

Health Security Roundtable Berlin October 16, 2017

A Fragmented System – Should the United Nations Take Leadership?

Summary Report

Despite a proliferation of new institutions and interventions in recent years, there is a widespread perception that Global Health Security leadership is weak, and that the world is not ready for the next pandemic. This gap in leadership was exemplified during the West Africa Ebola outbreak by the need to invent a new organization, UNMEER, to respond to the crisis. The UN Secretary General subsequently convened a High-Level panel on protecting humanity from health crises, which recommended a greater role for the United Nations – a proposal which was not accepted.

Although WHO has a mandate to protect global health security, whether such leadership can be provided by WHO is a question to be debated. It could be argued that it is a lack of effective leadership at WHO that has led to the emergence of new global health institutions, some of which are seen as competitors to WHO, often competing for funds. There are also calls for regional or sub-regional organizations to assume primacy, risking further fragmentation of the global health system.

And the world needs to prepare quickly – the WHO currently lists nine grade 3 emergencies in the world – the highest number ever in its existence.

Discussing recent reforms and remaining challenges

To discuss this challenge, the Munich Security Conference (MSC) organized a Health Security Roundtable on the sidelines of the World Health Summit. Partnering with Chatham House, the MSC brought together leading representatives from international organizations, policy-makers and researchers. The discussion was initiated through brief introductory remarks by Ambassador Wolfgang Ischinger, Chairman of the MSC; Detlev Ganten, Founding President of the World Health Summit; Suerie Moon, Director of Research at the Global Health Centre in Geneva; and Peter Salama, Executive Director of the Health Emergencies Programme at the World Health Organization.

The roundtable was initialized with a debate: two speakers presented their views on the issue of leadership in global health security, exploring the fragmented and complex nature of the global health system and the role of the WHO within this system. Both sides emphasized the considerable reform efforts that have been undertaken by the

WHO in recent years, while additionally identifying the WHO's numerous shortcomings that are yet to be addressed. For example, over the last two years the WHO has overseen the establishment of the Health Emergencies Programme and the inception of a contingency fund at the WHO to ensure rapid funding in the event of a global health emergency. There has been renewed momentum behind the International Health Regulations (IHR) – at present, 70 countries have undergone peer reviews of their capacities to manage outbreaks under the IHR.

Although the speakers acknowledged some progress through these recent reforms, they spoke at length on the many challenges that remain. The absence of a lasting entity to monitor the system-wide preparedness for future health care emergencies was heavily emphasized. Such a mechanism was considered to be crucial to verify whether the global health infrastructure can effectively deal with future crises. Additionally, the speakers pointed out that the continuing overlap and absence of clearly assigned responsibilities was a significant shortcoming of the current global health institutional infrastructure. Furthermore, while the global system is characterized by a wide array of actors with overlapping roles, the speakers pointed out that, at the country and regional level, there is a shortage of actors that have the capacity to help governments implement programs. The speakers summarized the shortcomings of the WHO as being the result of a lack of capacity at the country level, and a lack of funding and resources for WHO activities. They agreed that a serious debate about the exact future role of the WHO and its connected responsibilities was needed for this purpose.

Focus on regional efforts, funding and further dialogue

Following the debate, the discussion was opened up to all participants. Their contributions repeatedly stressed the need for a continued dialogue between the health and the security community. While some cautioned against a possible “securitization” of health issues, others argued that a range of interfacing challenges, such as bioterrorism or global pandemics, mandate close cooperation in the field of global health security. The Ebola outbreak, for which military research could be leveraged to find a vaccine, was quoted as a successful example of such cooperation. Those who opposed securitization of health brought up the point that it is difficult to gain the trust and cooperation of those in the developing world if health is framed as a security issue rather than as an essential human right.

The role of regional institutions was highlighted repeatedly. In the discussion, the African Union's regional Center for Disease Control (CDC) emerged as a vital node in the global health system. Participants were confident that this new CDC could represent a crucial instrument in enhancing the response capabilities to future health emergencies on the African continent. Highlighting the inseparable nature of the relationship between collective and individual health security, one participant stated that “global health security cannot exist without ensuring individual health security for all, which can only be brought about by sustainable healthcare systems in Africa and the rest of the developing world.”

The WHO's financial position as well as overall financing of health security was another prominent theme of the MSC Health Security Roundtable. Some participants felt that the best way for the global health system to proceed was to invest heavily in the WHO, as it is the only intergovernmental organization designed to respond to health emergencies with representation from 194 countries. Others felt that a better use of resources would be to invest in regional organizations such as the African CDC. Participants also criticized the growing influence of private funders on the WHO budget, and brought up the significant threat posed by the United States' potential retreat in its funding commitments to the WHO. The quality of funding was also a point of considerable discussion: one participant stated that funds for global health activities often 'dribble in' slowly rather than arriving at once, and are also earmarked for specific purposes, inhibiting the flexibility of their usage. Additionally, the viability of existing project funding was questioned, for instance with regard to the polio eradication program.

One aspect of the debate that all participants agreed on was that health is an issue that requires the engagement and involvement of multiple sectors. As one participant put it, "never leave health to doctors alone."