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Fall 12-18-2015

Global Health Security Agenda Legal Landscape Assessment

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Nussbaum, Natasha M., "Global Health Security Agenda Legal Landscape Assessment" (2015). *Master's Projects and Capstones*. 254.
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The Global Health Security Agenda Legal Landscape Assessment (GHSA)
Center for Disease Control and Prevention, University of North Carolina, and FHI 360

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December 8, 2015

Abstract

The Global Health Security Agenda (GHSA) was created on February 13, 2014, to improve a country's ability to detect, prevent and respond to emerging health threats. Eleven action packages were created. The detection action package included antimicrobial resistance, zoonotic diseases, national biosafety/biosecurity and immunization. The prevention action package included establishing a national laboratory system, strengthening real-time biosurveillance, advancing timely and accurate disease reporting and establishing a trained global health security workforce. The response action package focused on establishing emergency operation centers, linking public health and law enforcement and enhancing medical countermeasures/personnel deployment.

The following paper summarizes the components performed for the GHSA Legal Landscape Assessment. The first component focused on identifying the legal domains and legal approaches for each of the response action packages. The second component included a literature review and human rights analysis on the subjects of multisectoral rapid response, medical countermeasures, immunization, biosafety/biosecurity, information systems, and antimicrobial diseases. The final component was an epidemiological profile, which assessed the laws and policies in place in Guinea, Liberia, and Sierra Leone during the Ebola outbreak and their impact on the spread of the virus. The GHSA Legal Landscape assessment will support countries with successfully applying and meeting the action package goals of the Global Health Security Agenda.

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Emerging diseases such as Ebola, Middle East respiratory syndrome, and drug resistant illnesses pose a growing danger to people everywhere. Great lengths have been taken to forge new solutions to these emerging global disease threats. Through the International Health Regulations (2005), the World Health Organization (WHO) has kept countries informed about public health risks, and has worked with partners to help countries build capacity to detect, report and respond to public health events. Unfortunately, countries still struggle with meeting these capacities, fewer than 20% of countries reported in 2012 that they have fully achieved compliance with the International Health Regulations (IHR) and are fully prepared to detect and respond to disease threats (Center for Disease Control and Prevention, 2014). The Global Health Security Agenda aims to close this gap.

On February 13, 2014, after the Ebola outbreak, the United States launched the Global Health Security Agenda (GHSA). The goal of the GHSA was to improve the progress of every country to have an effective system in place to prevent, detect, and respond to naturally occurring, accidental, or intentional infectious disease threats (Frieden & Tappero, 2014). In May 2014, a ministerial meeting was held in Helsinki, Finland. The result of this meeting was the creation of the eleven GHSA action packages. The action packages focused on countering antimicrobial resistance; preventing the emergence and spread of zoonotic diseases; advancing a whole-of-government national biosafety and biosecurity system in every country; improving immunization; establishing a national laboratory system; strengthening real-time bio surveillance; advancing timely and accurate disease reporting; establishing a trained global health security workforce; establishing emergency operations centers; linking public health, law and multi-sectoral rapid response; and enhancing medical countermeasures and personnel deployment. In August 2014 countries met in Jakarta, Indonesia to solidify their commitment to

meeting the action package goals. As of September 26, 2014 the United States has committed to assisting thirty countries over the next 5 years with achieving the GHSA action packages. The GHSA Legal Landscape Assessment will assist countries with improving their ability to implement each of the GHSA action packages. By outlining specific legal domains and approaches it will assist countries with strengthening global institutions core capacities to prevent, detect, and respond to infectious disease threats as well as create standardization among resources and manuals; as well as assist in reinforcing global norms and standards (United States Department of Health and Human Services, 2014). For this project efforts were placed on assessing the legal domains and legal approaches for the response action package of emergency operation centers, linking public health and law enforcement, and improving coordination for medical countermeasures and personnel deployment. A literature review, human rights analysis and epidemiological profile were performed as well.

Background

Description of the Public Health Problem

In today's interconnected world, a disease threat anywhere can mean a threat everywhere (Center for Disease Control and Prevention, 2014). Infectious disease threats encompass the emergence and spread of new microbes, globalization of trade and travel, rise of drug resistance, and potential use of laboratories to make and release intentionally or not-dangerous microbes. In addition to these threats, pandemic diseases and ineffective responses can have a devastating impact on public health and the global economy (Center for Disease Control and Prevention, 2014). The severity of the Ebola outbreak in 2014 highlighted the lack of international coordination and countries capacity to respond to emerging health threats.

On September 2014, the United Nations Security Council declared the Ebola Virus Disease (EVD) outbreak in Africa a threat to international peace and security (United Nations, 2014). The outbreak began in Gueckedou a district in Guinea in December 2013. By April 2014, only a few cases had been detected in the neighboring countries of Liberia and Sierra Leone. A drop in the number of cases in Guinea created hope that the epidemic was subsiding and that the cases were confined to Guinea. However, by May 2014, the number of reported cases had increased sharply in the three aforementioned countries. By August 16th, the disease had spread to Nigeria, with 2, 240 total cases and 1, 229 deaths in the four countries (Briand, 2014). By March 2015, a total of 24,247 cases of EVD, causing 9, 961 deaths, had been reported in nine countries: Nigeria, Senegal, Guinea, Liberia, Mali, Sierra Leone, Spain, the United Kingdom, and the United States. It was found that case fatality across Guinea, Liberia, and Sierra Leone was approximately 72% for all cases and 60% for hospitalized patients.

The outbreaks in these three countries were unprecedented due to four factors: it had killed more than the previous twenty-five Ebola epidemics combined (World Health Organization, 2015), it had affected nearly the entire territory of the three countries including both rural and urban areas (Farrar & Piot, 2014), it had been lasted over a year, and it was occurring in West Africa, an area that had not previously had an Ebola outbreak. All these factors contributed to the devastation to the affected countries.

To combat the spread of the disease many public health countermeasures measures were undertaken. On August 13, 2014 Guinean, President, Conde declared, a national public health emergency, under the public health code law 97 of June 19, 1997. The measures announced included the establishment of a quarantine enforced by health workers and security forces, of everyone suspected of having the disease until test results come through (Human Rights Watch,

2014). A 21-day quarantine required intensive monitoring, enforcement, and delivery of essential services such as food and health care. The affected states invoked multiple forms of quarantine, ranging from stay-at-home days for “reflection, education, and prayers” to guarded home confinement. The military was also deployed for house-to-house searches, traveler checkpoints, and *cordon sanitaire* (a guarded line preventing anyone from leaving)—sometimes separating people and regions of the country (Gostin, 2014). On July 30, Liberian President, Ellen Johnson Sirleaf, announced several emergency measures, including closing schools and markets and quarantines in several areas. On August 6, she declared a state of emergency for 90 days, citing the need for “extraordinary measures for the very survival of our state” (Human Rights Watch, 2014). In September, the government of Sierra Leone initiated a 3-day quarantine of the entire country’s 6 million population. Soldiers and police searched the homes for people infected with Ebola who could be harbored by family and friends. The quarantine elicited mixed reactions as well as human rights concerns. In addition to all these efforts ministries of health ordered mandatory reporting and the cremation of bodies. Airline travel was also restricted to combat the spread of the disease.

While some measures were taken many factors hindered the countries ability to address the crisis at hand. A fragile health care setting, lack of trained staff, absence of isolation units, and proper personal protective equipment increased the severity of the crisis. These factors emphasized the need for all countries, especially those in the West African region, to implement a framework in place to improve coordinated international rapid response, countermeasures, and capacity building for addressing emerging health threats.

Ecological Perspective

Description of Response to the Problem

While the GHSA Legal Landscape Assessment primarily operated on the policy level of the ecological model a specific ecological model for disaster management can be used which highlights the interconnectedness of the various levels. Interventions on individual, family, community, state, tribal, federal, and global levels can be used to address disaster planning, preparedness, and recovery. This model can be utilized for creating strategic and systemic disaster plans not only in workplace organizational structures such as hospitals or health agencies (Strasser, 2008) but also at the individual, family, and community level. The ecological model for disaster management may also be used for emergency response efforts to environmental climate change related disasters such as droughts, floods, and fires. It was found that community-based risk reduction activities that integrated public health, disaster management and climate change had the potential to decrease human vulnerability to varying natural disasters (Keim, 2008). Emergency response efforts require coordination of many entities including health agencies, hospitals, rapid response teams, government partners, as well as community-based efforts. Implementing supportive policy at the national and international level is one-step governments and non-governments partner's can take to improve their ability to detect, prevent and respond to climate-related disasters and health threats.

Fieldwork Components

The Center for Disease Control and Prevention commissioned the University of North Carolina and FH1 360 as well as many legal experts to create the GHSA Legal Landscape Assessment. The preceptor for this fieldwork was Professor Benjamin Mason Meier, JD, LL.M, and PhD. There were three components to this fieldwork, which included identifying various

countries' laws and policies that were applicable to each of the legal domain outlined in the response action packages. The second component was preparing a literature review and human rights analysis, and the last component was performing an epidemiological profile for the countries of Guinea, Liberia, and Sierra Leone.

The first component of this fieldwork required the developed of well-cited paragraphs on specific country laws that exemplified the legal domain for the corresponding action packages for Respond 1 Action Package—Emergency Operation Centers; Respond 2 Action Package—Linking Public Health and Law Enforcement; and Respond 3 Action Package—Medical Countermeasures and Personnel Deployment. For Respond 1, the following legal domains were identified: authorizing legislation, coordinating and directing authority, information sharing authority, communications authority, staff authority, and center activities. A legal example for authorizing legislation came from Taiwan's Department of Health, which amended their emergency medical care law in 2007 to set up six regional emergency operation centers over the country in 2005-2007. Protocols were outlined for the regional emergency operation centers for health, fire, and medical units. These protocols outlined information exchange, communication, and coordination (Tsai, Wen, & Wu, 2013). Other countries can utilize Taiwan's legal approach as an example to create similar national legislation to improve the function of their emergency operation centers. For Respond 2, linking public health and law enforcement, the legal domains selected were national multisectoral rapid response authority, legislation in place for procedures and protocols to investigate deliberate events, authority for quarantine, isolation, vaccination, providing and/or requesting effective and timely international assistance, and linking public health law and law enforcement. Costa Rica's 2006 National System for Disaster Risk Management Law (SNPRAE) was used as an example for national

multisectoral rapid response authority. It clearly outlined the roles and responsibilities of each of the government and non-government partners involved in preparedness and response, as well as established an emergency fund for emergency response as part of the national budget (Int'l Strategy for Disaster Reduction [ISDR] & OCHA, 2008). Other countries can use SNPRAE as an outline for establishing a law, which describes the roles and responsibilities of partners in emergency response. For Respond 3, the following legal domains were identified: visa waivers, product authorization and tariffs, license to practice, and individual liability. An example of a country with an effective product authorization and tariff law was the Philippines. Under the Philippine Disaster Risk Reduction and Management Act of 2010, the “importation and donation of food, clothing, medicine and equipment for relief and recovery and other disaster management and recovery-related supplies” are authorized to be exempt from the payment of import duties. Additional countries can use the Disaster Risk Reduction and Management Act of 2010 as a framework for creating their own product authorization and tariff law.

The second component of this fieldwork required preparing a literature review and human rights analysis on the following action packages: multisectoral rapid response, medical countermeasures, immunization, biosafety/biosecurity, information systems, and antimicrobial diseases. The goal of this component was to analyze the human rights and health security concerns that could arise from applying certain action packages. A *PICO* (strategy for creating an answerable database search question based on problem, intervention, comparison and outcome of interest) was completed for each literature review. For example, in the article *Human rights and public health: towards a balanced relationship*, Toebes (2015) analyzed how existing public health clauses and health measures potentially infringed upon individual’s rights to privacy and freedom of movement. Whether the right to health could be reinforced by a

collective claim against existing international trade, private industry and the interests of warfare was discussed. The author concluded that there was a need for an integrated approach for addressing civil, political, economic, social and cultural rights and public health threats. For each action package listed above, a human rights analysis was also performed. Information systems, for example, encompass electronic records and database that share and store personal data. By doing so it allows anyone in the organization to access information collected by any investigator, without restriction (Ball, 2000). Using information systems to process individuals' personal data can amount to large-scale human rights violations on both a civil, ethical and social level. The human right to privacy from surveillance, storage and retrieval of personal data is a mounting concern.

The final component of the fieldwork was an epidemiological profile, which assessed the laws and policies in place in Guinea, Liberia, and Sierra Leone during the Ebola outbreak and the impact on the spread of the virus. It was found that while many countermeasures, such as quarantine and isolation were used during the Ebola outbreak, there existed a lack of international coordination, resources, and staff training to address the crisis.

All of these components assisted in identifying gaps in countries' legal infrastructure, by outlining legal domains and enhancing health security and human rights knowledge, which supports a country's ability to implement the GHSA action packages. For further information on the goals, aims and objectives of this fieldwork please see the appendix.

Impact of Global Health Security Agenda Legal Landscape Assessment

The compilation of each of the components of the legal landscape assessment will provide countries with a tool for assessing gaps in legal infrastructure as well as outline specific legal domains and legal approaches necessary for applying each action package. In addition, it

will improve and strengthen domestic, regional, and global institutions core capacities to prevent, detect, and respond to infectious disease threats (United States Department of Health and Human Services, 2014). With its application, countries will be able to improve their communication and coordination across multiple sectors and create standardization for information sharing between ministries of health, NGOs, emergency operation centers, and rapid response teams. Applying the GHSA Legal Landscape Assessment will be a fundamental step countries can take to improve their ability to prevent, detect, and respond to health security threats.

Conclusion

No single country can ensure global health security alone. There must be a commitment from the international community to make concrete progress toward a world safe and secure from the threat of infectious diseases and emerging health threats. By identifying gaps in countries legal infrastructures, outlining legal domains and approaches the GHSA Legal Landscape Assessment will support countries with successfully applying and meeting the action package goals of the Global Health Security Agenda.

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Appendix

Competencies

Goal 1: Comprehend global health policies related to the Global Health Security Agenda (GHSA) of the Centers for Disease Control and Prevention				
Objectives (S)	Activities	Start/End Date	Who is Responsible	Competencies
Identify legal domains of Action Packages	Review articles, laws, policies that pertain to GHSA Respond action packages.	8/11/15-10/1/15	Natasha	1,3
	Match materials to each Action Package for response.	8/11/15-10/1/15	Natasha	1,3
Goal 2: Assess the extent to which interests in health security and human rights overlap and conflict				
Identify issues that arise where interests in securing the human right to health and health security conflict	Categorize laws and policies where interests in health and security overlap	10/1/15-11/15/15	Natasha	5,6,7,9,10
	Categorize laws and policies where interests in health and security conflict	10/1/15-11/15/15	Natasha	5,6,7,9,10
Goal 3: Create epidemiological profiles for select countries that may inform future drafting of model laws to address goals of GHSA in meeting unmet needs of communities and vulnerable populations				
Identify unique unmet needs of communities and vulnerable populations outlined in the Global Health Security Agenda.	Review datasets of health indicators to construct country-specific profiles	11/15/15-12/15/15	Natasha	1,2,6,7

Source: Original table created for supervised training in public health student scope of work for fieldwork

Reflection

I feel honored to have been able to contribute to this global project. I feel that through my work on this project I have met and successfully applied the core competencies of the public health program as well as met the aims and objectives of this project. I believe, this fieldwork experience has provided me with the necessary skills to work in public health policy as well as the opportunity to apply the skills and knowledge I have gained academically.