

Global Health Security Challenges: towards strengthening global governance

Global Health Law Committee of the International Law Association and the Global Health Programme of the Graduate Institute | Geneva

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Summary of February 19, 2015 Meeting (Geneva)

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On February 19, 2015, a group of experts in law, public health, security and medicines, met in Geneva under the auspices of the Global Health Law Committee of the International Law Association and the Global Health Programme of the Graduate Institute | Geneva. The group assembled to discuss the global response to the Ebola outbreak of 2014-2015 in West Africa, and the work that needs to be done in order to improve response to pandemic disease threats. Members of the group were associated with multilateral organizations, academic institutions and nongovernmental organizations (including funders), including those that participated in the response. The meeting was organized as an open-ended sharing of ideas. The participants were acting in their individual capacities, and not as representatives of organizations. This summary is a synthesis of the discussion, and does not identify individual participants and their contributions.

Several important themes emerged from the day-long meeting.

1. First, there was a general consensus that the single most effective mechanism to improve prevention of and response to pandemic disease is the strengthening of national health systems, and despite recognition of this by the international community, inadequate systematic attention is being directed to this area. Robust public health systems are needed for the diagnosis and detection of disease outbreaks (i.e. surveillance), and for the implementation of measures in response. The building up of national capacity is called for by the International Health Regulation (IHR), but most countries have not implemented the IHR requirements.

Donor governments appear to have priorities other than building up national health infrastructure. The agencies in donor governments responsible for allocating funds are often economic development agencies that do not see a short-term benefit from investments in public health.

The rules governing international procurement organizations may allow flexibility for using a percentage of funding to build up local capacity, but such funding is not sufficient to materially address the gaps. Moreover, the problem of health system capacity is also a matter of training the necessary personnel, and this may be as difficult as finding the funding for such an endeavor.

Insufficient attention is paid to encouraging private sector support and investment in building up national health systems in developing countries. Breakdowns in health systems may have significant adverse consequences for enterprise interests, and investments in preventing such breakdowns should be encouraged as prudent business planning.

The question was raised whether a human-rights based response to pandemics and other global health security threats may be useful.

As a consequence of weak national health systems in fragile countries, when urgent circumstances have subsided the transition from donor/international organization pandemic response to the national and local government control can introduce elements of instability. In some cases, dangerous public order situations have arisen.

Some expressed the view that the Ebola crisis may provide impetus for directing resources towards building up national health system capacity, but that this momentum will dissipate as it typically does following an immediate crisis.

2. Second, there are a number of important issues to address in relation to vaccines, treatments and diagnostics necessary to prevent and control pandemic disease. The potential for outbreak appears to be increasing as pathogens are more frequently jumping the animal to human barrier.

It is important to accelerate the potential development of new vaccines and treatments, and this includes streamlining clinical testing and regulatory evaluation processes. But, in all cases, a baseline of health security must be followed as experience indicates that prospective treatments may be more dangerous than even urgent circumstances would warrant. Vaccines and treatments to address pandemics are often developed with substantial government funding, and there is some question whether high prices for the resulting products are justified. While acknowledging that producers may have opportunity costs for manufacturing facilities, it nevertheless should be possible to arrange purchases on a cost plus basis. Determining cost can be difficult, and establishing advance purchase commitment pricing similarly can be difficult, but these are not insurmountable obstacles. Recognizing that there are multiple mechanisms for funding and development, it is important that vaccines and treatments be priced in a way that permits their distribution to those requiring them.

Point-of-care diagnostics are a very important element of pandemic response, and more attention should be paid to development and distribution of such diagnostics.

Cooperation among national and regional drug regulators has been good, and there does not appear to be substantial need for a new organization or legal mechanism to make that cooperation work. WHO, in particular, is suffering from a lack of adequate financial support for its drug regulatory unit, and faces a shortfall of personnel. This is a serious immediate concern.

Lack of transparency by developers of vaccines and treatments poses problems for R&D efforts, as well as regulators. Some private-sector companies have begun providing more information. National security interests may be playing a role in the lack of transparency, and it is difficult to address this aspect.

There was substantial attention paid to the potential role of convalescent blood plasma (i.e. from patients who had recovered from disease) which appeared to be very promising in the treatment of Ebola. Convalescent blood has an important advantage in not requiring regulatory approval (or clinical testing) because virtually all blood donors have recovered from some diseases, and use of blood and plasma from such donors is routine. With respect to outbreak of almost any pathogen, convalescent blood may be a logical rapid choice for treatment pending other developments.

The timeline between identification of a new pathogen outbreak and development of a vaccine or treatment needs to be accelerated. While substantial advances have been made in modeling and use of

pre-existing platforms, there will still remain a period during which effective treatments are not available.

Drugs, vaccines and diagnostics to address pandemic disease share characteristics with those for “neglected diseases”, but with the distinction of being needed to prevent outbreaks in higher income countries. Therefore, funding is made available by high income countries and their enterprises to address pandemics. However, because of the absence of the typical demand pull for treatments, this is an area in which alternative models of R&D may be usefully explored. If such alternative models can be developed and implemented, they may show the way toward new models for more conventional infectious and noncommunicable diseases.

3. Third, there was an evident lack of coordinated response to the Ebola outbreak. Subsequently, the role of WHO as lead for health emergency response has been confirmed. But, it is worrisome that governments are not inclined to provide significant financial support to WHO consistent with the urgency evidenced by the Ebola Resolution. There is a strong current of thought that major prospective funding governments are not anxious to relinquish authority to WHO in addressing crises.

It was unusual for a nongovernmental organization (MSF) to request military support in terms of personnel and logistics to confront the outbreak in West Africa. However, there was not enough human capacity available to confront the situation, including because a number of the first responders had died from the disease. Money was not the problem. It was human resources.

WHO is not organized to directly act as an emergency responder. It does not have the personnel or resources for that function. Moreover, it is doubtful that member states will be inclined to pay personnel to await a pandemic outbreak.

Communication with the public is an important part of pandemic response. WHO has been paying considerable attention to this area. There is a difficult line between providing adequate warning and triggering potentially excessive reaction. Communications must be very rapid, clear, and accurate, particularly because the public looks to WHO as an authoritative source, and alternative sources may provide unreliable information. The wide adoption of social media communication has heightened the difficulty of messaging during a pandemic outbreak.

The response of the UN Security Council was also unusual, though not necessarily unwelcome because it elevated the profile of pandemic response. That said, the Security Council did not coordinate with WHO, and the establishment of UNMEER effectively bypassed a number of existing UN and other agencies already established to address international emergencies, including of a humanitarian nature. In this regard, the response to the Ebola outbreak appeared to be disorganized and lacking in coordination.

There was largely a consensus against the need for establishing a new international organization to address potential pandemic outbreak. Already there are a proliferation of organizations, and adding another bureaucracy may not improve matters. There are UN agencies mandated to address humanitarian crises, in addition to WHO, and a number of nongovernmental organizations with substantial capacity in this area. What is apparently needed, however, is an improved mechanism for coordination of response. Also, while it is not unusual for military capacity to be used to provide logistical support in response to international emergencies, there should be an understanding about

how military forces are used, and how their role differs in relation to civil police forces and customs/border authorities.

A core problem at WHO is the lack of “untied” donor funding. Government donors do not appear to be particularly interested in funding pandemic response. NGOs are acting as first and primary responders, and are also providing large-scale funding to WHO. NGO funders, as government funders, are playing a role in determining the direction of WHO programs. The area of pandemic response cannot be realistically addressed without taking into account the role of non-state actors.