Governance of health emergencies

There have been many analyses of the COVID-19 pandemic but little discussion of the governance failures, especially the need for cross-government, multisectoral engagement, and leadership by heads of state and governments at both national and global levels.

Governance is already being discussed within the health context. WHO member states are engaged in two historic negotiations of international treaties: a new pandemic convention, agreement, or other instrument (WHO CA+)1 and the revision of the International Health Regulations.² The WHO CA+ would establish a Conference of the Parties (CoP) comprising heads of government to oversee the treaty's implementation. As the treaty is likely to be adopted under Article 19 of the WHO constitution, only states that have ratified the treaty would be members of the CoP. The International Health Regulations revision under Article 21 is expected to have near universal membership.

Although all countries must be included in governance to ensure worldwide coordination, only countries that have ratified a convention can be members of the CoP and oversee the treaty itself. We propose two separate committees: one committee comprising only the CoP with other countries acting as observers, and a second committee with representatives of all countries supported by a common secretariat for both committees and a common chair. Furthermore, there has to be coherence and complementarity between the new convention and the revised International Health Regulations, with compliance measures that cover both.

Solutions have been proposed for multisectoral global governance. The Independent Panel on Pandemic Preparedness and Response proposed a Global Health Threats Council established by the UN General Assembly as a standing body including heads of state and other global leaders.³ Heads of state already dealing with enormously complex responsibilities are not likely to fully engage outside times of emergency, and the council might also overlap with the work of a heads of government CoP of the new treaty.

The UN's Secretary-General has proposed an emergency platform, which would not be a standing body but a set of protocols triggered automatically by a crisis of sufficient scale and magnitude—for example a pandemic.4 The UN's Secretary-General would convene leaders from countries, the UN system, international financial institutions, and subject experts including civil society, industry, and research bodies. We strongly support this approach as the best means to bring the world together to act at the time when a global coordinated response to a pandemic is needed the most.

We declare no competing interests. We write as the Panel for a Global Public Health Convention.

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Non-communicable diseases in Afghanistan: a silent tsunami

Afghanistan is experiencing an untypical humanitarian crisis resulting from a chronic 40-year conflict and political upheavals. This crisis has led to a rapid economic collapse, inflation, drastic rises in poverty, hunger, and risk of malnutrition.1 Afghanistan is suffering from the double burden of communicable and non-communicable diseases. Outbreaks of many communicable diseases such as acute watery diarrhoea, measles, dengue fever, pertussis, and Crimean-Congo haemorrhagic fever in addition to COVID-19 have worsened the situation. Non-communicable diseases (NCDs) account for almost 50% of mortality in the country with a transition towards a heavier burden by 2030. If these diseases are not addressed by contextbased interventions, they will cause more than 70% of years lived with disability in a country with a population of 48 million by 2030 and more than 60% of mortality mainly among women by 2030.2

NCDs are a neglected issue in the Afghanistan humanitarian context. NCD services are mostly only available at the tertiary-care level and through the private sector, which makes accessing the services challenging for patients. Given that services for NCDs are expensive, these services, including medicines, might not be available in those facilities that should provide them at the public primary health-care level. A national assessment on the provision and use of essential health services in 2022 showed that NCDs were the most disrupted services and an unmet need of the Afghan population during the COVID-19 pandemic. This study showed that people need diagnostic tests and medication for the treatment of chronic diseases.3

Afghanistan's health system is highly dependent on financial donors. To provide NCD management as

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