

Module 1: Global Health Security Policy Briefing

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Executive Summary: Global Health Security (GHS) is about taking action, to minimize the risks of infectious disease threats and other risks that pose a threat to humanity. It is defined by the United States Centers for Disease Control and Prevention (CDC) as *"The existence of strong and resilient public health systems that can prevent, detect, and respond to infectious disease threats, wherever they occur in the world."* (CDC, 2021). We live in a very globalized society, and the threats faced abroad can quickly become threats here at home, if not provided adequate and timely attention. Currently, there are several issues in GHS that need attention. More significant examples include: the ongoing Coronavirus or COVID-19 pandemic; second, the cycle of panic and neglect that is prevalent rather than a sustained superior program of preparation and response; and third, the increasing risk of pandemic. These examples are relevant today as the world continues to struggle through COVID-19 and its various emerging strains of virus, and the increasing risk of pandemic due to climate change, population growth, and migration.

Scope of Problem and Policy Alternatives: Current policies center around having the United States ready to rapidly respond to problems as they are identified. This approach may be a good way to provide resources to countries that are poorer and lack resources to deal with problems on their own but does not address underlying or structural issues within those nations that may have contributed or directly allowed the outbreak of disease in the first place.

Case study – Syrian Civil War: An example of this kind of problem was shown in the country of Syria and the infectious disease outbreaks during the conflict. Syria has been experiencing a civil war since 2011. What began as protests against the Syrian President Assad quickly grew into an all-out war between the government (backed by Russia and Iran) and anti-government rebels (backed by the United States, Saudi Arabia, Turkey, and others in the region). (CFR, 2021). United Nations estimates that over 400,000 people have been killed in the last 10 years. As of January 2019, more than 5.6 million people have fled and 6 million people are internally displaced. More than 3.4 million people have fled to Turkey, with many others seeking asylum in European countries. (CFR, 2021). This massive population displacement, destruction of facilities, lack of medical staff and medications are some of the conditions that led to the breakdown of healthcare within the region. The emergence or re-emergence of tuberculosis, cutaneous leishmaniasis, polio, cholera, and measles can be traced to this healthcare breakdown. (Ozaras et al, 2016). These infectious diseases are major problems for Syria and nearby nations hosting refugees. It is clear that direct support from the United States and wealthy western nations may help with the military strikes and with furthering a general security and political agenda. What is not clear is why this thought process has not extended to the health security thought framework as well. The data shows that conflict-ridden and poor nations have a higher prevalence of re-emergence of infectious diseases that were once eradicated or limited in their scope. This poses a direct and imminent threat to the health of Americans in the global construct that we live in today.

More structured and proactive support from the United States will provide resilience and the ability to respond more effectively to stop the spread when conflicts arise. Waiting until conflicts start is simply postponing the inevitable, and does not reflect the realities faced when attempting to stop infectious disease worldwide.

Changing our policy to be more proactive will be necessary to improve effectiveness of United States government assistance globally. This approach directly improves the health security posture of the United States in a global construct; disease does not respect borders. Changes to policy that have a chance of significant contribution to positive change may include: Fielding additional teams for preemptive joint external evaluation to assess foreign readiness, furthering the global health security agenda 2024 goals and reporting, and wielding our international influence to gather more pandemic preparedness and response funding and resources for poorer nations.

Policy Recommendations: My recommendations include adoption of a bill within the United States Congress to improve funding for not just our own COVID-19 response but for global response, immediate re-assessment and resource allocation to poor and conflict-affected nations that have significant ability to affect the global population, and continuing to act as a leader in the GHSA 2024 initiative. This initiative includes an area called sustainable financing for preparedness that should be analyzed in a global context for best practices, with an annual review by congress to ensure sustainable funding streams are maintained and adjusted where and when required for the best global health security posture and the most protection of

the citizens of the United States from infectious disease. Currently, the sustainable financing action package working group is limited in size and does not include some key wealthy western nations. The United States should press for expansion of this working group to include these other nations and prioritize the incentivization of additional spending by other countries. Just as in defense, budgets of other developed nations should be adjusted to reflect new normals of global travel and possible infections. We saw that NATO spending demand signal changes were met initially with reluctance but eventually with compliance to agreed upon metrics; we should set appropriate policy in place for correct and measured spending by UN member nations for global health security as well to ensure a world as free of preventable disease outbreaks as is possible to achieve.

References

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