

Ad hoc Committee on Intergovernmental Organisations Inquiry: 'Acting through Intergovernmental Organisations to Control the Spread of Communicable Diseases'

Consultation response from the Nuffield Council on Bioethics

- 1 In November 2007, the Nuffield Council on Bioethics published a report on *Public health: ethical issues*. The report uses a number of case studies to illustrate a discussion about ethical issues in public health, one of which was that of infectious disease.
- 2 In this response we draw your attention to a summary of the principal findings from our report that are relevant to your inquiry. Page and paragraph numbers are provided, which refer to the respective sections in the full report, a copy of which is included with this response.

Question 3: What intergovernmental surveillance systems exist to give early warning of outbreaks of infectious diseases? Are these systems adequate? And what improvements might be made?

- 3 In the report, we highlight two examples of international disease surveillance systems that have been problematic in some way. The first relates to the handling of the SARS outbreak; the second to recent controversy about Indonesia's refusal to share influenza virus isolates with the WHO-sponsored pandemic surveillance systems.
- 4 In the case of SARS, "China was criticized by WHO and countries internationally for delays in reporting cases and an initial lack of cooperation with WHO" (p.71). This development was one of the major precipitants to changes in the *International Health Regulations*, which were published in 2005 (p.71). While these may reduce the likelihood of such a scenario arising again, we nevertheless drew the following conclusion:

"Countries have an ethical obligation to reduce the risk of ill health that people might impose on each other across borders. Therefore countries should notify other relevant countries and bodies about outbreaks of serious diseases at the earliest stage, following the relevant procedures laid out by WHO" (Para 4.50).

- 5 Aside from any political considerations that may affect the transmission of relevant information, countries differ widely in their capacity to monitor the outbreaks of any infectious diseases. Applying the ethical framework which we set out as the "stewardship model" (p. 25) to the global context, we concluded that there was a need for greater investment in surveillance capacity in poorer countries (identified also by both WHO and the UK's Foresight Programme). We recommended that:

“Countries such as the UK should seek to enhance the capacities of developing countries to conduct effective surveillance of infectious diseases. The UK health departments, in liaison with the Department for International Development, should work to take this forward with international partners such as WHO, the European Centre for Disease Prevention and Control (ECDC) and the Centers for Disease Prevention and Control (CDC) in the USA” (para 4.50).

- 6 In the case of pandemic influenza surveillance, we note that “a controversy in early 2007 highlighted the fragility of global pandemic preparedness, when the Indonesian Government decided to suspend the sharing of clinical specimens of human avian influenza viruses with the surveillance system managed by WHO” (Para 4.51). We go on to explain that this situation was “a cause for serious concern because of the risk that it would severely hinder international surveillance and preparedness activities” (para 4.52). Despite several special meetings and a dedicated WHO Resolution at the World Health Assembly in May 2007, the situation as we understand it was that cooperation had still not resumed in January 2008. This example is further relevant to question 14, and we copy our recommendations concerning ways of making progress in the controversy below.

Question 14: Are there any difficulties with regard to patents or intellectual property which are impeding the flow of medicines or other control methods to those infected? Is intergovernmental action needed to improve the situation?

- 7 The situation in Indonesia over pandemic preparedness arose in part because of considerations relating to intellectual property, and the country’s concern that it would not be able to access the benefits such as vaccines. Further background to this situation can be found in the report at paragraphs 4.52–4.55. We concluded as follows:

“WHO is in a unique position to enable centralised and transparent determination that a novel virus has emerged, to evaluate pandemic-related evidence, and to develop response strategies, as acknowledged in the International Health Regulations 2005. This capacity must be sustained.” (para 4.54)

“WHO should not merely facilitate access to virus isolates for commercial companies, leaving the question of availability of vaccines to market forces. It should use its authority to impress on pharmaceutical companies their social responsibilities. Patents and other forms of intellectual property rights can be useful ways of rewarding research investment and stimulating innovation and progress, but they can also come into conflict with the interests of the wider public, as the Council has reported elsewhere. While we cannot address here all the complexities raised by the sharing of virus isolates for the purpose of monitoring and developing vaccines, virus

isolates should not be treated like any ordinary commodity, as adequate access and use is of the greatest importance for public health, both on a national and global level. Therefore, we urge WHO to explore, in liaison with governments and relevant industries, the notion of viewing virus isolates as a form of 'public good', and to take a flexible approach to patenting and intellectual property protection. (para 4.55)

Question 19: What resources does the UK Government commit to intergovernmental bodies to help in the fight against the four diseases listed?

- 8 While we are not best placed to comment on the resources currently committed by the Government, we draw attention to a relevant conclusion concerning capacity building which can be found above, below paragraph 5 of this response.