I. Introduction

Time and again, airborne infections have illustrated how their silent spread can evade even the most sophisticated of security systems or the most fortified of blockades, with the swiftness that, quite literally, takes our breath away. After spreading to over 160 countries in a matter of weeks, COVID-19 joins the ranks of infamous pandemics like the bubonic plague, yellow fever, cholera, influenza, and SARS that have left indelible marks on society. The World Health Organization (WHO) officially named COVID-19, a respiratory illness resulting from a novel strain of coronaviruses (SARS-CoV-19), a pandemic on March 11, 2020.\(^1\) \(^2\) \(^3\) Claiming over 22,000 deaths and counting, the World Health Organization (WHO) has urged leaders to turn to the International Health Regulations to fight the rapid spread of this illness.

The International Health Regulations (2005) (“IHR”) comprise an international treaty designed to stop contagion in its tracks and insulate members from a pathogen’s side-effects. Effective as of June 15, 2007, collectively the IHR form a binding legal instrument. The goal of these regulations is “to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade.”\(^4\) \(^5\) \(^6\)

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After initial calls for revision in 1995,\(^7\) and encouraged by the modern challenges SARS presented,\(^8\) the WHO finally revised the regulations in 2005.\(^9\) The broadened scope of this revised agreement includes provisions requiring notification of and protocol for “public health emergenc[ies] of international concern,” as well as national health surveillance criteria, guidance for disease containment at ports of entry, among other strategic directions and recommendations.\(^10\)\(^11\)\(^12\) To successfully implement the IHR, some nations must revise domestic public health laws and policies to accord with the IHR standards and give effect to the regulations.\(^13\) Both State Parties and WHO share responsibility for implementing respective obligations outlined in the IHR.\(^14\) But in the reality of a pandemic, it becomes evident that significant onus to act rests on states, as the carrying out or not carrying out of those responsibilities can either stem or speed the spread of illness.\(^15\)

Despite the existence of an established protocol, developed and signed by 196 nations, the coronavirus continues to infect the bodies and minds around the world. A framework that in theory should have been the first and strongest line of defense instead reveals cracks in the international armor. The infractions observed worldwide in response to the COVID-19 pandemic reflect the fallout from the current International Health Regulations framework.


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\(^8\) R. KATZ, Use of Revised International Health Regulations During Influenza A (H1N1) Epidemic, 2009, 15 Emerging Infectious Diseases 1165, 1169 (2009).


\(^10\) L.O. GOSTIN, Meeting Basic Survival Needs of the World's Least Healthy People: Toward A Framework Convention on Global Health, 96 Geo. L.J. 331, 379 (2008) (“Finally, and importantly, the IHR requires States Parties to develop, strengthen, and maintain core public health capacities to detect, assess, notify, and report events; and to respond promptly and effectively to public health risks and emergencies of international concern.”).


\(^13\) Ten things you need to do to implement the IHR, World Health Org., http://www.who.int/ihr/about/10things/en/.


The fallout of the IHR framework is reflected in the increasing evidence of national non-adherence to the IHR, particularly regarding notification, implementation of preventative measures, and reporting.

2.1. Flawed Notification of Outbreak

Evidence suggests that China may have violated its obligation to quickly and accurately report on the coronavirus outbreak. Article 6 of the IHR requires that State Parties notify the WHO “of all events which may constitute a public health emergency of international concern within its territory” as efficiently as possible and within 24 hours of assessing available public health information. It also requires the State “to communicate to WHO timely, accurate and sufficiently detailed public health information available to it on the notified event.”16 Article 7 also provides for information sharing during unexpected health events, reinforcing required actions in Article 6.17 While information may be imperfect given the nature of a disease, the type of information the IHR requests is critical and determinative of the WHO’s ability to declare a public health emergency of international concern (PHEIC), as well as to effectively global coordinate responses to an outbreak.18 Evidence suggests that China, an IHR signatory, committed IHR violations by withholding information from the public, encouraging travel to endemic regions, and underreporting of cases.19 20 21 22 While learning from its experiences during the SARS pandemic, China built the infrastructure to facilitate disease reporting, but

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such infrastructure failed in the face of a novel virus. In its current form, the requirement of early notification provides a disincentive, as nations fear negative repercussions like trade and travel bans or restrictions as a result of publicizing outbreak information. In weighing reporting decisions, economic motivations provide powerful incentives to not comply with a requirement that in effect is a mere suggestion.

2.2. Rapid Enactment of Travel Bans & Border Closures Violating IHR Article 43

In nations’ attempts to curb the coronavirus with precipitate travel bans and border closures, countless State Parties violated Article 43 of the IHR. IHR Article 43.1 allows countries to enact the health measures according to their prerogatives, so long as such measures are not “more restrictive of international traffic and not more invasive or intrusive to persons than reasonably available alternatives that would achieve the appropriate level of health protection.” The IHR identify events as “significantly interfer[ing] with international traffic” as “refusal of entry or departure of international travelers, baggage, cargo, containers, conveyances, goods, and the like, or their delay, for more than 24 hours.” The coronavirus travel bans and border closures currently in place certainly qualify.

On March 11, 2020, the United States barred foreign nationals from China, Iran, and select European countries from entry into the country, seemingly emphasizing travelers' country of origin rather than exposure risk. Other nations have followed suit in closing their borders to

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non-citizens. The European Union, a bastion of the freedom of movement, has sealed 26 countries for thirty days as many of its member states enacted border controls. Imposing travel bans and border closures are not always the least restrictive or most successful containment measures available, as evidenced by the actions of other nations to contain the virus’ spread. In early responses to the coronavirus threat, Singapore, Taiwan, and Hong Kong quickly scaled up extensive contact tracing and screening efforts, enacted targeted travel restrictions, and launched public health information campaigns, in combination with strong incentives to practice social distancing. Having learned from their experience dealing with the SARS outbreak of 2003, these nations now have seen some of the lowest COVID-19 infection rates across the globe (e.g. Singapore cited only 313 COVID-19 cases, and Taiwan experienced 108 cases, as of March 19, 2020. These numbers are far lower than China’s 81,115 cases and Italy’s 35,713 cases).

While the IHR do not expressly prohibit measures like travel bans or border closures, when determining to implement protective measures of nations’ choosing, State Parties are obliged to base these decisions on scientific principles, scientific evidence available contemporarily, and guidance from the WHO. In invoking travel restrictions and closing borders, nations acted against both scientific evidence of efficacy and advice of WHO. Often, travel bans and border closures are most effective at the outset of a disease’s spread; beyond that time frame returns diminish, as infected individuals already inside the enclosed area can spread the infection.

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Restriction of movement and goods are time-buying measures that are meant to happen early and briefly. Restrictions like these can have counterproductive effects, inciting negative consequences including preventing aid delivery, disrupting business, and triggering grave economic effects, evidence of which we’ve begun to see as global markets plummeted. Employing evidence-based public health prevention strategies, like proper hygiene instruction, social distancing encouragement, and community engagement around the infection, are among effective measures in controlling the spread of airborne pathogens.”

Not only does science point out the ineffectiveness of travel restrictions, but the WHO also repeatedly advised State Parties against such measures during the coronavirus outbreak. Commenting on the delinquency, a WHO spokesperson told the New York Times that, “in [the] four advisories it has issued since early January, the W.H.O. has consistently advised against them, cautioning that limits on international movement during public health emergencies are unlikely to stop the pathogen’s spread.”

Unfortunately, this pattern of nationalistic response is not new. The global community witnessed countries’ implementation of the same types of travel bans, trade restrictions and quarantining during the Ebola and H1N1 outbreaks, each time defying guidance of the WHO, economic effects, evidence of which we’ve begun to see as global markets plummeted.44 45 Employing evidence-based public health prevention strategies, like proper hygiene instruction, social distancing encouragement, and community engagement around the infection, are among effective measures in controlling the spread of airborne pathogens.”

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demonstrating “disregard” for Article 43.50 A virus doesn’t recognize a national border - why should we? The most indiscriminate vector causes a great deal of discrimination among us.

2.3. State Parties’ Failure to Report National Responses

Article 43 of the IHR does allow states latitude in their public health emergency responses; it does not conscript nations to take orders from WHO. But it does oblige states to report responses they’ve enacted shortly after they’ve implemented them, an obligation countless states have derogated.51 To date, “only 45 of the more than 70 countries that have adopted international travel restrictions have fulfilled the requirement to report their actions to the agency [WHO].”52

3. International Health Regulations or Suggestions?

No State Party to the IHR is in complete compliance with the regulations,53 as revealed by WHO’s State Parties Self-Assessment Annual Reporting Tool (SPAR). Europe wins the highest capacity score with 72% compliance. Legal and public health scholars highlight that “national self-assessments are unacceptable and cannot ensure uniformly high-quality national preparedness. States Parties have not collected sufficient or the right kinds of data to produce quantitative assessments of what are predominantly qualitative questions. Governments, moreover, do not use a consistent set of evidence-based metrics to measure their compliance. Most importantly, self-assessments are inherently self-interested and unreliable, absent rigorous independent validation.”54

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The IHR also contains no enforcement mechanism, should parties fail to comply with terms of the agreement.\textsuperscript{55, 56} The IHR are not immune to the classic critique of other international treaties, that is, the difficulty to impose compliance or enforcement measures. The IHR rely on peer pressure and public shaming to accomplish pandemic containment, enforcement which has proven in the time of COVID-19 woefully insufficient. For all the noncompliance named above, offenders will likely not suffer sanctions, beyond denigration and defamation in the media and academic communities, perhaps. Undoubtedly, coordinating the task of pandemic prevention and response among numerous global actors is not an insignificant challenge. But the challenge becomes nearly insurmountable without the cooperation of independent states.

Critics also consistently point out that politics impede the functioning of the IHR, maintaining that political interests might prevent earlier declarations of PHEICs.\textsuperscript{57} Though the COVID-19 outbreak was known to WHO in December 2019, and IHR criteria for PHEIC could arguably have been met on January 23, 2020, the WHO did not declare COVID-19 a PHEIC until January 30, 2020.\textsuperscript{58} Evidence suggests that this is not the first time politics impeded PHEIC declarations. In 2014, four months passed between the time the WHO declared an Ebola outbreak to the date when Ebola was declared a PHEIC. In the wake of the Ebola crisis, leaked information implicated that politics delayed a non-transparent decision.\textsuperscript{59}

4. Conclusion

The acts mentioned point to only a few ways in which the IHR framework has failed in recent history to achieve their aim. Even before the corona pandemic hit, scholars called for

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revisions. Now more than ever it is clear that a virus is the only one who wins when communities fail to use the legal and evidence-based tools available. Just as the current formulation of IHR evolved after a series of edits, each inspired by the outbreaks and epidemics that came before, member states will likely encourage another round of revision. Yet the question remains: how many pandemics will it take to learn the power of international cooperation? Will revisions be sufficient to combat impending pandemic influenza? Can nations regain the trust lost during COVID-19 that they will remain open to one another in times of calamity? Or do the actions taken during the coronavirus pandemic reflect increasingly nationalistic modern trends? Will the coronavirus claim global health governance as another of its victims? Time, and the imminent fallout from this pandemic, will tell.