Anticipating emerging infectious disease epidemics

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Session 1

Back to the Future: Learning from the past
Back to the future: Learning from the past

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President, Agence d’Evaluation de la Recherche et de l’Enseignement Supérieur, France

Professor of surgery and liver transplant specialist at Paris's Descartes University since 1988

Head of Surgery at Paris's Cochin Hospital

Executive Director of the French transplant agency

Medical Policy Director, Greater Paris University Hospitals'

Director General for Health at the French Ministry of Health and inter-ministerial delegate for pandemic flu preparedness (2005 to 2011)

President of the French agency for the evaluation of research and higher education (2011 to 2015)

President of the French agency for food, environmental and occupational health and safety since 2013

Session 1

Ebola West Africa: drivers and lessons learned (many elements)

Professor Oyewale Tomori
Professor of Virology, Redeemer's University, Nigeria
When EBOLA returns

- EVD in countries 10 countries
- 28,637 cases, 11,314 deaths
- Economy, family structure devastated

WHY WAS EBOLA SO VICIOUS?

- Prolonged neglect of health systems
- Mutual mistrust between government and citizens
- Behaviour/customs
- National unpreparedness/global tardy response

CONTAINING EBOLA

- Containment
- Enhanced vigilance
- Emergency declared on time
- Lab facility available
- Functional EOC

Nations re-order priorities, commit to improve health systems, enhance local surveillance capability, let global involvement be the icing on the cake, and not the cake!

HUMANITARIAN CATASTROPHE

Oyewale TOMORI

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Session 1

Topic 2
Multidisciplinary response: strengths and challenges (many perspectives)

Professor Ronald Waldman
Professor, Public Health Department, George Washington University, USA
Incident Manager of the Humanitarian Circus
Dr Ronald K Saint John

*President, St John Public Health Consulting International Inc, Canada*
A Reminder: A Complex Emergency

SARS in Toronto

Epidemic Curve of a SARS Outbreak in Canada, February 23 to 2 July, 2003 (N=250), excludes 1 for whom onset date is unknown.

Courbe épidémologique d’une épidémie canadienne, 23 février au 2 juillet 2003 (N=250), 1 cas pour lequel la date de début est inconnue est exclu.

251 cases, 44 deaths

Transportation
Religion
Restaurants
Money
International Politics
Social Services
Media
Economics
HEALTH
• As the world had been preparing for the next pandemic for many years, response plans were deployed including the rapid development of pandemic specific influenza vaccine and the use of antiviral stockpiles (in those countries where they were available).
• The overall impact of the pandemic was ultimately considered comparable to that of a moderately severe seasonal influenza.
• Criticism of over-reaction was voiced and many lessons were learnt that led to revision of the WHO global approach to pandemic influenza as well as to national response plans.
Session 1

The role of NGOs and health sector partners (many actors)

Mr Sean Casey

*Emergency Response Team Leader, International Medical Corps, USA*
Are we asking the right question – “How can NGOs contribute to preventing/controlling future epidemics?” OR “How can we – UN, NGOs, governments – collaborate to maximize our collective impact, reach, and efficiency, and build upon the enormous impact that NGOs are already making?”

Ebola - NGOs were among the **first to respond** with governments/communities of affected countries:
- Built and managed the first ETUs/ETCs, and many more later (most were NGO-run/supported)
- Established multi-disciplinary rapid response teams across the most-affected countries
- Trained themselves and their peers – i.e. MSF & IMC/MATCO
- Had consistent and effective **interactions with communities**

Strengths: **operational capacity**, speed, adaptability, reach, recruiting/retaining staff, procurement capacity, and diverse in-house technical skills (health/WASH/MHPSS/logistics)

Challenges (though **not insurmountable**):
- Some NGOs are not well prepared for outbreak response (lacking some technical capacity)
- NGO boards/executives showed **resistance to engagement** in the Ebola response (2014)

Way forward:
- NGOs must not be considered peripheral players – they are **equal partners** that have played a significant role in operationalizing past/current responses and they will do so again in the future.
- While working through WHO reform, African CDC and other similar initiatives, we must not ignore the critical **operational role** that NGO partners will play in future outbreak responses – and we should **actively include/integrate this capacity into broader response planning.**