

The Politics of Public Health Emergencies: When Do They Become International Concerns?

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World Health Organization: Public Health Emergencies of International Concerns (PHEIC)

- 2009: H1N1
- 2014 Wildtype Polio Virus
- 2014 Ebola Virus Disease
- 2016 Zika



You have to ask, “How did we get to this level of deaths without international attention?” What happened between December 2013 and the first cases in Guinea, and March [2014], the first cases in Liberia? And then August, the height of the epidemic? Why was the WHO not responding? It is their major responsibility...They knew that we have weak health systems ... that we needed resources, human resources, financial resources.

(interview, hospital official, Monrovia, May 16, 2016)

Zika Virus a Global Health Emergency, W.H.O. Says

(New York Times, February 1, 2016)



Plan of Action

- Background: International Health Regulations (2007)
- Declarations of PHEIC & Global Health Governance
- Politics of Global Health- Explanations
 - Principal-Agent Problem
 - Framing the Issue
- So What?

International Health Regulations (IHR)

Revisions (2005)

- Not disease focus
- Nonstate actors & notification
- Decision making instrument



Decision-Making Instrument

Requires Action:

Smallpox, SARS, Influenza (new subtype), Poliomyelitis (wild poliovirus)

Decision-Making Instrument (2 of 4 criteria)

- 1) Is the public health impact of the event serious? (yes/no)
- 2) Is the event unusual or unexpected? (yes/no)
- 3) Is there significant risk of international spread? (yes/no)
- 4) Is there significant risk of international travel/ trade restrictions? (yes/no)

PHEIC– Impact



- Resources
- Media attention
- Coordination
- Unusual, exceptional event

Global Health Governance

- Multiple actors
- Variety of disciplines
- Various sectors
- Politics matters even more

Health Prioritization?

Principal Agent Problem

WHO: As the Agent

Member States: As the Principals

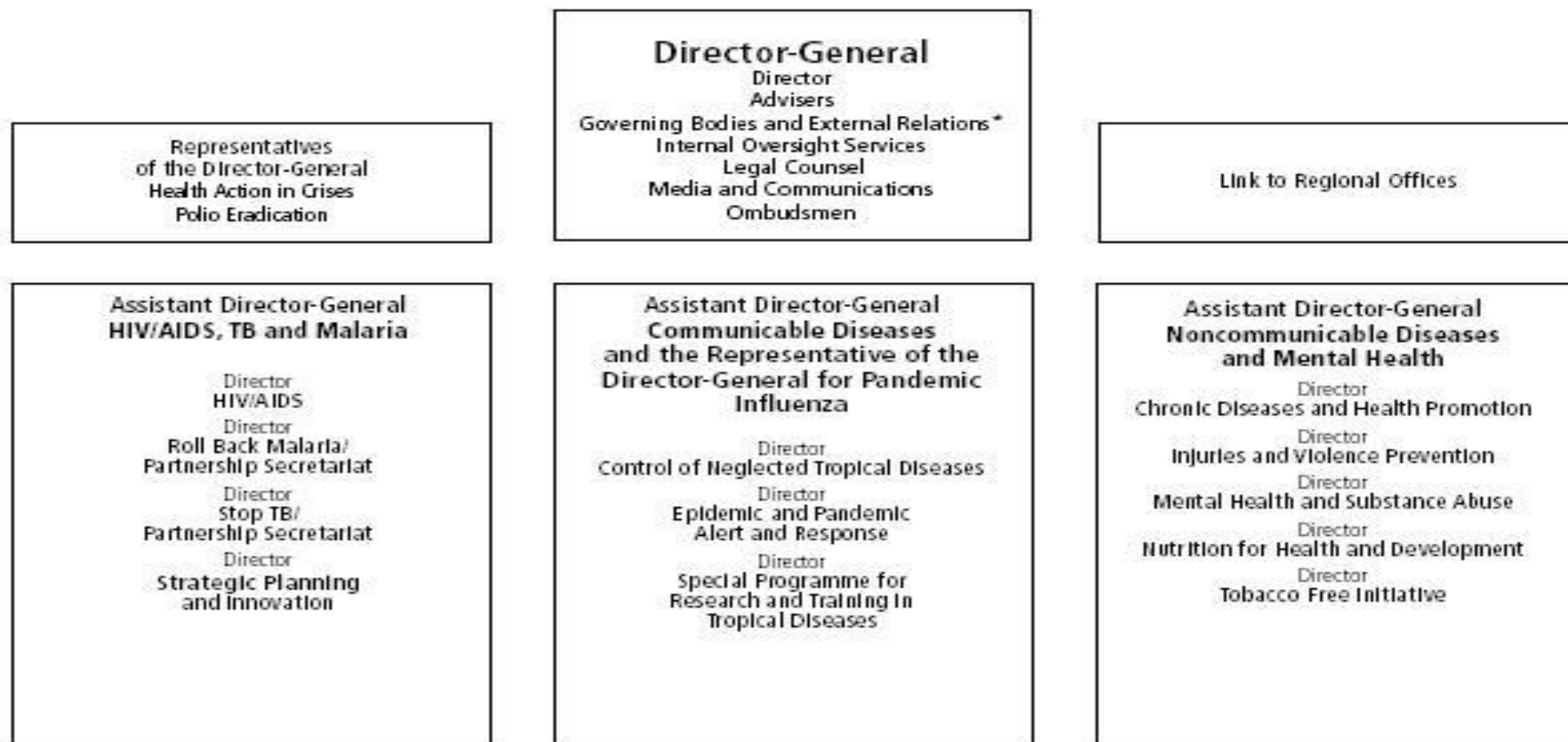
Control:

Budget

Autonomous Regional Offices



WHO Headquarters Structure



Principal Agent Problem– Impact on PHEIC

- PAHO versus AFRO
- WHO legitimacy long-term

The lack of local knowledge, training and legitimacy ultimately put us all at risk when the “Ebola experts” from WHO came to help.

(interview, Ebola Treatment Unit official, Monrovia, May 19, 2016)

Framing Matters

- Message resonates with audience
 - “Truthful”
 - “Salient”
- Who does the framing?
- The object of the frame?
 - vulnerable, innocent versus culpable

Zika Framing

Truth

Trusted Expert (CDC)

Salient

“Seven new Zika cases in South Florida”
(*USA Today*, September 6, 2016)

“First baby with Zika-related microcephaly born in Florida”
(*Local 10 News*, Miami, September 26, 2016)



Ebola Framing: “Truth”

Ebola Framing: Who delivers the message?



Ebola Framing: Salience?



Ebola in the air? A nightmare that could happen

By **Elizabeth Cohen**, Senior Medical Correspondent

updated 4:16 PM EDT, Mon October 6, 2014

Ebola Framing: Who Is Affected?



The infection of Kent Brantly and Nancy Writebol, two American health-care workers in Monrovia...signaled to comfortable Americans that this disease is going to follow you... it is not a national event but an international one.

(interview, government official 1, Monrovia, May 18, 2016)

Conclusion

- Institutional Cultures, Structures Matter for Global Health Decisions
- Arena of multiple, competing actors
- Issue Framing: Cutting through Cacophony
- High Uncertainty
- Information Essential

Thank you

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