilization of natural resources accelerated by urbanization, land use change and extractive industries; increased travel and transportation; changes in food supply; climate change; and demand for more animal protein.²⁹ In a nutshell, human beings are causing severe damage to nature, and in the process, endangering other species and lifeforms on our shared planet and ecosystems as well as ourselves. Sadly, today, many of us might wish that States had listened to the WHO and the scientists, given the sheer devastating and ongoing impact of the current virus.

However, that is all water under the bridge now. The history of international law, including in international health law but also in other fields such as IHL, demonstrates that moments of crisis can be transformed into moments of opportunity to strengthen global cooperation and regulation. That was what happened after World War I when States experimented with the creation of a League of Nations. That was followed by the United Nations after World War II which built on the lessons of the failed attempt under the League of Nations. We rapidly, through the U.N. forum, accomplished self-determination for formerly colonized peoples, adopted key global treaties that are today deemed foundational to the international legal order such as the 1948 Genocide Convention, the 1948 Universal Declaration of Human Rights, the 1949 Geneva Conventions, and ultimately, the International Bill of Rights. In the area of global health, the WHO was preceded by early efforts at regional cooperation to stem diseases within Europe.

The key point to stress now is that the international community needs to carefully examine and reexamine this COVID-19 experience, as well as prior epidemics such as Ebola and SARS, to ensure we are better prepared for future pandemics. This means that, as the U.N. General Assembly itself has underscored in a September 2020 resolution, we need to reinforce international cooperation and multilateralism and institutions.³⁰ That will require us to develop rules

29. *Id.* at 15–17.

30. U.N. General Assembly, *General Assembly Adopts Omnibus Resolution Calling for Holistic COVID-19 Response, among 3 Passed on Global Health*

for a more robust exchange of scientific information, to identify best practices on how best to control and defeat future pandemics, and how best to ensure that global health systems are developed as global public goods. This will require deeper cooperative frameworks, including development assistance and lifting people out of poverty, to cover a range of issues, from improving health care in all countries to thinking through means for the rapid development of vaccines for reasonable cost and distribution to all populations. We finally need to give substantive content to the right to health, perhaps by treating it as a global public good. Health care as a human right must become more real for human beings in all countries. Indeed, the WHO has learned from prior pandemics and must undertake a review of the 2005 International Health Regulations to also fill in the gaps evident from COVID-19 and other recent pandemics. However, it is also worth bearing in mind that the WHO is not the only actor that is relevant; many other universal and regional bodies and mechanisms ought to also “debrief” the current experience and figure out ways to improve existing tools to ensure better preparedness for next time.

Let me relate this point to the *during* and *after* part of pandemics. The regime for ensuring access to affordable medicines, including life-saving ones, might also need to be carefully studied. It maybe early days to draw firm conclusions and lessons learned in a crisis situation may not always prove to be the best ones. I say this because we know that trade is critical even in times of pandemics, to move everything from life-saving personal protective equipment to food to communities in lockdown. We have a generally successful global trade regime centered around the World Trade Organization (“WTO”) which includes two framework global treaties and a host of other instruments that took decades to negotiate: the General Agreement on Tariffs and Trade (“GATT 1994”) and the General Agreement on Trade in Services (“GATS”). Those treaties advance principles of equality of treatment and non-discrimination in trade but leave considerable discretion to States when it comes to limitations that they may choose to adopt to protect national public health. Moreover, the WTO Agreement on Trade Related Aspects of Intellectual Property Rights (“TRIPS”) provide so-called “flexibilities” —and the use of

what is often described as the TRIPS exceptions, including for public health and compulsory licensing, in line with the 2001 Doha Declaration on the TRIPS Agreement and Public Health (“Doha Declaration”).³¹ These instruments, in principle, allow a country to do what is necessary to protect public health and to provide access to life-saving medicines by lifting patents. Two additional WTO treaties, the SPS Agreement and the TBT Agreements, are also relevant in this context.

The problem we have is that, during this pandemic, South Africa and India’s October 2020 proposal to get wider support for a “TRIPS waiver” in relation to the prevention, containment, and treatment of COVID-19, has shown that it is difficult in *practice* for developed and developing countries to find consensus on these issues even where the global legal framework seems pretty accommodating. What is particularly interesting is that the entire African Group as well as the group of Least Developing Countries, which are generally affected the most by the virus, have all endorsed the proposal. On the other side, the developed countries that are the ones where the companies producing vaccines are based, have displayed some doubts. So, even though the issue is still under discussion in the context of the Council on TRIPs, the discussions as of March 2021 have not yet yielded consensus. It is also possible that the new U.S. Biden-Harris administration might take a different policy stance on these issues than the previous administration, and perhaps even reflecting a more traditional view of multilateralism and the benefits of it for the U.S. and the world.

Ultimately, in the WTO, we know that the Doha Declaration has underscored that “the TRIPS Agreement does not, and should not, prevent States from taking measures to protect public health,” especially in poorer countries.³² The role of big pharma and public

31. See U.N. CONF. ON TRADE AND DEV., IMPACT OF THE COVID-19 PANDEMIC ON TRADE AND DEVELOPMENT: TRANSITIONING TO A NEW NORMAL (2020); see also J. Janewa OseiTutu, *Human Development as a Core Objective of Global Intellectual Property*, 105 KY. L. J. 1 (2016); J. Janewa OseiTutu, *Humanizing Intellectual Property: Moving Beyond the Natural Rights Property Focus*, 20 VAND. J. ENT. & TECH. L. 1 (2017).

32. The Doha Declaration on the TRIPS Agreement and Public Health, WORLD HEALTH ORG., https://www.who.int/medicines/areas/policy/doha_declaration/en/

private partnerships to quickly produce large vaccine quantities may also merit attention. This past couple of weeks have some brought us good news on the vaccine front.³³ On the other hand, as we speak, we hear debates about so-called Vaccine Nationalism. And, of course, we return to the traditional divide within and between States between the haves and have nots. It will be interesting to see how these policy issues and realities are resolved and what, if anything, can be done for the consensus to be found between the intellectual property producing countries and the developing countries that so sorely need the patents and technology transfer and manufacturing capacity to ensure that no country and no people are left behind when it comes to tackling future pandemics. One thing that is clear is that we need to think differently now on how best to deepen and expand global cooperation.

VI. CONCLUSION

In answer to the question that I started with, yes, international law needs to be progressively developed in at least two ways and possibly more. First, as I hope to have shown, we need to strengthen current sectoral regimes that may apply to pandemics, testing them through the prism of pandemic preparedness and resilience. We should ask whether these regimes are pandemic ready and pandemic proof. Second, we need to think more holistically, of a comprehensive approach to pandemics so that cross-cutting issues and critical gaps are addressed by the right legal framework by the right institutions at the right level. Always at the center must be ensuring the protection of human lives and human dignity for all peoples and all States. No human left behind. I believe that international law, which provides the stability and predictability to undergird mutually beneficial cooperation, has a critical role to play in that regard. For after all, it is often in times of grave crisis such as the one we are living through right now with COVID-19 that the law can serve as an umbrella to protect all of us and the most vulnerable countries and peoples.

(last visited Mar. 7, 2021).

33. See *Covid-19 News: Supplies of Johnson & Johnson Vaccine Will Be Limited at First, Officials Warn*, N.Y. TIMES (April 1, 2021, 10:11 AM), <https://www.nytimes.com/live/2021/02/28/world/covid-19-coronavirus#jj-vaccine-pfizer-moderna-differences> (providing up-to-date reporting on COVID-19, and both the vaccines available and those under development).