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Making Global Health Governance Work: Recommendations for How to Respond to Ebola

Summary

The Ebola pandemic is a crisis of global proportion and of global concern. It is locally concentrated and requires responses on a local scale with a global scope. Its projected trajectory is the subject of volatile predictions, confused communication, imperilled responses and, increasingly, panic. It is at once a health crisis, with severe economic repercussions, and a threat to peace and security, especially in the region and even beyond.

The response to the Ebola pandemic should be twofold.

- The **immediate crisis must be brought under control**. We propose a set of short-term actions that are based on a much stronger commitment and co-ordination by the international community. Above all, these are geared towards establishing an acknowledged and legitimate global health leadership structure: based in the United Nations system and supported by key global players such as the United States and the European Union.
- In order to overcome the current Ebola outbreak with a view towards drawing conclusions to prevent another such crisis, international actors need to reflect on the **structural aspects undergirding this crisis**. Three elements of such a response need to be recognised. First, the Ebola pandemic is a global crisis; in addition to the individual impacts of infection, a global pandemic can easily lead to a panic in which health, social, economic and political costs are impossible to quantify. Second, it is a health crisis not only for those infected with and affected by the Ebola virus, but also for the most affected region – in health, economic and security terms (as people seek health care apart from Ebola treatment). Third, Ebola poses a health, economic and security crisis for the West Africa region and beyond: its spread threatens the fragile gains made in the post-conflict societies of Guinea, Liberia and Sierra Leone. The broader West Africa region and the Sahel are characterised by fragile social cohesion, as people struggle to sustain livelihoods curtailed by quarantines, fear and falling trade while authorities work to maintain and manage socio-political tensions.

The current Ebola crisis illustrates the shortcomings of the way international cooperation is organised. In rising to the challenge of a committed, coordinated response, the following points must be acknowledged.

- Ebola's eruption into densely populated urban areas reinforces the vital necessity of functioning local, national and global health systems. Zoonoses are likely to multiply; learning to predict and prepare for them is vital.
- It makes it clear that weak and fragile local systems, especially in a post-conflict setting, pose not only a local hazard but a global threat.
- Current crisis response mechanisms of the international community are neither effective nor adequate. To a large extent, the situation is caused by chronic underfunding of the core functions of leading international institutions.
- There are urgent opportunities that the international community should take advantage of to improve the workings of the (global) health sector, e.g. comprehensively supporting health systems' development.

Ebola – What kind of crisis?

The Ebola crisis of 2014 is unique. The speed with which this previously contained disease has become a pandemic is of a different order of magnitude than with previous outbreaks of other diseases. Its trajectory is being ascribed to the accelerating pace of globalisation and the accompanying (under)development. Its potential for harm is reminiscent of the 1918 Spanish Influenza, but global responses to HIV and AIDS can offer interim lessons.

The three worst-affected countries rank in the lowest tiers in terms of human development and health indicators. They have the lowest life expectancies (<60; in Sierra Leone ca. 45 years), the lowest levels of health expenditure, the lowest numbers of skilled birth attendants at birth (<50 per cent) and the highest maternal death rates (hundreds of times greater than Western figures) in global comparison. The continued spread of Ebola threatens this already vulnerable record. The World Bank has published dire predictions about the potential economic costs of the pandemic over the short- and medium terms. These costs will have implications for health systems, health care and the education of health personnel, among other things.

Ebola impacts health and governance on multiple levels.

- Regional: Even when, or if, the Ebola pandemic is brought under control in the worst-affected countries, these will suffer in its wake. Human suffering, economic constriction, food insecurity and weakened trust in government and security will linger. The region will carry the image of a bastion of illness. Racist overtones already permeate global perceptions.
- International: The first cases of Ebola in Europe and the United States have demonstrated the virus' global reach. International actors have increased their efforts to deal with the crisis, even though there are huge gaps remaining in terms of leadership, capacity and vital equipment. To a large extent, what responses currently exist are being organised and implemented by the militaries of high-income countries, sometimes without the proper medical support necessary to actually stem – as opposed to just quarantine – the pandemic. These military interventions are precarious but, to date, they have been requested and welcomed by the worst-affected countries.
- Establishing a functioning international system to deal with the tremendous coordination requirements is critical. A legitimate, mandated global health government system – as opposed to voluntary governance – is lacking, even in a basic sense.

Tracing the trajectory from HIV and AIDS to Ebola: Mining for lessons

Despite key differences in affected populations, incentives for governments to act and the effective time it has taken to mount a response now taken for granted, the HIV and AIDS response trajectory offers illustrative lessons for the challenges presented by Ebola.

- The lead response remains with the United Nations Security Council and the Secretary-General, not with a new institution (such as UNAIDS), nor the World Health Organisation (WHO), whose leadership and legitimacy are being called into question.
- WHO plays a technical role in publishing treatment and care guidelines and training medical personnel, such as the Cuban doctors now in Sierra Leone.
- The funding arm for HIV and AIDS, UNITAID, might be serviceable in funnelling emergency funds to the Ebola response.

In a show of progress, HIV and AIDS were highlighted as a global problem by rights activists, and today the *rights* of Ebola victims regarding access to treatment are undisputed. As in the response to the HIV and AIDS pandemic, the UN Security Council has unanimously passed Resolution S/Res/2177 2014, calling on countries to respond to Ebola and for the international community to act. More must be done. As was the case with HIV and AIDS, the necessary response to Ebola must come from: the highest ranks of global health and global health governance; the security apparatuses charged with preventing conflict and protecting peace; industry and philanthropy that are prepared to, and compelled to, do "their part".

Table 1: Lost GDP due to Ebola in dollars and as a percentage of 2013 GDP

	Short-term impact 2014	Medium-term impact (2015 – Low Ebola)	Medium-term impact (2015 – High Ebola)
Guinea	130 million (2.1%)	-43 million (0.7%)	142 million (2.3%)
Liberia	66 million (3.4%)	113 million (5.8%)	234 million (12.0%)
Sierra Leone	163 million (3.3%)	59 million (1.2%)	439 million (8.9%)
Core Three Countries	359 million	129 million	815 million
West Africa	2.2 – 7.4 billion	1.6 billion	25.2 billion

Note: All values are expressed in 2013 US dollars.

Source: Based on the World Bank; online: http://www.worldbank.org/en/news/press-release/2014/10/08/ebola-new-world-bank-group-study-forecasts-billions-in-economic-loss-if-epidemic-lasts-longer-spreads-in-west-africa (accessed 20 Oct. 2014)

Missing global health governance: Who is in charge?

In terms of the response to Ebola, the existing global health governance arrangements have proven to be neither functional nor sufficient in terms of coordination and oversight on the one hand, or in terms of magnitude on the other. Most notably, following the first confirmed case on March 25, it took WHO – which is the designated international leader in health and emergency response – until August 8 to declare a global health emergency. In taking so long, it forfeited legitimacy even before its director, Dr Margaret Chan, stated that it was only a "technical agency".

Box 1: WHO – A key actor?

When thinking about health crisis situations, WHO should have the leading global role: "WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends." (Source: http://www.who.int/about/en/, accessed 20 October 2014)

However, in terms of health standards, not all UN member states have clear commitments to follow, for example, the recommendations on travel regulations regarding the Ebola crisis. In terms of operational capacity, WHO is not in a financial position to react in a significant way.

The approved budget for 2014–2015 is US$ 3.977 billion. This is a minor increase compared to the previous period (2012–2013) but lower than the previous two budgets. The allotment for crisis responses in the current budget was significantly decreased, from US$ 469 million (2012–2013) to US$ 228 million (2014–2015).

Looking beyond WHO, in order to garner the action necessary, and to ensure its efficacy in fighting the Ebola outbreak in West Africa and around the world, three things are vital. First, the order of priorities for a successful response (political, medical, economic) must be defined. Second, the actors who are to lead the different areas of response must be identified. Third, the possibilities and most expedient ways for carrying out the chosen response must be determined.

The political response is coming. After initial and expanded interventions by global health actions, the following can be stated.

- Renowned NGO Médecins Sans Frontières, whose staff and equipment are heroically deployed and employed alongside local medical practitioners, and the non-medical teams such as those responsible for the highly technical and dangerous task of burial, remain on task. Their guidelines have largely been adopted by the US Centers for Disease Control.
- The United States has sent a handful of medical experts and logistics personnel. President Barack Obama pledged 3,000 troops to Liberia at the request of that government. They are to build 17 medical facilities where Ebola can be treated. The United States has also committed US$ 500 million (plus) of a global US$ 2 billion effort to combat the disease. It has named an Ebola "czar".
- The German government has committed to organise air transport facilities jointly with France and to provide a mobile hospital and medical equipment. However, the EU intends to send fewer than 200 support staff. The EU is also contemplating naming an Ebola leader.
- Of the BRICS, China has sent about 50 personnel, with about an additional 150 possibly on the way.
- Cuba, relative to its size, has sent the largest number of – and the most vital – support personnel: doctors, about 300 total. These are going to Sierra Leone.
- In addition to Resolution 2177 (2014), the UN is deploying UNHAR (Humanitarian Air Relief) to facilitate logistics support to Guinea, Liberia and Sierra Leone.
- Furthermore, the UN has named two Ebola chiefs – David Nabarro, UN System Senior Coordinator for Ebola Virus Disease, and Anthony Banbury, Deputy Ebola Coordinator and Operation Crisis Manager.

Although the World Bank sent US$ 105 million within nine days of announcing its contribution to Liberia, the systemic collection of and use of money to fight Ebola – to ensure access to treatments (hydration salts) and protective equipment, and to shore up buckling health systems while planning for the economic (re-)habilitation of the worst-affected region – have been non-existent.

Conclusions

There are four things undermining any response – let alone a sustained response – to Ebola:

- chaotic and ineffective communication about medical protocols and risk-management;
- insufficient international action, particularly on the part of national governments and global health governance structures, which could – and must – funnel financing, personnel and equipment to the hardest-hit region and put them all to good use;
- uncoordinated international action;
- and a failure of the multilateral system of global health governance *vis-à-vis* fragile states and vulnerable people to identify and assume responsibility and accountability for confronting the global threat of Ebola and acting on this information.

We propose a twofold approach with short-term actions and structural responses. Regarding **short-term aspects,** we recommend six actions.

1. Designate one command centre for the response to Ebola as a health crisis – at the UN, for instance through the UN Secretary-General's office, and not at WHO, which has shown neither the capacity nor

inclination to assume a leadership role beyond some technical support.

2. Delineate the health protocols necessary to be followed by those directly confronted with the virus, and clarify the points of release of any changes through the command centre.
   - Mandate compliance with the protocol – hygienic regimes must be mandatory.
   - This should include the direction and voluntary/compulsory production of – preferably at (reduced) cost – protective gear by the UN and member states. (Requests for protective gear at US hospitals are rising – the worst-affected region needs them most and the gear should be donated at or below cost.)
   - Incentives (such as high-income countries paying for protective gear) and sanctions (companies shut out of contracts if they do not produce and provide such equipment) on governments and companies should be used to enforce these provisions.
3. Deploy a rapid reaction force(s) of the UN, via UNHAR, in cooperation with the African Union, EU and NATO member states, as well as the BRICS (Brazil, Russia, India, China and South Africa) and the Gulf States. This could be coordinated out of the US Africa Command (AFRICOM, based in Stuttgart, Germany). Indeed, this is already happening in order to support the logistical needs for equipment – including laboratory equipment, protective gear, medical personnel and support staff – to be sent to Guinea, Liberia and Sierra Leone. This is not a military intervention but humanitarian action supported by (military) logistics experts.
4. Deploy local and imported staff and equipment; quarantine, treat and habilitate those infected and affected by the disease to stem the tide of Ebola.
5. Employ local and imported staff and equipment to respond to other health emergencies and contingencies.
6. Establish corridors of relief and rehabilitation plans to provide for health care beyond Ebola triage, food security and agrarian production; this could serve as a forerunner to a necessary "Marshall Plan" for West Africa so that Ebola, and future disease outbreaks, can be better contained.

In order to remedy this, in addition to the direct medical response to Ebola, attention needs to be paid to a number of glaring structural gaps in global health governance that this pandemic has laid bare. Our responses to those issues include four actions focussing on **structural aspects**.

1. The international community needs to reflect on how the (global) health sector is supported by development cooperation. Since assistance for the health sector is increasingly organised around specific diseases (such as special funds to fight AIDS, tuberculosis and malaria), Ebola's spread is a clarion call for a more systemic approach to health systems that is integrated and comprehensive.
2. Furthermore, the virus's spread and the devastation that it is wreaking showcase the shortcomings of this approach, namely that health challenges addressed by development cooperation in fragile and weak state settings cannot substitute for robust local or national systems and responses.
3. Ebola makes it clear that weak and fragile local systems, especially in post-conflict settings, can create major global impacts.
4. Current crisis response mechanisms of the international community are neither effective nor adequate. Although international actors are reacting, with considerable delay, specialised international institutions have abdicated leadership responsibilities. To a large extent, the situation is caused by chronic underfunding of the core functions of leading international institutions.

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