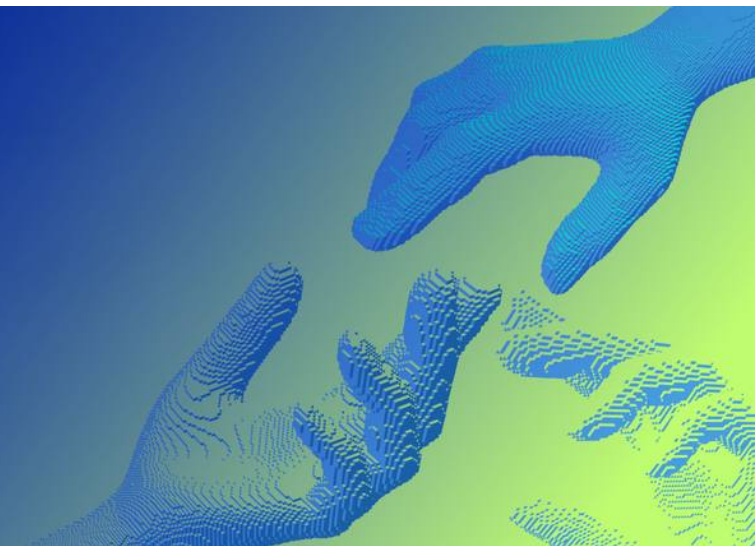




RESEARCH REPORT 2024

Regional Health Governance Study



Lincoln Alexander
School of Law



University
of Dayton

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STATEMENT OF PROJECT LEAD

The inaugural Research Report 2024 of the Regional Health Governance Study (RHGS) documents the work accomplished by the multi-disciplinary research team behind the RHGS. The report is testament to the collective determination of the research team to tackle the most critical challenges at the intersection of global health, human rights, and governance at the international and regional level (within the Inter-American System).

The Regional Health Governance Study proposes that: (1) a regional health governance approach holds greater promise than the existing global health governance approach of the WHO for mobilising states accustomed to collaborating in solidarity (both on a government-to-government and people-to-people basis) to collectively and equitably address shared health threats; (2) a regional health governance approach can complement WHO's role in global health by alleviating some of the shortcomings associated with the current global health governance framework around equitable pandemic management; and (3) through regionalising global health governance, a significant stride can be taken towards decolonising global health by praxis that decentralises decision-making processes regarding global health priorities

This report captures the richness of ideas exchanged in the inaugural year of this study (2022), and leading up to 2024, serving both as a record and a knowledge mobilization tool for collective action to secure health justice within the Inter-American System. It reflects the shared commitment of the multi-disciplinary research team to foster actionable policies, resilient structures and equitable governance systems that uphold the right to health for all.

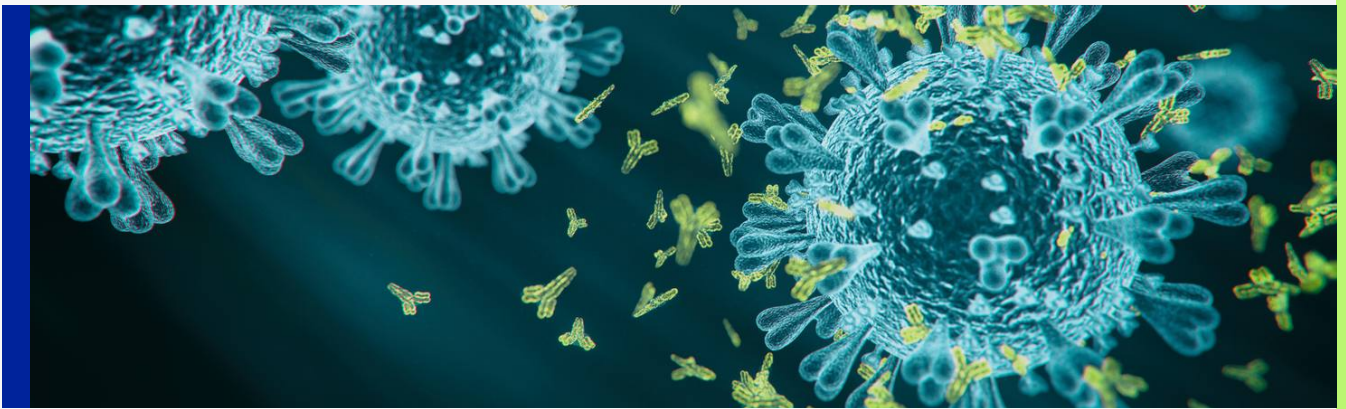


Dr. Uchechukwu Ngwaba
RHGS Project Lead

Assistant Professor,
Lincoln Alexander School of Law,
Toronto Metropolitan University

OVERVIEW OF THE RHGS

The COVID-19 pandemic highlighted the inadequacies of national policies and the vulnerability of international health networks, emphasising the urgent need for global solidarity and prompt response measures. It revealed gaps and fault lines in national and global health governance frameworks. In the immediate aftermath of the COVID-19 pandemic, there was rare consensus in scholarly and global health policy circles that the pandemic was not well managed by the actors responsible for health governance at the national and international levels, respectively. More troubling were accusations that the weak multilateral response to the pandemic entrenched inequities and de-solidarity within and amongst states in the international system. Furthermore, the global health governance framework, under the leadership of the World Health Organization (WHO), failed to equitably manage the COVID-19 pandemic response to secure the right to health for many, especially in the developing countries of the Global South. Two immediate multilateral responses to this situation involved revisions to the International Health Regulations 2005 (IHR); and the negotiation of a proposed pandemic treaty.



On June 1, 2024, on the last day of the seventy-seventh World Health Assembly, WHO's annual meeting in Geneva, consensus was reached by WHO member states over amendments to the IHR. Changes to the IHR were negotiated by member states over a period of two years alongside but separately from the proposed pandemic treaty. The changes introduced by the IHR amendments included:

(1) defining a “pandemic emergency” – when COVID-19 happened, the IHR did not contain the definition of a “pandemic”, and the WHO and member states were slow to respond to the outbreak. The new text now introduces the definition of a pandemic emergency to increase the alarm to a level higher than a public health emergency of international concern, prompting its own designation and response by the WHO;



(2) establishing a Coordinating Financial Mechanism – the creation of this mechanism signifies a commitment to solidarity and equity and seeks to address funding gaps observed during the COVID-19 pandemic which hindered the procurement of medical products and vaccines for developing countries to implement surveillance, information-sharing and pandemic control obligations;

(3) implementation monitoring – to ensure effective implementation of the IHR, two new amendments established a State Parties Committee and National IHR Authorities as bodies to promote and support the agreement's provisions within and between member states. The Committee will evaluate and support member state cooperation on the IHR, while the National IHR Authorities is intended to monitor how states implement the provisions internally;

(4) Other highlighted elements of the new text include the recognition of the principle of equity and definition of “relevant health products” needed for a pandemic response to include medicines, vaccines and diagnostics.

The negotiation of a pandemic treaty, on the other hand, did not go as planned. After more than two years of discussions and negotiations, the representatives of WHO's 194 member states failed to finalise a draft pandemic treaty on time for adoption at the seventy-seventh World Health Assembly. Although there was broad recognition that states were not adequately or equitably prepared for COVID-19, divisions between member states produced a draft pandemic agreement criticised by many as largely watered down from its initial intent. Secondly, long-standing disputes between high- and middle- to low-income states over issues of intellectual property protection and resource-sharing proved insurmountable. When it was clear that agreement on a pandemic treaty had stalled, the negotiation deadline was extended to 2025 (or earlier where possible).



Both the amended IHR and the proposed pandemic treaty respectively identified equity as a core objective for integration into the architecture of global health governance. Yet in both instances, concerns remain about the commitment of states to equity principles being proposed.

This background informs the context of the research being undertaken by the RHGS. The study aims to examine the regional system, particularly the Inter-American System, as a site for designing an equitable pandemic management system to prepare against transnational health threats like epidemics and pandemics.



Identify common health governance issues and regional disparities.



Discuss solutions that are tailored to each country's unique needs.



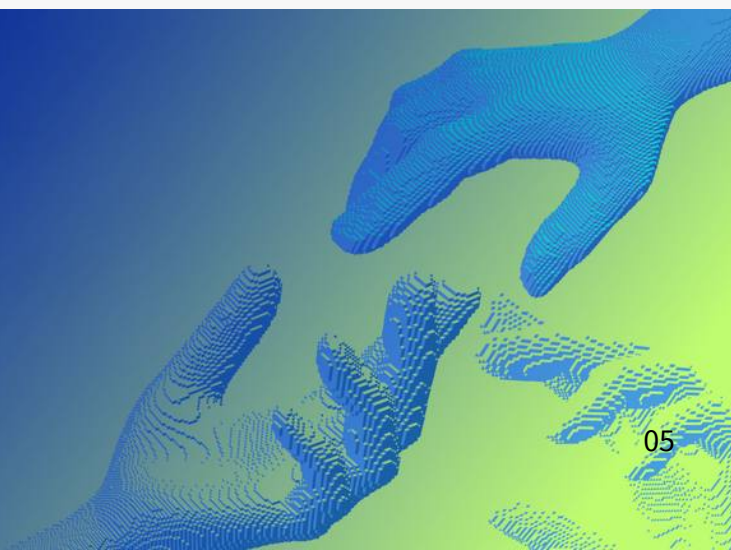
Promote collaboration between countries and organizations to improve healthcare delivery and outcomes.



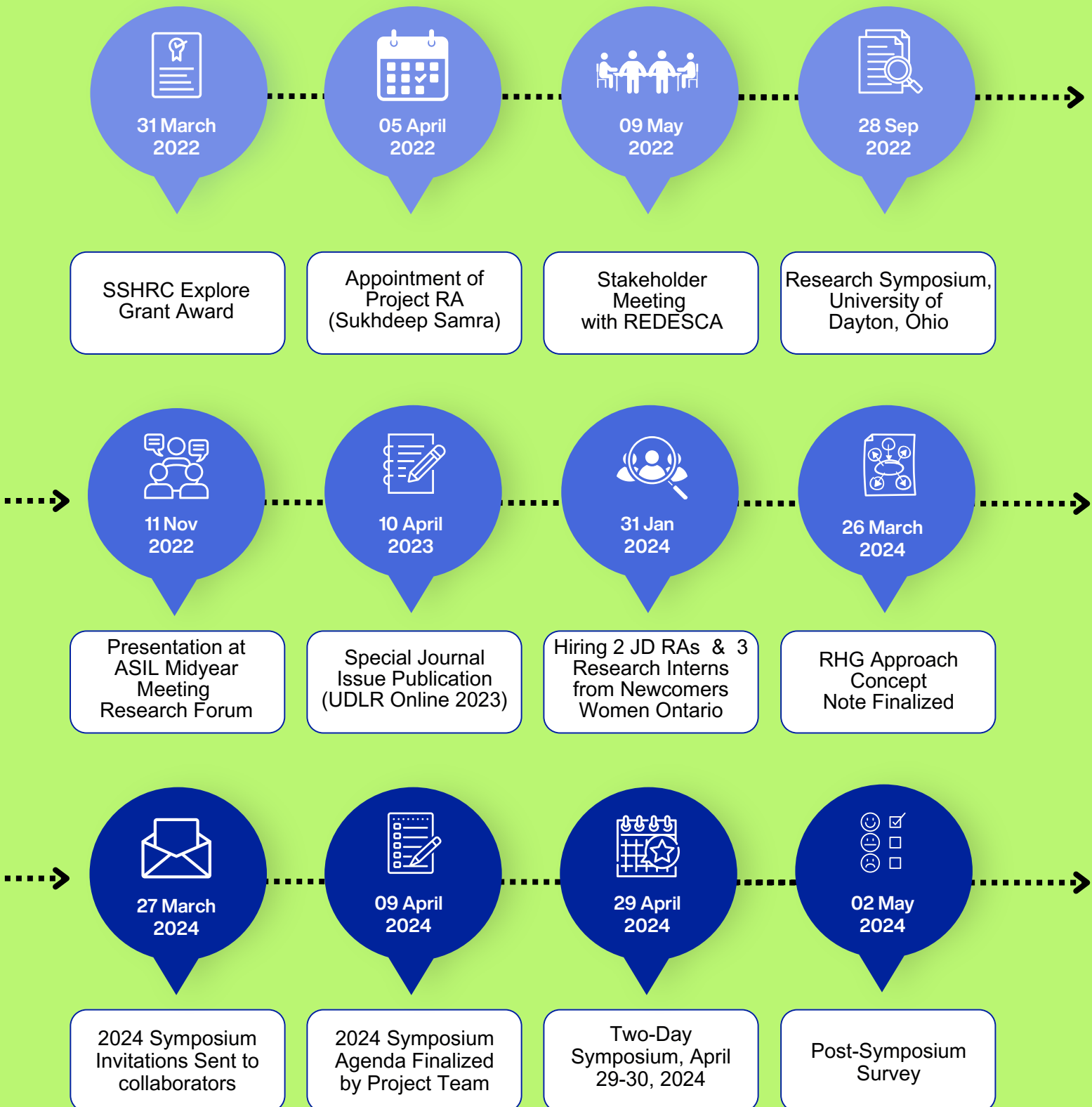
Create actionable frameworks to enhance regional health systems, focusing on resilience and preparedness for future health crises.

Objectives of the Study

The RHGS aims to facilitate the design of a regional health governance approach for equitable pandemic management in the Americas. We propose that a regional health governance approach holds greater promise than the existing global health governance approach for mobilising states accustomed to collaborating in solidarity (both on a government-to-government and people-to-people basis) to collectively address shared health threats. A regional health governance approach can complement WHO's role in global health by alleviating some of the shortcomings associated with the current global health governance system. Additionally, through regionalising global health governance, we aim to contribute to the critical turn towards decolonisation in global health scholarship by praxis that decentralises decision-making processes regarding global health priorities.



CHRONOLOGY OF ACTIVITIES OF THE RHGS SINCE 2022



KEY ACTIVITIES AND MILESTONES

31

March
2022

SSHRC Explore Grant Award 2022

Activity:

Awarded one-year grant to undertake pilot study titled: “*Better Preparedness and Response to Future Pandemics through the Creation of a Regional Framework for Health Governance in the Inter-American Human Rights System*”.

- PI: Dr. Uchechukwu Ngwaba
- Co-PI: Professor Carlos Bernal

Funding Purpose:

The project supported an exploratory study aimed at laying the foundation for further research on creating a regional health governance framework within the Inter-American Human Rights System (IAHRS). This initiative sought to address systemic gaps revealed by the COVID-19 pandemic, emphasising regional cooperation, solidarity, and preparedness for future health crises. It involved reviewing existing laws and mechanisms, identifying structural barriers, and engaging with theoretical perspectives and stakeholders to propose actionable pathways for improving health governance in the Americas.

Anticipated Outcomes

The research targeted the following outcomes:



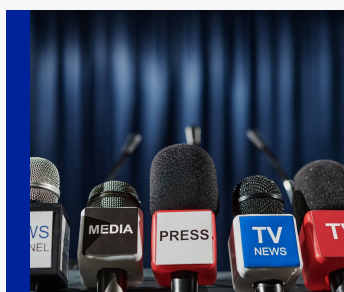
One major research symposium



Internal research workshops and seminars engaging the Lincoln Alexander Law School Community



Social media campaigns



An op-ed in a widely read news media outlet either in Canada or USA



Two published articles in a well-ranked international journals

SSHRC EXPLORE GRANT 2022 - MILESTONES

9

May
2022

Stakeholder Meetings with REDESCA

Attendees:

- Ms. Soledad García Muñoz, Ms. Paula Mora, Ms. Victoria (REDESCA)
- Prof. Uchechukwu Ngwaba (Project PI), Sukhdeep Samra (JD Student, Project RA)

Key Outcomes:

- ✓ Focused on strengthening existing health governance systems within the IAHRs mandate.
- ✓ REDESCA provided insights, supported a questionnaire, and assisted with stakeholder engagement and promotion.
- ✓ Next steps include circulating meeting notes, drafting a detailed project plan, and preparing for the September conference.



27

June
2022

Stakeholder Meetings with REDESCA

Attendees:

- Ms. Soledad García Muñoz, Ms. Paula Mora, Ms. Victoria, Ms. Lucrecia Aguilar, Ms. Ingrid Alvarez (REDESCA)
- Prof. Uchechukwu Ngwaba (Project PI), Sukhdeep Samra (JD Student, Project RA)

Key Outcomes:

- ✓ Continued discussions on strengthening IAHRs mandates and public engagement strategies.
- ✓ A drafted Concept Note presented to the team, and confirmation given for a special journal issue with the *University of Dayton Law Review*.
- ✓ September 2022 Symposium plans include hybrid participation, flexible contributions, and expanded invitations.
- ✓ Questionnaire draft will focus on States' pandemic responses, ensuring simplicity and adherence to formal relationships.
- ✓ Planned Op-ed to highlight the research and project objectives post-conference.

SSHRC EXPLORE GRANT 2022 - MILESTONES

26

September
2022

Concept Note Release

Activity: Final Release of Concept Note clarifying the pilot study's agenda.

Output: Defined research priorities and objectives for the project.

Research Objectives:

- Review IAS laws, institutions, and mechanisms related to health and the right to health.
- Analyze the relationship between domestic laws and regional frameworks, considering dual influences.
- Identify barriers (structural, socio-cultural, regional) to creating a health governance framework.
- Assess whether new regional institutions are needed or existing ones should be strengthened, particularly the role of IACHR and the Economic and Social Rights Rapporteurship.
- Generate discourse on strengthening the IAS for better regional health governance.
- Lay the foundation for a future research grant focused on regional health governance in the IAS.

Research Questions:

- **Main Question:** What adjustments should the IAS undergo to prepare member states for future pandemics?
- **Sub-questions:**
 - What strategies should the Inter-American Commission adopt for a common regional health framework?
 - Can existing institutions be strengthened for better health coordination or is a new framework needed?
 - How should the Commission address the conflict between the right to health and intellectual property law?



SSHRC EXPLORE GRANT 2022 - MILESTONES

28

September
2022

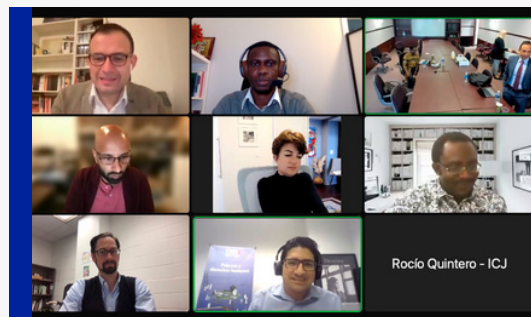
Research Symposium

Activity: Hybrid Research Symposium, Ohio, USA.

Location: Andes Room, University of Dayton School of Law

Session 1 – Agenda Setting

- **Keynote Address:** Dr. Uchechukwu Ngwaba highlighted the critical need for regional cooperation and solidarity in health governance. He emphasized how the Inter-American System could foster stronger collaboration among member states to improve health outcomes and build resilience to future pandemics.
- **Presentation of Concept Note:** Dr. Ngwaba and Professor Carlos Bernal presented a concept note titled “Adequate Preparedness and Response to Future Pandemics through the Creation of a Regional Framework for Health Governance within the Inter-American Human Rights System.” This presentation outlined the goals of creating a robust regional health governance framework that incorporates human rights principles, with a focus on preparedness, response, and cooperation during public health crises like pandemics.
- **Special Rapporteur’s Reflections:** Ms. Soledad García Muñoz (through her representative at the Symposium) reflected on IACHR & REDESCA’s pandemic response, addressing challenges and opportunities for future cooperation.



Session 2 – Discussion Segment

- **Health-Environment Nexus:** Dr. Christopher Campbell-Durufié discussed integrating health and environmental issues in regional governance.
- **Intellectual Property & Health Rights:** Dr. Olasupo Owoeye explored how regional cooperation on intellectual property rights could improve health equity.
- **Human Dignity in Public Health:** Roojin Habibi advocated for human rights-based approaches in health emergencies.
- **PAHO’s Role:** Dr. Pedro Villarreal examined PAHO’s influence on regional health policies.
- **Vaccines & Innovation:** Professor Dalindyabo Shabalala discussed building regional vaccine innovation and distribution systems.

SSHRC EXPLORE GRANT 2022 - MILESTONES

11

November
2022

American Society of International Law
Midyear Meeting

Activity: Presentation of a work-in-progress paper by Professor Carlos Bernal

Location: Miami, USA

- Feedback from discussants contributed to refining the research paper of the study.

10

April
2023

Special Journal Issue Publication

Activity: Publication of University of Dayton Law Review Online (2023) Volume 48 Issue 1.

These four contributions were part of Volume 48, Issue 1 (2023) of the UDLR, providing insights into regional health governance and human rights in pandemic preparedness and response.



University
of Dayton

- "Adequate Preparedness and Response to Future Pandemics through the Creation of a Regional Framework for Health Governance within the Inter-American Human Rights System – Agenda for Future Research: An Introduction"

Authors: Uchechukwu Ngwaba and Carlos Bernal

- "The Inter-American System's Efforts to Tackle the COVID-19 Pandemic: The Intersectional, Interdependent, and Indivisible Lenses Approach"

Author: Soledad García Muñoz and Janina Heller

- "Mainstreaming 'One Health' in the Inter-American Human Rights System's Pandemic Actions"

Author: Christopher Campbell-Duruflé

- "Intellectual Property, Access to Medicines and Regionalism"

Author: Olasupo Owoeye

ADEQUATE PREPAREDNESS AND RESPONSE TO FUTURE PANDEMICS THROUGH THE CREATION OF A REGIONAL FRAMEWORK FOR HEALTH GOVERNANCE WITHIN THE INTER-AMERICAN HUMAN RIGHTS SYSTEM – AGENDA FOR FUTURE RESEARCH: AN INTRODUCTION*

Uchechukwu Ngwaba** and Carlos Bernal**

I. BACKGROUND AND OBJECTIVES

The SARS-CoV-2 ("Covid-19") pandemic, which first emerged in Wuhan, China, in late 2019, exposed gaps and failures in national, regional, and global health governance frameworks.¹ The pandemic overwhelmed global political deliberations, claimed lives, endangered public health, ravaged livelihoods, and eroded social cohesion on every continent, in every country. Within the Inter-American Human Rights System ("IAHRS"), the pandemic made glaring the need for a clear framework for the mobilization of member states who must act in solidarity in public health emergency prevention, preparedness, and response. This framework is suggested as the best way to address a transnational human rights problem with regional measures. Yet, the lessons of the pandemic may be lost without strengthening existing institutional frameworks for collective action in the Inter-American System ("IAS"), imagining and creating new governance and legal frameworks for cooperation and coordination in future pandemic prevention, preparedness, and response.

At the onset of the pandemic, significant disparities in the capacities of national health systems of member states of the IAHRS to respond to the pandemic became evident.² For instance, there were disparities at the regional level in the roll out of Covid-19 vaccines, where, as of July 2021, North American countries had a vaccination schedule with approximately 49.3% coverage.³ By contrast, in Latin America and the Caribbean the rate was

* Assistant Professor, Lincoln Alexander School of Law, Toronto Metropolitan University (University).

** Professor of Law, University of Dayton Ohio and Co-Director of the Inter-American Human Rights Center at the University of Dayton.

This project was funded by the Social Sciences and Humanities Research Council of Canada through the 2022 Explore Grant Awarded to the authors.

1. Morley P. Bevan et al., "Unprecedented Origins of the SARS-CoV-2 Subsequent to Uniquely Responsible for the COVID-19 Pandemic (2020) 1 Nature Microbiology 1408, 1408.

2. Anne Corbett et al., *Just Societies: A New Vision for Health Equity in the American After-COVID-19*, 44 PERS. AMERICAN J. OF PUBLIC HEALTH 1611-1612 (2020).

3. *Id.*

KEY ACTIVITIES AND MILESTONES

18

December
2023

Interviewing Research Intern Candidates

Activity: Six candidates interviewed for Research Intern roles funded by Newcomer Women's Services Toronto.



8

January
2024

Appointment of JD Students Alyssa Shi & Grace Lowe as Project RAs

Activity: Two Lincoln Alexander School of Law JD Students were appointed under Professor Uchechukwu Ngwaba's TMU Start-UP Grant as Project RAs from January - April 2024.

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January
2024

Hiring of Research Interns

Activity: Successful hiring of three Research Interns: Aisha Khalid Khan, Figen Gunduzer, and Samar Al Khatib.



KEY ACTIVITIES AND MILESTONES

26

March
2024

**RHG Approach Concept
Note Finalized**

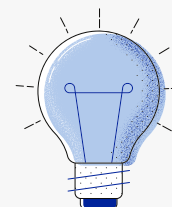
Activity: Release of a Concept Note clarifying the Regional Health Governance Study Agenda

The Concept Note clarified the priorities for designing a regional health governance approach in the Americas, emphasizing human-rights-based frameworks and regional cooperation for pandemic preparedness.

Questions from 2022 Pilot Study:

The pilot study raised four critical topics to guide future research:

1. The suitability of the IAHRs for pandemic governance.
2. How the IAS can catalyze regional cooperation for pandemic preparedness.
3. Optimal institutional placement and funding for a regional framework (e.g., PAHO, IAHRs, or a new body).
4. Opportunities for institutionalizing coordination during health emergencies within the IAS.



Aims of the 2024 Symposium:

The planned 2024 Symposium seeks to broaden the scope of inquiry beyond legal dimensions by:

- Bringing together a multidisciplinary team of scholars.
- Identifying shared priorities for designing an equitable pandemic management system for the Americas.
- Using facilitative and consultative methods to develop a comprehensive research agenda.

Objectives:

The Symposium aims to:

- ☒ Define essential pillars for equitable pandemic management.
- ☒ Explore the role of human rights in pandemic governance.
- ☒ Assess the role of regional institutions in health governance.
- ☒ Differentiate regional, national, and international approaches.
- ☒ Establish parameters for designing and evaluating human rights instruments.
- ☒ Foster collaboration among scholars through multidisciplinary research clusters.
- ☒ Create a steering committee to guide ongoing research.
- ☒ Identify gaps and missing perspectives for inclusion in the research agenda.
- ☒ Decide on a suitable output for the workshop (e.g., publications, reports etc).

RESEARCH SYMPOSIUM 2024 - FUNDING

The success of the 2024 Research Symposium on “**Designing a Regional Health Governance Approach for Equitable Pandemic Management in the Inter-American System**” was made possible through the generous support of a number of institutions backing collaborators. Their contributions enabled the research team to engage in critical interdisciplinary discussions on pandemic governance, human rights, and global health equity.

Funding Partners:

The logo for Toronto Metropolitan University, featuring the university's name in white text on a blue rectangular background, with a yellow vertical bar to its right.

**Toronto
Metropolitan
University**

- **TMU Start-Up Grant** – Awarded to Dr. Uchechukwu Ngwaba, supporting research initiatives within the Lincoln Alexander School of Law at Toronto Metropolitan University.
- **Lincoln Alexander School of Law Internal Grant** – Providing essential financial support for hosting the organizing and hosting the symposium at the Lincoln Alexander School of Law premises.

The logo for York University, featuring the word "YORK" in a large serif font, "UNIVERSITÉ" and "UNIVERSITY" in smaller sans-serif fonts below it, and a red stylized "U" to the right.

YORK
UNIVERSITÉ
UNIVERSITY

- **School of Global Health, York University Grant** – Facilitated by Professor A.M. Viens, supported the planning and hosting of the Symposium at TMU.



9

April
2024

Finalized Symposium Agenda

Activity: Completion of the final Symposium Agenda.

Panelists (In-person): Uchechukwu Ngwaba, A.M. Viens, Carlos Bernal, Jake Effoduh, Oghenowede Eyawo, Lisa Forman, Roojin Habibi, Mathieu Poirier, Karline Wilson-Mitchell, Sarah Fixon-Owoo, Michelle Amri, Innocent Ntaganira

Virtual: Matiangai Sirleaf



Location:
380 Victoria St,
Room 457,
Toronto, ON
M5B 1W7



Day 1: April 29, 2024

Time	Activity
9:00 - 10:00 a.m.	Check-in & Breakfast
10:00 - 10:30 a.m.	Opening Remarks & Land Acknowledgement: Uchechukwu Ngwaba
10:30 - 11:15 a.m.	Keynote 1: "The Inter-American Commission on Human Rights and equitable pandemic management". Presented by: Carlos Bernal
11:15 - 11:25 a.m.	Tea Break
11:25 a.m. - 1:05 p.m.	Discussion Panel 1: Theme – "The essential pillars for designing an equitable pandemic management system in a regional context like the Inter-American system". Panelists: A.M. Viens, Karline Wilson-Mitchell, Michelle Amri, Oghenowede Eyawo.
1:05 - 2:00 p.m.	Lunch Break
2:00 - 3:00 p.m.	Discussion Panel 2: Theme 2 – "The role of human-rights based approach in pandemic management". Panelists: Lisa Forman, Sarah Fixon-Owoo
3:00 - 3:10 p.m.	Afternoon Tea Break
3:10 - 4:00 p.m.	Discussion Panel 3: Theme 3 – "The role of human-rights institutions in pandemic management". Panelists: Roojin Habibi, Uchechukwu Ngwaba
5:00 - 7:00 p.m.	Collaborators/RAs/Volunteers Dinner, venue TBA

Day 2: April 30, 2024

Time	Activity
9:00 - 10:00 a.m.	Check-in & Breakfast
10:00 - 10:10 a.m.	Opening Remarks & Land Acknowledgement: A.M. Viens
10:10 - 11:10 a.m.	Discussion Panel 4: Theme – "The role and/or promise of regional institutions in pandemic management". Panelists: Innocent Ntaganira, A. M. Viens, Uchechukwu Ngwaba, Carlos Bernal
11:10 - 11:20 a.m.	Tea Break
11:20 a.m. - 12:00 p.m.	Keynote "Differentiating regional frameworks for equitable pandemic management from international and national frameworks". Presented by: Uchechukwu Ngwaba
12:00 - 12:10 p.m.	Short Break
12:10 - 1:00 p.m.	Discussion Panel 5: Theme 5 – "Designing, implementing and/or evaluating human rights instruments for effective health governance during pandemics". Panelists: Mathieu Poirier, Jake Effoduh
1:00 - 2:00 p.m.	Lunch Break
2:00 - 4:00 p.m.	Plenary Discussion "Defining an Agenda for Future Research". All collaborators



RESEARCH SYMPOSIUM 2024 - HIGHLIGHTS:

29

April
2024

Two-Day Symposium

From April 29th to 30th 2024, the RHGS hosted a two-day symposium, focusing on the imperative of creating an equitable pandemic management system within the Inter-American System. The event opened with a keynote address by **Professor Carlos Bernal**.

Panelist: Professor Uchechukwu Ngwaba

Institution:

Toronto Metropolitan University

Expertise:

Public health, international human rights law, and health governance frameworks

Contribution:

Provided insights on legal and policy-oriented approaches to equitable health systems.



Professor Ngwaba's opening remarks highlighted the colonial foundations of global health and the need for an actionable approach to dismantle these structures.

Key takeaways from Professor Ngwaba's opening remarks:



The symposium aims to develop a collaborative and inclusive vision for decolonizing global health, ensuring equitable outcomes.



A critical output of the event will be a **research policy brief**, synthesizing insights from presentations, discussions, and audience interventions, to guide future research and policy-making.



Plans to engage with diverse voices from the Americas, including scholars from Central America, South America, and the Caribbean, to enrich the discourse and build a more equitable research community.



The setup of a **Regional Health Governance Study** website to house critical scholarship and resources generated during the symposium.



A roadmap for subsequent interdisciplinary symposia, with the next event proposed for August and a multi-year research initiative planned for 2025.

The symposium brought together a diverse group of experts, stakeholders, and audience members, fostering an environment of openness, collaboration, and critical inquiry.

DAY 1: APRIL 29, 2024

Panel #1: The Essential Pillars for Designing an Equitable Pandemic Management System in a Regional Context like the Inter-American System

This discussion brought together experts to delve into the foundational elements required for an effective and fair pandemic response. Prof Viens opened the panel by highlighting the necessity of collaboration across various sectors, the importance of building trust with health organizations, and the pivotal role of equity in ensuring inclusive and comprehensive pandemic management.

Panelist: Professor A.M. Viens

Institution:

York University

Expertise:

Global health ethics and law

Contribution:

Explored how legal epidemiology and philosophical analysis inform global health governance.



KEY PILLARS FOR DESIGNING AN EQUITABLE PANDEMIC MANAGEMENT SYSTEM:

Collaboration Across Sectors

A pandemic management system must integrate various sectors such as health, legal, and human rights. While health organizations will primarily drive the system, there is a need for a coordinated effort involving environmental, animal, and public health sectors.

Efforts should focus on mitigating fragmentation and siloed approaches in pandemic management, ensuring that collaboration occurs across all levels.

Building Trust with Regional Health Organizations

Successful collaboration with regional and national health agencies depends on mutual trust and clear, tangible benefits. Health organizations often lack clarity on how human rights frameworks can enhance pandemic management, so it is important to demonstrate how human rights can strengthen health systems and improve response strategies.

Understanding and Implementing Equity

Equity must be a central consideration in pandemic management. While many health organizations commit to equity, the challenge lies in implementing these principles effectively. There is a need for clear definitions of equity, particularly in relation to vulnerable populations and access to health services.

The role of equity in fostering solidarity and ensuring that pandemic management systems promote fairness and inclusivity is crucial.



The challenge lies in turning equity from commitment into action.

– Prof A.M. Viens



DAY 1: APRIL 29, 2024

OPERATIONALIZING EQUITY

Clarifying Equity in Health Systems

Equity can be approached from various angles, such as ensuring equal access to clinical interventions, addressing social determinants of health, or tackling inequities in public health responses.

The challenge is operationalizing equity and ensuring that specific outcomes are achieved, such as equitable vaccine distribution and resource sharing.

Fostering Regional Solidarity

A regional approach to pandemic management emphasizes solidarity among countries within a region. Understanding what makes health regional and how regional cooperation can shape pandemic responses is key to creating an effective system.

The pandemic has shown that both national and international responses often lack the necessary solidarity, and building this into regional strategies is essential.



Conclusion

The design of an equitable pandemic management system requires careful attention to collaboration, equity, and solidarity. By engaging regional health organizations, ensuring clear definitions and operationalization of equity, and fostering trust, a more inclusive and effective system can be developed. The complexity of pandemic management demands interdisciplinary solutions that go beyond traditional health approaches to include human rights and social considerations.

DAY 1: APRIL 29, 2024

Following Professor Viens' remarks, Professor Karline Wilson-Mitchell joined the discussion, bringing attention to critical lessons learned from the pandemic response and the gaps that need addressing.

Panelist: Professor Karline Wilson-Mitchell

Institution:

Toronto Metropolitan University

Expertise:

Midwifery and maternal health among marginalized groups

Contribution:

Focused on the impacts of pandemics on perinatal outcomes



Pandemic Lessons and Gaps

The global pandemic highlighted significant gaps in healthcare, particularly in how midwives and other professionals were utilized. These lessons are crucial in shaping how we manage future crises. During the pandemic, many people, particularly from equity-deserving groups, fell through the cracks due to systemic failures.

Importance of Research Funding

Federal and provincial funding for theoretical research is vital. Research in healthcare needs to be continuous, as it lays the groundwork for quick responses during pandemics. Preemptive strategies based on solid evidence, including forecasts and predictions, are essential for effective pandemic management.

Addressing Equity

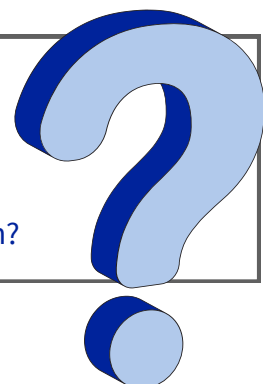
Equity, especially racial and population health disparities, should be a top priority in healthcare systems. During the pandemic, marginalized groups, such as those in multi-generational households and individuals facing mental health or substance use issues, faced the worst outcomes. Yet, the system failed to respond effectively to these disparities, which were visible in race-based data on COVID-19 morbidity and mortality.

Syndemic and Its Impact

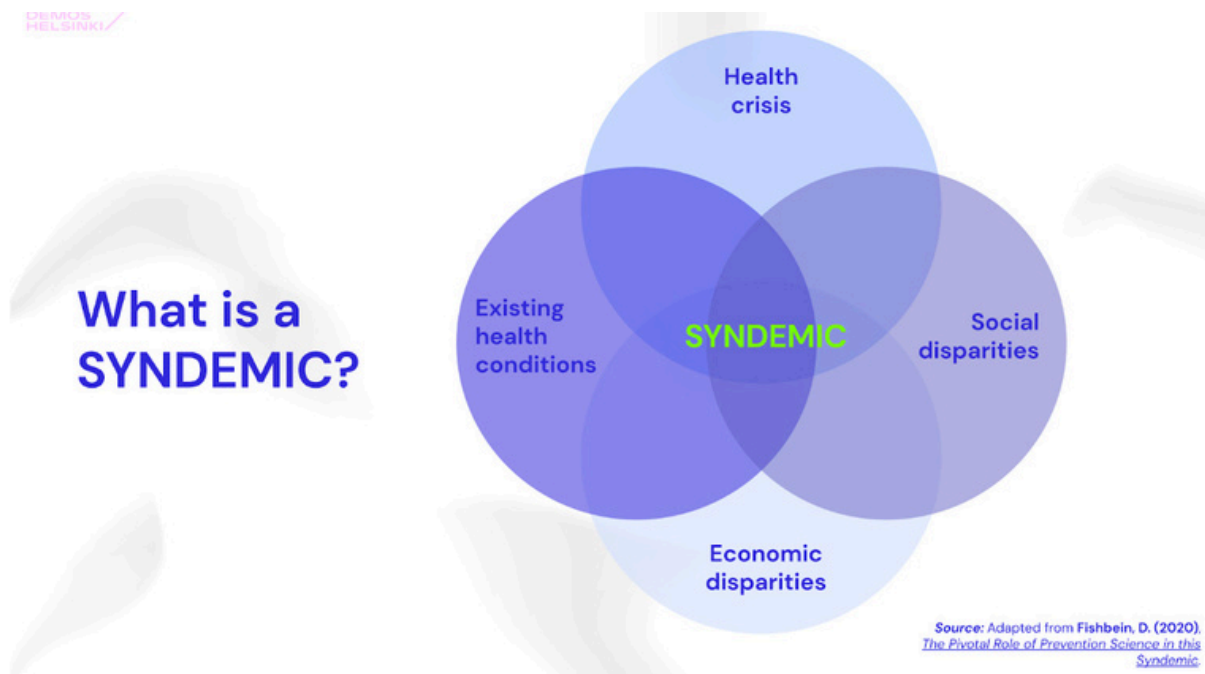
A syndemic occurs when multiple epidemics or health crises overlap. The COVID-19 pandemic was not just a single event but a confluence of various health issues, particularly for underrepresented groups. This demonstrates the need for comprehensive, multi-disciplinary approaches to address complex health needs.

Key Questions for Improvement

1. How can we do better next time?
2. What knowledge and lessons from past pandemics can we apply?
3. How can we persuade policymakers to prioritize funding for research?



DAY 1: APRIL 29, 2024



Health Workforce and Regulation

Creative deployment of frontline healthcare workers, especially in telehealth and other essential roles, is crucial. Outdated job descriptions and silos in healthcare need to be addressed. For example, midwives were underutilized despite being able to contribute significantly to pandemic management.



Collaboration and Innovation

The pandemic showed the importance of collaboration across sectors and institutions. Creative solutions, such as the use of 3D printing for PPE, were essential in filling gaps. Furthermore, we need stronger collaborations between universities, researchers, and students to develop innovative ideas and solutions for future crises.

Conclusion

Looking ahead, we must ensure better preparedness by addressing gaps in healthcare regulation and the allocation of resources. Research, equity, and innovative workforce deployment are key to preventing future healthcare failures.

DAY 1: APRIL 29, 2024

Continuing the discussion, Dr. Michelle Amri addressed the critical role of global health and equity within pandemic management systems. She highlighted the historical context of global health, its evolution from colonial influences, and the ongoing need to rectify power imbalances.

Panelist: Professor Michelle Amri

Institution:

University of British Columbia

Expertise:

Equity in public policy

Contribution:

Explored how equity is integrated into policymaking during pandemics



GLOBAL HEALTH AND EQUITY

Global health has evolved from its colonial origins in tropical medicine to a broader focus on health equity. It addresses issues transcending national boundaries but often reflects a power imbalance, with ideas and resources predominantly flowing from the Global North to the Global South. Equity, central to global health, is a political concept requiring a commitment to social justice. However, definitions and approaches to health equity remain inconsistent globally.



Decolonizing Global Health

Decolonizing global health requires addressing the power and resource imbalances rooted in colonialism. This can involve a radical shift, dismantling existing global health structures, or incremental anti-colonial measures, such as reframing deficit-focused narratives and addressing systemic causes of inequities. Achieving equity demands power redistribution and genuine collaboration.

Practical Frameworks for Equity

The Canadian Coalition for Global Health Research Principles for Global Health Research guide ethical and equitable global health practices through values like humility, authentic partnerships, and shared benefits. Research on the influence of international organizations on national health policies, such as in the Philippines, seek to strengthen national agency and ensure that health agendas are country-driven. This aligns with efforts to decolonize global health by addressing systemic inequalities and fostering equitable governance. The presentation highlighted the need to critically examine global health systems and prioritize equitable governance in pandemic management frameworks.

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To truly decolonize global health, we must ask: Who holds the power to define progress, and are they willing to let others lead?



– Dr. Michelle Amri

Conclusion

Global health has shifted from colonial roots to a focus on health equity, addressing unjust and avoidable disparities. Achieving equity requires systemic reforms, including decolonization to address power imbalances and foster inclusive, equitable partnerships. Ethical global health practices emphasize humility, collaboration, and shared benefits, while governance must shift to inclusive, country-driven models to dismantle structural barriers.



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Concluding the panel discussion, Professor Oghenowede Eyawo focused on the foundational elements necessary for an equitable pandemic response. He underscored the importance of robust surveillance systems, effective data sharing, and capacity building in resource-limited regions.

Panelist: Professor Oghenowede Eyawo

Institution:

York University

Expertise:

Precision-based global health and epidemiology

Contribution:

Analyzed patterns of health inequities among vulnerable populations.



PANDEMIC PREPAREDNESS: KEY PILLARS FOR AN EQUITABLE RESPONSE

Surveillance

Effective pandemic preparedness starts with robust surveillance systems to monitor diseases, analyze trends, and enable responsive policymaking. Organizations like PAHO play a crucial role in supporting regions with limited resources, ensuring diseases are detected and addressed promptly.

Data Sharing

Establishing a unified framework for data collection, sharing, and analysis is vital for regional coordination. Standardized case definitions and laboratory protocols ensure equitable participation and accurate information exchange across countries.

Capacity Building

Disparities in healthcare resources necessitate focused capacity-building efforts. Training programs and task-shifting enable healthcare workers in resource-limited settings to enhance data management and improve pandemic responses.

Legal and Regulatory Alignment

Harmonized legal frameworks for data sharing and health interventions simplify cross-border collaboration. Establishing shared agreements ensures timely and secure information flow during crises.



Equity in pandemic management demands that we critically examine **how to uplift countries with fewer resources to ensure collective regional success.**

– Professor Oghenowede Eyawo



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Consistent Public Health Measures

Uniform public health policies across countries minimize inefficiencies during pandemics. Coordinated strategies in areas like travel restrictions and lockdowns enhance collective response effectiveness.

Regional Collaboration

Inclusive participation of all countries in a region fosters equitable and resilient health systems. Regional cooperation ensures diverse perspectives are addressed, strengthening collective pandemic preparedness.



Conclusion

Pandemic preparedness requires a comprehensive approach built on six pillars: surveillance, data sharing, capacity building, legal harmonization, uniform public health measures, and inclusive collaboration. By addressing disparities and fostering cooperation, countries can create an equitable and resilient health system. These measures not only prepare regions for future health crises but also strengthen global health security as a whole.

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Panel #2: The role of human-rights based approach in pandemic management

Opening the second discussion panel Professor Lisa Forman delved into the critical interplay between international health regulations and human rights.

Panelist: Professor Lisa Forman

Institution:

University of Toronto

Expertise:

Human rights and global health law

Contribution:

Addressed how international law can mitigate health inequities



THE ROLE OF INTERNATIONAL HEALTH REGULATIONS (IHR)

The International Health Regulations (IHR), established as the primary international legal framework to govern state responses to pandemics, aim to ensure that states respond to infectious disease threats appropriately to the risk posed. These regulations were initially focused on managing the spread of infectious diseases without fully considering human rights.

In 2005, the IHR underwent significant reform to extend their scope to all risks related to public health emergencies, not just specific diseases. However, the regulations remained inadequate in addressing human rights concerns during pandemics, particularly when it comes to balancing public health measures with individual rights.

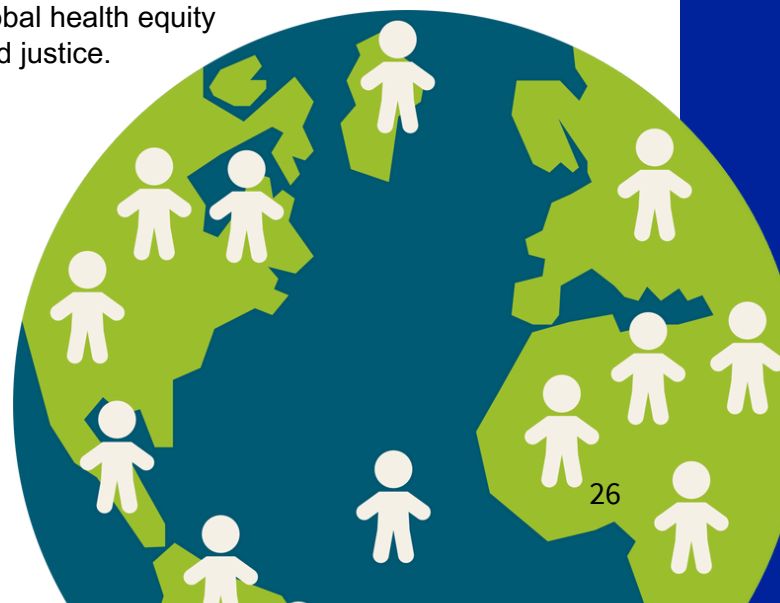
Human Rights and Pandemics

International human rights law imposes binding legal duties on states to protect the health rights of individuals, especially during public health crises. These duties include ensuring that any restrictions on rights for public health purposes are necessary, proportional, evidence-based, time-bound, and non-arbitrary.

Despite these obligations, the COVID-19 pandemic revealed widespread violations of human rights, which were often exacerbated by the insufficient protection offered by the IHR.

Fragmentation of International Law

A key theme in the analysis is the fragmentation of international law. Different legal regimes—ranging from humanitarian law to trade law to health law—often operate in isolation, without coordinated efforts to address overlapping concerns. This fragmentation has led to a lack of coherence in global health governance. Global health law, as a category, attempts to integrate these different domains, with human rights law seen as a unifying element to ensure global health equity and justice.



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Reforming the IHR: Gaps and Challenges

Although the 2005 reforms to the IHR introduced provisions referencing human rights, such as requiring states to implement health measures with full respect for dignity and human rights, these provisions remain vague and incomplete. While the IHR acknowledged the importance of civil and political rights, they neglected broader economic, social, and cultural rights, including the right to health.

The COVID-19 pandemic underscored these gaps. The response, including restrictions like lockdowns, disproportionately impacted vulnerable populations and violated the rights of many individuals, especially marginalized groups. The IHR did not adequately address these concerns, and the pandemic exposed the deficiencies in the current system.

The Limitations of the IHR During COVID-19

The COVID-19 pandemic revealed several critical issues with the IHR's response to global health emergencies. A study conducted in the first year of the pandemic revealed that over 60% of countries implemented measures that were disproportionate, illegal, or unnecessary relative to the health threat posed by COVID-19. These measures included restrictions that disproportionately affected vulnerable groups, such as the elderly, immune-compromised individuals, and racialized or Indigenous communities. Furthermore, governments abused surveillance technologies and criminal laws to enforce compliance, resulting in gross human rights violations (Filip, R., et. al., (2022). Global Challenges to Public Health Care Systems during the COVID-19 Pandemic: A Review of Pandemic Measures and Problems. *Journal of personalized medicine*, 12(8), 1295).

One of the most egregious violations was the disparity in global access to COVID-19 vaccines, which disproportionately affected low-income countries and marginalized communities.



Conclusion:

In conclusion, international health law, particularly the IHR, must be reformed to integrate a stronger human rights framework. While the IHR includes some references to human rights, these are insufficient and fail to address the full scope of rights affected by pandemics. To ensure a more equitable response to future health crises, there needs to be greater coherence between global health law and human rights law. By prioritizing human rights in the development and implementation of international health regulations, the global community can better safeguard the health and dignity of all people, especially during pandemics.

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Following Professor Lisa Forman, Sarah Fixon contributed to the discussion by highlighting the dual challenges of managing public health emergencies while safeguarding human rights during the COVID-19 pandemic.

Panelist: Sarah Fixon

Institution:

UMass Chan Medical School, USA

Expertise:

Nursing education and policy implementation

Contribution:

Addressed patient care and policy's role in pandemic responses.



As Lawrence Gostin from the O'Neill Institute for National and Global Health Law stated:

To achieve public health, we need human rights, and to protect human rights, we need public health.

The COVID-19 pandemic highlighted a dual crisis: a global health emergency and a human rights emergency. Governments faced the challenge of balancing public health measures with safeguarding freedoms and proportionality.

Key Human Rights Concerns During COVID-19

1. Freedom-Restricting Measures

Lockdowns were widely implemented, yet often lacked evidence and violated proportionality principles, such as time limitations and fairness under the Siracusa Principles.

2. Privacy Risks from Digital Technologies

Contact tracing and data collection by companies like Apple and Google raised questions about data security, access, and usage.

3. Pharmaceutical Accountability

An analysis of 26 pharmaceutical companies revealed significant human rights shortcomings, including limited transparency, inequitable vaccine distribution, and refusal to share critical patents (e.g., mRNA vaccines by Pfizer and Moderna).



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Recommendations:



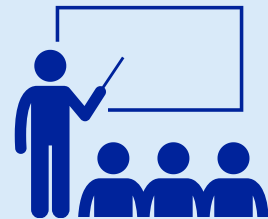
Integrated Legal Framework

Develop a collaborative legal framework involving policymakers, human rights advocates, and community input to address privacy, access to healthcare, and socio-economic disparities during pandemics.



Independent Oversight Body

Establish a publicly funded, impartial human rights body to provide legal counsel, monitor government actions, and address violations during crises.



Education and Awareness

Incorporate human rights education into middle school through college curricula, empowering individuals to recognize and address rights violations during emergencies.

Conclusion

Balancing pandemic containment with human rights is essential. Evidence-based practices and equitable legal frameworks must be implemented, tested through drills, and adapted proactively.



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Panel #3: The role of human-rights institutions in pandemic management

Leading the discussion on the role of human-rights institutions in pandemic management, Professor Roojin Habibi provided critical insights into how various institutions have addressed human rights during health crises.

Panelist: Professor Roojin Habibi

Institution:

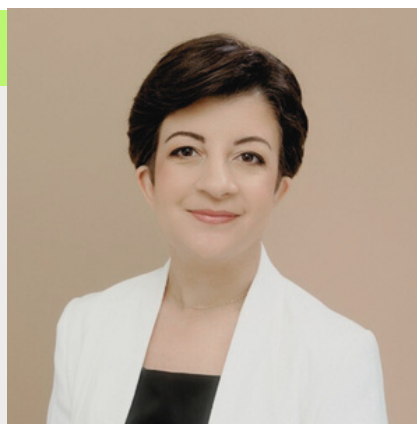
University of Ottawa

Expertise:

Global health law and human rights

Contribution:

Examined normative change in health law during pandemics.



Human Rights Institutions in Pandemic Management

Pandemic management saw an array of institutions, many without a mandate to protect human rights, advocating for human rights during the crisis. The connection between health and human rights became clear, especially after HIV, but the application on the ground has been inconsistent.

Key Institutions in Regional Health Governance

Prof Habibi stressed the importance of a regional health governance approach that involves institutions at various governance levels. She outlines the need to include the WHO and national human rights institutions in pandemic management.



National institutions have been overlooked despite their crucial role in promoting accountability for human rights violations. The integration of both formal global institutions and on-the-ground, community-driven efforts is essential.

The Role of the World Health Organization (WHO)

The WHO Constitution recognizes the right to health, which was established before the Universal Declaration of Human Rights. The IHR, one of the oldest international agreements, mandates member states to comply with health regulations, including respect for human rights. The IHR, however, has limitations, including implementation failures and a normative gap, which hinder its ability to effectively integrate health and human rights.

Implementation Failures of the IHR

The IHR faces significant compliance issues, especially regarding national public health capacities and state obligations during crises. The WHO prefers diplomatic, rather than hard-line, approaches to noncompliance. Additionally, the IHR lacks effective accountability mechanisms, reducing its ability to enforce human rights obligations during public health emergencies.

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National Human Rights Institutions (NHRIs)

National human rights institutions are more agile and adaptable than global institutions. They can respond to local situations and work directly with civil society to promote human rights. By integrating these institutions into the governance approach, insights and feedback from the ground can be incorporated, enhancing overall effectiveness.



Normative Gaps in the IHR

The IHR does not address critical human rights issues such as access to medicines and vaccines, the right to benefit from scientific progress, and the obligation for states to consult citizens before enacting public health measures. These gaps highlight the need for additional frameworks that can better address human rights during public health crises.

Consensus-Based Norms for Human Rights in Public Health Crises

Prof Habibi proposes developing consensus-based norms, similar to the Siracusa Principles, which, while not legally binding, have proven effective over time. This approach allows experts and civil society to collaborate on principles that can guide human rights and public health responses.

The Siracusa Principles 2.0, developed through a three-year project with the International Commission of Jurists, was launched at the WHO's 76th World Health Assembly.

Conclusion

Prof Habibi concludes by introducing a video on the project for the Siracusa Principles 2.0, which provides further insights into the development of human rights principles in public health crises.



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Professor Uchechukwu Ngwaba continued the discussion on the role of human rights institutions in pandemic management, emphasizing the need for a comprehensive governance approach.

THE ROLE OF HUMAN RIGHTS IN PANDEMIC MANAGEMENT

The current global health crisis necessitates a reevaluation of existing frameworks and strategies for managing pandemics. A critical question arises:

“Are the frameworks in place sufficient, or do they require reinvention?”

– Professor Uchechukwu Ngwaba

The Role of Human Rights Institutions

Human rights institutions are essential in enforcing and operationalizing rights, ensuring that abstract norms are given practical meaning. Instruments such as the International Covenant on Economic, Social, and Cultural Rights articulate human rights, but their real-world applicability relies on institutions that interpret and apply these rights effectively.

- The Committee on Economic, Social, and Cultural Rights (CESCR) plays a central role in interpreting the provisions of the International Covenant, such as the right to health. Without CESCR and similar bodies, human rights norms would remain contested and ineffective.

Governance Approach to Human Rights Enforcement

Human rights enforcement requires more than just normative development; it demands a governance perspective. The effectiveness of human rights institutions depends on their capacity to interpret, enforce, and operationalize norms. While strong institutions breathe life into rights, weak institutions undermine their impact.



Three Key Dimensions of Human Rights Institutions:

Normative Instruments: Frameworks that recognize rights provide the foundational starting point for evaluation.

Institutions: Bodies like CESCR that interpret and monitor compliance with human rights norms.

Mechanisms: Specific actions or tools that institutions use to operationalize human rights norms.



These three dimensions—norms, institutions, and mechanisms—are essential for the protection and promotion of human rights. **Strong institutions and effective mechanisms are critical for ensuring that human rights are meaningfully protected.**

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The Role of the Inter-American Commission on Human Rights

The Inter-American Commission on Human Rights provides an example of an institution that operationalizes human rights treaties within the Americas. It utilizes mechanisms such as special rapporteurs, a reporting system, and petitions to monitor and enforce human rights standards, ensuring their practical application across diverse contexts.

The Importance of Strong Institutions

Human rights protection relies on both strong norms and institutions. Weak institutions can render even robust norms ineffective, making enforcement critical in pandemic governance.

Why the Regional Context?

In the context of pandemic management, the decision to explore a regional approach rather than a purely global one arises from the recognition that the WHO alone is insufficient to address all challenges. While the WHO is an important global health institution, its limitations suggest that a regional approach may offer a more effective solution in certain situations.

- **Limitations of the WHO:** The WHO has faced challenges in maintaining a focus on equity and human rights, with its priorities shifting over time. Initially seen as a strong advocate for health rights, the WHO became more technical in its approach as political and institutional challenges arose.

Institutional Challenges of the WHO

The WHO faces significant institutional, programmatic, and political challenges that hinder its ability to lead global health governance effectively.

- **Institutional:**

The WHO's constitution limits its power, restricting it to advisory support, hindering effective responses.

- **Programmatic:**

A shift from equity and human rights to technical frameworks like the Millennium Development Goals and Sustainable Development Goals weakened its focus on these issues.

- **Political:**

Political tensions, particularly during the COVID-19 pandemic, undermined its effectiveness.

Critique of Global Health Security

The concept of global health security, particularly as framed during the COVID-19 pandemic, has been criticized for prioritizing the protection of wealthier populations rather than focusing on the health of the global population.

- **Colonial Roots of Global Health:** Global health initiatives, especially the WHO's efforts, have often reflected colonial undertones, with a focus on protecting wealthier nations from diseases originating in the Global South.



Conclusion: Rethinking Health Governance

A stronger regional approach and critical reevaluation of global health governance is necessary for ensuring equitable health outcomes in future pandemics, focusing on human rights and institutional strength.

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Panel #4: The role and/or promise of regional institutions in pandemic management



This panel explored the potential and challenges of regional institutions in addressing pandemic management. It brought together insights from distinguished panelists: Innocent Ntaganira, A.M. Viens, Uchechukwu Ngwaba, Carlos Bernal.

The discussion centered on how regional frameworks can complement global health efforts, strengthen institutional resilience, and address context-specific challenges during pandemics.

Panelist: Professor Carlos Bernal

Institution:

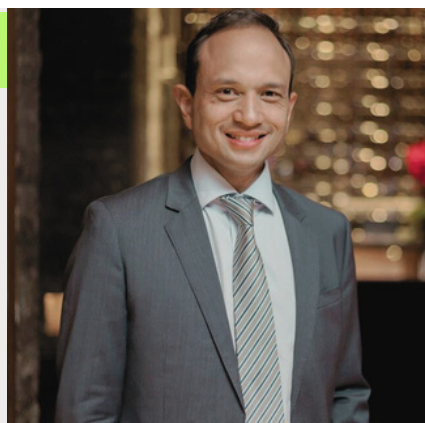
University of Dayton, Ohio, USA

Expertise:

Constitutional rights and legal theory

Contribution:

Discussed the interpretation of rights in pandemic-related constitutional changes.



Professor Carlos Bernal opened the discussion by highlighting the significance of adopting a regional approach, contrasting it with universal and country-by-country strategies.

Why Regional Approaches Are Promising

Solidarity and Local Relevance

- Universal approaches often lack solidarity, which is more tangible within regional contexts.
- Regional solidarity strengthens awareness and action, as seen in successful examples like the European Union.

Interconnected Challenges Require Cooperation

- Diseases transcend borders, especially with globalization and increased travel.
- Regional solutions address shared challenges more effectively than isolated national efforts.

Advantages of Existing Regional Institutions

Utilizing Current Frameworks

- Existing institutions, such as the Inter-American Human Rights System, can be leveraged instead of creating new ones.
- Tools like technical assistance and capacity building can address disparities in health governance across regions.

Resource Mobilization

- Institutions like the Inter-American Commission raise funds efficiently, with significant contributions from donations and private funding.
- Strengthening existing structures for health governance offers a cost-effective solution.

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Subregional Strategies and Cooperation

Defined Subregions

- North America, Central America (SICA), South America, and the Caribbean have shared systems and institutions.
- Tailored subregional strategies can address specific challenges and leverage commonalities.

Negotiation Power

- Collective regional action strengthens negotiation capacity. For example, Caribbean countries often vote as a bloc in the Organization of American States, influencing major decisions.
- Unified negotiation with corporations like Pfizer enhances bargaining power.

Role of Human Rights in Pandemic Management

Business and Human Rights

- Companies are increasingly held accountable for human rights violations, influencing their reputation and market success.
- New European laws require multinational corporations to monitor human rights compliance, creating opportunities to address neo-colonial practices.

Conclusion:

By leveraging existing institutions, fostering sub-regional cooperation, enhancing negotiation capacity, and aligning business practices with human rights, regional strategies can lead to more effective governance and solidarity across the Americas.



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Innocent Ntaganira shared insights from his career of over 30 years, spanning various levels of health governance, emphasizing his tenure as WHO's representative to the African Union (2014–2021). He highlighted the interconnectedness of health governance at local, sub-national, national, and regional levels, underscoring lessons learned from the African Union's approach to integrating health into political agendas.

Panelist: Innocent Ntaganira

Institution:

University of Ottawa

Expertise:

Global health diplomacy and epidemiology

Contribution:

Shared insights from WHO experience and health equity initiatives.



Integrating Health into Political Agendas

The African Union (AU) positions health at the center of its political framework, ensuring health-related issues are consistently addressed:

- **Health-Focused Structures:** Initially, health-related matters were managed by divisions addressing HIV/AIDS and health, nutrition, and population within the AU Commission. These were later elevated to a Directorate for Health in 2021.
- **Resolution Mechanisms:** Regular health resolutions provide a framework for member states to act and report progress. Visual progress indicators, like traffic light colors, motivate countries to improve their standing.

Mechanisms for High-Level Advocacy

Dr. Ntaganira elaborated on mechanisms established for effective advocacy and resource mobilization:

- **AIDS Watch Africa:** A statutory entity led by heads of state focuses on HIV/AIDS, malaria, and tuberculosis, with yearly reports to the AU Assembly.
- **Champion Appointments:** Heads of state champion specific health priorities. For example, South Africa's president acts as the COVID-19 champion, supported by a multidisciplinary ministerial team and special envoys.
- **Strategic Partnerships:** Collaborations with entities like the UN Economic Commission for Africa and private sector organizations facilitate domestic health funding and responses to pandemics.

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Decentralized Structures for Implementation

The AU's sub-regional organizations, such as regional economic communities (e.g., West Africa Regional Health Organization), play a critical role in implementing resolutions. These organizations bridge the gap between the AU's headquarters and member states, ensuring localized action.

Specialized Institutions for Health

The AU established dedicated agencies to address health challenges systematically:

- **Africa Center for Disease Control (Africa CDC):** Launched in 2017 after the Ebola outbreak, the Africa CDC supports public health institutions, strengthens laboratory capacities, and promotes vaccine production. It operates through five regional collaborating centers.
- **African Medicines Agency:** This newly established entity aims to harmonize medicine regulations and facilitate local production of safe and effective medical products.

Collaborative Efforts with WHO

The partnership between the AU and WHO is a structured collaboration based on a joint work plan. Key initiatives include:

Preparing African ministers of health for global forums.

Establishing institutions like Africa CDC and the African Medicines Agency

Capacity-building for national health systems

Conclusion

Dr. Ntaganira highlighted the importance of regional structures, high-level advocacy, specialized institutions, and strategic partnerships in addressing health challenges. He emphasized that the AU's experience offers practical lessons, particularly its focus on integrating health into political frameworks and leveraging decentralized and specialized mechanisms. These strategies can inspire other regions in enhancing their health governance systems.



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Uchechukwu Ngwaba's keynote, **"Differentiating Regional Frameworks for Equitable Pandemic Management from International and National Frameworks,"** explored the structure of global health governance.



“ **There are structures, there are laws, there are institutions, and there are mechanisms at the global, at the regional, and at the national level that can be deployed and utilized to mobilize action for advancing equitable pandemic management in the Inter-American system.** ”

– Professor Uchechukwu Ngwaba

Regional Systems: African and Inter-American Systems

The African human rights system is represented by the African Union (AU), and in the Inter-American system, the Inter-American Commission on Human Rights plays an essential role. Both systems have their particularities, but they share similarities in some aspects, such as the ability to file petitions and the monitoring of state compliance with obligations. The Inter-American Commission investigates human rights violations and, when necessary, refers cases to court.



Understanding Regional Frameworks

The regional system map on display shows the system that is most relevant to our discussion, which is the Inter-American system. This system allows citizens facing violations of their health rights by their governments to file petitions with Inter-American Commission. These petitions are reviewed by the Commission, which issues decisions. If these decisions are not implemented, the case may be referred to the court.

Accountability Systems and Rapporteurs

There is an accountability system similar to the global one, where states are required to submit reports on their implementation of human rights obligations. There is also a system of rapporteurs — independent experts who monitor the status of human rights in various areas, including economic and social rights. Rapporteurs conduct investigations and compile reports that help assess how states are fulfilling their obligations.

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Provisional and Urgent Measures

Provisional measures play a crucial role in the human rights system and can be taken in urgent cases to prevent further rights violations. The Inter-American Commission can take such measures against states, and its court can issue temporary measures when immediate actions are necessary to protect human rights.

Provisional and Urgent Measures

Provisional measures play a crucial role in the human rights system and can be taken in urgent cases to prevent further rights violations. The Inter-American Commission can take such measures against states, and its court can issue temporary measures when immediate actions are necessary to protect human rights.

Inter-American System and the African Union

The diagram presented shows the operation of the Inter-American system, which, although it is a multi-level structure, differs from the African Union system. In the African system, there are mechanisms for collective action, whereas in the Inter-American system, decisions typically concern only one specific state. This creates limitations on the influence over other countries within the region.

National Healthcare Governance Systems

At the national level, health rights are ensured through constitutions, policies, legislation, and the judiciary. Constitutions provide the fundamental framework for protecting citizens' rights, including the right to health. For example, in Canada, the right to health is not explicitly stated in the constitution but is regulated at the provincial level. In other countries like India and South Africa, courts play a key role in enforcing citizens' rights, including the right to health.

Examples of National Healthcare Systems

Different countries ensure the protection of health rights in various ways. For example, in Brazil, healthcare is distributed between federal and local authorities, but faces challenges due to judicial activism through health rights litigation. In South Africa, a robust legal framework for health rights has led to significant progress in access to medical services and medicines.

Legislative and Political Approaches to Health Rights

Legislative measures are crucial in protecting health rights, as they provide a more solid foundation for implementation than political declarations alone. Laws are binding, while political decisions are often recommendatory and may not always provide the necessary actions.



Conclusion: Mobilizing Healthcare Governance

In conclusion, it can be said that at the global, regional, and national levels, there are existing structures and mechanisms that can be used to promote equality in healthcare and the protection of human rights in health. It is important to continue developing and utilizing these mechanisms to improve healthcare, particularly in the face of pandemics and other health crisis.

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Panel #5: Designing, implementing and/or evaluating human rights instruments for effective health governance during pandemics

Professor Jake Okechukwu Effoduh discussed the complex relationship between AI, marginalized communities, and regulatory frameworks, focusing on the transformative yet challenging role AI plays in healthcare.

Panelist: Professor Jake Okechukwu Effoduh

Institution:

Toronto Metropolitan University

Expertise:

International law, human rights, and AI regulation

Contribution:

Highlighted the role of AI and technology in pandemic governance.



Human Rights and Health Governance

Effective governance in healthcare, especially during crises like pandemics, requires robust laws, institutions, and technologies. AI has emerged as a critical tool in this landscape, enhancing our ability to manage public health challenges.

Defining AI

AI is a broad term that encompasses machine learning and data processing technologies. It is often used for predictive analysis, diagnostics, and treatment in healthcare, offering powerful capabilities to manage vast amounts of information.

Challenges in Understanding AI

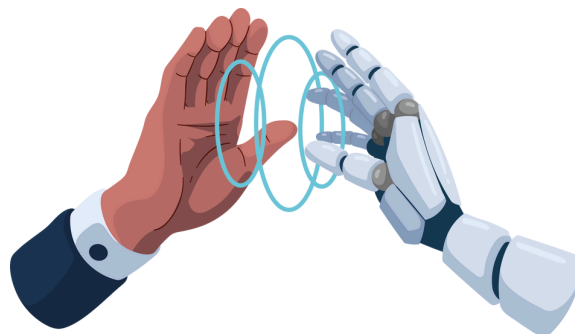
AI is frequently misunderstood and overhyped. Its definitions and applications are fluid, making it challenging to fully grasp. As technology evolves, so does the scope of what we consider AI.

The Debate Over AI's Intelligence

The term “intelligence” in AI sparks debate, especially in legal and philosophical contexts. Can non-biological entities truly be intelligent? This question underpins many discussions about AI's role and capabilities.

Changing Perceptions of AI

AI's standards and benchmarks have shifted over time. Technologies once seen as cutting-edge, like calculators, are now considered mundane. This evolution highlights how AI is a constantly moving target.



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AI in Context

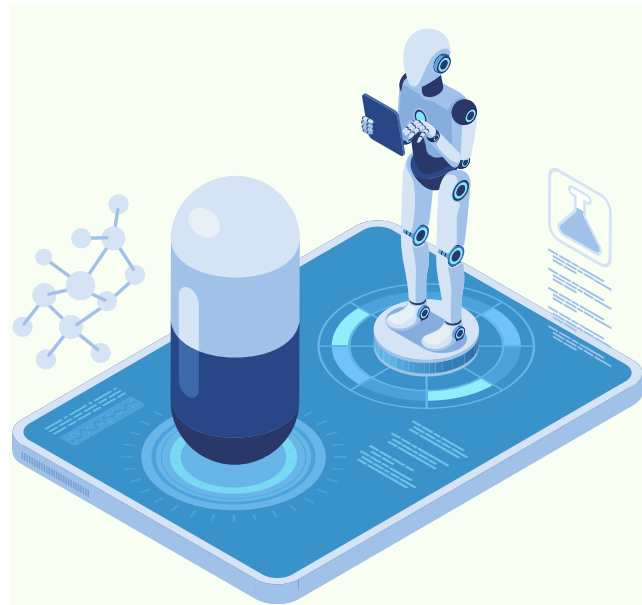
AI is not a standalone technology; it's a combination of various tools, languages, and cultural practices. Its application must be contextualized to ensure it is used effectively and ethically.

AI's Role in Healthcare

In healthcare, AI offers significant benefits but also poses risks. It's crucial to leverage AI's strengths while remaining aware of its limitations and potential pitfalls. This balanced approach ensures that AI serves as a beneficial tool rather than a harmful one.

AI as a Pandemic Metaphor

AI, much like a pandemic, transcends borders and spreads rapidly. It challenges existing governance structures and necessitates new regulatory approaches on both domestic and international levels.



Conclusion

In conclusion, the integration of AI into healthcare and other critical sectors offers immense potential but also raises significant challenges. As AI continues to evolve, it is crucial that we develop robust regulatory frameworks that balance innovation with ethical considerations.

AI's transformative power can drive advancements in healthcare, improve public health outcomes, and support marginalized communities, but only if implemented thoughtfully and inclusively. This requires collaborative effort from governments, organizations, and society at large to ensure AI is used responsibly and equitably.

Ultimately, the key to harnessing AI's potential lies in our ability to govern it effectively, ensuring it serves humanity's best interests while mitigating risks. By addressing these challenges head-on, we can unlock the full benefits of AI and create a future where technology and human rights coexist harmoniously.

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Next, Mathieu Poirier, Director of the Global Strategy Lab at York University, presented a report on the evaluation of international law and its impact on regional and global health aspects. Despite his background in social epidemiology, Mathieu collaborates closely with legal professionals, offering unique insights into the discussion.

Panelist: Professor Mathieu Poirier

Institution:

York University

Expertise:

Health equity and international health law

Contribution:

Discussed health equity metrics and socially determined inequities.



CONCEPTUALIZING INTERNATIONAL LAW

Mechanisms of Impact

International laws, policies, and norms can impact through various mechanisms: agenda setting, legal language, political pressure, social mobilization, trade pressures, and more. These impacts can reach national policies, subnational policies, cities, or individuals.

Challenges with Hard and Soft Law

The line between hard and soft law is often blurred. Even binding international law may fail to achieve its intended effects due to lack of enforcement, jurisdictional issues, or interpretive ambiguities.



Soft Law



Hard Law

REASONS FOR EVALUATING INTERNATIONAL LAW

Feasibility

Evaluating international laws is increasingly feasible with open access health and social data, such as global burden of disease data and policy mapping in areas like COVID-19 and HIV.

Unintended Consequences

There can be harmful unintended consequences of international laws. For example, studies on the UN Convention on the Rights of the Child have shown negative impacts like lower human rights ratings and increased child labor.

Potential for Improvement

Timely evaluation can inform the design, implementation, or enforcement of laws. This can lead to improvements through protocols, amendments, or actions by scientific review panels.

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STUDY ON REGIONAL HEALTH GOVERNANCE

Review of International Laws:

“**My colleagues and I conducted a systematic review, analyzing over 25,000 records and 224 studies to assess the quantifiable impacts of international treaties. The findings were concerning, especially regarding human rights agreements.**”

– Professor Mathieu Poirier

Findings

Treaties on international trade and finance consistently achieved their aims. However, human rights agreements often failed to show their intended impacts. Enforcement mechanisms emerged as a critical factor for effectiveness.

REGIONAL AGREEMENTS AND PANDEMIC MANAGEMENT

Evaluating Pandemic Management

Initial thoughts on evaluating equitable pandemic management include outcomes like global solidarity, prompt responses, and human rights concerns. These can be measured through metrics like incidence rates, inequality indicators, and access to health products.

Importance of Strong Enforcement Mechanisms

The systematic review highlighted the importance of strong enforcement mechanisms, which have been underutilized outside trade and finance treaties.



Conclusion: Call for Regional Leadership

The quantitative record of regional human rights treaties is troubling. However, there is potential for regional leadership to make significant progress, particularly through trade and finance measures.

DAY 2: APRIL 30, 2024

Plenary Discussion "Defining an Agenda for Future Research".

During the plenary discussion, key aspects of future research in regional health and pandemic management were addressed. The main conclusions were:



Goals and Approaches

Participants emphasized the need to derive actionable insights from the symposium for future research, including publications, policy recommendations, and expanding partnerships. It was important to start with mapping existing actors and networks in health and human rights to avoid duplication of efforts.



Grants and Funding

Various grant programs were discussed, including grants for developing partnerships and initial research (such as Partnership Engage Grants). The possibility of combining grants to secure significant funding and ensure sustainability was explored.



Long-Term Goals

Participants expressed the intention to create a globally recognized center for regional governance research and to use lessons from the pandemic to develop new models for managing and responding to future threats.



Inclusivity and Expanding Partnerships

Inclusivity issues were discussed, such as involving representatives from affected regions, especially from the Global South, as well as the importance of decolonizing knowledge and removing barriers to participation.



Flexibility in Approaches

Different research focuses were suggested, including broader topics like "transnational health threats," rather than just pandemics. It was important to strike a balance between specificity and flexibility for future research and applications.



Conceptual Clarity and Next Steps

Participants agreed that the next steps would include creating conceptual papers to help better define the project's goals and gather a fuller understanding of future work, which would assist in attracting partners and funding.

KEY ACTIVITIES AND MILESTONES

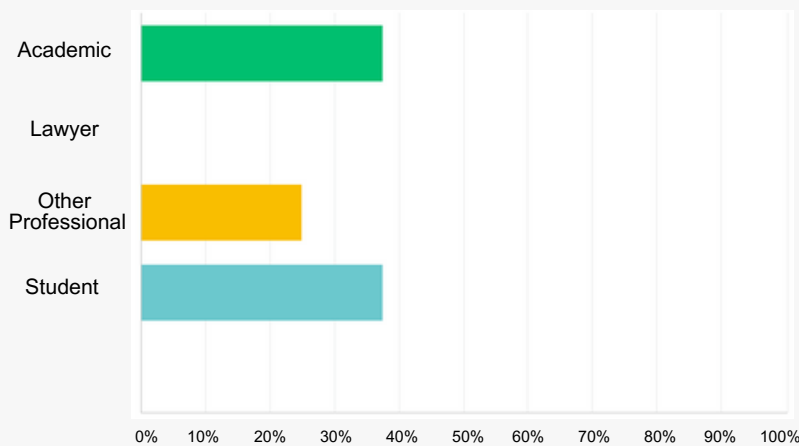
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May
2024

Post-Symposium Survey

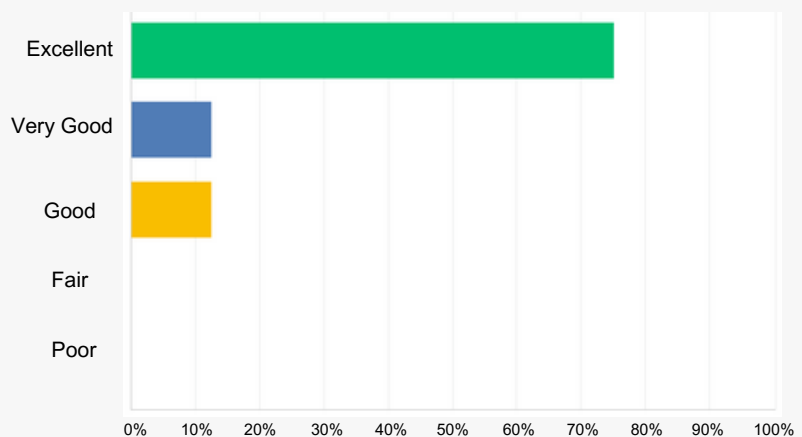
Following the symposium, a survey was conducted to gather feedback from participants about their experience and suggestions for future events.

What is your professional background?



The survey revealed a diverse professional background among attendees, with equal representation from academics and students, and a significant portion of other professionals.

How was your overall experience of the event?

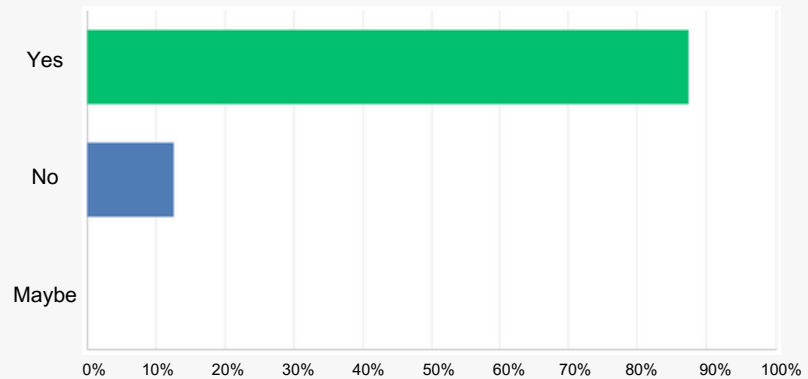


The overall experience was highly positive, with the majority rating it as excellent.

Participants found the planning sessions for the interoperable network particularly valuable. Most attendees expressed a strong willingness to participate in future editions of the symposium.



Would you attend the next edition of the symposium if you have the opportunity?

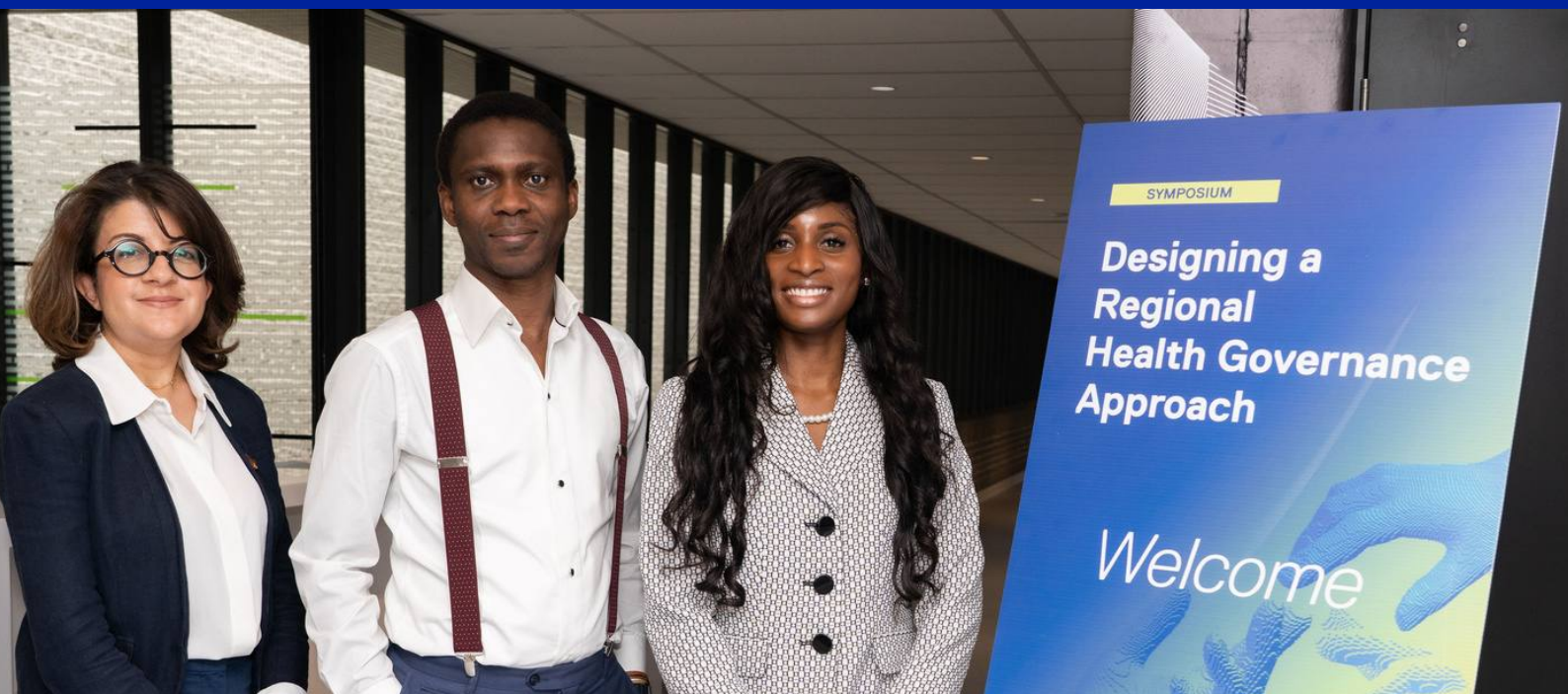


Recommendations for improvement included increasing participation from Latin America and the Caribbean and providing real-time interpretation in Spanish and French to enhance accessibility.



FINDINGS FROM SYMPOSIUM 2024

The two-day Symposium on Regional Health Governance brought together a multi-disciplinary group of scholars with expertise in global health, human rights, constitutionalism, midwifery, epidemiology policy change, AI and new technologies etc., to discuss key challenges and opportunities in regional health governance. The event aimed to explore innovative solutions, share best practices, and develop recommendations for improving health governance at the regional level, particularly in the Inter-American System.



Here are key findings:

1 Regional Health Governance Challenges:

- **Fragmented Systems:** There is a recurring challenge in many regions where health systems are fragmented, leading to inefficiencies and unequal access to healthcare services.
- **Inequities in Access:** Many regions are experiencing significant disparities in healthcare access and outcomes, especially in underserved or rural areas. Vulnerable populations (e.g., low-income groups, ethnic minorities) are disproportionately affected.
- **Capacity Constraints:** Several regions are struggling with insufficient healthcare infrastructure, a shortage of skilled health professionals, and inadequate financial resources to manage health systems effectively.



2

Innovation in Health Governance:

- **Digital Health Solutions:**

There is a growing trend in integrating digital technologies to streamline healthcare services and improve governance. Innovations like telemedicine, health data sharing, and AI-driven decision-making are becoming integral parts of the regional health governance landscape.

- **Collaborative Networks:**

Collaboration among governments, private sector players, and civil society organizations is key to addressing regional health governance challenges. Partnerships can enable more efficient resource mobilization and ensure better coordination of services.

- **Sustainable Health Models:**

A focus on sustainability, both in terms of financial resources and environmental impact, is increasingly seen as a priority in the design of regional health systems. Emphasis was placed on eco-friendly solutions in healthcare delivery.

3

Policy and Funding Gaps:

- **Policy Gaps:** Many regions lack clear, coordinated health policies that address the specific needs of diverse populations. There is often a lack of data-driven policymaking, which undermines the effectiveness of health governance.
- **Inadequate Funding:** Insufficient funding remains one of the major obstacles to advancing regional health governance. Funding models in place often fail to ensure equitable distribution and long-term sustainability of health systems.
- **Health Financing Mechanisms:** While there was a recognition of the need for innovative health financing mechanisms, such as pooled funds or public-private partnerships, these models are still underdeveloped in many regions.



4 Social Determinants of Health:

- **Cross-Sectoral Influence:** Discussions highlighted that health outcomes are significantly influenced by factors outside the healthcare system, such as education, housing, and social protection. There is an urgent need for integrated policies that address these social determinants of health.
- **Focus on Mental Health:** There was an increased emphasis on mental health as a critical component of health governance. Many regions are facing rising mental health challenges, exacerbated by social, economic, and environmental factors.

5 Leadership and Governance Structures:

- **Weak Governance Structures:** In some regions, there is a lack of effective leadership in health governance. Weak institutions and political instability contribute to poor management and delivery of healthcare services.
- **Need for Capacity Building:** The Symposium identified a strong need for capacity building within local governments and health authorities to strengthen leadership and improve the management of regional health systems.



6

Community and Stakeholder Engagement:

- **Community Participation:** There is growing recognition of the importance of involving communities in health governance. Ensuring that the voices of local populations, particularly marginalized groups, are heard in decision-making processes is key to achieving equitable health outcomes.
- **Private Sector and NGO Engagement:** The private sector and non-governmental organizations (NGOs) play a significant role in addressing health challenges, particularly in regions with limited public sector capacity. Engaging these stakeholders in health governance frameworks is crucial for expanding the reach and impact of healthcare services.

7

Emerging Opportunities and Best Practices:

- **Regional Health Governance Models:** The Symposium highlighted several successful regional health governance models, showcasing best practices in areas like health information sharing, collaborative planning, and integrated care. These models could be adapted and implemented in other regions facing similar challenges.
- **Global Health Initiatives:** Global health initiatives, such as the WHO IHR framework, are influencing regional health governance strategies. There is an opportunity to align regional efforts with global health goals, ensuring a more coordinated approach to health challenges.

PLANNING FOR THE NEXT SYMPOSIUM

1. Strengthening Interdisciplinary Collaboration

The symposium emphasized the importance of integrating perspectives from epidemiology, law, global health policy, and governance. Future symposiums should expand this approach by including additional disciplines, such as anthropology, sociology, and indigenous health experts.

2. Expanding Regional Representation

A recurring theme was the importance of engaging scholars and policymakers from the Inter-American region, particularly from Latin America and the Caribbean. Future symposiums should actively seek participants from these areas to ensure diverse viewpoints and local insights.

3. Operationalizing Regional Health Governance

Discussions highlighted the need for a structured framework to guide regional health governance beyond theoretical discourse. Future symposiums should work toward developing actionable strategies and implementation roadmaps.

4. Addressing Power Asymmetries in Global Health

There was significant discussion about the colonial foundations of global health. Future events should explore practical steps to decolonize health governance by ensuring equitable distribution of resources and decision-making power.



PLANNING FOR THE NEXT SYMPOSIUM

5. Strengthening Engagement with Policy Institutions

The symposium underscored the need to bridge academic research with practical policymaking. Future events should invite representatives from regional health organizations, such as PAHO and CARICOM, to facilitate policy integration.

6. Standardizing Data and Surveillance

A major discussion point was the need for a harmonized approach to data collection, disease surveillance, and case definitions across countries. The next symposium should focus on establishing regional data-sharing agreements and training mechanisms.

7. Building Long-Term Research and Funding Strategies

Many participants noted the necessity of sustained research programs rather than one-off projects. Future symposiums should emphasize securing funding and institutional backing for ongoing research initiatives.



WHAT WERE THE GAPS FROM THE 2024 SYMPOSIUM?

1 **Limited Regional Representation:**

Despite the focus on the Inter-American system, the symposium had relatively few participants from Latin America and the Caribbean. This was noted as a critical gap that must be addressed in future events.

2 **Lack of Concrete Policy Frameworks:**

While the symposium covered significant theoretical and conceptual discussions, there was no structured framework for implementing equitable pandemic management. Future events should focus on developing policy roadmaps.

3 **Insufficient Engagement with Health Organizations:**

Some regional health agencies were hesitant to engage in discussions that linked public health governance with human rights concerns. This indicates a need for more strategic engagement with these institutions.

4 **Challenges in Operationalizing Equity:**

Equity was a core theme, yet there was no clear consensus on how to integrate it into policy frameworks. Future discussions should focus on defining measurable equity goals and implementation strategies.

5 **Fragmented Perspectives on Regional Health Governance:**

There was some debate about whether regional governance is distinct from national or global governance. Future symposiums should clarify the role of regional frameworks and how they interact with national and global health governance frameworks.

WHAT IMPROVEMENTS CAN THE NEXT SYMPOSIUM MAKE TO ADVANCE THE GOALS OF THE REGIONAL HEALTH GOVERNANCE STUDY?



Enhance Stakeholder Engagement:

The symposium should actively invite representatives from all 35 Inter-American nations, ensuring diverse perspectives from policymakers, healthcare professionals, and researchers.



Develop Concrete Implementation Plans:

The next event should move beyond discussion and focus on creating detailed action plans for integrating regional governance into pandemic management policies.



Facilitate Standardized Data and Surveillance Agreements:

A key priority should be establishing regional data-sharing frameworks and public health measures to ensure consistency across countries.



Build Trust with Public Health Agencies:

The symposium should work on presenting the integration of human rights and health governance in a way that aligns with the missions of regional health organizations.



Focus on Equity Metrics and Accountability:

There should be a greater emphasis on defining and measuring health equity outcomes within regional governance models.



Expand Research Funding and Institutional Support:

Future events should prioritize discussions on securing long-term funding and institutional backing for interdisciplinary research in regional health governance.

WORKING PAPERS

As part of the ongoing efforts to advance research on regional health governance, we are pleased to include abstracts of two forthcoming papers.

1

Strengthening Inter-American Regional Health Governance: Insights from the 2024 Symposium on Regional Health Governance (Spring 2025)

ABSTRACT

Objectives: This review synthesizes findings from the Regional Health Governance Study (RHGS) 2024 symposium, which explored how a regionalized approach to pandemic governance within the Inter-American system can improve health security and equity. The review examines the limitations of WHO-led pandemic responses, identifies regional governance mechanisms, and proposes policy recommendations to strengthen pandemic preparedness.

Methods: A qualitative thematic analysis using the Consolidated Framework for Implementation Research (CFIR) was employed to assess barriers, facilitators, and policy implications. Symposium proceedings, expert discussions, and recent policy developments, including International Health Regulations (IHR) amendments and pandemic treaty negotiations, were analyzed to provide actionable insights.

Results: Key themes emerged, including the need for binding regional agreements, strengthened cross-sectoral collaboration, enhanced human rights protections, and equitable resource distribution. The review also highlighted barriers to regional pandemic governance, such as fragmented health policies, limited financial mechanisms, and inequities in healthcare access.

Conclusions: The findings emphasize the necessity of a regional governance model that complements WHO's global health initiatives while ensuring decentralized decision-making, equity-driven policies, and improved institutional accountability.

By strengthening regional coordination and legal enforcement mechanisms, the Inter-American system can serve as a model for resilient and equitable pandemic governance.

Key words: *Regional Health Governance, Pandemic Preparedness, Equity, Inter-American Health Security*



ABSTRACT

The ideation and advocacy for a regional health governance approach stems from the belief that existing models of health governance under the leadership of the World Health Organization are fraught with challenges which are difficult to address on account of ideological, geo-political and systemic differences.

The key assumption being that within regional and sub-regional systems, states tend to share more common interests which during periods of crisis such as in a pandemic or other health emergency, incline them to act in solidarity to address the crisis. By contrast, states without this regional connection are less inclined to do solidarity with other states outside their regional sphere during periods of crisis.

On the basis of this assumption, this paper sets out to conceptualise a number of core tenets implicated in the advocacy for a regional health governance approach, namely:

1. **In what sense is health governance understood?**
2. **What is our understanding of regional systems?**
3. **What aspect of health is the paper advocating for a regional health governance approach and why are other areas excluded?**
4. **How is health equity understood?**

The explication of these concepts contributes to the construction of meaning in the broad advocacy for a regional health governance approach for equitable pandemic management.

Key words: *Health Governance, Regional Systems, Health Equity, Global Health, Equitable Pandemic Management*



2024/2025 RESEARCH INTERNS

Research interns, funded by Newcomers Women Services Toronto, played a crucial role in supporting and advancing the research goals of the RHGS. Their contributions ranged from conducting legal and policy research, content development, data analysis, and publication strategies ideation. Their collective efforts have strengthened the foundation for future research by the Study. The RHGS is full of gratitude for the contributions made by the 2024/2025 cohort of research interns in preparing this report.



Saumya Rai

Saumya focused on legal and policy research related to health governance frameworks, ensuring a well-structured strategic agenda for the next proposed symposium. She conducted research to support symposium planning, prepared research notes, and analyzed past discussions to identify key themes and gaps. Additionally, she transcribed and documented key sessions, evaluated publishing options for the RHGS, and developed strategies to enhance research impact and accessibility.



Sandeep Kaur

Sandeep contributed to the development of a research memorandum by researching thematic issues and preprint submission processes. She played a key role in structuring the "Keywords" and "Introduction" sections of a review article, ensuring clarity and alignment with the research focus. Her work also involved synthesizing existing literature to inform ongoing research discussions and contribute to the broader scholarly discourse.



Samrawit Kebreab

Samrawit conducted literature research to identify methodologies for publishing symposium resources, with a focus on journal "Calls for Papers" and thematic reviews. She transcribed recorded discussions, extracting key themes for further analysis. Additionally, she contributed to the literature review, results, and discussion sections of a research paper, helping to frame findings in a meaningful and research-driven context.



Sekinat Owoyemi

Sekinat reviewed, analyzed, and transcribed symposium recordings, aligning insights with research objectives. She conducted comprehensive literature reviews, evaluated publication methodologies, and identified best practices. Additionally, she performed systematic reviews to strengthen the symposium's evidence base and contributed to a review article, focusing on the Results, Research Gaps, and Recommendations sections.



Kateryna Fomina

Kateryna played a key role in both research analysis and content development. She reviewed and analyzed symposium recordings, transcribed discussions, and extracted key themes for further analysis. Additionally, she developed the professional report template for the symposium program, ensuring branding alignment and visual consistency. She also contributed to a review article, specifically to the Results – Policy Implications and Discussion – Implications sections.

2024/2025 RESEARCH ASSISTANTS

Research Assistants were instrumental in guiding research interns, providing mentorship, and ensuring the development of high-quality research outputs. Their expertise in health governance, policy analysis, and research coordination has been invaluable to the project.



Aeda R. Salim

Aeda R. Salim is a healthcare transformation leader with expertise in integrated care and governance. She has extensive experience in research, policy, and project leadership, which she leverages to advance regional health governance initiatives

Contribution to the Project:

- Provided professional development support and mentorship to research interns.
- Led the development of a rigorous review article based on symposium proceedings, selecting an appropriate framework for analysis.
- Critically evaluated regional health governance models in the context of existing literature.
- Contributed insights into policy frameworks and regulatory mechanisms shaping effective regional health systems.

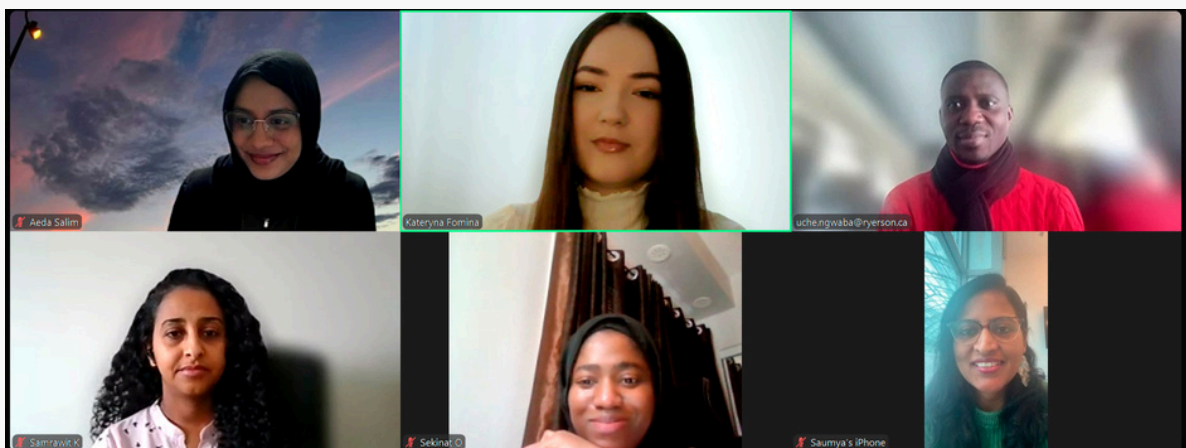


Aminah Haghighi

Aminah Haghighi is a law student at the Lincoln Alexander School of Law and a TMU Law Review member. As a Level Justice fellow, she researches problem-solving courts and therapeutic justice for intellectual disabilities in Canada's criminal court system.

Contribution to the Project:

- Provided professional development support and mentorship to research interns.
- Directed research interns on the development of the Research Report, outlining key questions to address and topics to explore.
- Provided clear instructions for organizing and correcting transcription files, ensuring accuracy and coherence in documentation.
- Oversaw the refinement of content, emphasizing the importance of effectively conveying the main points discussed during the symposium.



Regular Zoom meetings were conducted between Research Interns, Research Assistants, and the Project Lead to facilitate collaboration, mentorship, and project coordination.

LIST OF COLLABORATORS - RHGS

The symposium benefited from the expertise of distinguished research collaborators who contributed valuable insights into regional health governance, legal frameworks, and public health policy. Their interdisciplinary perspectives enriched the discussions and strengthened the study's scholarly foundation.



Uchechukwu Ngwaba

Institution: Toronto Metropolitan University

Expertise and Contribution to the Project: Professor Uchechukwu Ngwaba brings a legal and policy-oriented viewpoint with his expertise in public health and human rights, international human rights law, health systems, and health governance frameworks. His research interrogates how to strengthen health system capabilities to deliver on the right to health.



A.M. Viens

Institution: York University

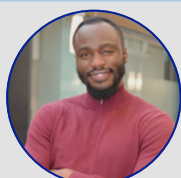
Expertise and Contribution to the Project: Professor A.M. Viens' research specialisation focuses on global health ethics and global health law, with a particular interest in demonstrating how philosophical analysis, legal epidemiology, and regulatory theory should shape how we approach different issues within global health policy, practice, and research.



Carlos Bernal

Institution: University of Dayton

Expertise and Contribution to the Project: Professor Carlos Bernal specialises on the interpretation of constitutional rights, comparative constitutional change. His work also has a focus on jurisprudence (particularly on the intersection between social ontology and legal theory) and the philosophical foundations of tort law.



Jake Okechukwu Effoduh

Institution: Toronto Metropolitan University

Expertise and Contribution to the Project: Professor Jake Okechukwu Effoduh's research focuses on an intersection of international law, human rights, artificial intelligence ("AI"), and technology law. He has significant expertise in international human rights advocacy and has contributed to regulatory frameworks and policy formation on AI for national and international institutions.



Lisa Forman

Institution: University of Toronto

Expertise and Contribution to the Project: Professor Lisa Forman's research explores the contribution of the right to health in international law to remediating global health inequities. Her work examines issues such as human rights and international health regulations, sustainable development goals, universal health coverage, as well as trade-related intellectual property rights and access to medicine globally.



Roojin Habibi

Institution: University of Ottawa

Expertise and Contribution to the Project: Professor Roojin Habibi's research examines normative interpretation and change in global health law, which intersects between international law, health law, and human rights



Mathieu Poirier

Institution: York University

Expertise and Contribution to the Project: Professor Mathieu Poirier has extensive expertise in international health law. His research ranges from evaluating international law to developing health equity metrics and generating policy-relevant research on socially and politically determined inequities in health.



Karline Wilson-Mitchell

Institution: Toronto Metropolitan University

Expertise and Contribution to the Project: Professor Karline Wilson-Mitchell has transferred her extensive practical experience in midwifery into educational support for internationally educated midwives in Canada. Her areas of expertise are perinatal outcomes of refugee and migrant women and newborns, mental health issues facing newcomer women, and psychosocial factors affecting pregnant Jamaican adolescents.



Sarah Fixon

Institution: UMass Chan Medical School Tan Chingfen Graduate School of Nursing

Expertise and Contribution to the Project: Sarah Fixon is a Master's-prepared nurse with significant clinical experience and a teaching background at UMass, Fixon brings expertise in patient care, policy implementation, and nursing education.



Michelle Amri

Institution: University of British Columbia

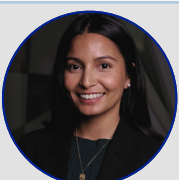
Expertise and Contribution to the Project: Professor Michelle Amri's research focuses on equity in public policymaking. She examines how equity can be better incorporated in public policymaking and improving equity in policymaking processes. Professor Amri serves on the Board of Directors for the Canadian Association for Global Health and co-chairs the Canadian Conference on Global Health and consults for the WHO.



Innocent Ntaganira

Institution: UOttawa

Expertise and Contribution to the Project: Innocent Ntaganira is a seasoned Public Health practitioner with over 30 years of experience, including 19 years at the World Health Organization (WHO). He holds a Master's in Global Diplomacy, a Master's in Epidemiology, and a Medical Doctorate. Currently, he is involved in various health equity initiatives and serves as an assistant lecturer in Global Health.



Aminah Haghighi

Institution: Toronto Metropolitan University

Expertise and Contribution to the Project: Aminah Haghighi is a law student at the Lincoln Alexander School of Law and a TMU Law Review member. As a Level Justice fellow, she researches problem-solving courts and therapeutic justice for intellectual disabilities in Canada's criminal court system. Her interests include transnational health policies and their impact on reproductive and maternal health.



Oghenowede Eyawo

Institution: York University

Expertise and Contribution to the Project: Professor Oghenowede

Eyawo's research interest is focused on precision-based global health and the application of epidemiological methods to examine patterns of morbidity, mortality and their potential effects among vulnerable populations of children, women and men.



Henry Parada

Institution: Toronto Metropolitan University

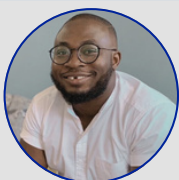
Expertise and Contribution to the Project: Professor Henry Parada's research is focused on child protection, family violence, and children's rights, informed by his personal ties to the Caribbean region and Latin American culture. His current research is a large scale SSHRC funded Partnership Grant aims at increasing knowledge of factors that support or hinder child protection and youth rights in the Caribbean, Central America, and their diaspora across Canada.



Nicole Foster

Institution: University of the West Indies

Expertise and Contribution to the Project: Nicole D. Foster's research focuses on the intersection of health, international trade, and international human rights law. She was a former diplomat within the UN and the WTO and continues to serve in multiple posts within the University of the West Indies. She is particularly interested in the linkages between global health, international human rights and climate change and the GHSA legal preparedness action package.



Omowamiwa Kolawole

Institution: University of Toronto

Expertise and Contribution to the Project: Dr Omowamiwa Kolawole's research is at the intersections of law and public health. With training and research in both fields, Dr Kolawole brings interdisciplinary expertise in the framing of the issues as well as the methodologies used to address them. Dr Kolawole's work specializes in how developing countries navigate the realpolitik of Global Health Governance frameworks in addressing their health system challenges. He is currently exploring ways to ensure better pandemic preparedness and build vaccine manufacturing capability in developing countries in the face of limited resources.



Aeda Salim

Institution: McMaster University

Expertise and Contribution to the Project: Aeda Salim's research focusses on the intersection of the International Health Regulations (IHR) and refugee health promotion in Canada with a particular focus on health service delivery and access during a Public Health Emergency of International Concern (PHEIC). Furthermore, Aeda's expertise in public health systems planning and integrated health service delivery formarginalized groups bring unique quality improvement perspectives to risk communication, community engagement (RCCE), infodemic management, and health promotion formarginalized groups within the inter-American system.