Global Health Working Group for the 2016 G7 Summit (GHWG)

Global Health Governance:
Analysis and Lessons Learned from the Ebola Virus Disease Outbreak and the Identification of Future Response Options (Summary)
1. Background and Purpose of This Paper

The number of deaths from Ebola hemorrhagic fever, or Ebola virus disease, in West Africa (Guinea, Sierra Leone and Liberia), has reached more than ten thousand and has proven to be the most serious and complex since the Ebola virus disease was first discovered (WHO, 2015a).

A variety of analyses and proposals have been undertaken regarding issues brought to light in the Ebola outbreak crisis response, and how global health governance should be restructured. A variety reviews on the Ebola response and the global health governance are now being done (Briand et al (2014), Gostin (2014), Gostin and Friedman (2014), Kruk et al (2015), Heyman et al. (2015), Garrett (2015). The WHO is embarking on reforms (WHO Secretariat (2015), WHO (2015b), WHO Advisory Group (2015)) based on the report of the WHO Ebola Interim Assessment Panel. A high-level panel was set up under the initiative of the UN Secretary-General for the purpose of conducting a review that is not limited to the Ebola outbreak response, but that also considers global and national health governance more comprehensively. In addition, research institutions, universities, and international NGOs have conducted reviews from their own perspectives (for example, the National Academy of Medicine (NAM), a joint initiative by Harvard University and the London School of Hygiene and Tropical Medicine (Moon et al, 2015) and MSF (2015)).

Taking into consideration the above mentioned reviews, this study (1) analyze the process and issues of the Ebola response at the national and international levels, and (2) set forth lessons to be learned and present options for responding to potential future outbreaks, providing implications about the way in which global health governance should be structured. In so doing, the paper presents proposals to feed into the G7 Summit agenda. Interviews were conducted in July and November 2015 with the relevant departments of WHO, related organizations of the United Nations and research institutes and others.

2. Analysis of the Process of the Response to the Ebola Virus Disease Outbreak

Much criticism has been leveled at the delay in declaring a Public Health Emergency of International Concern (PHEIC), the lack of leadership (WHO Ebola Interim Assessment Panel, 2015), and other shortcomings of WHO responses. However, the fact is that the Ebola outbreak was the product of complicated issues intertwined among a variety of factors in a complex matter not limited to the WHO.

First, there were issues at the local and national levels. Because governments concern negative
subsequent possible effect of a PHEIC declaration by the WHO (travel restrictions, impact on trade, etc.), they were very reluctant to cooperate initially (MSF, 2015, p. 8). This hindered the acquisition of accurate information that is essential for deciding on measures to counter an infectious disease. But more fundamentally, a major factor was the fragile health systems of the affected countries, which were the result of not having implemented IHR core capacity—local governments and communities lacked surveillance capabilities and laboratory services, personnel, knowledge, and experience. In addition, the civil war had developed a strong distrust of the government, which led to the lack of engagement of local communities. UN Country Teams (UNCT) could have strengthened the response at the national level. However, due to the small WHO presence and small prioritization given to health issues in such frameworks, and the failure to develop responses employing liaisons among existing field institutions, a sufficient response was unable to be meted.

Second, there were issues at the regional and international levels. At the regional level, the factors that led to the delay in the WHO’s international response include problems with the Regional Office for Africa (AFRO), insufficient coordination between AFRO and WHO Headquarters, and factors within the WHO Headquarters itself. Among the factors cited as contributing to AFRO’s malfunction are a shortage of its human resources and budgetary limitations. In addition, insufficient coordination between the Headquarters and regional offices may have hindered the WHO’s effectiveness. The issue in terms of internal coordination within WHO Headquarters is the organizational structure which handled health security and humanitarian issues separately (WHO Secretariat, 2015, para.17). In order to solve this problems, in recent organizational restructuring, these two departments were merged into one cluster.

The issue at the international level is the coordination within the UN Family. If an international response utilizing the existing framework had been initiated earlier, it might have been possible for Humanitarian Coordinators supported by OCHA (UN Office for the Coordination of Humanitarian Affairs) to be dispatched under the IASC (The Inter-Agency Standing Committee) framework. However, because intervention was considered at the later stage where the situation had worsened, and because unlike Polio, the Ebola virus was the disease that these humanitarian community was unfamiliar with the handling, and because rapid access to a large amount of funding was imperative at that time, UN Secretary General (SG) decided to establish UNMEER (UN Mission for Ebola Emergency Response), the first UN mission ever to respond to a global health threat, under his own initiative. In this specific case, this response at that time (that is to say, September 2015), a recognition was broadly shared that the establishment of UNMEER could be justified as the mobilization of resources, procure funding, and coordination among UN organizations in a top-down manner over a short period of time was imperative. However, there were also issues by creating the UNMEER; for example, coherence and overlapping issues with the aforementioned existing frameworks; confusion to a top-down military-like logistics at the field. In addition, although UNMEER made it possible to place a clear division of labor among the actors in the field, time was also needed until the process began to operate substantively.
3. Response Options for Global Health Governance

Based on the above analysis of the process of responding to the Ebola outbreak, the response options along two broad topics - strengthening the capability to respond during an emergency and the strengthening health systems during ordinary times - are proposed. As the success of emergency responses relies on the health system, these two topics are closely related. Response options from three perspectives are presented: (1) strengthening organizational capabilities, (2) strengthening coordination among organizations, and (3) strengthening frameworks for procuring funding.

3.1 Strengthening Response Capabilities During an Emergency

3.1.1 Strengthening Organizational Capability

First, as one of the factors leading to a delay in the response was that there was no intermediate stage between ordinary times and a PHEIC. In order to set in place a progressive stages of response, (1) the construction of a framework for making multi-stage determinations about the current PHEIC and non-PHEIC situations by further strengthening the WHO’s risk assessment capability and staffing to allow for the operation of such framework, and (2) strengthen capabilities to gather information (including those from various entities, i.e. NGOs and research institutions, as specified in IHR Article 9.1) to support such judgments, are required.

Second, although collaboration of the operations between the emergency disaster/humanitarian community and the health security community was needed in the response to health crisis like Ebola, there were no routine procedures and protocols for that. The need for an integrated program for emergencies was recognized and a decision was made to establish such a program in 2015. However, the issue is to operate in such a manner that collaboration can be carried out in response to circumstances in a way that makes use of their respective merits.

3.1.2 Ensuring Cross-Sectoral Coordination and Cooperation Among International Organizations According to Situational Categories

Every emergency occurs under different conditions. There is a clear necessity for developing situation-based flexible partnerships for coordination and cooperation among international institutions (relationships between WHO and the humanitarian community in the field, development community, security community, etc.). Clearly, the WHO is the only actor that performs the leading role in providing technical and medical recommendations concerning a health crisis, but the patterns of coordination and cooperation differ depending on the responding capacity of the affected area and the type of infectious disease. The options must be considered in terms of the capability of the country where an infectious disease outbreak has occurred, and the type of infectious disease (impact and magnitude of severity).

In addition, a “switch function,” which enables the change of the lead agency of coordination and cooperation is critical in the utilization of situation and stage-based framework. Because circumstances may change, the necessary patterns of coordination and cooperation need to be continuously reassessed. It is also necessary to prepare in advance a protocol that enables smooth switches. The person responsible for
the “switch function” should be the UN Secretary-General under the leadership of the UN headquarters based on a comprehensive determination.

3.1.3 Building Financing Mechanisms for Procurement During Times of Emergency
A financing mechanism should be built that allows for rapid and timely disbursement without any gaps or discontinuities so that funds can be provided that will enable situation and stage-based responses. The 68th WHO General Assembly in 2015 agreed the establishment of a USD100 million Contingency Fund for Emergencies (CFE) within WHO. As a mechanism for supplementing the CFE, the discussion led by the World Bank to establish a Pandemic Emergency Facility (PEF) is underway. In its actual design, there is the issue of the trigger parameters; issue of the timing for PEF intervention and the criteria for disbursement. Furthermore, there is the issue of how to build a financing mechanism for researching and development, for example vaccines during times of emergency.

3.2 Strengthening Health Systems During Ordinary Times

3.2.1 Strengthening IHR Core Capacities
First, to respond to infectious diseases, having the IHR core capacities implemented at country level is necessary. Currently, in AFRO, not one country has completed implementation the minimum core capacities for IHR (WHO AFRO, 2015). Of the eight IHR core capacities, surveillance, human resources, and laboratory services are particularly essential to enable stage-based decisions. Along with a framework seamlessly linking a variety of levels (communities⇒local governments⇒countries⇒regions⇒international), partnerships also need to be created with the private sector.

Second, response at the regional and international level for IHR implementation must also be strengthened. There is the need for the augmentation of WHO regional offices. Reforms may be necessary, for example, that impose an obligation on all regional agencies to hire on the basis of ability a certain percentage of their staff from outside the region to make staffs "truly international".

At the international level, relevant departments within the WHO need to be strengthened. Current WHO reform debate is focused on coordination between departments involved with emergencies/humanitarian issues and those concerned with health security. However, if continuity between times of emergency and ordinary times is taken into consideration, then it is also important to rank the strengthening of IHR core capacities as one element of strengthening health systems in so as to ensure coordination between health security departments and health system departments.

3.2.2 Coordination Among Diverse Organizations Laterally Supporting IHR Enhancement
First, it is necessary to build a cooperative framework such that organizations and frameworks besides the health sector directly and indirectly support IHR enhancement. For that purpose, it is necessary to re-recognize that the IHR is based on an “all hazard” approach, which requires the commitment of organizations in a variety of fields, not limited to health but such as development, trade, disaster prevention, and security. As WHO presence at the country level is not necessarily sufficient, it is important that international organizations active in the field such as UNDP and UNICEF acknowledge that the building up
of IHR core capacities contributes to overall strengthening of the health systems of developing countries, and play the role of monitoring whether the IHR requirements of core capacities are met.

In addition, a framework may need to be strengthened to check the appropriateness of measures under the IHR, and coordination may be pursued with actors in other sectors such as World Trade Organization (WTO)’s Sanitary and Phytosanitary (SPS) Agreement to consider how to avoid unnecessary negative side effect posed by the declaration of PHEIC. Moreover, it is possible to embed functions supporting IHR core capacity construction into new systematic funding frameworks for emergency responses (for example, with the PEF). In addition, it is also important that there be coordination among frameworks for aid and cooperation from the perspective of security.

### 3.2.3 Building a Comprehensive Funding Framework for Health Systems

It is also important that the World Bank coordinate not only with emergency response frameworks such as the PEF, but also with aid frameworks for ordinary times implemented by the International Development Association (IDA). Funding frameworks that mainly specialize in specific infectious diseases, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and Gavi, the Vaccine Alliance, may also be utilized. There are multiple options for actors to lead initiatives pertaining to strengthening systems for comprehensive funding frameworks (the World Bank, the GFATM, or/and the UNDP, the International Health Partnerships (IHP)+ etc.).

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### References


