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On Citizenship

How Infectious Disease Reporting Systems are Redrawing Our Sense of Nationhood

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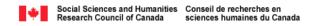


On Citizenship

How Infectious Disease Reporting Systems are Redrawing Our Sense of Nationhood

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Overview

- Public Health Surveillance
- World Health Organization's International Health Regulations
 - **1969**
 - **2005**
- Global Public Health Intelligence Network
- SARS as Test Case
- Role of Law
- Geopolitical Implications



What is Infectious Disease Surveillance?

"...the ongoing systematic collection, analysis, and interpretation of outcome-specific data for use in the planning, implementation, and evaluation of public heath practice."

S.B. Thacker



Public Health Context

- Last 50 years world population more than doubled
- New/newly recognised diseases 1/year
- □ 33 completely new pathogens past 3 decades (including HIV/AIDS, SARS)
- Every continent has experienced unexpected outbreak of infectious disease
- Poverty is most significant variable



"...communicable diseases do not respect the geopolitical boundaries of nation states, and state sovereignty is an alien concept in the microbial world..."

Obijiofor Aginam



World Health Organization (WHO)

- First international agency created by the United Nations
- 61 countries signed WHO Constitution in 1946
- Member states retain sovereignty
- Member states can choose to adopt various regulations
- International Sanitary Regulations 1951
- Renamed as International Health Regulations 1969



International Health Regulations (1969)

- Signed by all member states with exception of Australia
- Purpose:

Provide maximum security against international spread of infectious diseases, with minimum interference with world traffic

Trade and commerce feature highly



International Health Regulations (1969)

Diseases covered	Yellow fever, plague, cholera (smallpox removed from list 1981)
Surveillance	Mandatory reporting by nation
National public health systems	Limited hygiene measures on international carriers and at borders
Governance	Not transparent



Problems with IHRs(1969)

- Nations did not report disease outbreaks
 - Fear of economic repercussions
- Unaffected states imposed sanctions far in excess of those permitted under IHRs
- Many poor countries lacked health and communications infrastructure to comply with IHRs



Outbreak of pneumonic plague in Surat, India (1994)

- Before plague confirmed, Bangladesh closed borders
- Numerous countries advised citizens not to travel to India
- Economic loss: \$2 Billion USD
- CNN reported on epidemic prior to public health officials



Development of IHRs(2005)

- 10 year process
- □ In force 2007
- States have 5 years to comply with requirement for surveillance capacities
- Up to 4-year extension
- No new \$ for surveillance



Types of illness covered

IHRs(1969)	IHRs(2005)
Yellow fever, plague, cholera	Any public health emergency of international concern, including biological, chemical, radiological



Surveillance

IHRs(1969)	IHRs(2005)
Mandatory reporting by nation	Surveillance through:official reportingidentification via unofficial sourcesnation notification



National public health systems

IHRs(1969)	IHRs(2005)
 Limited hygiene measures 	 Recommended health
on international carriers	measures
and at borders	 National core capacities
	for surveillance and
	response





Governance

IHRs(1969)	IHRs(2005)
Not transparent	 Verification of data Communication with countries Public availability of reported data

Tables adapted from L.O. Gostin



Global Public Health Information Network (GPHIN)

- Infectious Disease Surveillance System
- Developed by Health Canada mid-1990s
- Partnered with WHO in 2001
- Automated search engine continuously monitors:
 - Websites, newswires, on-line newspapers, public health email services (ProMed-Mail), electronic discussion groups
- 2,000 3,000 news items per day

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Global Public Health Information Network (GPHIN) (cont'd.)

- Automated scanning system assigns relevancy scores and categorizes
- Human analysts filter and post on website
- Access to website restricted to those with public health mandate, including WHO
- WHO does outbreak verification
- In 1998-2001, 56% of verified outbreaks initially detected by GPHIN(132 countries)
- IHRs 2005 empower WHO to release information if affected state is not cooperating







"We [are] squashing the pyramid (of official reporting) down to a flat plain in which information could come from any particular place at any time. And governments [are] no longer in control of their information."

GPHIN member



SARS as Test Case

- GPHIN officials in Ottawa were first to notice reports coming out of China (notified WHO)
- Occurred while IHRs(1969) in effect
- Affected nations had no legal obligation to report SARS to WHO
- WHO exceeded legal authority
 - Acted on information from GPHIN
 - □ Issued travel advisories (1st ever)
- High degree of compliance with WHO



SARS as Test Case (cont'd.)

["D]uring the SARS outbreak of 2003 all affected member states, with the exception of China, openly reported outbreaks and cooperated with WHO despite having no legal obligation to do so. This remarkable situation signified that *a fundamental change had take place in global public health governance* — the shift in the political, economic, and technological climate had brought about new ways of thinking for public health."

Lancet Infectious Diseases Editorial, 2004



"...with the exception of China..."

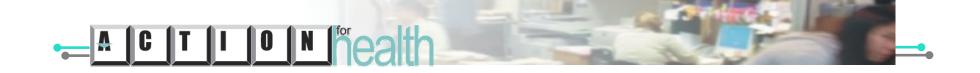
- Population of China 1,313,973,713 (July 2006 est.)
- World Population 6,546,986,154 (Sept. 2006 est.)



Role of Law

"States will comply with an international law or obligation if it is in their best interest to do so. They will disregard a law or obligation if the advantages of violation, on a scale of balance, outweigh the advantages of observance."

Aginam, referencing Louis Henkin



Discussion

- Nation-state rendered irrelevant by GPHIN
- Is law likewise rendered irrelevant?



Questions/Comments

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