

International governance of emerging diseases

« Maladies émergentes: l'émergence d'une cause internationale »

Muriel Figuié, CIRAD



Photo WHO

Objectif : Impact of EID on International Health Governance

- *International organisations (OIE, FAO, WHO,...) have adopted very quickly the concept of EID and turned it in an international cause: How? Why?*

Methodology

- **EID:** Avian influenza and SARS
- International health governance: WHO, OIE (FAO)
 - International Health Regulation (IHR 2005)
 - Terrestrial Animal Health Code (2005)
 - “One World One Health” strategic framework (FAO, OIE, WHO, Unicef, World Bank, WCS...).



1. EID, rapidly defined by OI as a major problem based on....

Scientific knowledge

- ❑ **Emerging and re-emerging infectious diseases:** Morse (90').
Interdisciplinary issue
- ❑ **The third epidemiologic transition** (Armstrong, Barrett, et al, 1998),
- ❑ « *The coming Plague: newly emerging diseases in a world out of balance* », L. Garrett (1994)

Experience

SRAS, 2003: 29 countries in few months,, 8422 cases, 916 death
“Diseases have no frontier”

Prospective

The XXI pandemic: WHO: 1 billion of cases, 2.7 millions death
(H5N1, 335 deaths)

2. For IO: EID, not only more problems but new problems asking for new solutions

“ Chaque année une nouvelle maladie fait son apparition, ce qui ne s’était jamais vu dans l’histoire...

Dr Margaret Chan, directrice de l’OMS (OMS, 2007: vi)

- “Traditional control measures (control international traffic at points of entry, airports, ports, ...) are insufficient.” (WHO)
- Revolution/ in animal health governance (OIE)

Strategic framework : “One world , One Health”

➔ ***Opportunities for expanding the scope of international organisations***

3. Emerging diseases: a new problem calling for cooperation between States

A shared problem

- “Today more than ever the international spread of disease or other risks threatens health, economies, and security. No country can "go it alone" in protecting its citizens from the threats” (WHO)



OIE, New dangers, shared problem,...

👉 **EID : “Butterfly effect”**


Linking microbial evolution, localized outbreaks with global events. Giving global meaning to local events (King 2004)

3. Emerging diseases: a new problem calling for cooperation between States (cont.)

globalisation= problem but also solution

A shared responsibility

States have the responsibility to protect their citizens, but have now an equivalent responsibility toward the world population.

 « De fait, un seul pays qui serait aujourd'hui dans l'incapacité de lutter contre les foyers de maladies animales pourrait mettre en danger la planète entière ». (OIE)

 **Right for international health interference?**

4.but weak States

Many countries are unprepared to this shift:

- Weak human and animal health services in many countries (120/167)
- Low level of accountability and willingness to cooperate (China and SRAS)
- Lack of local perception of risks

 **Strengthened role for International organisations**

5. Expanded scope for IO: revision of the regulatory tool

WHO



Permettre aux pays de se protéger de la propagation internationale des maladies (RSI 1969)

Prévenir la propagation internationale de maladies (RSI, 2005, vii)

OIE



1924: lutter contre la propagation des maladies

2006: améliorer la santé animale dans le monde (4ème plan stratégique)

- *“the surveillance system that underpins the prevention of emergence and spread of such disease are also recognise as a public good (OIE cadre stratégique, 2004)“*

☞ « End of the geographical sequestration strategy » ➔ acting at the source

7. Expedited obligation of notification for States

■ Before 2005:

- ❑ IHR 1969: plague, cholera and yellow fever
- ❑ OIE list A and B of notifiable diseases (potential to spread over boundaries)

International regulations unfitted to face unknown diseases + acceleration of rhythm of emerging diseases

■ After 2005:

WHO: A scope not limited to specific diseases but to all “**public health emergency of international concern**”, PHEIC : emerging diseases, but also pollution, bioterrorism...



OIE: declaration of any change in the epidemiology of a disease, new “strain, new pathogen agents (without clinic sign) new vectors,....



➡ **From known risks to potential risks (unlimited),
from prevention to precaution**

8.. New stakeholders entering the arena of public health

- *New informants:*

- “Making the best use of modern information technology and non official information tracking systems” (OIE 2006-2010)

“WHO can use early unofficial sources of information, but will verify with countries before taking any action” (WHO)

=broader informants networks

- Horizontal cooperation : animal/human/ ecosystem
- *Non traditional partners:* zoo, environmental societies, private vet services...

☞ **But only OI (WHO) have the ability to give meaning to scattered and localized information**

	IHR 1969, Animal Code	IHR 2005, Animal Code 2005,
Kind of risks	3-6 human infectious diseases List A and B for animal disease	Infectious and endogenous risk (industrial, pollution, bioterrorism)
Level of intervention	Control at frontier for limiting spreading of disease	At the source « International interference »
Role for science	Providing certitude	Assuming limits of knowledge: <i>“the big unknown: why we are unable to provide a definite response to the questions arising”...</i> “it could be”, “we don’t know”, “we still don’t know” “nobody can say”. *
Link to past and future	Probabilities based on passed experiences	Scenarii based on prospective
Main objective	eradication	preparedness
Stakeholders	State	Wider networks, including non traditional stakeholders

➡ From risk management to threat governance

Conclusions (1)

- IO give substance to the “theory” of emerging diseases” (politics, institutions, regulations,....)
- IO have adopted the EID and turned it in and international cause.
- **Many criticisms** (Calain, Wilson, Scoones,...)
- “In the epidemic of **virus paranoia**, “Hot Zone” is patient zero” (L.Garett)
- Expertise focused on surveillance, **centralized management**,
- Driven by **Northern concerns**
- Do not take into account the diversity of interest, the question of **vulnerabilities**
- IO and industry coalition.
- Security versus **solidarity**

Conclusions (2)

Why such a success? (compared to Non Communicable Diseases for example)

- Using a grammar of threat and uncertainty allow to strengthen the scope of action of IO, increased their legitimacy. (positive externalities of emerging diseases)
 - EID: a scientific concept suitable for public policy?
 - ❑ SARS (human infectious disease, 8422 cases, 916 death in few month, 29 countries)
 - ❑ H5N1 (poultry disease, few human cases 534 cases, 316 death in 8 years)
 - ❑ H1N1 (new?)
-
- ❑ New problem or new ambition (anticipation?): providence, prevention, precaution

Le Monde

2003

Hongkong,
hôtel Métropole,
chambre 911,
9^e étage

CRAS

LE ROMAN D'UN SERIAL KILLER

I ♥ HK

Hongkong, 30 avril. Vivien n'a pas assez de mots pour exprimer ce qu'elle ressent depuis que l'épidémie s'est abattue sur la ville. Alors, elle a juste écrit : « J'aime Hongkong. »
MARCUS OLENIUK / CORBIS / SYGMA

M 05009 - 29 - F: 3,00 €



N° 29

ARGENTINE 5 000 L. ALLEMAGNE 4 € BELGIQUE 4 € CANADA 5 \$ CAN. ESPAGNE 4 € GRANDE-BRETAGNE 3 £
GRÈCE 3 € ITALIE 5 € LUXEMBOURG 4 € MAROC 30 DH. NOUVELLE-CALÉDONIE 1 200 CFP. POLYNÉSIE FRANÇAISE 1 200 CFP.
PORTUGAL CONT. 3 € RÉP. TCHÈQUE 3 € SUISSE 6 FS. TOM 1 200 CFP.

Le Nouvel Irak, n° 1
Dans ce numéro, le fac-similé
d'un nouveau titre de presse
libre à Bagdad



ET AUSSI... LA VIE
L'HISTOIRE ET L'ACTUALITÉ
D'UNE EXCEPTION FRANÇAISE.
DOCUMENTS DANS LES
COULISSES DU PENTAGONE.
DANS LES PALAIS DE SADDAM
HUSSEIN. **AVENTURES**
IL Y A 50 ANS, LA CONQUÊTE
DE L'EVEREST. IL Y A 50 ANS,
LA PATROUILLE DE FRANCE.

3 €