

Sarah Farhatiar

The World Health Organization in Crisis

A Collective Securitization of the COVID-19 Pandemic

Abstract: The paper examines the World Health Organization's (WHO) response to the COVID 19 pandemic through the lens of securitization theory, specifically the concept of collective securitization. It explores how the WHO, led by Director-General Tedros Adhanom Ghebreyesus, framed the pandemic as a global security threat, thereby justifying the need for expanded authority and the development of a new international health law instrument, the 'pandemic treaty'. Utilizing an interdisciplinary approach that combines political science and legal analysis, the study analyzes speeches, policy documents, and the WHO's evolving role in global health governance. The findings reveal that the COVID-19 pandemic acted as a significant driver for institutional reform within the WHO, as evidenced by the proposed 'pandemic treaty', which aims to strengthen global health security. The research contributes to the understanding of how international organizations like the WHO adapt and expand their authority in response to global crises.

Keywords: World Health Organization (WHO); COVID-19 Pandemic, Securitization Theory, Global Health Governance, Pandemic Treaty, International Health Law, Global Health Security, Framing Analysis

After completing her MA in European Global Studies, **Sarah Farhatiar** worked as Afghanistan Lead at the *Centre for Feminist Foreign Policy* (CFFP), where she managed projects focused on feminist development cooperation and human rights advocacy. In April 2024, she began working as a Consultant and Strategic Partnership Advisor, conducting gender analyses to support development cooperation in Afghanistan for the German Federal Ministry for Economic Cooperation and Development.

Introduction

The COVID-19 pandemic, declared by the World Health Organization (WHO) on March 11, 2020, has intensified discussions about health securitization and crisis-driven institutional change. The securitization of infectious diseases is not a new phenomenon and has been evident in the revision of the International Health Regulations (IHR) in 2005.¹ This pandemic highlighted the securitization of health issues, a concept according to which health crises are framed as security threats requiring urgent and extraordinary measures. Crises often lead to change in societies and international organizations (IOs). It has been repeatedly argued that the COVID-19 pandemic was a major crisis, leading to radical changes in many spheres of social life, institutions, and organizations, as well as competencies of global governance.² The pandemic raised important questions about the role of the WHO in responding to global health threats, and the need for coordinated, global action to address these types of crises in the future.

This paper seeks to provide insights into how IOs adapt their authority in response to global health emergencies, exploring the interplay between crisis framing, institutional change, and the development of new international health law instruments like the ‘pandemic treaty’. It examines how the pandemic has influenced the WHO’s evolving normative authority, with a particular focus on the proposed ‘pandemic treaty’. By analyzing speeches and documents from WHO, particularly those by Director-General (DG) Tedros Adhanom Ghebreyesus, this paper examines how the pandemic has been framed as a security threat and the subsequent policy changes proposed, such as the new ‘Pandemic Treaty’. The central research question guiding this study is: To what extent has the COVID-19 pandemic been a reform driver for global health law within the WHO? The paper employs an interdisciplinary approach combining political science analysis with a descriptive legal framework. The research hypothesizes that the WHO has long engaged in the collective securitization of infectious diseases, a trend that became particularly evident during the COVID-19 pandemic, with the aim of further expanding its authority, as demonstrated by the proposed ‘pandemic treaty’. The analysis focuses on rhetoric in World Health Assembly (WHA) meetings and the ongoing negotiations surrounding the ‘pandemic treaty’.

This paper is structured to explore and analyze the WHO’s role during the COVID-19 pandemic, particularly how the organization used the pandemic to strengthen its global authority through what is known as collective securitization. Beginning with the **Introduction**, the paper sets the

1 Tine Hanrieder and Christian Kreuder-Sonnen, “Souverän durch die Krise: Überforderte Staaten und die (Selbst-) Ermächtigung der WHO,” in *Verunsicherte Gesellschaft - überforderter Staat*, ed. Christopher Daase, Stefan Engert, and Julian Junk (Frankfurt: Campus Verlag, 2013), 177.

2 Olga Ulybina, Laia P. Ferrer, and Pertti Alasuutari, “Intergovernmental Organizations in the Face of the Covid-19 Pandemic: Organizational Behaviour in Crises and under Uncertainty,” *International Sociology* 37, no. 4 (2022): 416.

stage by outlining the central research question and its significance. The **Literature Review** follows, situating the research within existing scholarship on health securitization, with a focus on the WHO's evolving role. The Literature Review elaborates on the existing research on health securitization and the WHO's historical role, highlighting a gap in the current scholarship regarding the WHO's actions during COVID-19. In the **Methodology** section, the paper details the approach used to analyze the WHO's actions, focusing on framing analysis combined with collective securitization. The **Political Analysis** delves into the **status quo** prior to the pandemic, examines the COVID-19 pandemic as a **precipitating event**, and analyzes the **WHO's collective securitizing move and the response of its member states**. The paper then shifts to a detailed examination of the **Policy Output**, focusing on the proposed 'pandemic treaty' as a critical outcome of the WHO's securitization strategy. Finally, the **Conclusion** synthesizes the findings and considers the broader implications of the WHO's expanded role in global health governance in the wake of the COVID-19 pandemic.

Literature Review

Recent scholarship has extensively explored the securitization of health issues, particularly in relation to infectious diseases and the role of the WHO. Balzacq et al. note a proliferation of work on securitization, with significant attention being given to health-related issues. Within this body of research, scholars have examined both the advantages and ethical dilemmas of health securitization.³ Elbe (2006, 2010) and Youde (2008) highlight that while securitization can lead to increased resource allocation for health crises, it also risks infringing on civil liberties and may shift focus towards traditional security measures rather than public health approaches.⁴

The role of the WHO as a securitizing actor has been a focal point in the literature.⁵ Jin & Karackattu (2011) and Davies (2008) argue that the WHO actively securitizes infectious diseases to enhance its global power. Davies (2008) specifically examines the WHO's role in constructing the discourse of infectious disease securitization, using the 2003 SARS (Severe acute respiratory syndrome) pandemic as a case study. This research suggests that the WHO's securitization efforts

3 Thierry Balzacq, Sarah Léonard, and Jan Ruzicka, "Securitization" Revisited: Theory and Cases, *International Relations* 30, no. 4 (2016): 507, <https://doi.org/10.1177/0047117815596590>.

4 Jeremy Youde, "Who's Afraid of a Chicken? Securitization and Avian Flu," *Democracy and Security* 4, no. 2 (2008): 149–161; Stefan Elbe, "Should HIV/AIDS Be Securitized? The Ethical Dilemmas of Linking HIV/AIDS and Security," *International Studies Quarterly* 50, no. 1 (2006): 119.

5 Jiyong Jin and Joe Thomas Karackattu, "Infectious Diseases and Securitization: WHO's Dilemma," *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science* 9, no. 2 (2011): 182, doi:10.1089/bsp.2010.0045; Sara E. Davies, "Securitizing Infectious Disease," *International Affairs* 84, no. 2 (2008): 295–6, doi:10.1111/j.1468-2346.2008.00704.x.

have led to the development of global health mechanisms that prioritize disease surveillance over treatment, often favoring Western nations' interests.⁶

Hanrieder and Kreuder-Sonnen (2014) provide valuable insights into the concept of emergency governance in global health. They analyze how the WHO's exceptional response to health crises can lead to the institutionalization of emergency powers, contributing to the securitization of subsequent outbreaks. This perspective is crucial for understanding the long-term implications of crisis responses on institutional frameworks.⁷

The centrality of the revised IHR in the WHO's promotion of global health security is emphasized by scholars such as Rushton (2011) and Kelle (2007).⁸ Kelle highlights the WHO's multiple roles in the securitization process, serving as an object of securitization, a discursive space for debating global health security, and a securitizing actor in its own right.

While extensive research exists on the securitization of health issues and the WHO's role, there remains a gap in examining the collective securitization by the WHO during the recent COVID-19 pandemic. Specifically, there is a need for research focusing on the framing used by the WHO DG and the resulting policy outcomes or reform processes. This study aims to address this gap by analyzing the extent to which the WHO securitized the COVID-19 pandemic through the application of framing analysis and collective securitization theory, as well as examining the consequent policy outcomes and reform processes. The majority of research on the securitization of health issues by the WHO was conducted during a period when the organization was relatively obscure outside of academic and specialized circles. This relative obscurity adds a compelling dimension to the analysis of the WHO's role in promoting Global Health Security, as it operated below the radar of public awareness while significantly influencing global health policies.

6 Sara E. Davies, "Securitizing Infectious Disease," *International Affairs* 84, no. 2 (2008): 295–309, doi:10.1111/j.1468-2346.2008.00704.x.

7 Tine Hanrieder and Christian Kreuder-Sonnen, "WHO Decides on the Exception? Securitization and Emergency Governance in Global Health," *Security Dialogue* 45, no. 4 (2014): 331–3.

8 Simon Rushton, "Global Health Security: Security for Whom? Security from What?," *Political Studies* 59, no. 4 (2011): 787; Alexander Kelle, "Securitization of International Public Health: Implications for Global Health Governance and the Biological Weapons Prohibition Regime," *Global Governance* 13, no. 2 (2007): 229–30.

Theoretical Framework

This paper employs a nuanced approach to securitization theory, building upon the foundational work of the Copenhagen School while addressing its limitations in the context of IOs. According to Buzan, Wæver, and de Wilde (1998), securitization occurs through speech acts where an issue is framed as an existential threat, necessitating extraordinary measures that go beyond normal political processes. This process involves three core elements: the securitizing actor, the existential threat, and the referent object that is being threatened.⁹ The Copenhagen School posits that security is socially constructed through speech acts, but its state-centric focus proves inadequate for analyzing securitization processes within IOs.

To overcome this, the research draws on Sperling and Webber's (2018) concept of collective securitization, which extends the Copenhagen School's framework to IOs, recognizing their potential autonomy as securitizing actors and emphasizing the recursive interaction between IOs, like the WHO, and their member states in the securitization process.¹⁰ Collective securitization, as defined by Sperling and Webber, involves an IO like the WHO acting as securitizing actors on behalf of their member states.¹¹ Crucially, collective securitization emphasizes the role of the audience (member states) as active participants in shaping security discourse through "recursive interaction".¹²

Another difference of collective securitization from the Copenhagen School framework is its view of the importance of extraordinary measures. In the Copenhagen School's approach, successful securitization that has been accepted by an audience is then followed by a state of exception in which "normal policy" is replaced by enabling emergency measures.¹³ As Sperling and Webber (2018) argue, to signify securitization, the state of emergency move may not be necessary in collective securitization. They draw from Hanrieder and Kreuder-Sonnen's (2014) argument that threat construction can be accepted and institutionalized through policies, practices, and logic which eventually become part of a new normal. IOs may thus be empowered to take emergency action as part of their normal politics, rather than as an exception to it.¹⁴ Sperling & Webber suggest, to follow Rita Floyd's (2016) argument, that for a successful securitizing move, a change in the policy actions is evidence enough, and does not need to be of an emergency nature. Floyd

⁹ Barry Buzan, Ole Wæver, and Jaap de Wilde, *Security: A New Framework for Analysis* (Boulder, Colo.: Lynne Rienner Pub., 1998), 23.

¹⁰ James Sperling and Mark Webber, "The European Union: Security Governance and Collective Securitisation," *West European Politics* 42, no. 2 (2018): 236–7, doi:10.1080/01402382.2018.1510193.

¹¹ *Ibid.*, 236–237.

¹² *Ibid.*, 243.

¹³ Buzan, Wæver, and Wilde, *Security*, 24–7.

¹⁴ Tine Hanrieder and Christian Kreuder-Sonnen, "WHO Decides on the Exception? Securitization and Emergency Governance in Global Health," *Security Dialogue* 45, no. 4 (2014): 331–48; Sperling and Webber, "The European Union," 244.

further elaborates that IOs can securitize even when there is disagreement about the means or necessity of securitization.¹⁵

According to Sperling and Webber, collective securitization involves several stages: the status quo, a precipitating event (or a set of cascading events), the securitizing move, audience response, the formulation and execution of policies to address the securitized threat, and the routinization and establishment of a new status quo.¹⁶ This framework will be used to structure the analysis of how these stages unfolded during the COVID-19 pandemic.

Central to the analytical approach is Dagmar Rychnovská’s (2014) ‘Framework for situated discourse analysis of securitization’. Rychnovská further refines the concept of securitization by integrating threat framing analysis, offering a more sophisticated lens for examining threat construction in powerful, discursively-oriented social environments such as IOs.¹⁷ The framework consists of two key components: framing analysis and frame resonance. The framing analysis examines how threat frames are negotiated between the securitizing actor (IO) and the audience (member states), dissecting the process into *diagnostic* (problem identification and assignment of responsibility/or blame), *prognostic* (formulating a solution to the problem), and *motivational* (calling for collective action) aspects.¹⁸ For example, in her paper ‘Securitization and the Power of Threat Framing,’ Rychnovská applied the concepts of diagnostic, prognostic, and motivational framing to analyze how the United Nations Security Council framed its response to 9/11. She illustrated how terrorism was identified as a global threat (diagnostic), proposed international sanctions as a solution (prognostic), and called for urgent collective action (motivational).¹⁹ The frame resonance component then analyzes how this framing process is embedded within broader social contexts, examining compatibility with established master frames and alignment with prior security frames.²⁰

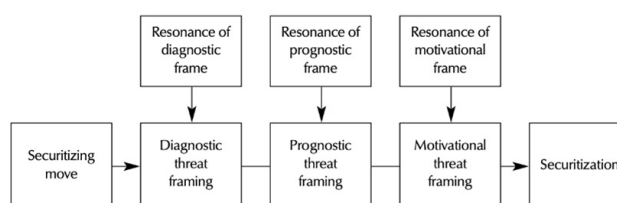


Figure 1 Framework for situated discourse analysis of securitization (Rychnovská 2014: 18)

15 Rita Floyd, “Extraordinary or Ordinary Emergency Measures: What, and Who, Defines the ‘Success’ of Securitization?,” *Cambridge Review of International Affairs* 29, no. 2 (2016): 679; Sperling and Webber, “The European Union,” 244.

16 Sperling and Webber, “The European Union,” 245–7.

17 Dagmar Rychnovská, “Securitization and the Power of Threat Framing,” *Perspectives* 22, no. 2 (2014): 9–10.

18 Rychnovska based on Benford and Snow 2000: 611–7. *Ibid.*, 16–18.

19 Rychnovská, “Securitization and the Power of Threat Framing,” 16–25.

20 *Ibid.*, 17–18.

Methodology

This research employs a combination of framing analysis and collective securitization theory to examine the WHO's response to the COVID-19 pandemic. Framing analysis, as defined by Entman, involves selecting aspects of perceived reality and making them more salient to promote particular problem definitions, causal interpretations, moral evaluations, and treatment recommendations. This method allows for a nuanced approach to analyzing securitization attempts.²¹

The research adopts a qualitative methodology for framing analysis, following Linström and Marais' approach of examining texts holistically to discover themes, key words, and metaphors.²² To mitigate subjective bias, Alozie's technique is employed, involving multiple readings of the material and in-depth interpretation.²³

The research combines Sperling and Webber's six-stage model of collective securitization with Rychnovská's Framework for Situated Discourse Analysis of Securitization. This integrated approach allows for a comprehensive examination of the securitization process within the WHO context, because it enables a nuanced analysis of both the collective securitization dynamics and the specific discourse between the WHO DG and the World Health Assembly, focusing on diagnostic, prognostic, and motivational threat framing.²⁴ The resulting framework consists of five stages: (1) status quo, (2) precipitating event, (3) securitizing move and audience response, (4) policy outputs, and (5) routinization and new status quo.

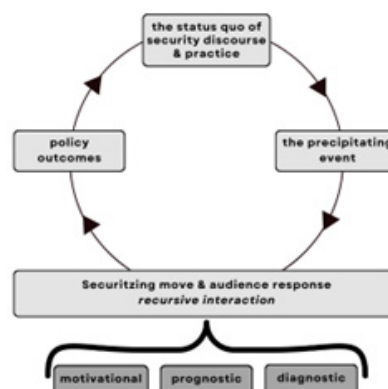


Figure 2 Resulting Framework (own design based on Sperling & Webber and Dagmar Rychnovská)

21 Robert M. Entman, "Framing: Toward Clarification of a Fractured Paradigm," *Journal of Communication* 43, no. 4 (1993): 51–58; Julia Grauvogel and Thomas Diez, "Framing und Versicherheitlichung: Die diskursive Konstruktion des Klimawandels," *ZeFKo Zeitschrift für Friedens- und Konfliktforschung* 3, no. 2 (2014): 207–234.

22 Margaret Linström and Willemien Marais, "Qualitative News Frame Analysis: A Methodology," *Communitas* 17 (2012): 21–38.

23 Emmanuel Alozie, "Sudan and South Africa - a Framing Analysis of Mail & Guardian Online's Coverage of Darfur," *Ecquid Novi: African Journalism Studies* 26, no. 1 (2005): 63–84.

24 Sperling and Webber, "The European Union," 228–260; Rychnovská, "Securitization and the Power of Threat Framing," 9–32.

The primary empirical material consists of speeches by WHO DG Tedros Adhanom Ghebreyesus at WHA sessions and responses from WHA member states from May 2020 to December 2021. These speeches are analyzed using framing analysis, coding speech sequences according to prognostic, diagnostic, and motivational framing categories. Additional context is provided by secondary sources, including scientific articles, WHA resolutions and legal texts, including the WHO Constitution and International Health Regulations.

This methodology allows for a nuanced analysis of the discourse between the WHO DG and WHA member states, emphasizing the recursive interaction central to collective securitization theory. By applying this framework, the study aims to identify patterns in the complex interplay between the WHO leadership and its member states, revealing how the COVID-19 pandemic was framed to justify potential expansions of WHO authority.

Although this study faces limitations, such as its focus on a specific time frame and the inherent difficulties of analyzing complex political environments – particularly since some aspects of securitization within institutional settings may transpire behind closed doors – it provides valuable theoretical insights. The research enhances our understanding of how IOs like the WHO interpret and frame threats, thereby shaping and influencing the global health security discourse.²⁵

Political Analysis

The WHO response to the COVID-19 pandemic represents a critical juncture in global health governance. This analysis explores the extent of collective securitization employed by the WHO and examines how the organization framed the pandemic to potentially justify expanding its authority. Building on the theoretical framework as outlined before, the research focuses on two key questions: Firstly, to what extent has the WHO engaged in collective securitization of COVID-19? And secondly, how has the pandemic been framed to potentially justify expanding the WHO's authority?

The analysis begins with a brief overview of the pre-COVID-19 status quo, followed by an analysis of discourse in three WHAs (WHA 73, WHA 74, and the second WHA Special Session) using Rychnovská's framing approach.

²⁵ Andrew W. Neal, "Securitization and Risk at the EU Border: The Origins of FRONTEX," *JCMS: Journal of Common Market Studies* 47, no. 2 (2009): 336; Rychnovská, "Securitization and the Power of Threat Framing," 11–12.

The **status quo of the WHO's discourse and policies regarding infectious diseases, as premised up until 31 December 2019**, reflects a significant evolution of global health law and in its approach since the organization's inception in 1948. Initially constrained by limited authority, under what were originally known as the International Sanitary Regulations, the IHR were first adopted in 1948 and renamed in 1969.²⁶ However, the turning point came after the 2002–2003 SARS outbreak, which highlighted the need for more robust global health governance. This led to a major revision of the IHR in 2005, expanding the WHO's mandate to address emerging infectious diseases more effectively.²⁷ These revisions not only aimed to prevent, protect against, and control the international spread of disease while minimizing interference with international traffic and trade, but also marked a shift in the organization's role from a primarily health-focused entity to one deeply embedded in global security concerns. The updated IHR granted the WHO Secretariat new powers, including the critical ability to declare Public Health Emergencies of International Concern (PHEIC), significantly enhancing the organization's authority and influence in global health governance.²⁸ This shift was catalyzed by the broader global context of the time, heavily influenced by the aftermath of the War on Terror and the heightened focus on asymmetric threats, such as bioterrorism.²⁹ Hanrieder and Kreuder-Sonnen interpret this as a move towards a post-Westphalian order in public health, with the concept of global health security gaining prominence and the WHO actively promoting it.³⁰ The 2009 swine flu (H1N1) outbreak provided the first opportunity for the WHO to exercise its new competencies by declaring a PHEIC.³¹

The emergence of COVID-19 in late 2019 served as a **significant precipitating event** for the world and the WHO. While the securitization of health threats was not a novel concept for the WHO, the scale and rapidity of the COVID-19 outbreak presented unprecedented challenges to global health governance.

26 David P. Fidler, "From International Sanitary Conventions to Global Health Security: The New International Health Regulations," *Chinese Journal of International Law* 4, no. 2 (2005): 334–36.

27 Hanrieder and Kreuder-Sonnen, "Souverän durch die Krise: Überforderte Staaten und die (Selbst-) Ermächtigung der WHO," 176–77; Lawrence O. Gostin, Mary C. DeBartolo, and Rebecca Katz, "The Global Health Law Trilogy: Towards a Safer, Healthier, and Fairer World," *The Lancet* 390, no. 10105 (2017): 1920.

28 Adam Kamradt-Scott, "WHO's to Blame? The World Health Organization and the 2014 Ebola Outbreak in West Africa," *Third World Quarterly* 37, no. 3 (2016): 403; World Health Organization, *International Health Regulations* (2005), 3rd ed (Geneva: World Health Organization), 1–9, accessed September 16, 2024, <https://iris.who.int/handle/10665/246107>.

29 Jiyong Jin and Joe Thomas Karackattu, "Infectious Diseases and Securitization: WHO's Dilemma," *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science* 9, no. 2 (June 2011): 182–85, doi:10.1089/bsp.2010.0045.

30 Hanrieder and Kreuder-Sonnen, "WHO Decides on the Exception?," 2; Hanrieder and Kreuder-Sonnen, "Souverän durch die Krise: Überforderte Staaten und die (Selbst-) Ermächtigung der WHO," 176–77; Fidler, "From International Sanitary Conventions to Global Health Security: The New International Health Regulations," 347–48.

31 Hanrieder and Kreuder-Sonnen, "Souverän durch die Krise: Überforderte Staaten und die (Selbst-) Ermächtigung der WHO," 180.

The initial reports of an atypical pneumonia cluster in Wuhan, China, on 31 December 2019 marked the beginning of a rapidly unfolding global health crisis.³² By 7 January 2020, Chinese authorities had identified a novel coronavirus as the causative agent, and human-to-human transmission was confirmed shortly thereafter.³³ The WHO's declaration of a PHEIC on 30 January 2020 signaled the gravity of the situation, culminating in the characterization of COVID-19 as a pandemic on 11 March 2020.³⁴

The WHO DG Tedros Adhanom Ghebreyesus's statement on 11 March 2020 encapsulated the organization's framing of the crisis: "This is not just a public health crisis, it is a crisis that will touch every sector – so every sector and every individual must be involved in the fight".³⁵ This rhetoric exemplified the WHO's attempt to elevate the pandemic beyond the realm of public health, invoking a sense of urgency and collective responsibility.

The global response to COVID-19 was marked by extraordinary measures implemented by governments worldwide, including widespread lockdowns, substantial economic interventions, and stringent border controls. These actions, unprecedented in their scale during peacetime, reflected the successful securitization of the pandemic at national levels.³⁶

However, the crisis also exposed vulnerabilities in global health governance and sparked political tensions. Notably, the United States' criticism of the WHO's handling of the pandemic, alleging a "China-centric" approach, led to the suspension of U.S. funding and eventual withdrawal from the organization.³⁷ This development highlighted the complex interplay between global health securitization and geopolitical dynamics.

32 World Health Organization, "Pneumonia of Unknown Cause – China," January 5, 2020, <https://www.who.int/emergencies/disease-outbreak-news/item/2020-DON229>.

33 World Health Organization, "Novel Coronavirus – China," January 12, 2020, <https://www.who.int/emergencies/disease-outbreak-news/item/2020-DON233>.

34 World Health Organization, "WHO Director-General's Opening Remarks at the Media Briefing on COVID-19," 2020, <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19--11-march-2020>; World Health Organization, "IHR Emergency Committee on Novel Coronavirus," January 30, 2020, [https://www.who.int/director-general/speeches/detail/who-director-general-s-statement-on-ihc-emergency-committee-on-novel-coronavirus-\(2019-ncov\)](https://www.who.int/director-general/speeches/detail/who-director-general-s-statement-on-ihc-emergency-committee-on-novel-coronavirus-(2019-ncov)).

35 World Health Organization, "WHO Director-General's Opening Remarks at the Media Briefing on COVID-19," 2020.

36 Stephane J. Baele and Elise Rousseau, "At War or Saving Lives? On the Securitizing Semantic Repertoires of Covid-19," *International Relations* 37, no. 2 (2022), 201–227.

37 Hai Yang, "Contesting Legitimacy of Global Governance Institutions: The Case of the World Health Organization During the Coronavirus Pandemic," *International Studies Review* 23, no. 4 (2021): 1815.

The COVID-19 pandemic thus emerged as a critical juncture in the WHO's already ongoing efforts to securitize infectious diseases. It not only intensified existing securitization processes but also exposed the limitations of current global health governance structures, setting the stage for potential reforms and a reevaluation of the WHO's mandate and authority in managing global health crises.

Prior to the COVID-19 pandemic, the WHO had already been engaging in securitization processes, particularly in response to threats such as SARS and H1N1 (as mentioned before). These earlier efforts were significant in their own right, focusing on enhancing global surveillance and response mechanisms. However, the COVID-19 pandemic acted as a pivotal trigger, prompting a more extensive and urgent wave of securitization measures. Unlike previous instances, the pandemic's global scale and impact necessitated a broader and more intensive approach, leading the WHO not only to escalate its existing measures but also to implement new strategies aimed at addressing the unprecedented nature of the crisis. This shift represents an expansion of the WHO's securitization efforts, with the pandemic serving as a catalyst for a more comprehensive approach to global health security.

As a triggering event, the pandemic not only intensified these efforts but also initiated specific securitization measures in the form of speech acts that pose an existential threat to a reference object (e.g., international security) and to the inherent attributes that support it (e.g., global health security architecture). This section analyzes the recursive interaction between the WHO DG and member states at the WHA using diagnostic, prognostic, and motivational framing analysis.

At WHA 73 in 2020, the WHO DG framed COVID-19 as “the defining health crisis of our time,” highlighting its global spread, high infection rates, and severe impact on health systems, economies, and livelihoods.³⁸ This diagnostic framing portrays COVID-19 as a universal threat requiring global action. Within the DG's prognostic frame, the DG proposed three solutions: an impartial evaluation to improve pandemic preparedness, a comprehensive framework for epidemic and pandemic preparedness, and strengthening the WHO. The motivational frame emphasized the need for investment in strengthening global health security, particularly the IHR.³⁹

Political tensions, particularly between the U.S. and China, marked WHA 73. The U.S. criticized the WHO's handling of the pandemic, while other stakeholders like the European Union called

³⁸ World Health Organization, “WHO Director-General's Opening Remarks at the World Health Assembly - 18 May 2020,” May 18, 2020, <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-world-health-assembly>.

³⁹ Ibid.

for strengthened multilateralism and support for the WHO.⁴⁰ The assembly adopted a “COVID-19 resolution” endorsed by 140 member states, recognizing the WHO’s leadership role, calling for a vaccine as a global public good and for WHO’s DG to conduct an evaluation of the implementation of the IHR and, in particular, the WHO’s response.⁴¹ Additionally various member states called for the WHO reform.⁴²

WHA 74 in May 2021 saw momentum growing towards a ‘pandemic treaty’. The WHO DG, in his prognostic frame, emphasized the insufficiency of the IHR and the need for a binding commitment for better health governance and cooperation. Key areas identified included better governance, financing, systems for outbreak response, and a strengthened the WHO. The DG’s motivational frame called for bold actions and leadership to address future pandemics:⁴³

“We have come to a fork in the road. If we go on the same old way, we will get the same old result: a world that is unprepared, unsafe and unfair. Make no mistake: this will not be the last time the world faces the threat of a pandemic. It is an evolutionary certainty that there will be another virus with the potential to be more transmissible and more deadly than this one. [...] This is the moment for bold ideas, bold commitment and bold leadership; for doing things that have never been done before. [...] In fact, the only choice we have is between cooperation and insecurity.”⁴⁴

Member states’ responses varied, with France supporting negotiations for a ‘pandemic treaty’, while Russia preferred sticking to the IHR.⁴⁵ Germany and 59 other countries endorsed the idea

40 Andrew Jacobs, Michael D. Shear, and Edward Wong, “U.S.-China Feud Over Coronavirus Erupts at World Health Assembly,” *The New York Times*, May 18, 2020; Pedro Villarreal, “Pandemic Intrigue in Geneva: COVID-19 and the 73rd World Health Assembly,” May 22, 2020, <https://www.ejiltalk.org/pandemic-intrigue-in-geneva-covid-19-and-the-73rd-world-health-assembly/>.

41 Villarreal, “Pandemic Intrigue in Geneva: COVID-19 and the 73rd World Health Assembly”; European Union, “WHO - 73rd World Health Assembly - EU Statement: Item 3 - Report by the Director- General,” *EEAS Website*, May 18, 2020, https://www.eeas.europa.eu/delegations/un-geneva/who-73rd-world-health-assembly-eu-statement-item-3-report-director-general_en; World Health Assembly, “COVID-19 Response,” *Resolution WHA73.1*, Seventy-Third World Health Assembly, May 19, 2020.

42 Elvira Pollina, Andreas Rinke, and Francesco Guarascio, “Exclusive: Germany and France Quit WHO Reform Talks amid Tension with Washington - Sources,” *Reuters*, August 7, 2020; Reuters, “China Wants to Take Active Role in WHO Reform Process: Foreign Ministry,” *Reuters*, October 22, 2020.

43 World Health Organization, “COVID-19 Shows Why United Action Is Needed for More Robust International Health Architecture,” March 30, 2021, <https://www.who.int/news-room/commentaries/detail/op-ed---covid-19-shows-why-united-action-is-needed-for-more-robust-international-health-architecture>.

44 Ibid.

45 Emmanuel Macron, “Message from French President Emmanuel Macron of the 74th World Health Assembly,” *Elysee. Fr*, May 24, 2021, <https://www.elysee.fr/en/emmanuel-macron/2021/05/24/message-from-french-president-emmanuel-macron-of-the-74th-world-health-assembly>; Kerry Cullinan, “Pandemic Treaty Discussion Deferred With Appeals For High-Level Political Commitment To Fix WHO” *Health Policy Watch*, May 25, 2021.

of a special session to discuss the treaty further.⁴⁶ The WHA adopted a resolution to establish a working group to develop a WHO convention on pandemic preparedness and response.⁴⁷

The WHA convened a special session from 29 November to 1 December 2021, marking only the second such session in the history of the WHO. Special sessions of the WHA are rare and are convened only in response to urgent or particularly significant issues requiring immediate and focused attention by Member States. This particular session was initiated through decision WHA74.16, adopted during the 74th WHA, reflecting the heightened urgency in the wake of the COVID-19 pandemic.⁴⁸ The primary focus of the session was for Member States to consider “the benefits of developing a WHO convention, agreement, or other international instrument on pandemic preparedness and response,” with the goal of establishing an intergovernmental process to draft and negotiate such a framework.⁴⁹ The WHO DG started his opening speech with the diagnostic frame describing the ongoing COVID-19 pandemic as “the most acute health crisis in a century,” holding the world in its grip. At this point, COVID-19 had “killed more than 5 million people”; “Health systems continue to be overwhelmed”; “Millions of people have lost their jobs, or been plunged into poverty”; “The global economy is still clawing its way out of recession”; and “Political divisions have deepened, nationally and globally”.⁵⁰ This rhetoric underscores the interconnectedness of global health with broader political and economic stability, as the pandemic was not just a public health crisis but a crisis with far-reaching consequences across multiple sectors, requiring a coordinated and comprehensive global response.

As COVID-19 exposed the fundamental weaknesses of global health security, the WHO DG proposed through his prognostic frame a legally binding agreement between nations, similar to the 2005 WHO Framework Convention on Tobacco Control (FCTC), to strengthen global health security. Presenting the ‘pandemic treaty’ as a solution, the WHO DG outlined four key areas that

46 Cullinan, “Pandemic Treaty Discussion Deferred With Appeals For High-Level Political Commitment To Fix WHO”; World Health Assembly, “Special Session of the World Health Assembly to Consider Developing a WHO Convention, Agreement or Other International Instrument on Pandemic Preparedness and Response,” *A74/A/CONF/7*, 2021.

47 World Health Assembly, “Resolution WHA74/2021/REC/1,” 2021, https://apps.who.int/gb/ebwha/pdf_files/WHA74-REC1/A74_REC1-en.pdf#page=27.

48 Ibid.

49 World Health Organization, “Proposed Method of Work and Terms of Reference - A/WGPR/1/3,” *A/WGPR/1/3*, 2021; World Health Assembly, “Resolution WHA74/2021/REC/1,” 2021.

50 World Health Organization, “WHO Director-General’s Opening Remarks at the Special Session of the World Health Assembly,” November 29, 2021, <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-special-session-of-the-world-health-assembly--29-november-2021>.

would benefit from enhanced global health security: better governance, financing, systems for outbreak response, and a strengthened the WHO.⁵¹

In his motivational frame, he compares the pandemic with

“the aftermath of the Second World War, [where] our forebears rose above themselves to found the United Nations and this World Health Organization. Now is our moment to rise above this pandemic; [...] To build on the legacy from which we have all benefited, and to leave a new legacy for the generations who will follow”.⁵²

Member states’ responses were mixed, with varying views on the new legal instrument’s role alongside the IHR. Despite criticisms, there was consensus on the IHR’s weaknesses and the need for a stronger framework.⁵³ The session concluded with an agreement to draft and negotiate a convention, agreement, or other international instrument under the Constitution of the WHO to strengthen pandemic prevention, preparedness and response, to be considered by WHA 77 in 2024.⁵⁴

The analysis of the WHO’s securitization of infectious diseases, particularly during the COVID-19 pandemic, reveals the extent to which collective securitization has influenced global health governance. Through the application of collective securitization and framing theory, it was determined that the COVID-19 pandemic prompted significant policy actions, including the push for a ‘pandemic treaty.’ The WHO DG’s framing of the pandemic through diagnostic, prognostic, and motivational lenses was widely adopted and led to concrete outcomes, such as the WHA’s decision to pursue a legally binding global instrument for pandemic preparedness. This process highlights the successful securitization of the pandemic, as evidenced by the policy changes and international cooperation efforts that emerged from this global health crisis.

51 Ibid.

52 World Health Organization, “WHO Director-General’s Opening Remarks at the Special Session of the World Health Assembly,” November 29, 2021, <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-special-session-of-the-world-health-assembly--29-november-2021>.

53 Elaine R. Fletcher, “World Health Assembly Appears Set To Move Ahead On Pandemic Treaty Negotiations - With Very Different Views About Outcomes” Health Policy Watch, November 29, 2021, <https://healthpolicy-watch.news/world-health-assembly-set-to-move-ahead-on-pandemic-treaty-negotiations-although-with-diverse-visions-of-what-that-means/>.

54 World Health Assembly, “World Health Assembly Second Special Session 29 November,” 2021c). WHASS2/REC 2021.

The Policy Output: ‘Pandemic Treaty’

The COVID-19 pandemic was a significant test for the international community, particularly for the WHO and global health security. The Report of the Review Committee on the Functioning of the International Health Regulations found failures in early alert, notification and response, compliance, financing, and political commitment during the COVID-19 response⁵⁵. Renewed calls for a WHO reform highlight the need for a robust global health security framework, underscoring the WHO’s and WHA’s desire for stronger global health security and the use of normative powers for new binding agreements.⁵⁶

The WHO and WHA have employed securitizing frames (diagnostic, prognostic, motivational) to drive collective securitization, leading to the decision to establish an intergovernmental negotiating body to draft a ‘pandemic treaty’. The following part addresses the legal options for adopting such a treaty in the aftermath of the COVID-19 pandemic, focusing on the WHO’s legal mechanisms, the proposed ‘pandemic treaty’, and its interaction with the IHR.

WHO’s Legal Options for the Development of Global Health Law

The WHO Constitution empowers the organization to adopt two binding legal instruments: Article 19, “Conventions” and Article 21, “Regulations.”

Under Article 19, the WHA can adopt “conventions or agreements” with a two-thirds majority (this can be challenging if powerful states oppose). Member States must implement these conventions according to their constitutional provisions.⁵⁷ The treaty is managed by an independent secretariat. The thematic scope is broad, as outlined in Article 2 of the WHO Constitution, but not unlimited.⁵⁸

Article 21 allows the WHO to adopt regulations on various health topics. This provision covers sanitation, quarantine, disease nomenclatures, and standards for pharmaceuticals.⁵⁹ As such, its provisions are rather limited compared to Article 19. Regulations adopted under Article 21 do not

55 World Health Organization, “Proposed Method of Work and Terms of Reference - A/WGPR/1/3,” 9; World Health Organization, “Report of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response,” 2021, 10.

56 Benjamin M. Meier, “The World Health Organization in Global Health Law,” *The Journal of Law, Medicine & Ethics* 48, no. 4 (2020): 796.

57 World Health Organization, “Constitution of the World Health Organization,” 1948 Art. 19.

58 Pedro Villarreal, “Beware of Procedural Perils: Towards a Treaty on Pandemic Preparedness and Response,” *Völkerrechtsblog*, 2021, doi:10.17176/20210414-172845-0.

59 World Health Organization, “Constitution of the World Health Organization,” 1948, Art. 21.

require ratification, and become automatically binding unless a member state opts out within a specified timeframe - making them easier to implement.⁶⁰

Historically, the WHA has adopted only two regulations under Article 21: the International Classification of Diseases and the IHR. The sole convention adopted under Article 19 is the WHO FCTC.⁶¹ While the WHO's treaty-making powers are extraordinary, international health law remains limited, with only three major treaties having been adopted in its history.⁶² Despite the preference for non-legally binding instruments, binding norms can increase awareness, debate, and action.⁶³

The Proposed 'Pandemic Treaty'

Proposals for a 'pandemic treaty' emerged due to gaps in the IHR, particularly regarding access to necessary equipment, medicines, and vaccines. The WHA decided in November 2021 to draft a new binding treaty under Article 19 of the WHO Constitution.⁶⁴ Article 1 of the WHO Constitution aims for the highest possible level of health for all people, granting the WHO broad normative powers to fulfill this mandate.⁶⁵

The intergovernmental negotiating body (INB) was established to draft the treaty, with state meetings, public hearings, and regional consultations planned. The INB follows the model of the FCTC and decided in July 2022 that the treaty should be under Article 19, which offers a broader scope than Article 21.⁶⁶ While some member states advocated for the adoption of a legally binding instrument under Article 19, which allows the WHO a broader mandate, others, such as the United States, preferred to adhere to Article 21, and Russia expressed a preference for Article 23.^{67,68}

60 David P. Fidler, "The Future of the World Health Organization: What Role for International Law?," *Vanderbilt Journal of Transnational Law* 31, no. 5 (1998): 1088.

61 Lawrence O. Gostin and Devi Sridhar, "Global Health and the Law," *The New England Journal of Medicine* 370 (2014): 1733.

62 Lawrence O. Gostin, Devi Sridhar, and D. Hougendobler, "The Normative Authority of the World Health Organization," *Public Health (Forthcoming)*, Open-Access Article 129, no. 7 (2015): 3.

63 Egle Granziera and Steven A. Solomon, "The World Health Organization," in *Conceptual and Contextual Perspectives on the Modern Law of Treaties*, ed. Dino Kritsiotis and Michael J. Bowman (Cambridge: Cambridge University Press, 2018), 900–2.

64 World Health Assembly, "World Health Assembly Second Special Session 29 November," 2021, 6.

65 World Health Organization, "Constitution of the World Health Organization," 1948, Art. 2.

66 Nasiya Daminova and Shisong Jiang, "The First Working Draft of the WHO's 'Pandemic Treaty': Attempting to Cover Normative Gaps Indicated by the COVID-19 Pandemic" EJIL: Talk!, October 13, 2022), <https://www.ejiltalk.org/the-first-working-draft-of-the-whos-pandemic-treaty-attempting-to-cover-normative-gaps-indicated-by-the-covid-19-pandemic/>.

67 Article 23 of the WHO Constitution (1984) provides non-binding recommendations to member states with standards to promote public health.

68 Jenny Lei Ravelo, "Majority of WHO Member States Want Legally Binding Pandemic Instrument," *Devex*, July 21, 2022, <https://www.devex.com/news/sponsored/majority-of-who-member-states-want-legally-binding-pandemic-instrument-103669>.

Topics proposed for the treaty include access to medical equipment, capacity-building, cooperation in research, a ‘one health’ approach, data-sharing, and reform of the WHO’s emergency mechanisms. Issues beyond health, such as trade, supply chains, and international travel, are also considered.⁶⁹

According to the WHO DG, the treaty would offer three primary advantages: fostering a more equitable global response, protecting national health systems, and improving cooperation among member states during pandemics.⁷⁰

The WHO’s Member States initiated the Intergovernmental Negotiating Body (INB) meetings on 24 February 2022, convening nine times until 24 May 2024. The INB has facilitated engagement from diverse stakeholders through various channels. Member States and relevant parties have provided written and oral input during the iterative drafting process. Regional consultations have enabled dialogue, while targeted expert-led discussions have delved into specific contentious issues. Public hearings have allowed interested groups to voice perspectives, and briefings provided continuous updates throughout the process.⁷¹

The INB was initially tasked with submitting its final outcome to the WHA 77 in May 2024, with the intention to adopt the treaty at the WHA 77.⁷² However, the Health Assembly decided to extend the INB’s mandate to further work on remaining elements. The final outcome is now expected to be submitted for consideration by WHA 78 in May 2025, and will depend on the domestic politics of member states and their ratification processes.⁷³

The latest draft of the treaty (March 2024), aims to enhance global mechanisms for prevention, preparedness, and response to pandemics. Key elements under negotiation encompass definitions, guiding principles, targets for improving readiness, supply chain logistics, communication protocols, and oversight frameworks. Contentious aspects include financing structures, access to and distribution of pathogens, intellectual property rights, technology transfer, and research and

69 Clare Wenham, Mark Eccleston-Turner, and Maike Voss, “The Futility of the Pandemic Treaty: Caught between Globalism and Statism,” *International Affairs* 98, no. 3 (2022): 842–43.

70 World Health Organization, “WHO Director-General’s Opening Remarks at the Media Briefing – 21 February 2024,” February 21, 2024, <https://www.who.int/director-general/speeches/detail/remarks-at-the-media-briefing-21-february-2024>.

71 World Health Organization, “Pandemic Prevention, Preparedness and Response Accord,” June 10, 2024, <https://www.who.int/news-room/questions-and-answers/item/pandemic-prevention-preparedness-and-response-accord>.

72 Pedro Villarreal, “WHO-Initiativen: reformierte internationale Gesundheitsvorschriften und ein Pandemievertrag,” *Stiftung Wissenschaft und Politik (SWP)* 77 (2022): 6.

73 World Health Organization, “Pandemic Prevention, Preparedness and Response Accord,” June 10, 2024, <https://www.who.int/news-room/questions-and-answers/item/pandemic-prevention-preparedness-and-response-accord>.

development for pandemic products.⁷⁴ Additionally, the concept of common but differentiated responsibilities is debated, proposing that wealthier nations should bear more obligations to ensure equity in pandemic responses.⁷⁵

Interaction of the ‘Pandemic Treaty’ with the IHR

The IHR, adopted under Article 21, will play a fundamental role in any new agreement, as they are the most widely accepted international health instrument. A new treaty must be compatible with Article 57 of the IHR, which ensures consistency with other international agreements. The aim is to harmonize potential conflicting legal instruments and strengthen the WHO’s position in global health governance.⁷⁶

U.S. proposals to amend the IHR were partially accepted at the 75th WHA in May 2022. The changes shorten the period for rejection of amendments and the time before amendments come into force, while other proposals require further discussion.⁷⁷

The WHO can adopt binding legal instruments under Article 19 and Article 21 of its Constitution. Article 19 allows a broader thematic scope, while Article 21 is more limited but easier to implement. The INB has opted for Article 19 to ensure comprehensive pandemic governance.

The INB is negotiating a ‘pandemic treaty’ with a broad scope, aiming for adoption at WHA 78 in May 2025. This treaty must be compatible with the IHR to maintain a cohesive international health legal framework. The ongoing negotiations and member states’ domestic ratification processes will determine the treaty’s success.

⁷⁴ Josh Michaud, Jennifer Kates, and Anna Rouw, “The ‘Pandemic Agreement’: What It Is, What It Isn’t, and What It Could Mean for the U.S.,” KFF, April 1, 2024, <https://www.kff.org/global-health-policy/issue-brief/the-pandemic-agreement-what-it-is-what-it-isnt-and-what-it-could-mean-for-the-u-s/>.

⁷⁵ Ibid.; Priti Patnaik, “Common but Differentiated Responsibilities: The Equity Principle Guiding Climate Change, and the Reforms for Pandemic Prevention, Preparedness & Response [Guest Essay],” *Geneva Health Files* (Substack newsletter), (August 9, 2023), <https://genevahealthfiles.substack.com/p/common-but-differentiated-responsibilities>.

⁷⁶ World Health Organization, *International Health Regulations (2005)* Art. 57; Wenham, Eccleston-Turner, and Voss, “The Futility of the Pandemic Treaty: Caught between Globalism and Statism,” 845–46.

⁷⁷ Villarreal, “WHO-Initiativen: reformierte internationale Gesundheitsvorschriften und ein Pandemievertrag,” 5; World Health Assembly, “Strengthening WHO Preparedness for and Response to Health Emergencies - Proposal for Amendments to the International Health Regulations,” 2022; World Health Assembly, “Amendments to the International Health Regulations,” 2022.

Conclusion

This paper analyzed the extent of collective securitization of the COVID-19 pandemic and future pandemics by the WHO by focusing on the framing by the WHO DG and the WHA as the powerful audience. The paper analyses the extent to which the pandemic served as a reform driver for global health law within the WHO. The analysis revealed that the COVID-19 pandemic was securitized with significant effect by the WHO DG and WHA, utilizing clear patterns of diagnostic, prognostic, and motivational framing. The WHO DG's speeches presented COVID-19 as a significant threat, proposed comprehensive solutions, and issued calls for action directed at member states. This framing led to the proposal of a 'pandemic treaty' aimed at strengthening global health governance. The recursive interaction between the WHO DG and member states indicated a collective securitization process that could result in a new status quo at WHA 77 in 2024.

This research contributes to the academic debate on securitization theory by demonstrating how the WHO functions as a securitizing actor with member states as the audience. It highlights the crucial role of framing in driving significant policy changes, such as the proposed 'pandemic treaty', and underscores the importance of global health security in the context of international law. The research emphasizes that the COVID-19 pandemic revealed the limitations of the WHO's existing competencies and introduced a pressing need to reevaluate and potentially expand its normative authority to better manage global health crises.

The research was limited to the analysis of speeches and interactions at the WHA sessions in 2020 and 2021. This narrow focus may have excluded other relevant data and perspectives. Additionally, the study primarily relied on publicly available speeches and documents, which may not capture all aspects of the securitization process.

Future research could explore the workings of the International Negotiating Body established to draft the 'pandemic treaty' and examine whether securitizing framing continues to influence the treaty's content. Additionally, further studies could investigate the implementation and impact of the proposed treaty post-2024, assessing how it shapes global health governance and preparedness for future pandemics.

In conclusion, the COVID-19 pandemic was successfully securitized by the WHO, with the pandemic framed as a significant global threat necessitating enhanced international cooperation and legal frameworks. As Rita Floyd (2016) emphasized, successful securitization occurs when a securitizing move resonates sufficiently to legitimize a change in political action with reference to the threat. In other words, contrary to the Copenhagen School's focus on extraordinary emergency measures, political change in the context of securitization does not necessarily require a formally declared state of emergency. Instead, it is sufficient when a logic of securitization exists when the actions taken or policy outcomes are justified by the securitizing

actor with reference to a widely recognized and serious threat, as was the case with COVID-19.⁷⁸ The basis of the ‘pandemic treaty’ can be directly linked to the securitization of the pandemic. The magnitude and severity of COVID-19 was used by both the WHO as securitizing actor and the member states as a powerful audience in the securitizing moves to improve and expand normative competencies of the WHO in pandemics. Therefore, it can be concluded that the COVID-19 pandemic contributed to further securitization by the WHO and has thus been a reform driver for global health law within the WHO, highlighting the organization’s pivotal role in global health security.

⁷⁸ Floyd, “Extraordinary or Ordinary Emergency Measures: What, and Who, Defines the ‘Success’ of Securitization?,” 679.

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