ELECTRONIC GOVERNANCE AND HEALTH: GOVERNANCE APPROACHES TO THE GLOBALIZATION OF INFECTIOUS DISEASES AND EPIDEMICS

UNU-IIST International Conference on Theory and Practice of Electronic Governance (ICEGOV2008), Cairo, Egypt, 1-4 December 2008

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Globalization of Public Health

- "We meet as we fight to defeat SARS, the first new epidemic of the twenty-first century. …Globalization of disease and threats to health mean globalization of the fight against them" – Gro-Harlem Brundtland, Past Director-General, World Health Organization, Address to the 56th World Health Assembly, Geneva, Switzerland, 18 May 2003
- "Today, in an interconnected world, bacteria and viruses travel almost as fast as e-mail and financial flows. Globalization has connected Bujumbura to Bombay and Bangkok to Boston. There are no health sanctuaries. … Globalization has shrunk distances, broken down old barriers, and linked people. Problems halfway around the world become everyone's problem" – Gro-Harlem Brundtland, "Global Health and International Security," 9 *Global Governance* (2003) 417

(Global) Governance: Key Characteristics

- **(Global) governance – seriously contested & debated**
- **Consensus - governance at the global level involves multiple actors: nation-states, regional and international organizations, charitable foundations, NGOs/civil society, private sector interests**
- **Accepted definitions of global governance link the dynamic roles of these multiple actors alongside states in the global arena**
- **Global governance – driven by dynamics of global interdependence. Global issues do not respect the boundaries of sovereign states**
- **State-centric Westphalian governance architecture - exclusively populated by states is no longer capable of addressing the global issues of our time**

Commission on Global Governance (1995), Our Global Neighborhood

- "**Governance is the sum of the many ways individuals and institutions, public and private, manage their common affairs. It is a continuing process through which conflicting or diverse interests may be accommodated and co-operative action may be taken. It includes formal institutions and regimes empowered to enforce compliance, as well as informal arrangements that people and institutions either have agreed to or perceive to be in their interest**"

Governance vs. Government

- "*Both governance and government consist of rule systems, of steering mechanisms through which authority is exercised in order to enable systems to preserve their coherence and move towards desired goals. While the rule systems of governments can be thought of as structures, those of governance are social functions or processes that can be performed or implemented in a variety of ways at different times and places (or even at the same time) by a wide variety of organizations*" - **James N. Rosenau, "Governance in a New Global Order" (2000)**
- **Effectiveness of governance rule systems derives from "traditional norms and habits, informal agreements, shared premises, and a host of other practices" – Rosenau**
- **Proliferation of complex interdependencies leads emergence of rule systems in non-governmental organizations, corporations, professional societies, business associations, advocacy groups, and many other types of collectivities that are not considered to be governments - Rosenau**

Perspectives on Global Health Governance

<u>governance</u>

agreed rules, norms & institutions by which people organise themselves to achieve common goals

<u>health governance</u>

agreed rules, norms & institutions by which people organise themselves to collectively promote and protect health

<u>global health governance</u>

(a) deal with transborder flows that impact on health;

(b) embrace governmental & nongovernmental actors; and

(c) address determinants of health within & beyond health sector

<u>Source</u>: Kelley Lee, Lecture, Governance of Emerging Global Issues, UNU International Course, May-June, 2008, Tokyo

Global Mandate of the World Health Organization (WHO)

- **WHO - Established in 1948 when its Constitution Adopted at the International Health Conference held in New York in July 1946 and signed by 61 Representatives of States entered into force**
- **Specialized Agency of the UN**
- **WHO has 22 core functions including acting "as the directing and co-ordinating authority on international health work"**
- **One of WHO's functions shall be "to propose conventions, agreements and regulations, and make recommendations with respect to international health matters…" Article 2(k) of the WHO Constitution**

WHO Membership

- WHO has 193 Member-States
- Policies & Programs are governed principally by the World Health Assembly - Composed of Representatives of all the Member States
- WHA passes Resolutions based on equal voting - “one country, one vote”

WHO and Governance Approaches to Disease: I

- **The Use of Conventions & Agreements**
- **"The Health Assembly shall have the authority to adopt _*conventions* or *agreements*_ with respect to any matter within the competence of the Organization. A two-thirds vote of the Health Assembly shall be required for the adoption of such conventions or agreements, which shall come into force for each Member when accepted by it in accordance with its constitutional processes" – Art. 19, WHO Constitution**

WHO and Governance Approaches to Disease: II

- **The Use of Regulations. Article 21 – WHA could adopt regulations concerning:**
- **(a) sanitary and quarantine requirements and other procedures designed to prevent the international spread of disease;**
- **(b) nomenclatures on diseases, cause of death and public health practices;**
- **(c) standards with respect to diagnostic procedures for international use;**
- **(d) standards with respect to the safety, purity and potency of biological, pharmaceutical and similar products moving in international commerce;**
- **(e) advertising and labelling of biological, pharmaceutical and similar products moving in international commerce**
- **Such Regulations shall come into force for all Member States after due notice has been given of their adoption by WHA except for such Member-States as may notify the WHO Director-General of a rejection or reservation(s) within the period specified in the notice**

WHO and Governance Approaches to Disease: III

- **Article 23 WHO Constitution: World Health Assembly the authority to make recommendations with respect to any matter within the competence of the Organization**
- **3 Governance Approaches: Article 19 (conventional treaty-making power), Article 21 (legislative power to adopt legally-binding regulations), and Article 23 (power to make non-binding recommendations or soft-law)**

WHO AND THE EVOLUTION OF THE INTERNATIONAL HEALTH REGULATIONS (IHR)

- IHR dates back to 19th Century Epidemics of Cholera in Europe Between 1830 and 1847
- When WHO was Established in 1948, there already existed international sanitary conventions/regulations within the mandates of International Organizations: International Office of Public Health (in Paris), the Health Organization of the League of Nations (in Geneva), and the Pan-American Sanitary Bureau (in Washington, DC)
- In 1951, WHO adopted the International Sanitary Regulations, and renamed these regulations the International Health Regulations in 1969. WHO slightly modified the IHR 1973 and 1981

IHR (1969)

- **The IHR - one of the earliest multilateral regulatory approaches to global surveillance for diseases**
- **IHR - a regulatory surveillance mechanism for the sharing of epidemiological information on the transboundary spread of three infectious diseases: cholera, plague and yellow fever.**
- **Fundamental Principle of the IHR: 'maximum security against the international spread of diseases with a minimum interference with world traffic'.**

IHR Obligations

- **IHR provide for binding obligations on WHO Member States to notify the Organization of any outbreaks of cholera, plague and yellow fever in their territories**
- **Notifications sent by Member-State to WHO are transmitted to all other Member-States with acceptable public health measures to respond to such outbreaks**
- **This was part of WHO's surveillance mandate for the global spread of infectious diseases aimed at providing maximum security against the global spread of disease**

Ineffectiveness of the IHR 1969: I

- 1980s-1990s, IHR became ineffective as global disease regulatory tool
- Countries were fearful of excessive measures from other countries if they notified WHO of outbreak of cholera, plague or yellow fever
- Examples: Cholera epidemics in South America, first reported in Peru in 1991, estimated to have cost over $700 million in trade and other losses
- Plague Outbreak in India in 1994 led to $1.7 billion losses in trade, tourism and travel as a result of excessive embargoes & restriction imposed by other countries
- In Canada, the economic cost of SARS outbreak was estimated at $30 million daily
- SARS “rocked Asian markets, ruined the tourist trade of an entire region, nearly bankrupted airlines and spread panic through some of the world’s largest countries”
- China and South Korea projected to have each suffered $2 billion in SARS-related tourism and other economic losses
- Visitor arrivals dropped drastically in Singapore, while Hong Kong carrier Cathay Pacific cut its weekly flights by 45%

Ineffectiveness of the IHR 1969: II

- IHR did not adapt to rapidly changing dynamics in international traffic, trade and public health
- IHR had a limited coverage of only 3 diseases -Plague, Cholera, Yellow Fever
- In May 1995: 48th World Health Assembly passed a Resolution calling on the Director-General of WHO to start a process of IHR revision

NEW IHR (2005)

- **After more than 10 years of negotiations by WHO Member-States & international/regional consultation of experts, WHA adopted new IHR on 23 May 2005**
- **Like the old IHR, the purpose of IHR (2005) strikes a balance B/w health protection and international traffic in goods albeit in a slightly different language. Purpose the new IHR "to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with, and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade"**

NO Disease List

- **IHR (2005) – Obligation on each State Party to notify WHO of "<u>all events which may constitute a public health emergency of international concern within its territory</u>"**
- **Authorizes the DG of WHO to determine, on the basis of information received, in particular from the State Party within whose territory an event is occurring, whether an event constitutes a public health emergency of international concern in accordance with the criteria and procedure set forth in the Regulations**
- **DG shall determine whether an event constitutes a public health emergency of international concern, relying among others, on scientific principles as well as available scientific evidence and other relevant information**

IHR & Global Health Security: Epidemic Alert and Response

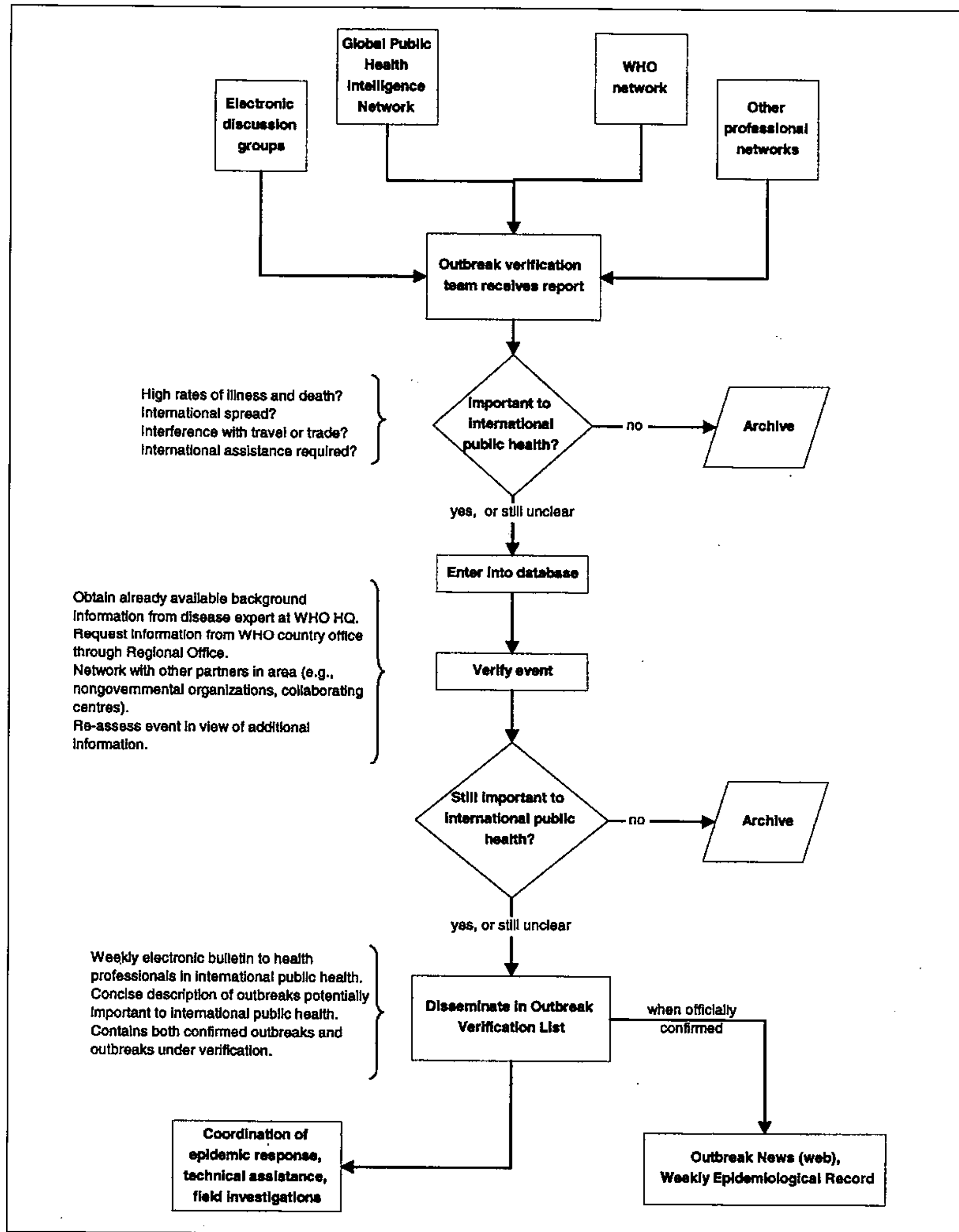
- 2001 WHA Resolution WHA54.14 *Global Health Security: Epidemic Alert and Response* links IHR to WHO's activities to support its Member States in identifying, verifying and responding to health emergencies of international concern
- WHA expressed support for two key elements of the IHR revision: development of criteria to define what constitutes a public health emergency of international concern; and identification by all WHO Member States of national focal points to collaborate in the IHR revision process
- Art. 4 IHR 2005 "Each State Party shall designate or establish a National IHR Focal Point and the authorities responsible within its respective jurisdiction for the implementation of health measures under these Regulations"

IHR (2005) – Synergy Between WHO and Other Actors

- **WHO shall cooperate and coordinate its activities, as appropriate, with other competent intergovernmental organizations or international bodies in the implementation of these Regulations, including through the conclusion of agreements and other similar arrangements – Art. 14**
- **58th WHA listed these inter-governmental organizations & bodies: United Nations, ILO, FAO, International Atomic Energy Agency, International Civil Aviation Organization, IMO, International Committee of the Red Cross, International Federation of the Red Cross and Red Crescent Societies, International Air Transport Association, International Shipping Federation, and *Office International des Epizooties* (World Organization for Animal Health)**

IHR & WHO'S E-GOVERNANCE MECHANISMS

- Before IHR (2005), WHO's global disease surveillance - based on the Organization's Global Outbreak and Alert Response Network (GOARN) which identified & extracted outbreak reports from the electronic media
- GOARN principally uses Global Public Health Information Network (GPHIN), an electronic surveillance system developed by Health Canada
- GPHIN continuously monitors some 600 sources, including all major news wires, newspapers, and biomedical journals
- Other internet-based information providers on disease outbreaks include Pro-MED; a private initiative of the Federation of American Scientists' Program for Monitoring Emergent Infectious Diseases that creates a global system of early detection and response to disease outbreaks and PACNET, an internet-based information provider on disease outbreaks in the Pacific region. ProMed maintains ProMed-mail: a free electronic mail list with subscribers from over 150 countries. Subscribers numbering over 15,000 report and discuss outbreaks of infectious diseases
- On ProMed-mail, *see* J. Woodall, *Outbreak Meets the Internet: Global Epidemic Monitoring by Pro-MED-Mail* (1997) 1 *SIM Quarterly*: Newsletter of the Society for the Internet in Medicine



Outbreak Verification of the World Health Organization

Source: Thomas W. Grein, et al, "Rumors of Disease in the Global Village: Outbreak Verification", Vol. 6, No.2, March-April 2000, *Emerging Infectious Diseases*, p98

Innovations in Communications Technology

- **B/c of Innovations in communications technology- state sovereignty irrelevant in disease outbreaks**
- **Independent global outbreak monitoring sources abound**
- **IHR (2005) gives WHO the power to request information from Member-States based on information received by the Organization from other reliable sources: WHO Collaborating Centers, NGOs, mass media, other international organizations**
- **WHO never had this power; it simply waited for a Member State to notify it of an outbreak**

Rationale for IHR (2005) Approach

- **Disease outbreaks can no longer be hidden because of extensive global media networks and information communication technologies**
- **Implication: disease outbreaks can no longer be hidden under the veil of state or territorial sovereignty**
- **E-Governance is proving to be an effective strategy in global health, and international health laws and regulations must find ways to codify them as the WHO's IHR (2005) seeks to do**
- **Challenges remain, especially for Developing Countries with poor disease surveillance systems**

I should like to thank the E-Governance Centre at the UNU-IIST, Macau for inviting me to this Conference