



**WHO Executive Board 138<sup>th</sup> session, January 2016**

**MSF Briefing Paper: “International Health Regulations: A good framework with weak foundations”**

Agenda Item 8.1 “Implementation of IHR”

Médecins Sans Frontières welcomes the initiatives to strengthen the application of the International Health Regulations (IHR). Although the IHR were revised in 2005 to better address epidemic threats following SARS, two-thirds of countries were still failing to meet their core capacity requirements as of 2014<sup>1</sup>. MSF’s teams witness these weaknesses daily. Epidemics in resource-poor settings still cause an unacceptable number of avoidable deaths, exposing dysfunctional health services with critical shortages of qualified health staff and resources, as well as the lack of political will of national authorities and global health institutions.

The West Africa Ebola epidemic was a clear example of where the IHR failed in its stated ambitions to prevent, detect, and respond to an outbreak of infectious disease. It was however, just the tip of the iceberg. The measles epidemic in Katanga, Democratic Republic of Congo with extremely high mortality figures, has illustrated once again that development policies and preventive strategies alone are not adequate and have failed to reach their objective in fragile States. These outbreaks often occur in areas where the reported vaccination coverage should in principle preclude or decelerate such epidemics.

A well-functioning health system requires the resources to equally integrate the four main components of prevention, detection, alert and response to outbreaks of infectious disease. Any of these components alone are meaningless without the capacity to deliver direct care to patients, which is also a critical condition to save lives and gain the trust of the community.

***Prevention***

Preventing small outbreaks from becoming a local or global crisis demands investment in strengthening core capacities of primary healthcare and improving access to prevention and treatment for the population. This will understandably take time. Resources are necessary to simultaneously develop an efficient and robust emergency response as an integral part of strengthening national health systems. The capacity to respond to emergencies is a clear indicator of the system’s quality.

***Detection***

Delays in identifying and declaring an outbreak and lack of essential conditions to trigger outbreak control measures are common. Patients lack access to timely treatment which leads to an increased number of deaths at community level. Why? One clear reason is that the current system rewards countries for reaching long-term development goals, yet they encounter economic and political punishment, such as trade and travel bans, if they are honest about the challenges they face when declaring an infectious disease outbreak. A second reason derives from over-estimating immunization rates based on administrative coverage, therefore preventing adequate measures

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<sup>1</sup> Report to the director general of the review committee<sup>1</sup> on second extensions for establishing national public health capacities and on IHR implementation, [http://www.who.int/ihr/B136\\_22Add1-en\\_IHR\\_RC\\_Second\\_extensions.pdf](http://www.who.int/ihr/B136_22Add1-en_IHR_RC_Second_extensions.pdf)



from being taken in a timely fashion. Finally, the weakness of surveillance systems is also a significant part of the equation, both at local and national levels. The resources to compensate nations for the economic consequences of declaring an outbreak, to support rapid responses and to aid recovery are needed urgently as an incentive for openness and transparency.

It is not just the affected countries, but all Member States that have to be held accountable under the IHR framework. Particularly in the early months of the West Africa Ebola outbreak, MSF witnessed the increased isolation of the affected countries rather than the necessary expected support from the international community. Many countries took defensive actions, often in violation of IHR, adding barriers to the emergency response with closures of borders, airlines ceasing flights, quarantine of returning health workers, among other examples.

### ***Alert***

The detection of an unusual situation at local level does not always lead to an alert being launched or an outbreak being declared as it should. Many outbreaks are actually never signaled or the alert is launched with a significant delay. In addition, there is a discrepancy in the reaction between epidemics that are perceived as global threats, such as hemorrhagic fevers, and others, such as measles, meningitis, cholera, that are perceived as local issues, even though the actual threat they represent is equivalent at regional and sometimes international levels.

The alert process should be based solely on public health imperatives and should not be jeopardized by political or economic considerations. This requests an independent and courageous medical leadership that is able to put patients' needs at its decisions.

The current system of only one level of alert to mobilize significant international support to affected countries, the Public Health Emergency of International Concern (PHEIC), is restrictive. A graded system of warnings, added to a timely detection and declaration, would allow for the alert to sound before it becomes a global threat when it is much more difficult to control.

### ***Response***

Once countries are able to detect outbreaks and have the political will or incentive to declare them, then they must be resourced adequately to respond. Public health surveillance is useless without the capacity to deliver direct care to patients. In this sense, delivery of care is not a negotiable option, but a condition and measurement of success.

Putting the interest of patients first is at the centre of any epidemic response for MSF. MSF sees health security as a commitment to improve the health status of populations, for which infectious diseases are real burdens at local level.

Improving surveillance to prevent outbreaks becoming large epidemics is not sufficient. Wealthy nations must be prepared to react quickly to epidemics and support countries that do not have the resources to cope alone. In case of the Ebola outbreak, despite the limited data available early on, it was clear to MSF's teams that an international response was necessary, yet this came months too late, when Ebola was seen as a public health emergency of international concern.

MSF's main concern is that international response will only be triggered when perceived as an international security threat, rather than based on the health needs of those caught in the epidemic. As the case of Ebola demonstrated, when wealthy countries feel threatened, global political priorities



are accordingly redirected. Instead of a too narrow focus on Global health security, the health needs of the populations must be the cornerstone of the response.

### ***In Conclusion***

An independent, transparent and thorough evaluation of progress of IHR compliance at the country level is needed, and can and should be evaluated against the country's response to smaller outbreaks that do not meet the 'international health threat' status. There must be greater willingness for Member States to delegate authority to accomplish this, for instance by agreeing to peer evaluations.

In addition to supporting countries to comply with the core capacities, there is an urgent need to invest in better and more adapted tools to prevent, identify and respond to health threats. Research and development and access to diagnostics, vaccines and treatments cannot be left solely to market forces. The current R&D framework is not conducive to deliver these essential tools as a public health good that is accessible and affordable for those most affected.

We cannot continue to ignore the risk of outbreaks, especially the neglected or 'usual' ones such as measles, meningitis, cholera or malaria that take the highest toll in morbidity and mortality. The emphasis on surveillance and detection of infectious diseases with pandemic potential is short-sighted if emergency response is not also strengthened, guided by the health needs of the people.

WHO has an essential role to play in ensuring that individual health is taken into account while framing the international health agenda. Its positions, statements and policies are heard and respected. MSF asks that patients remain at the center of the international health agenda, and decisions are taken on medical and scientific evidence, free of political and economic interests.