

Global Governance for Health: Protecting Vulnerable People from Infectious Diseases in Countries with Weak Health System¹

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The outbreak of Ebola in Guinea, Liberia and Sierra Leone, and the failure to respond timely and effectively to the health crisis, need to be reviewed when we discuss the means of implementation to achieve the Sustainable Development Goals (SDGs) in the coming 15 years. In this presentation, the following 3 points will be discussed. First, it is important to learn lessons from the Ebola outbreak in West Africa, identifying the problems. Second, it is necessary to improve the global governance for health so that we will be able to respond timely and effectively to future health crises, particularly in countries with weak health system. Third, when we formulate development strategies and plan health programs to achieve the SDGs, it is recommended to take into consideration of not only the possibility of natural disasters but also of health emergency situations.

First, as a prerequisite, it is important for us to learn lessons from the Ebola outbreak in West Africa, identifying the problems in responding to the health crisis. The analysis of the problems may be conducted at 3 levels: country, regional and global levels.

- At the country level, we need to analyze why the government of the three countries did not comply with the International Health Regulations (IHR). It is also useful to analyze why the UN country team in each country was not able to assist the respective government in reporting the increasing number of Ebola cases to WHO.
- At the regional level, it is necessary to analyze why the regional office of WHO in Africa, AFRO, did not intervene in the perceived failure of the governments of the member states to report the cases to WHO in a timely manner.
- At the global level, we need to analyze the behavior of both WHO headquarters and the UN Secretariat. The questions related to WHO headquarters in Geneva may be the following. Why didn't WHO engage in early response, while an international NGO operating in those countries (MSF) repeatedly called for immediate attention? Why didn't WHO declare the Public Health Emergency of International Concerns (PHEIC) at an earlier stage? The questions related to the UN Secretariat in New York may be the following. Why didn't UN Secretariat send clearer communications to the UN Resident Coordinators in the three countries? Why didn't OCHA play more proactive roles, while humanitarian crises were evolving in the post-conflict countries? Why did the UN Secretary-General have to organize an unprecedented health mission, UNMEER, after consulting with the UN Security Council and the UN General Assembly?

Second, it is necessary to improve the global governance for health so that we will be able to effectively respond to future health crises, particularly in countries with weak health system. There may be a few scenarios for reforming the current global governance for health.

Third, when we formulate development strategies and plan health programs to achieve the SDGs, it is recommended to take into consideration of not only the possibility of natural disasters but also of health emergency situations. The protection strategy to mitigate the health risks themselves and the empowerment strategy to help the vulnerable people become more resilient with adaptation methods should be pursued in order to promote human security.

¹ The views expressed in this presentation are those of the speaker and do not represent the official position of JASID.