

## **AHF Statement on the Global Response to Ebola**

February 23, 2015

### **Brief Outbreak Overview**

The worst outbreak of the Ebola virus in history appears to be coming to an end in West Africa. Since the outbreak began in December 2013, according to the latest World Health Organization (WHO) data, 23,539 cases of the virus and 9,541 deaths have been reported,<sup>1</sup> which is equivalent to an overall fatality rate of 40%. However, at its peak in August 2014, the rate was as high as 70% in Liberia.<sup>2</sup>

In contrast to the three aforementioned countries, WHO reports that the outbreaks in Nigeria and Senegal have ended. In Spain,<sup>3</sup> the United Kingdom<sup>4</sup> and the United States<sup>5</sup>, which were the only countries outside of Africa to report 1, 1 and 4 domestic cases respectively, the outbreaks were declared over in December 2014.

The disparity among West African countries that have been able to control the outbreaks and those that have not has been attributed to a variety of factors, including poorly developed healthcare systems, poverty and cultural practices associated with burial rites.<sup>2,3,6</sup>

### **The Global Response**

At the beginning of the current outbreak there was a failure of the international community and the World Health Organization to rapidly organize a coordinated effort, decisively intervene and respond to a global health emergency by providing human resources, biosafety equipment, logistical support, mobilizing financial resources and deploying trained healthcare personnel to places where they were needed the most.

We, at AHF believe that the responsibility for this runaway humanitarian disaster cannot be solely attributed to the fragile state conditions of these three countries, but also, to a large extent, to the inefficient global response that was presumably led by the WHO.

According to WHO's mission, it is "*responsible for providing leadership on global health matters [...]*," yet as a leaked internal WHO self-assessment report published by the Associated Press in October 2014 shows, "*Nearly everyone involved in the outbreak response failed to see some fairly plain writing on the wall.*"<sup>7</sup> As a concrete example, in July 2014, AHF's staff in Sierra Leone approached the WHO office in Freetown. AHF sought to get advice on how to deal with suspected Ebola patients in its HIV clinics, what proper protective gear to wear and where to procure it. The response from the WHO office was close to nothing; They did not know the answers and as a result, AHF staff turned to Medecins Sans Frontieres (MSF) for advice. MSF was able to provide the necessary information, including where to procure the personal protective gear (PPG).

## The Problem

Laurie Garrett of the Council on Foreign Relations summed up the problem surrounding WHO's botched response to Ebola in a *Foreign Policy* article titled "*We Could Have Stopped This.*" She writes, "*The WHO doesn't have a giant SWAT team of disease-fighting soldiers ready to swoop into a beleaguered area on an agency-owned transport jet, armed with lifesaving drugs and vaccines.*"<sup>8</sup> Garrett goes on to say, "*WHO begs airlines for tickets in coach, pleads with drug companies and protective gear manufacturers for free handouts [...]*"

Budget cuts, bureaucracy and a crisis of leadership are in part responsible for WHO's bungling of the response, particularly in the first months of the outbreak. In recent years, the agency has faced the flatlining of the overall budget and cuts across specific programmatic areas. In the 2014-2015 WHO budget adopted by the World Health Assembly, funding for "*outbreak and crisis response*" was cut by 51% while spending on infectious diseases was reduced by \$72 million.<sup>9</sup>

In a 2013 article in the journal *Nature*, Lawrence Gostin, head of the WHO Collaborating Center on Public Health Law and Human Rights at Georgetown University says the fundamental problem with WHO's budget is that the majority of money comes from voluntary contributions, "*making the agency's work and policies ultimately reflective of its wealthiest donors.*"<sup>9</sup>

In a Q&A with *The New York Times*, published in September 2014, WHO Director General Dr. Margaret Chan admitted, "*My budget [is] highly earmarked, so it is driven by what I call donor interests.*"<sup>10</sup> While we interpret that Dr. Chan has placed some blame for the current crisis on the budgetary constraints, we believe WHO is also facing a deficit of leadership that cannot be explained by budget cuts.

In the same *New York Times* interview, Dr. Chan said it was not WHO's job to manage the response in the first place. "*First and foremost, people need to understand WHO. WHO is the U.N. specialized agency in health. And we are not the first responder,*" Dr. Chan said. "*You know, the government has first priority to take care of their people and provide health care. WHO is a technical agency.*"<sup>10</sup>

While states certainly have a responsibility to respond to outbreaks, the Ebola crisis shows that without cohesive global coordination, a virus can spread far beyond the initial hotspot within days. In a recent *New England Journal of Medicine* article, the Dean of the Harvard School of Public Health, Julio Frenk et al., present a compelling case that global health governance needs to be reformed to reflect the realities and challenges of addressing public health issues in a modern, interconnected world with porous borders. He and his co-authors write that with respect to WHO "*there is widespread consensus that the current institutional architecture, now 60 years old, is unable to respond effectively to contemporary health threats.*"<sup>11</sup>

## Weak Leadership

The leaked internal WHO self-assessment report also criticizes lapses in the chain of command on the regional level for a delayed response. The document says the WHO regional director for Africa, who does not answer to Dr. Chan, is responsible for appointing the heads of the WHO country offices and that these appointments are "*politically motivated.*"<sup>12</sup>



Whether these accusations are valid or not, the passing of the blame and shifting of responsibilities within the WHO, coupled with an insufficient budget is indicative of how poorly the agency and the world as a whole is prepared for handling major transborder outbreaks of infectious diseases.

Dr. Chan's position that WHO is not a first-responder is at odds with her agency's stated mission to lead the world on issues of healthcare. It also raises an important question: If not WHO, who is responsible for mounting a response to an infectious disease outbreak of potentially global proportions, if the scope of the epidemic is beyond the capacity of individual states to implement effective public health countermeasures?

When an international organization, or a UN agency, encounters internal structural problems, lack of funding or preparedness to confront a global crisis before it even starts—such as a public health threat—its leader has an obligation to reform, re-prioritize and use her/his powerful voice and position to advocate for change.

During a global infectious outbreak, the head of WHO should be the first to ring the alarm bells, calling weekly press conferences to mobilize needed resources and rapidly coordinating an intervention. This especially applies when an outbreak or epidemic is happening in fragile states. Countries with fragile health infrastructure, like Guinea, Liberia and Sierra Leone cannot stop a highly contagious epidemic no matter how much technical advice they receive from WHO.

## **Existing mechanisms for global outbreak response**

Currently there are two international mechanisms that have been created by the United Nations to rapidly respond to international health emergencies: the Global Outbreak and Response Network (GOARN) and the International Health Regulations 2005 (IHR 2005).<sup>13</sup>

GOARN exists under the auspices of WHO as a network of institutions around the world who share technical and human resources “for the rapid identification, confirmation and response to outbreaks of international importance.”<sup>14</sup>

GOARN was created in 2000 with the objectives of combating the international spread of outbreaks; ensuring that appropriate technical assistance reaches affected states rapidly; contributing to long-term epidemic preparedness and capacity building. The network participants include scientific institutions in Member States (e.g. US CDC, Institut Pasteur International, London School of Hygiene and Tropical Medicine and others), medical and surveillance initiatives, UN agencies (e.g. UNICEF), the Red Cross and international NGOs such as MSF.<sup>14</sup> In short, GOARN is a “crowd-sourced” pool of technical and human resources which is coordinated by the WHO as an instrument for responding to global disease outbreaks such as the current Ebola crisis.

The main limitation of GOARN is that it has no legally binding mandate and it is based on voluntary participation and coordination of the network members. Thus, GOARN has no way to compel a state to take action or allow a counter-outbreak intervention on its territory without the state's consent. For

example, GOARN inspectors had to wait for China's permission during the SARS outbreak before being allowed to enter the country.<sup>13</sup>

IHR 2005 is a binding policy mechanism that was originally adopted by the UN in 1952 to control the international spread of infectious diseases (2005 refers to the most recent revision of the original regulations).<sup>15</sup> The purpose of the regulations is *"to prevent, protect against, control and provide a public health response to the international spread of disease[...]"*

Under IHR 2005, Member States are required to implement a series of actions at border crossing and notify WHO of any event that may constitute a public health emergency on international concern within 24 hours. The regulations define a public health emergency as an event that must *"constitute a public health risk to other States through international spread of disease"* and *"potentially require a coordinated international response."*<sup>13</sup>

While by design the binding nature of the IHR 2005 has the potential to facilitate rapid response to global outbreaks, just as with GOARN, its greatest weakness is the lack of recourse against States that fail to comply with the regulations. IHR 2005 also does not give the WHO a mandate to act without State consent and is primarily confined to monitoring and advisory activities, instead of direct intervention.<sup>13</sup>

## Recommendations

Numerous shortfalls in WHO's response to the Ebola crisis have allowed the virus to spiral out of control in countries that were least prepared for it and consequently needed the most outside help. This shows that the world is not prepared to face public health emergencies involving highly virulent diseases.

In today's interconnected world an airborne pathogen with the lethality of Ebola could reach far beyond the confines of a single hotspot within days, if not hours. Therefore immediate steps need to be taken to reform the existing response systems so that they are better prepared for any future outbreaks.

GOARN and IHR 2005 provide the normative basis for an international rapid response mechanism. However, as we have seen, this mechanism is hindered by an unpredictable and insufficient funding stream, lack of clear mandate to intervene in international health emergencies without state consent and an absence of usable sanctions to enforce binding agreements.

In an effort to address these shortcomings AHF proposes the following steps:

1. In light of WHO's lack of leadership, decisive action and resolve to embrace responsibility for the protection of global public health in the Ebola crisis, the current Head of WHO should step down so that a proactive, reform-minded individual might take the lead and transform WHO into an efficient global instrument for rapidly addressing global health threats.
2. AHF commends WHO's recent announcement about the creation of a Contingency Fund for Outbreaks, however, in light of the numerous problems that have been highlighted in this statement concerning WHO's leadership and structure, AHF is of the opinion that WHO should not be in charge of managing this fund.

3. With respect to the Contingency Fund for Outbreaks, AHF proposes that it should be managed by a financial mechanism that has experience with funding other global transmittable diseases such as the Global Fund to Fight AIDS, Tuberculosis and Malaria. AHF is of the opinion that a financial institution that takes into account a comprehensive group of global public health stakeholders such as donors, implementing countries and the civil society in the financial decision-making process should be the one in charge of such a critically important fund.

4. AHF calls upon the Global Fund Board to discuss the possibility of managing the Contingency Fund. The Board should consider a set of reforms necessary to expand Global Fund's mandate beyond AIDS, Tuberculosis and Malaria to achieve efficient and affective management of resources specifically pooled for the purposes of responding to international health outbreaks such as Ebola in the form of the Contingency Fund.

5. AHF urges the UN Security Council to bring GOARN under its mandate. GOARN should be imbued with the full authority of the Security Council and restructured on the model of the Peacekeeping Forces. With sufficient logistical and mission support, it can form the operational backbone of a standing rapid response corps of experts who can be deployed around the world to fight infectious disease outbreaks of international concern.

## **Conclusion**

The effects of the Ebola outbreak will be felt in West Africa for generations. It shows us in stark contrast the consequences of poor preparation and bureaucratic bungling in the face of an epidemic at a time when quick, decisive action was needed most.

GOARN and IHR 2005 have been put in place to deal precisely with this kind of crisis, yet it took the international community months to acknowledge the outbreak for what it is -- a global public health emergency. Policy documents and agreements underlying these mechanisms are eerily anticipatory of an outbreak like the one we are experiencing right now. But, this time policy did not translate into action.

The international community needs to re-envision the new role for WHO. Following a leadership transition, WHO should swiftly start a comprehensive reform process of the entire institution so that it may become more efficient and responsive, especially in times of crisis. The Global Fund and the UN Security Council as well, have an important role to play in the financial management of the Contingency Fund resources and operational outbreak coordination, respectively. They should discuss and explore any reforms that might be necessary to fill these roles.

Above all else, the Ebola epidemic has revealed a broken system that cannot deal adequately with the global public health threats in an increasingly interconnected world. With the death toll in the tense of thousands, we owe it to the victims of Ebola and those who fought on the front lines to keep them alive, to do everything in our power to prevent this from happening again.



## References

1. "Ebola data and statistics - Latest available situation summary, 23 February 2015". World Health Organization. 23 February 2015. Retrieved 23 February 2015.
2. "Case Fatality Rate for ebolavirus". Ebola data and statistics. 2015. [http://epidemic.bio.ed.ac.uk/ebolavirus\\_fatality\\_rate](http://epidemic.bio.ed.ac.uk/ebolavirus_fatality_rate) Retrieved 13 February 2015.
3. "Situation summary data published on the 4th of December 2014". World Health organization. 5 December 2014. Retrieved 13 February 2015.
4. "Ebola response roadmap - Situation report - 31 December 2014". World Health organization. 31 December 2014. Retrieved 1 January 2015.
5. "Ebola response roadmap - Situation report 24 December 2014". World Health organization. 26 December 2014. Retrieved 13 February 2015.
6. "Runaway Doctors and Missing Supplies Cripple Care in Ebola-Hit Liberia". NBC news. Retrieved 8 October 2014.
7. "WHO chief promises transparency on Ebola failures". Associated Press. 20 October 2014. Retrieved 31 December 2014.
8. Garrett L. "We could have stopped this". *Foreign Policy*. 6 September, 2014. Retrieved 13 February, 2015.
9. Butler D. "Agency gets a grip on budget". *Nature*. 4 June 2013. Retrieved 13 February 2015.
10. Fink S. "W.H.O. Leader Describes the Agency's Ebola Operations". *The New York Times*. 4 September, 2014. Retrieved 13 February, 2015.
11. Frenk J. & Moon S. "Governance Challenges in Global Health." *The New England Journal of Medicine*. 7 March, 2013. Retrieved 13 February, 2015.
12. Boseley S. "World Health Organization admits botching response to Ebola outbreak." 17 October, 2014. Retrieved 13 February, 2015.
13. Giorgetti C. "International Health Emergencies in Failed States". *Georgetown Journal of International Law*. Summer 2013. Retrieved 13 February, 2015.
14. Global Alert and Response – WHO. <http://www.who.int/csr/outbreaknetwork/en/>. Retrieved 13 February, 2015.
15. International Health Regulations 2005 – Second Edition. WHO. <http://www.who.int/ihr/publications/9789241596664/en/> . Retrieved 13 February, 2015.