

The WHO Pandemic Treaty: Ethical Imperatives and Political Realities in Global Health Governance

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Abstract

This paper examines the political and ethical implications of the proposed pandemic treaty within the context of global health governance (GHG). Analyzing the treaty's development, we found that the explicit political content has been moderated from the initial draft of the document to its latest version. The treaty's ethical considerations rooted in global bioethics, however, remain central. Bearing this finding in mind, we explore the treaty's navigation of global health imperatives and national sovereignty. More so, we highlight the treaty's potential to reshape international health relations through scientific cooperation and knowledge sharing, and we consider the document's adaptability to emerging technologies in healthcare, such as AI. Despite implementation challenges of the treaty, we conclude that this document represents a significant step toward formalizing the interconnection between global health and politics, underscoring the enduring relevance of ethical approaches in international health governance and diplomacy.

Keywords: Global Health Governance; Pandemic Treaty; Bioethics; Science Diplomacy; International Relations; COVID-19 Pandemic

Introduction

The COVID-19 pandemic exposed critical gaps in global health cooperation, demonstrating the urgent need for a coordinated international response to worldwide health threats. This realization prompted an international debate around the so-called “pandemic treaty.” The proposed treaty aims to create a robust framework for international collaboration and preparedness to address future health crises more effectively. However, the scope and nature of such a cooperation inevitably intersects with complex political considerations as nations must balance global health imperatives with their own sovereignty and interests.

The President of the European Council, Charles Michel, first proposed a pandemic treaty at the Paris Peace Forum in late 2020. This idea quickly gained traction, receiving support from the World Health Organization (WHO) and the leaders of twenty-three countries (Euractiv.com 2021; NEWS WIRES 2021). In response, the 2021 Special Session of the World Health Assembly (WHASS) saw member states unanimously agree to establish

the Intergovernmental Negotiating Body (INB). Operating under WHO's constitution, the INB was tasked with drafting a convention, agreement, or other international instrument for pandemic preparedness and response (PAHO 2018). While the first draft presented by the INB in October 2021 was focused on public health, its implications extended far beyond. Its scope encompasses not only health considerations but also political and ethical dimensions that affect all nations globally.

In May 2023, the WHO Director-General announced the “end to COVID-19 as a public health emergency” (WHO 2023c). However, this declaration did not imply the elimination of the global threat. Although the pandemic's acute phase has concluded, the virus continues to circulate and mutate. Furthermore, the potential emergence of new pathogens remains a constant concern. Recognizing this ongoing risk, WHO has designated the concept of “Disease X” to represent the threat of an unknown pathogen that could cause a future pandemic (Wilson 2024). These ongoing threats inspire continued discussions and the development of a treaty that would bring forward a framework for international preparedness and response to potential health crises—a framework that would acknowledge the persistent need for global coordination.

The proposal of a pandemic treaty is politically significant as it aims to be legally binding. Its adoption could revolutionize global cooperation and governance in pandemic response, addressing not only the health concerns themselves but also their political and ethical aspects. It may even mark a pivotal moment, institutionalizing the connection between politics and health at an international level.

Currently, governance in this area is “fragmented” (Heidingsfelder and Beckmann 2019; Eilstrup-Sangiovanni and Westerwinter 2021), consisting mainly of recommendatory documents. During the COVID-19 pandemic, we saw WHO-level decisions implemented nationally, but without having formal legal mechanisms in place to assess nations' compliance with these recommendations. The proposed treaty could become a primary tool for global health governance and significantly influence how nations implement both domestic and foreign policies related to pandemic response. Moreover, some experts view this pandemic treaty as a foundation for global solidarity, encompassing extraterritorial obligations in healthcare-related human rights (Yamin, Grogan and Villarreal 2021; Petrie-Flom Center Staff et al. 2021).

In analyzing existing drafts of the pandemic treaty, it is crucial to consider their scientific and ethical components. The modern world requires integrating scientific approaches into the global health governance. The application of new technologies in

healthcare also involves ethical considerations that must be addressed. These scientific and ethical aspects are not merely abstract concepts but have real-world implications for how the treaty might be implemented, how it could shape international cooperation in pandemic response (Yamin, Grogan and Villarreal 2021), and how it could create new opportunities for humanitarian diplomacy (Ratajczak and Broś 2023).

The challenges faced during COVID-19 vaccine distribution and subsequent debates over intellectual property rights (Editorials NATURE 2020; Runde, Savoy, and Staguhn 2021; Cozzi and Galli 2022) highlighted the complexities of maintaining ethical standards in global health crises. By establishing new ethical foundations for international cooperation, particularly in health-related matters, the treaty addresses some of the shortcomings observed during the COVID-19 response. However, it also raises significant concerns about national sovereignty and the delicate balance between global health imperatives and individual state rights.

Overall, while most current works focus on health/medical, legal, and related ethical aspects, there is a notable lack of analysis regarding the treaty's implications for global governance and international cooperation in the realm of science and technology development, particularly from a bioethical perspective. This paper aims to fill this gap by examining the intersection of political considerations, especially around state sovereignty, with ethical aspects within the treaty framework. Despite the typical dominance of national interests in realpolitik (Britannica 2024), this work investigates how ethical considerations might serve as policy tools, particularly in humanitarian and scientific diplomacy. By providing an analysis of the treaty's capacity to shape both international relations and public health policy, we aim to bridge politics, bioethics, and global health governance.

Our analysis is based on diverse secondary sources, including reports of governmental agencies and international organizations, policy papers, and academic literature. For the review of academic literature, we focused on studies published in English between 2005 and 2024 that examine the politicization of global health issues, focus on the balancing of global health governance and national sovereignty, and address (bio)ethical issues related to the proposed pandemic treaty. We searched the key databases by using the following set of keywords: *Global Health Politics OR Governance, Coronavirus AND Politics, Pandemic Treaty, Science OR Humanitarian Diplomacy, Ethical Issues in Global Health AND Politics OR Governance, Politics AND Global Bioethics, Politics AND Science OR AI, Politics AND Global health AND Ethics OR Ethical Principles*. We employed a thematic analysis approach to analyze all retrieved literature.

In this paper, we first provide an overview of the concept of global health governance (GHG) and its evolution, particularly in light of the COVID-19 pandemic. We then examine the proposed pandemic treaty, analyzing its potential to reshape international health relations through scientific cooperation and knowledge sharing. Furthermore, we aim to explore the treaty's abilities in successfully navigating global health imperatives and national sovereignty concerns, and we discuss its challenges in balancing these competing interests.

We discuss the ethical dimensions of the treaty, rooted in principles of global bioethics, and their implications for political decision-making in health issues. In this paper, we also consider the treaty's adaptability to emerging technologies in healthcare and governance, such as AI. Finally, we assess the potential impact of the treaty, including its promises and challenges on international relations and global health diplomacy. Throughout, we emphasize the enduring relevance of ethical approaches in international health governance and diplomacy.

The Concept of Global Health Governance

Resolving issues encompassing global health requires collective engagement from the international community, inevitably involving complex political dynamics. The study of health issues' significance in global politics is associated with the process of globalization, which has given rise to a new field of study: global health governance (GHG). The GHG concept emerged from the interdisciplinary analysis of globalization-induced processes. Globalization has fostered such a close connection between individual countries and even continents—a connection that has become especially prevalent in the context of global health threats. Meaning, localizing the spread of viruses and other infectious diseases has become nearly impossible.

The connection, highlighted by the GHG framework, underscores the necessity for robust health governance systems that can respond to crises swiftly and effectively. The COVID-19 pandemic, as a case in point, has not only confirmed the challenges posed by global health threats but also emphasized the critical role governance must play in coordinating international efforts and policy implementation to mitigate such threats. Moreover, Tiwari and colleagues (2022, 249) believe that COVID-19 has “strengthened the role of governance in health” and, “as a political determinant of health,” governance plays a significant role in the effective implementation of policy (Tiwari et al. 2022, 255).

There are many definitions of GHG. A fundamental reference point for defining governance in the context of global health issues is WHO, the preeminent international

organization in this field (WHO 2013). Various countries participate in GHG by coordinating efforts to mitigate factors that adversely affect health and by allocating resources. This collaborative approach encompasses the development of policies that are accepted by the international community through platforms such as WHO. Key examples of such policies include the adoption of regulations and standards for water quality, the establishment of air quality standards, and the implementation of tobacco control measures. These global health governance initiatives demonstrate how international cooperation can lead to the creation and implementation of standards that have far-reaching impacts on the public health across nations.

Within WHO, countries also can exchange information on disease outbreaks. The International Health Regulations, adopted in 2005, established rules for preventing, controlling, and responding to the international spread of diseases (WHO 2005). This regulatory structure is complemented by funding and through accountability mechanisms. For instance, in 2022, the World Bank, with technical guidance from WHO (2022), created the fund for pandemic prevention, preparedness and response, exemplifying this aspect of governance.

A practical application of governance through the unification of standards in global health is the “health in all policies” approach. This concept, which can be traced back to 1978, serves as “a mechanism to promote action on the social determinants of health” (Baum et al. 2014; Ståhl 2018). This approach illustrates how GHG can influence policymaking across various sectors, and it recognizes that health outcomes are affected by decisions made in multiple domains beyond just healthcare.

Overall, the GHG does not have a rigid institutional structure but rather represents a dynamic field that can incorporate new players. Kelley (2011) further suggests that GHG includes a “complex web of UN agencies, public/private partnerships, donor and recipient governments, foundations, corporations, and civil society organizations.” This diversity of participants introduces a level of complexity in regulating and coordinating global health efforts. Meaning, if each entity pursues their own interests, then the GHG may adopt a somewhat chaotic structure. Therefore, diplomacy forms an integral part of this system. Analyzing global politics, Kickbusch and Liu (2022, 2160) conclude that in today’s interdependent world, most of the initiatives are not limited to “purely humanitarian goals.” This implies that even ostensibly humanitarian efforts in health can reflect broader geopolitical objectives.

The pandemic treaty proposed by WHO emerges as a significant development within this complex landscape of GHG. It represents an attempt to formalize and strengthen the existing structures of global health cooperation, addressing the gaps and inefficiencies revealed by the COVID-19 pandemic. The treaty aims to create a more cohesive framework for international response to health crises, potentially streamlining the “complex web” of actors described by Kelley (2011). However, as with other aspects of GHG, the treaty must navigate the delicate balance between collective action and national interests, thereby embodying the tension between humanitarian goals and geopolitical ones. As such, the pandemic treaty can be seen as both a product of an evolving GHG and a potential catalyst for further developing a cohesive GHG in the future.

Balancing Global Health Governance and National Sovereignty

The politicization of global health topics, a trend that emerged over two decades ago (McInnes, Lee, and Youde 2019), has significantly accelerated during the COVID-19 pandemic (Papamichail 2021). This intensification has transformed health issues into a political factor in world politics. Sturm and colleagues (2021) draw on Michel Foucault’s notion of “politics of health” (Foucault 2014) to analyze the geopolitical aspects of the COVID-19 pandemic. They propose the notion of “critical health geopolitics,” with an emphasis on the importance of geopolitical foundations in health, and they argue that within the “new form of politics,” as outlined by Foucault, medical agents function as political subjects. However, they also identify a need to conceptualize, theorize, and scale health geopolitics “from the global to the local” level.

From this point of view, the proposed pandemic treaty could serve as a primary instrument in enabling the politicization of global health issues. The political significance of this document is underscored by the characterization of the “zero draft” (WHO 2023a) as a “political declaration” at the UN General Assembly High-level Meeting on Pandemic Prevention, Preparedness and Response (UN 2023). By framing this text, which fundamentally regulates public health, in political terms within WHO discussions, the drafters have made the link between global health concerns and political governance more explicit. Similarly, media framed the document as “the UN political declaration on pandemic” (for example, Cullinan 2023). As the final version of the document has not yet been adopted, and as the number of countries that will join and ratify this draft remains uncertain, it is premature to fully assess its impact. Nevertheless, from the perspective of sovereignty, the document holds significant interest in the context of global politics.

Since the presentation of the initial draft of the treaty (WHO 2023b), the text has undergone modifications, with some reduction in its political aspects. In comparison to previous versions, the word “political” appears only once (Article 16 (a)) in the March 2024 draft (WHO 2024a). While a detailed comparison is beyond the scope of this analysis, even a cursory review of the text reveals a decrease in its explicit political content, specifically in the context of “promotion of global, regional and national” commitments.

Moreover, the developers of the document also slightly altered its initially proposed legal status. The current name does not contain the word “treaty,” but instead mentions “convention, agreement or other international instrument.” From a legal standpoint, while these concepts are semantically connected and often used interchangeably, they can differ in nature. A “treaty” is defined as “an international agreement concluded between States in written form and governed by international law, whether embodied in a single instrument or in two or more related instruments and whatever its particular designation” (UNTC 2024). Consequently, treaties are typically more formal, legally binding, and detailed instruments used for significant matters between nations (Cremona 2019). They adhere to international law principles and often require ratification by a country’s legislative body.

Agreements, in contrast, cover a broader range of situations and can exist in both international and domestic contexts. They offer greater flexibility in terms of formality and legal weight, and may not always carry the same binding force as treaties (UN Dag Hammarskjöld Library 2024). The selection of “agreement” over “treaty” may have implications for the document’s legal status, the process of its adoption, and the obligations it imposes on participating states. Based on the current version of the document, states appear to prefer the term “agreement.”

Regardless of its formal designation, the proposed pandemic treaty is intended to have legal force from the perspective of international law. As a legal instrument, its adoption and implementation will inherently involve political and ethical components. The European Council emphasizes that such an instrument would “ensure higher, sustained and long-term political engagement at the level of world leaders of states or governments” (Council of the EU and the European Council 2023). This explicit acknowledgment of the political component highlights new dimensions of this document.

The potential legal force of the agreement raises significant questions about sovereignty in national decision-making processes. It represents a delicate balance between the need for coordinated global action on health issues and the preservation of individual nations’ autonomy in shaping their domestic health policies. This tension is at the heart of

many international agreements but takes on particular significance in the context of global health governance. The draft treaty acknowledges the concept of sovereignty (Philpott 2011), affirming that states retain the sovereign right “to adopt, legislate and implement legislation, within their jurisdiction” and reaffirming the principle of sovereignty in “addressing public health matters.” Simultaneously, the draft assigns a “central role for WHO” in research and development issues (article 9). This juxtaposition highlights the balance the treaty attempts to strike between respecting national sovereignty and establishing a coordinated global response to health crises.

An analysis of the current version of the document suggests that political considerations have significantly influenced its content, potentially overshadowing some of the initially conceived health objectives. While the document remains subject to further additions and amendments, the very existence of this treaty creates a novel legal mechanism that could potentially impact the internal politics of countries through the lens of addressing global health problems and threats. To have legal mechanisms in place is particularly relevant in the context of global health issues. Indeed, the potential for an epidemic to escalate into a pandemic underscores the need for such a global framework, especially then when there are no effective treatments readily available to navigate the threat.

However, given the existing political conflicts and ongoing wars between countries, the potential powers of the WHO under the proposed treaty remain a subject of speculation. The adoption of this document has the potential to impart a more pronounced political role to the organization, potentially creating a new stage in the development of global politics where health issues are formally recognized as political ones. At the same time, while the draft calls for increased equality, cooperation, and solidarity, it is unlikely to radically transform international relations.

Nevertheless, the ethical factors embedded in the treaty cannot be dismissed. The treaty discussions uncover many ethical questions, particularly regarding the sharing of knowledge and technology. On one hand, the proposed sharing of knowledge could potentially increase access to technologies for low-income countries, addressing longstanding inequities in global health. On the other hand, implementing such provisions would require a significant restructuring of the entire system of economic relations in health and the development of new rules for global economic interactions during pandemics. The ineffectiveness of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS agreement) in waiving intellectual property rights during the COVID-19 pandemic

(Thambisetty et al. 2022) underscores the challenges in balancing intellectual property protections with global public health needs.

In this context, complex ethical considerations extend beyond mere altruism. They touch on fundamental issues of global justice, economic rights, and the responsibilities of wealthier nations towards less resourced ones in times of global crises. The treaty thus has the potential to not only reshape global health governance but also to influence broader patterns of international cooperation and resource allocation. These political and ethical considerations extend beyond general principles to specific areas of scientific cooperation and ethics.

Science Diplomacy and Research Sharing

From the perspective of scientific cooperation in the realm of health, the proposed treaty has the potential to become a key instrument as it dedicates a section to research and development, which includes the sharing of scientific achievements and their results. This aspect of the treaty is particularly interesting from a political standpoint in the context of science diplomacy.

As the importance of science and technology grows, so does their politicization, correlating with their elevated status as a “geopolitical determinant” (EEAS 2022). This phenomenon underscores the increasing influence of scientific and technological access in shaping global political dynamics. In this context, science diplomacy can be utilized to achieve national interests, suggesting that seemingly altruistic cooperation in this area may serve pragmatic purposes. It can function as a form of soft power and be employed at various levels of governance on a supranational scale (Nye 2005, Legrand and Stone 2018, S4D4C 2019). Accordingly, advancements in health sciences can serve as a conduit for both scientific and humanitarian diplomacy, as this domain intersects ethical and political aspects, defining their pragmatic application. These intersections highlight how health-related scientific progress can foster diplomatic relations, being universally relevant and ethically charged, necessitating collaboration across diverse geopolitical landscapes.

Recognizing this political dynamic, the draft treaty focuses on “data science capacities” and promotes scientific collaborations (WHO 2024b). Yet, the WHO Pathogen Access and Benefit-Sharing System (PABS system) proposed in the draft has sparked political and ethical discussions. Some authors argue that this “mechanism has long proven incapable of delivering equitable outcomes under international law” (for example, Hampton, et al. 2023). PABS establishes legal requirements for users of biological materials to participate in

benefit-sharing mechanisms. However, sharing biological materials, given scientific developments and genetic engineering possibilities, becomes a national security concern. Some authors (Cropper 2020; Drexel and Withers 2024) underscore the critical need for stringent biosecurity measures to mitigate the risks posed by the sharing and manipulation of biological materials, including the potential for deliberate attacks and creating bioweapons using engineered pathogens. The 2001 anthrax attacks, which occurred shortly after 9/11, were the most severe biological attacks in US history, killing five Americans and sickening seventeen others (Hughes and Gerberding 2002). This demonstrates that while naturally occurring biological threats are dangerous, modified pathogens could pose even greater risks.

The treaty's approach to scientific cooperation, particularly through the proposed PABS system, further highlights the complex interplay between sovereignty and global governance. As we look towards the potential implementation of the treaty, several challenges and considerations such as political-ethical compliance come to light. In a broad sense, politics and everything it includes creates a basis for intersecting cause-and-effect relationships that can either facilitate or hinder scientific cooperation.

Sovereignty and global governance issues become closely intertwined in the treaty's practical implementation, potentially opening a new stage in world politics development. As the treaty's scope is broad, implementing its provisions will inevitably involve political-ethical aspects. Thus, its developers pay attention to humanitarian issues, emphasizing the commitment to "respect the principles of humanity, neutrality, impartiality and independence of recognized humanitarian organizations for the provision of humanitarian assistance" (WHO 2024b).

The document's concept of "regional economic integration organization" is politically significant, too. It is described as an organization of sovereign states that have transferred competence over certain matters, including binding decision-making authority (WHO 2024b). This provision requires detailed consideration regarding sovereignty, as transferring state competence implies political aspects that may manifest during implementation.

Finally, the initial draft (June 2023) included a section on creating a compliance committee, potentially interpreted as a supranational mechanism with political influence intersecting with sovereignty matters. However, this section was removed in the March 2024 version (Cullinan 2024), indicating political influence on the document's development and the primacy of sovereignty issues in modern politics, even when it concerns global health.

The extension of negotiations for another year to “resolve critical issues” further confirms the ongoing politicization (Morich and Greenup 2024).

Despite the treaty’s political aspect, its ethical dimension is also significant and may become the dominant factor favoring its future adoption. Ultimately, most humanitarian and social issues of international importance involve solving ethical problems like ensuring equality, solidarity, and justice. Therefore, the ethical approach remains central to political negotiations in this context.

The Pandemic Treaty in the Era of Global Bioethics and AI

The importance of ethics in science, particularly in health, is growing. The rapid development of COVID-19 vaccines, described as an “unprecedented triumph of science,” highlights this importance. While protecting public health is the responsibility of sovereign governments, global crises require a “global coordinated response” (Ghebreyesus 2024) ensured by effective global governance. The draft pandemic treaty emphasizes scientific cooperation, including in digital health. However, from a global governance perspective, cooperation between states is primarily based on mutual political interests. This context reveals a convergence of political goals, ethical approaches, and global governance as an implementation tool.

An analysis of the draft treaty shows its significance from political and global governance perspectives. However, the implementation of ethical aspects, while mentioned, raises concerns. The text directly mentions ethics only once, in the context of promoting international recruitment principles and fairness. Nevertheless, it contains many provisions of a (bio)ethical nature, such as equity and solidarity. From the perspective of UNESCO’s bioethical principles, the text includes important provisions on genetic data use, raising questions about ethical research and its application. The presence of ethical principles in this essentially political-legal document demonstrates their continued relevance and importance in modern politics.

In the era of rapid technological advancement, it is crucial to intensify our focus on ethical considerations. This diligence is essential in the formulation of policy documents, ensuring that ethical imperatives are not sidelined but integrated as a foundational element. While ethics encompass a broad philosophical discourse, this paper narrows its focus to global bioethics. Despite its etymological connection to ethics, bioethics has evolved into an independent field of study, examined through the lens of global processes. Without delving

too much into the history and concept of bioethics, we aim to provide a brief definition of the term and explore its contemporary significance.

V.R. Potter, a key figure in developing this concept, described bioethics as a “science of survival” and a “bridge to the future” that has expanded to a global level (Mammadov and Jafarova 2022). In his exploration of bioethics, Potter introduces the term “global bioethics” to move beyond ethical deliberation and to establish collaborative methods for resolving worldwide issues. Notably, Potter asserts that health is “an admirable basis for a global bioethic” (Potter 1992, 73).

Globalization impacts all spheres of life, including politics, health, and science. As a scientific field, global bioethics initially focused on issues related to “health, healthcare, health science and research, and health technologies and policies, and the activities, practices and policies to influence and resolve these global problems” (ten Have 2022, 42). However, Willem ten Have (2022) suggests distinguishing global bioethics from traditional bioethics because “as a response to a specific kind of problem it has a different moral orientation.” He notes that global bioethics should not be limited to its initial understanding as a purely health-related topic. The scope and meaning of global bioethics now encompass broader ethical values, such as the unity of humanity, solidarity, and equality. These values serve to find common ground between people as citizens of individual countries and as citizens of the world. In the context of the COVID-19 pandemic, Ruth Macklin (2021) examines a “new definition” of bioethics. The author proposes that its main issue is the consideration of the relationship between self-interested behavior of nation-states and the requirements of global cooperation. Macklin (2021, 10) concludes that bioethics on a global scale investigates “ethical aspects of relations between and among nations or regions of the world.”

Recent research underscores the urgent need to recalibrate international politics, policies, and legal frameworks in the health sector to align with the rapidly evolving landscape of artificial intelligence (AI) and other advanced technologies (Schwalbe and Wahl 2020, Murphy et al. 2021, Arsenault and Kreps 2022, Shaw et al. 2024). In the sensitive field of health, policy decisions must carefully consider the implications of these emerging technologies.

In this context, the field of bioethics plays a crucial role. Over a decade ago, the UNESCO Universal Declaration on Bioethics and Human Rights (hereafter referred to as the UNESCO Declaration) established fundamental principles for the international collaboration on global health matters (ten Have and Jean 2009). These principles serve as a cornerstone for ethical standards in medical practices and health research. Despite its

somewhat overshadowed status due to its declarative nature, the UNESCO Declaration fosters a unified approach to health-related challenges across nations and should be considered in the development of the pandemic treaty.

As AI and other rapidly developing technologies permeate almost all spheres of life, regulatory frameworks are evolving to address their impact. The European Union, for instance, has developed the Artificial Intelligence Act (AIA). This act adds to the substantial body of technology regulations, such as the Digital Services and Digital Markets Acts (Afina and Buchser 2023). The AIA fulfills a political commitment made by President von der Leyen, President of the European Commission, for the 2019-2024 term (European Commission 2021) and notably identifies health as one of its “high-impact sectors.”

The integration of AI into governance and politics raises important bioethical considerations. Erman and Furendal (2022) argue that “political legitimacy” is a crucial property of good AI governance, cautioning that transferring certain forms of decision-making to AI systems could negatively impact this legitimacy. In response to such concerns, the EU adopted the General Data Protection Regulation (GDPR), which protects health-related data, including genetic and biometric information, as well as political data (articles 9, 13-15).

However, the ethical challenges of data protection during global crises remain significant (Christofidou et al. 2021, Tacconelli et al. 2022). As AI becomes increasingly integrated into various aspects of society, including health and governance, the role of bioethics in guiding its development and implementation becomes paramount. This intersection of technology, ethics, and policy underscores the need for ongoing dialogue and adaptive regulatory frameworks to address the evolving landscape of global health and AI governance.

Advancements in scientific knowledge have the potential to revolutionize global governance, transforming how international affairs are managed and conducted. This shift could fundamentally alter the dynamics of global leadership and policy-making. In today’s world, high technologies are no longer a luxury but a necessity, especially in healthcare. Ensuring equality now begins with providing access to these technologies. States or societies that lack access to these technologies are not competitive and tend to struggle to ensure their population’s health—a primary task of both domestic and foreign policy.

While advanced technologies offer many benefits, they also introduce new risks. Guidelines on “AI ethics” are being developed, but they are often violated or lack comprehensive provisions for using such technologies (Hagendorff 2020, 114). In

healthcare, we refer to those scientific technologies that promote well-being and enhance quality of life. Scientists are already implementing AI to accelerate the discovery of new drugs and vaccines (for example, Kaushik and Raj 2020, Sharma et al. 2022).

The proposed pandemic treaty represents a pivotal moment in global health governance, highlighting the complex interplay between political realities, ethical imperatives, and technological advancements. As the world grapples with the challenges posed by global health crises, the treaty serves as a potential framework for international cooperation, grounded in the principles of global bioethics. However, the rapid evolution of technologies such as AI introduces new dimensions to this discourse, necessitating adaptive and ethically-informed governance structures. The integration of AI in healthcare and governance underscores the need for robust regulatory frameworks that can balance innovation with ethical considerations, particularly in data protection and decision-making processes. As we move forward, the success of global health initiatives will increasingly depend on our ability to harmonize political interests with ethical standards, while leveraging technological advancements responsibly. The pandemic treaty, viewed through the lens of global bioethics and emerging technologies, offers a unique opportunity to redefine international cooperation in health. It challenges us to create governance models that are not only effective in a crisis response but are also ethical, equitable, and adaptable to the rapidly changing landscape of global health and technology.

Conclusion

The emergence of the pandemic treaty proposal in response to the COVID-19 crisis represents a potential paradigm shift in GHG and international relations. This proposed instrument aims to establish a framework for coordinated global action in the face of future pandemics, while navigating the complex interplay between public health imperatives and national sovereignty.

Comparing versions of the treaty presented in 2023 and in 2024 reveals a noticeable reduction in both political assertions and comprehensive scope. This evolution underscores the delicate balance required in crafting international regulations that can garner widespread support while still maintaining its effectiveness. The shift from using the term “treaty” to “agreement” further illustrates the nuanced legal and political considerations involved in this process.

Significantly, the proposed agreement exemplifies a contemporary convergence of global health governance, diplomacy, and global bioethics. A key strength of the proposed

treaty lies in its emphasis on scientific cooperation and knowledge sharing. By elevating global health issues to a new level of political significance, the treaty has the potential to enhance global preparedness and response capabilities, while also serving as a platform for science diplomacy in health-related matters. This development forms a legal basis for utilizing health issues as instruments of global politics and diplomacy, potentially reshaping international relations in the health sector.

However, the treaty's implementation faces several challenges. The concept of sovereignty remains a key consideration, as the agreement aims to balance global health imperatives with nations' rights to develop their own public health policies. This tension between global governance and national autonomy is particularly acute in the context of infectious disease control, where a country's internal affairs can have international ramifications.

The ethical dimensions of the treaty, while not always explicit, are woven throughout its framework. These ethical considerations, rooted in principles of global bioethics, can serve as a foundation for political decision-making in health issues. Even when implemented in pursuit of national interests, the treaty's provisions for humanitarian and scientific diplomacy can facilitate assistance to populations in other countries, thereby serving ethical objectives. Moreover, since modern development of science is governed by various laws and ethical principles, the bioethical ones adopted by acclamation can serve "as a vehicle for political decision-making" (Gluchman 2015), specifically in health issues.

As emerging technologies like AI increasingly intersect with health and governance, the treaty's ability to adapt to these developments will be critical. The ethical implications of AI in healthcare and governance underscore the need for flexible yet robust regulatory frameworks that can keep pace with rapid technological advancements. It is important to note that the mere existence of such an agreement does not guarantee its execution or universal adoption. Some countries may choose not to sign or ratify the treaty. Nevertheless, the ethical component of the document remains relevant from a diplomatic perspective, potentially influencing international relations even in the absence of universal ratification.

While it is premature to fully assess the treaty's significance for international relations without an approved text, its potential adoption could contribute to increased cooperation between countries in the health field, elevating the relevance of WHO in matters of global governance. However, the modern world's political contradictions and competing national/geopolitical interests may complicate the treaty's implementation. Ultimately, its success will depend on the ability of the key stakeholders to strike a balance between global

coordination and national interests, between scientific progress and ethical considerations, and between immediate responses and long-term preparedness.

In conclusion, as we navigate the complex landscape of global health governance in the 21st century, it is crucial to recognize the ethical aspects of health politics and adhere to universal bioethical principles. These principles can serve as a guiding framework for ensuring the sustainable development of humanity. The proposed pandemic treaty, despite its challenges and limitations, represents a step towards formalizing the critical intersection of global health, politics, and ethics. As such, it affirms that an ethical approach still matters significantly in the realm of international health governance and diplomacy.

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