AS 2015 UNFOLDED, THE WORST OF THE EBOLA CATASTROPHE HAD ENDED, LEAVING IN ITS WAKE A TERRIBLE TRAIL. Ebola has, as of November 2015, killed more than 11,000 (including over 500 health workers) and infected more than 30,000. Thousands of survivors today struggle with heavily impaired personal health, amidst heavily damaged national health systems.
There were many moments of exceptional courage, sacrifice, and impromptu brilliance. Doctors Without Borders (MSF) were true heroes, as were countless less well-known Liberian, Sierra Leonean, and Guinean individuals, civil organizations, and government health officers. Cooperation accelerated across governments, regulatory bodies, industry, and the World Health Organization to advance the testing of vaccines and antivirals. U.S. leadership, though late, was pivotal to bringing the outbreak under control: the U.S. Agency for International Development (USAID) and the Centers for Disease Control and Prevention (CDC) each distinguished themselves, fielded hundreds of American staff on the ground, and accounted for no less than half of the international response. The 2,800 U.S. troops deployed to Liberia were strategically important in breaking panic and opening logistical operations. Congress in December 2014 approved $5.4 billion in emergency Ebola funding, of which $3.7 billion was to complete the job of control in West Africa, continue to advance the development of new scientific and medical tools, and build basic health security capacities.

Soul Searching Begins

Ebola also triggered considerable introspection in 2015 by no fewer than four international panels. Many feel, it seems, that this historical—and preventable—failure warrants in-depth introspection and a concrete plan of action for the future.

I served on the Independent Panel on the Global Response to Ebola, organized by the Harvard Global Health Institute and the London School of Hygiene and Tropical Medicine, released its full report in November. The panel struggled with answering two fundamental questions. How are we to make sense

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1 These include the Ebola Interim Assessment Panel, chaired by Dame Barbara Stocking, which issued its final report in July 2015; the Independent Panel on the Global Response to Ebola, organized by the Harvard Global Health Institute and the London School of Hygiene and Tropical Medicine; the Commission on a Global Health Risk Framework for the Future, organized by the Institute of Medicine; and the UN Secretary General’s High-Level Panel on Global Response to Health Crises.
of—and account for—the wide-ranging, egregious failures to prepare, detect, and respond? And most important and arguably most urgent, what are the next steps to restore confidence and trust that when the next outbreak occurs, the world is reliably better prepared? That means ensuring that there will be robust high-level political leadership. It means taking steps to build core capacities in vulnerable countries. It rests on external assistance being mobilized quickly and effectively, and ensuring that medical tools, protections of workers, and knowledge of best practices are available. And it rests on strengthening the international organizations and other institutions charged with leading a coherent response so that they are competent, speedy, and accountable, and that they operate according to an agreed set of priorities and responsibilities.

So What Is to Be Done?

There are many answers detailed in the panel’s 10 primary recommendations. Two considerations are of penultimate importance.

First, now is the time to act—at a high level—if the opportunity to effect real change in how the world prepares for infectious outbreaks is not to slip away. The risk is we return to business as usual, with modest reforms on the margins, and continued high vulnerability.

The perceived threat of Ebola has declined precipitously, as other crises muscle their way onto center stage. The most prominent, of course, is the worsening global disorder, centered in the Middle East and North Africa, that is contributing to a colossal human crisis (millions of Syrian refugees in neighboring states, 500,000 refugees entering Europe in 2015) that now dominates airwaves and high-level political debate, alongside consideration of Russia’s expanded military role in the widening Syrian war.

The much weakened WHO Director General Margaret Chan are simply in no position to carry forward an agenda of deep structural change in how the world prepares for infectious outbreaks: that can only come from a committed and determined nucleus of North and South heads of state and other high-level leaders.

How might that nucleus form? That is far from certain but still possible. It may emerge from German president Merkel, who in her role as chair of the 2015 G-7 rallied other G-7 members around a shared commitment to follow through with major reforms in the global approach to disasters like Ebola, as the picture settles and the work of investigative panels is completed. It is hoped that Merkel will receive aid from Japanese prime minister Abe, who will chair the G-7 in 2016 and has indicated his desire to carry forward the commitments made by G-7 members in Berlin. And UN secretary general Ban Ki-moon and members of the UN Security Council will play potentially pivotal roles, along with leaders of Liberia, Sierra Leone, and Guinea, as well as the Africa Union. All four investigative panels will have completed their work by year’s end, will overlap to a considerable degree, and can help spur high-level debate in 2016. Any further dangerous outbreaks, such as MERS (Middle East Respiratory Syndrome) or pandemic flu, will concentrate attention but can hardly be predicted.

Second, fixing WHO needs to be the top priority. That is the single most conspicuous requisite for restoring the trust and confidence of the world’s leaders that there will not be a repeat of the Ebola catastrophe when the next outbreak occurs. Half measures will not suffice. If WHO is not fixed, the world’s powers will revert tacitly to plan B: assume the worst on the part of WHO, and assume the United States, other major powers, the UN Security Council, and UN agencies will again scramble, in an ad hoc and chaotic fashion, to piece together a response.
The WHO Executive Board commissioned a panel, chaired by Dame Barbara Stocking, which completed its work in July and made several recommendations: the establishment of a Center for Emergency Preparedness and Response; modest budget increases; and a $100 million pandemic response fund. A committee will consider incentives for early notification of emergency outbreaks and steps to deter unwarranted disruptions of trade and travel.

These changes, while worthwhile, simply do not go far enough. The newly formed WHO Emergency Center needs to be much more than a simple merger of outbreak response and humanitarian emergency capacities. It needs to be muscular and autonomous: to have an independent director and board, be able to fulfill a full range of critical functions. The latter include support to governments in building core capacities; rapid early response to outbreaks; technical norms and guidance; and convening parties to agree upon a strategy that sets clear goals and effectively mobilizes money and political will.

The decision power within WHO for declaring an emergency needs to be moved from the WHO director general to a Standing Emergency Committee that is far more technically competent, transparent, and politically protected.

WHO needs to step into the lead in developing a framework of rules for the sharing of data, specimens, and benefits during outbreak emergencies.

Deep internal reforms of WHO, long overdue, are essential if member countries are to be persuaded to invest in it seriously over the long term. Those include narrowing WHO’s focal priorities and finally resolving that WHO will interact in a more open, balanced and productive way with private industry, foundations, and nongovernmental groups. An inspector general and an overhaul of human-resource policies will bring WHO up to global standards.

How to carry forward this ambitious agenda? An interim WHO senior manager should be appointed in early 2016 to work through mid-2017. The selection of the next WHO director general (who will take office in June 2017 for a five-year term) will be pivotal. She or he needs to be a statesperson—someone with gravitas, dynamism, and skill in crisis management.

In the course of this suffering and its aftermath, accountability has been elusive.

2016, Year of Decision

Several other very significant innovations are detailed in the Harvard Global Health Institute/London School of Hygiene and Tropical Medicine report. Reliable new financing mechanisms will build capacity, ensure quick response, and support long-term research and development. A UN Security Council Health Security Committee will strengthen high-level engagement. An Accountability Commission can provide independent expert oversight.

The year 2016 will be the test of whether it is at all feasible to execute reforms of the world’s preparedness for dangerous infectious outbreaks. The deciding factor will not be knowing what needs to be done; the concrete reform agenda is known. It will be whether there is sustained, high-level political commitment.