



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

### MSF briefing paper - "From Ebola and Beyond: faulty governance of the health system in responding to medical emergencies and epidemics"

Agenda Items 5 "WHO Reform" & 8.4 "WHO response in severe large-scale emergencies"

Despite affordable preventive measures and available treatments, epidemic outbreaks of measles, malaria, cholera, and meningitis recur every year, often with devastating consequences for people in less developed countries. At the same time, outbreaks of lesser-known or emerging diseases<sup>1</sup> are declared in new areas of the globe. Generally, infectious diseases tend to be under-reported and therefore the health response remains insufficient, posing a greater threat to people's health.

The West African Ebola outbreak is only the tip of the iceberg in this landscape, but because of its unprecedented scale and because of the number of lives it has claimed, it has forced the world to recognize a number of deficiencies in responding to epidemics at the local, national, and international levels. Main ones are:

- Political failure to sound the alarm, including a lack of incentive for affected countries to declare outbreaks;
- Weak leadership of the authorities mandated to oversee the process;
- Shortage of resources (skilled and trained manpower, funding);
- Unnecessary competition between long-term development priorities, and immediate response to outbreaks;
- R&D system failing to deliver effective, accessible and affordable tools in a timely manner for under-served populations groups.

These deficiencies have remained largely unaddressed to this day, despite the creation of numerous policies, initiatives and frameworks.

### ***A Time for Change***

As 2016 opens, the world has new opportunities to effect change. During the past year, many initiatives and recommendations have been put forward, drawing lessons from the mistakes made in the Ebola epidemic. One of most important points raised is the clear necessity to reform the WHO and reinforce its capacity to enable a timely and efficient response to emergencies.

This should not distract us from the fact that change is first and foremost needed at the level of the Member States, who should make health one of their main humanitarian and development priorities. However, given the limited emergency response capacity in fragile and developing countries, the international community must commit to cover the gaps in case of emergencies. In parallel, it is equally important to build long-term intelligent strategies of assistance and aid, putting patients' needs at the center of anything done.

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<sup>1</sup> such as dengue fever, zika and chikungunya



The “Second Report from the Advisory Group on Reform of WHO’s Work in Outbreaks and Emergencies with Health and Humanitarian Consequences” issued on 15 January 2016 lists a number of practical actions and changes needed for WHO to better fulfill its mandate in responding to outbreaks and emergencies.

WHO should play its role as the international leader in health, especially in surveillance, policies and norms, and at a national level as a lead advisor to governments. This includes providing guidance to Ministries of Health, as well as supporting and facilitating medical emergency action. While discussions on reform are most welcome, it is critical to guarantee that WHO will have the sufficient autonomy, authority and means to implement these objectives.

### ***MSF’s Recommendations***

1/ **Focus** - Any reform or push for change should focus on building strong “**patient-centered**” public health systems and emergency response. The international community and donors should ensure national systems (surveillance and emergency response systems) are reinforced in fragile states, with a strong capacity to respond to emergencies. The priorities should be primarily led by a focus on the health needs of the population, as opposed to the too narrow focus on ‘security’.

2/ **Triggers** - While the current UN grading system to declare the level of emergencies appears to be adequate, the question remains for its true **applicability**. Real time assessments should be carried out rigorously based on relevant indicators. The criteria for what is a large-scale medical emergency should not be based on the potential impact on international security or commercial imperatives, but on the actual impact for the population caught in the crisis.

3/ **Leadership** - When it comes to public health, WHO is tasked with providing leadership and engaging in partnerships where joint action is needed. WHO must fulfill this role and, in order to do so, needs to be **empowered and enabled**. To make it happen, Member States and other international stakeholders must provide the much-needed political and financial support, while ensuring full accountability and oversight.

4/ **Partnerships** - Effective emergency response requires coordination and collaboration. It is about being able to use optimally all the moving parts, yet keeping each part wholly and freely independent. While WHO should indeed assume its lead role in the health cluster system, it should as well ensure the **inclusion** of other initiatives that may already be set up, whether on the local or regional level. These initiatives should be open, flexible, action-oriented, and aimed at enhancing the quality and the efficiency of the response through better planning and coordination. They should by no means add rigidity to the system.

5/ **On WHO becoming operational** - It is important to define clearly what is meant by “WHO becoming operational”. From MSF point of view, WHO needs not be the direct implementer of activities, but rather should “operate” according to its relative strengths and **added value**, complementary to those of other actors. It should act first and foremost as an enabler, using accurate technical expertise, coupled with strong facilitation, planning and coordination skills; and consider direct action only as a last resort.



Considering the number of medical humanitarian emergencies today, there is a growing imperative to fix the flaws of the health and aid systems in the most rapid manner. WHO must answer to the call to reform and the Member States should direct swift action. Any proposed changes must bring the affected people at the center of the response and should provide immediate improvements to the urgent needs of today through the best use of existing resources and capacities, nationally and internationally.