IFMSA Policy Document
Health Emergencies

Proposed by SfGH-UK and MSAI-India
Adopted at the IFMSA General Assembly March Meeting 2019, in Portorož, Slovenia.

Policy Statement

Introduction:

Health Emergencies are acute, high impact events which threaten the health of populations. Some examples of health emergencies include outbreaks of infectious disease, armed conflict, natural disasters or chemical spill. Response to health emergencies is directly coordinated by the World Health Organization (WHO) but involves many actors locally and internationally. Health emergency work is typically divided into preparedness and response. Health emergencies are becoming more common due to increasing global connectedness, climate change and a rise in violence in certain countries. Health emergencies interconnect with many other issues and many other IFMSA policy documents will be relevant and complementary to this one.

IFMSA position:

The IFMSA believes that the prevention of health emergencies is the most effective means of managing both financially and medically. WHO member states must comply with international law relating to health emergencies that are designed to keep their citizens, and those of other nations, safe and to invest in strong health systems which can detect and respond to any acute health incident as early as possible. Preparedness and response to health emergencies can be handled by no single group and professions, organizations and nations must work together efficiently and swiftly to save lives.

Call to Action:

IFMSA National Member Organizations:

- Run education programmes to inform their members about the awareness of health emergency response, preparedness and health security, including:
    - Challenges posed by health emergencies
    - The measures to prevent the public health emergencies that occur both nationally and internationally
- Advocate for investment in health emergency preparedness by their government
- Advocate for improved compliance with the International Health Regulations nationally
- Use health security as an argument in advocating for universal health coverage,
- Work in partnership with government departments, national public health institutes and non-state actors to design and provide capacity building opportunities for their members for health emergencies

WHO Member states:

- Invest in health systems with strong diagnostic and rapid-response capabilities with clear chains of communication in the event of a health emergency, whilst ensuring compliance with the International Health Regulations
- Provide adequate financing for the WHO Contingency Fund for Emergencies
- Fully fund the World Bank Pandemic Emergency Financing
- Provide timely and non-earmarked funds to WHO appeals during major emergencies

- Promptly and openly share data about outbreaks with aid agencies and non-state actors
- Provide the health workers responding to the emergencies with adequate protection and security to ensure safety at all times. Develop continuous intersectoral communication to facilitate public health emergency preparedness and responses to emergencies
- Cooperate with all countries to provide or receive specialist medical, logistical and/or security assistance in the event of major health emergencies
- Develop strategies to disseminate health emergency protocols to appropriate audiences (e.g. media, public, relief agencies, national governments and disaster management committees) in a timely manner using adequate communication channels

World Health Organization:

- Work with partners across the UN system and other intergovernmental organizations to provide rapid, effective coordination of responses to health emergencies, such as the UN Environment Programme, UN Office for Coordination of Humanitarian Affairs, UN Peacekeeping, UN Food and Agriculture Organization, World Bank and World Organization for Animal Health
- Coordinate member-states' cooperation to respond to health emergencies
- Utilise UN organs, such as the Security Council, to increase funding and response efforts for large or severe emergencies
- Create guidelines to promote the wellbeing of healthcare workers deployed to emergency situations to prevent burnout and post-traumatic stress disorder
- Advocate for all member states to strengthen health emergency preparedness and provide technical assistance, particularly through regional and country offices
- Assist all member states with implementation of the International Health Regulations
- Ensure that polio remains a Public Health Emergency of International Concern until it has been eradicated

POSITION PAPER

Background information:

The increasing global health threats and the need of a more coordinated response to cross-border health incidents resulted in the adoption of the new International Health Regulations (IHR 2005) by the 58th World Health Assembly which entered into force in June 2007. Among other changes, the agreement specifies international collaboration and support in surveillance and response to Public Health Emergencies of International Concern, also known as PHEICs, (Article 44, IHR 2005). As shown by the global fast-spreading outbreaks of Severe Acute Respiratory Syndrome (SARS), the 2014 Ebola virus outbreak and other various humanitarian crises, the lack of, or poor, preparedness for, and response to, health emergencies in the health system of one country can endanger the public health of other nation (1). PHEICs are cross-border (or potentially cross-border) health emergencies (14) but not all health emergencies will be declared PHEICs (15).

Discussion:

Health emergency and preparedness, calls the Member States to develop, maintain and strengthen core capacities for surveillance and response (3). To bring about a change, International Health

Regulations (IHR) were adopted in 2005, with a view to prevent, protect against, control and provide a public health response to the international spread of diseases and restrict public health risks, without unnecessary interference to the international trade and traffic. The World Health Statistics for 2018 (4) shows and confirms that there is a gap between the health emergency preparedness and the IHR capacity of low-, middle- and high-income countries. Moreover, a report (5) by the International Working Group on Financing Preparedness, established by the World Bank, showed most countries are not adequately prepared for outbreaks. The data confirmed that many countries do not invest enough in preparedness and prevention of disease outbreaks. This in spite of the fact that the cost for preventive mechanisms being significantly lower than that of pandemics (6). Public health emergency preparedness (PHEP) is the capability of the public health and health care systems, communities, and individuals, to prevent, protect against, quickly respond to, and recover from health emergencies. Preparedness involves a coordinated and continuous process of planning and implementation that relies on measuring the efficacy of the preparedness efforts and implementing the required timely corrective action (7).

Universal Health Coverage (UHC) - Health emergencies integration

Ensuring that health care reaches all people affected by emergencies is a challenge. Emergencies create a huge disruption to health services due to reduced supplies and essential equipment, as well as power and water shortages. Thus, emergencies can severely impede UHC and interrupt the development of the health sector. Many obstacles prevent the effective management of emergencies and hence the provision of UHC. Some of those include:

- the lack of plans and capacity on risk and vulnerability assessment and preparedness in most countries, as well as the lack of funding to help support the emergency response;
- Inaccessibility to health facilities due to lack of transport and regional hostilities
- Inaccessibility to treatment due to the rise of its cost during emergencies
- The limited available medical supplies
- Closure of government facilities which forces people to turn to the private sector (8).

These impediments result in a measurable increase in mortality with over a billion people affected by system fragility and conflict. This number is projected to rise to 1.9 billion by 2030. Moreover, health systems are being attacked in the very places where they are needed most, undermining any efforts to achieve UHC. There is an urgent need to expand coverage in conflict and crisis-affected situations (9).

UHC also is a vital part of health emergency preparedness; resilient healthcare systems that can provide immediate diagnosis and care to sick individuals regardless of their ability to pay are better able to respond to health emergencies (18).

During the 71st World Health Assembly Side-event on UHC in emergencies, organized by Switzerland and Afghanistan, the President of the Swiss Confederation urged a coherent and inclusive approach to extend UHC in armed conflict, fragile settings, and other emergency settings. Commitments should focus on three main areas for UHC in emergency settings:

1. To strengthen national health systems, build resilience, and support basic public health functions.
2. To work for the full implementation of human rights, UN Resolutions, and the SDG 2030 agenda.
3. To ensure continuity in health systems and access to services without interruption (10).

International Health Regulations

Disaster management is a core function of public health law. National laws and emergency plans must take account of international obligations for the management of public health emergencies, including the International Health Regulations (14). The purpose of the IHR is to prevent and manage the public health risks arising from the international spread of disease while avoiding “unnecessary interference with international traffic and trade” (11). The IHR 2005 introduces the concept of a “public health emergency of international concern” (PHEIC). A PHEIC is “an extraordinary event which is determined

to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response". Any event that affects the public health of more than one WHO Member State may qualify as a PHEIC. This definition implies a situation that is serious, sudden, unusual or unexpected; carries implications for public health beyond the affected State's national border, and may require immediate international action (12). This would include a chemical discharge in a river, the atmospheric release of a hazardous agent, the contamination of food crossing borders. WHO Member States should designate focal points in their countries to be available to make reports, to manage information, and to maintain ongoing contact with/WHO-IHR authorities (13). Implementation of the IHR is necessary to prevent and avoid the cross border public health emergencies and risks.

Polio

Polio is a disease that has almost been eradicated; It has been eliminated from all but a handful of countries. Due to the length of time that Polio has been almost eradicated, and the threat it poses should it re-emerge, the WHO Director-General declared Polio to be a PHEIC in 2014 (16), and it was determined that it should remain so until its eradication (17).

Security and Safety of Healthcare Workers

Safety of healthcare workers is crucial to ensure the success of responses to healthcare workers so that they are able to perform their jobs without fear of harm. In many health emergencies, either security and/or safety of healthcare workers can be threatened. Ensuring security of healthcare workers by providing well trained police, security personnel or military forces is sometimes necessary to support emergency response (19). Ensuring the availability of suitable personal protective equipment (PPE) to healthcare workers is also essential, especially during infectious disease outbreaks, protecting staff, and also preventing nosocomial infections (20).

References:

(1) The International Response to the outbreak of SARS in 2003, David L. Heymann - https://royalsocietypublishing.org/doi/pdf/10.1098/rstb.2004.1484
(2) Global Health and the Law, Lawrence O. Gostin, J.D., Devi Sridhar, Ph.D. - https://www.nejm.org/doi/full/10.1056/NEJMra1314094
(3) The Revised International Health Regulations: A Framework for Global Pandemic Response, Rebecca Katz, Julie Fischer - http://www.ghgj.org/Katz%20and%20Fischer_The%20Revised%20International%20Health%20Regulations.pdf
(4) World Health Statistics 2018 http://apps.who.int/iris/bitstream/handle/10665/272596/9789241565585-eng.pdf?ua=1 (5) From Panic and Neglect to Investing in Health Security: Financing Pandemic Preparedness at a National Level, December 2017 - http://documents.worldbank.org/curated/en/979591495652724770/pdf/115271-REVISED-FINAL-IWG-Report-3-5-18.pdf
(6) Pandemic Preparedness and Health Systems Strengthening, World Bank - http://www.worldbank.org/en/topic/pandemics
(7) Conceptualizing and Defining Public Health Emergency Preparedness- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1854988/
(8) Universal health coverage in the context of emergencies - Ala Alwan (2013) http://apps.who.int/iris/bitstream/handle/10665/118525/EMHJ_2013_19_8_685_686.pdf?sequence=1&isAllowed=y
(9) UHC2030 news & events (2018) https://www.uhc2030.org/news-events/uhc2030-events/article/universal-health-coverage-in-emergencies-a-call-to-action-475905/
(10) Universal health coverage in emergencies: a call to action at UNGA (2018) https://www.uhc2030.org/news-events/uhc2030-news/article/universal-health-coverage-in-emergencies-a-call-to-action-at-unga-509417/

(11) Health Law – WHO https://www.who.int/healthsystems/topics/health-law/chapter11.pdf

(12) WHO Emergency Committes https://www.who.int/features/qa/emergency-committees/en/

(13) PAHO Disasters Newsletter https://www.paho.org/disasters/newsletter/index.php?option=com_content&view=article&id=98:the-new-international-health-regulations-what-they-mean-for-disaster-managers&catid=69&Itemid=114&lang=en
(14) International Health Regulations https://www.who.int/ihr/9789241596664/en/
(15) Why MERS doesn't constitute a PHEIC http://www.theglobaldispatch.com/mers-does-not-constitute-a-public-health-emergency-of-international-concern-pheic-emergency-committee-32451/
(16) Polio is a PHEIC – WHO https://www.who.int/mediacentre/news/statements/2014/polio-20140505/en/
(17) Polio still a PHEIC - WHOhttps://www.devex.com/news/who-says-international-spread-of-polio-still-a-public-health-emergency-93927
(18) UHC in Health Emergency Preparedness http://globalhealthgovernance.org/blog/2018/11/26/primary-healthcare-and-emergency-preparedness-was-astana-a-missed-opportunity
(19) UN Security Council concerned about health worker safety https://news.un.org/en/story/2018/10/1024442
(20) PPE for health workers https://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html