Response to Health Emergencies: Facing the Unexpected

The Ebola outbreak that ravaged West Africa created significant political momentum to improve epidemic preparedness and global health governance. While health emergencies have taken center stage on the global agenda, this increased attention must translate into concrete action: better, faster and direct response for people at the center of crises.

Conflict, displacement, urbanization and limited access to health services provide a fertile ground for new and old diseases. Following the devastating Ebola outbreak, the world was again confronted with a rapidly expanding outbreak of Zika, a disease previously considered mild but that has since proven to be a concerning health threat for millions. Today a significant yellow fever outbreak is threatening central Africa after cases appeared in Luanda in December, the first outbreak in Angola in nearly 30 years, that has since spread to the Democratic Republic of Congo (DRC). Also in DRC, where malaria is hyper-endemic, unanticipated increases in malaria cases in the northeast of the country are causing a tremendous strain on already overstretched health services. What do these three outbreaks have in common? None were expected, not least on such a scale.

One of the concrete outcomes of the efforts to tackle the notable rise of health emergencies is the creation of the new WHO Health Emergencies Program, which aims to support countries and partners to better identify and respond to emergencies. While such an initiative is most welcome, global health providers continue to struggle to face the unexpected and ensure that care reaches those most in need.

Health crises: a collective responsibility

During the past year, many initiatives and recommendations have been put forward, drawing lessons from the mistakes made in the West Africa Ebola epidemic. Initiatives such as the aforementioned WHO Health Emergencies Program have been launched, while existing programs such as the Global
Health Security Agenda have been expedited to reinforce the implementation of the International Health Regulations.

Reinforcing local capacity to improve identification of and response to health threats is certainly laudable, but achieving such objectives may not be realistic in the short term. A goal of IHR implementation in 2020 will not fully address present outbreaks. While there is work to be done towards longer-term health goals, they cannot be achieved at the expense of neglecting present-day emergencies.

Efforts to reduce risk, improve surveillance and increase resilience are laudable, but health emergencies are inevitable no matter the level of preparation. Ensuring a quick response through timely interventions focused on the direct needs of affected patients and communities is key. Direct patient management saves lives and containment measures can mitigate further spread of an outbreak.

Health emergencies such as epidemics can destabilize the strongest of health systems. Retaining emergency response capacity is a humanitarian imperative, not a secondary goal. The discourse of resilience cannot be used as an excuse to abandon people in distress. Countries should be able to count on international solidarity and practical assistance when facing health emergencies, however strong their health system is, or whatever preparatory measures they have taken.

**Triggers**

Surveillance alone will not assure an effective response to a disease outbreak. The ability to quickly diagnose cases is also necessary to launch an effective response to treat patients. In the case of yellow fever, the time lag between the identification of cases to rolling out effective vaccination in Angola should have been less, but the limited ability to quickly diagnose the virus and then reactively vaccinate caused delay. The initial process of case verification was cumbersome as samples had to be transported out of the country to a referral lab for quality control.

The lack of a point-of-care diagnostic is keenly felt in such outbreaks, as it also is for Zika. Diagnosis of the Zika virus requires a specialized and technical laboratory set-up not present in many locations, meaning that many cases go undetected. Further investment in improving diagnostic capacity closer to the patient is needed.

Response to the Zika and yellow fever outbreaks and the other less exceptional but also equally important diseases, such as measles or malaria, will all benefit from a change in the current research and development paradigm, where markets and economic gain are the main impetus for outside investment. States should invest in such R&D as health is a public good.

While the declaration of Zika as a Public Health Emergency of International Concern (PHEIC) has triggered investment in research, this should not be the only means to advance research and development in emergencies. The yellow fever outbreak is a good case in point. Although there is a highly effective vaccine, the supply and production is limited, and no standard treatment or easy to use diagnostic tool exists. This outbreak presents an important opportunity to conduct research on these issues, beyond the framework of a PHEIC declaration.
**Leadership**

Countries affected by a health emergency should find incentives to ask and accept external support, instead of economic and political punishment. Requesting outside assistance should not to be seen as a failure but rather rewarded as a measure of strength. In a highly interconnected world where diseases know no borders, fostering a collective effort against epidemics should be regarded as the natural response from Member States of the WHO.

When national governments flag a health emergency, this should engender a public health response that incorporates the maximum assistance to patients and affected communities through a mobilization of all appropriate national and international resources.

As the world’s premier public health governance body, the WHO is tasked with providing leadership and fostering partnerships where collective action is required in a crisis. In close collaboration with Ministries of Health, WHO must fulfill this role and, in order to do so, its management must not only be empowered but also be willing to use the political leverage vested in the institution. For example, at the onset of the current yellow fever outbreak, not all the available resources were optimally drawn upon. The WHO should facilitate the surge capacity of experienced and skilled partners to support national efforts.

The WHO Health Emergencies Program is a welcome step to enhance the ability of the organization to improve overall response. This now needs to be translated to field level, where the patients and affected communities should feel the direct benefits.

**Response**

Responding to health emergencies such as epidemics should be an integral part of health systems strengthening. This is an indicator of the system’s effectiveness and quality. However, given the limited emergency response capacity in fragile and developing countries, the international community must commit to covering the gaps in emergencies where countries cannot cope alone or where part of the population is neglected or marginalised. Surge capacity of experienced, skilled personnel is one limitation that can be overcome with international support.

An example of a silent emergency that should be addressed outside the framework of systems-building is the large peak of malaria cases in northeastern DRC that began in March 2016. Health facilities are overwhelmed, with shortages of medicine and limited capacity to treat complicated cases. Earlier this month, 141 children were admitted in a single night to a referral hospital with only 22 bed-capacity.

Effective emergency response requires coordination and collaboration that is adapted to the local context. Efforts to do so must be open, flexible, action-oriented, and aimed at enhancing the quality and the efficiency of the response, through the best use of existing national and international resources and capacity.

**Conclusion**

This year’s World Health Assembly presents an important opportunity to assess steps taken to improve emergency response in health crises. The focus must remain on the patients and affected communities rather than the rhetoric of systems building. True leadership at the international level is
necessary to achieve any progress. Without it, health emergency response risks continuing to be haphazard, ill-conceived, and dangerously insufficient.

MSF remains committed as a reliable partner in emergency response and will actively promote and improve preparedness and surge capacity while maintaining that patients’ interests are at the heart of the response.