

## CHAPTER TWO

### LITERATURE REVIEW

#### A. World Health Organization

The idea of establishing a single international organization whose mandate would cover all fields of public health was launched, for the first time at the United Nations Conference on International Organization, which was convened in San Francisco from 25 April to 26 June 1945. During the Conference, the delegations of Brazil and China submitted a joint declaration recommending ‘that a General Conference be convened the next few months for the proposed of establishing an international health organization and the proposed international health organization be brought into relationship with the Economic and Social Council’.<sup>1</sup>

The World Health Organization (WHO) is one of the sixteen specialized agencies brought into relationship with the United Nations by an official agreement<sup>2</sup>. A detailed analysis of the aims of the United Nations is hardly possible, considering their very general nature.<sup>3</sup> WHO itself is one of the four ‘large’ specialized agencies, together with the International Labor Organization (ILO), the United Nations Organization

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<sup>1</sup> Gian Luca Burci and Claude-Henri Vignes, 2004, *World Health Organization*, United Kingdom, Kluwer Law International, p. 15

<sup>2</sup> Yves Beigbeder, 1993, *The World Health Organization: Volume 4*, USA, Kluwer Academic Publishers, p. xix

<sup>3</sup> Benedetto Conforti, 2005, *The Law and Practice of the United States (Legal Aspects of International Organizations)*, Third Revised Edition, Leiden/ Boston, Martinus Nijhoff Publishers, p. 7

for Food and Agriculture (FAO) and the United Nations Organization for Education, Science and Culture (UNESCO).

WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries, and monitoring and assessing health trends.<sup>4</sup> The primary role of WHO is to direct and coordinate international health within the United Nations' system.

These are main areas of WHO authorities:

- Health systems
- Promoting health through the life-course
- Non-communicable diseases
- Communicable diseases
- Corporate services
- Preparedness, surveillance and response.

WHO supports countries as they coordinate the efforts of multiple sectors of the government and partners – including bi- and multilaterals, funds and foundations, civil society organizations and private sector – to attain their health objectives and support their national health policies and

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<sup>4</sup> WHO taken from <http://www.un.org/youthenvoy/2013/09/who-world-health-organisation/> , accessed on November 1, 2015 at 9:56 p.m

strategies. Moreover, WHO works with UN collaboration, Non-State actors, Partnerships, Collaborating centers and WHO Expert Advisory Panels and Committees.

As a specialized agency of the United Nations, WHO is an intergovernmental organization. Intergovernmental organizations are permanent international associations focused on specific global issues.<sup>5</sup>

In carrying out its mission, WHO's a global health program focuses on several key areas:

1. Prevention of disease through vaccines and immunity
2. Treatment of disease
3. Health care for mothers and children in developing countries
4. Nutrition
5. Sanitation, including safe drinking water and proper disposal of human waste.<sup>6</sup>

WHO as an international organization was established for the purpose of fostering international cooperation in health field.<sup>7</sup> WHO plays a major role in helping people in all countries to enjoy safer and healthier lives. It helps the nations to strengthen their health-care systems, which include national health ministries, hospitals, clinics, and other medical facilities. WHO also helps developing nations create programs to increase

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<sup>5</sup> G.S. Prentzas, 2009, *The World Health Organization (Global Organization)*, USA, Chelsea House Publishers, p. 17

<sup>6</sup> *Ibid*, p. 19

<sup>7</sup> Kelley Lee, 2009, *Global Institutions; The World Health Organization (WHO)*, London and New York, Routledge Taylor and Francis Group, p. 126

their national wealth and improve the well-being of their citizens. That all brief discussion about WHO.

## **B. UNMEER (United Nation Mission for Ebola Emergency Response)**

UNMEER, the first-ever UN emergency health mission, was established on 19 September 2014 and closed on 31 July 2015, having achieved its core objective of scaling up the response on the ground.<sup>8</sup>

The Mission achieved its core objective of scaling up the response on the ground and establishing unity of purpose among responders in support of the nationally led efforts. As of 1 August, oversight of the UN system's Ebola emergency response is led by the World Health Organization (WHO), under the direct authority of the WHO Director-General. UN agencies, funds and programmers, the UN Office for the Coordination of Humanitarian Affairs, the UN Mission in Liberia and national and international partners have undertaken the necessary steps, to enable this seamless transition.

The Ebola Crisis Managers remain in the countries under the oversight of WHO and with the support of the UN Resident Coordinators and UN country teams. In Liberia, the high-level UN leadership for the Ebola emergency response is provided by the Deputy Special Representative and Resident Coordinator, with the support of the UN

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<sup>8</sup> UNMEER <http://ebolaresponse.un.org/un-mission-ebola-emergency-response-unmeer> accessed on October 22, 2015 at 9:28 p.m

country team. The Special Envoy on Ebola continues to provide strategic guidance for the response.

In a statement on 31 July the Secretary-General Ban Ki-moon said 'the United Nations remains steadfast in its commitment to supporting the Governments of Guinea, Liberia and Sierra Leone in getting to and staying at zero cases'. UNMEER was set up as a temporary measure to meet immediate needs related to the unprecedented fight against Ebola. It is in line with United Nation's system that the system established by the United Nations for the maintenance of international peace and security was intended to be comprehensive in its provisions and universal in its application.<sup>9</sup>

On the other hand, The UN Security Council declared the outbreak as a threat to international peace and security and unanimously adopted United Nations Council resolution 2177---a temporary initiative to increase immediate aid to and crisis management in the affected areas (in addition to what the WHO was already doing). This unprecedented initiative is now called the United Nations Mission for Ebola Emergency Response (UNMEER), and its main task is to coordinate the UN's resources under the leadership of WHO.<sup>10</sup>

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<sup>9</sup> Malcolm N Swan, 2003, *International Law*: Fifth Edition, New York, Cambridge University Press, p. 1119

<sup>10</sup> Edward Chapnick, 2015, *Ebola Myths & Facts For Dummies*, Canada, John Willey & Sons, Inc. p.

UNMEER in its operation worked closely with governments, regional and international actors, such as the African Union (AU) and the Economic Community of West African States (ECOWAS); the private sector; and civil society. Accra, Ghana, is serving as a base for UNMEER, and the UNMEER has teams in Guinea, Liberia, and Sierra Leone.<sup>11</sup>

This initiative had five goals that cost approximately \$1 billion to implement and manage. They were:

- a. Stop the outbreak
- b. Treat the infected
- c. Ensure essential services
- d. Preserve stability
- e. Prevent outbreaks

Therefore, UNMEER is needed by society related to their goals particularly to stop the outbreak.

### **C. Ebola Virus Disease**

Ebola Virus Disease (EVD), formerly known as Ebola hemorrhagic fever, is a severe, often fatal illness in humans<sup>12</sup>. The virus is transmitted to people from wild animals and spreads in the human population through human-to-human transmission. The first EVD outbreaks occurred in

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<sup>11</sup> *Ibid*

<sup>12</sup> Ebola Virus Outbreak Investigation, Sierra Leone, September 28–November 11, 2014, [http://wwwnc.cdc.gov/eid/article/21/11/15-0582\\_article](http://wwwnc.cdc.gov/eid/article/21/11/15-0582_article), downloaded on November 1, 2015 at 10.48 p.m

remote villages in Central Africa, near tropical rainforests, but the most recent outbreak in West Africa has involved major urban as well as rural areas.<sup>13</sup>

Another demonstration of the seemingly intractable public health problems in Nigeria surfaced with the recent outbreak of the Ebola virus in Nigeria which is reported to have claimed at least two lives as at date. Over 70 persons are reportedly quarantined and/or under surveillance.<sup>14</sup>

Diagnosing Ebola in a person who has been infected for only a few days is difficult because the early symptoms, such as fever, are nonspecific to Ebola infection and often are seen in patients with more common diseases, such as malaria and typhoid fever. However, a person should be isolated and public health authorities notified if they have the early symptoms of Ebola and have had contact with

- a) Blood or body fluids from a person sick with or who has died from Ebola,
- b) Objects that have been contaminated with the blood or body fluids of a person sick with or who has died from Ebola,
- c) Infected fruit bats and primates (apes and monkeys), or
- d) Semen from a man who has recovered from Ebola

Samples from the patient can then be collected and tested to

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<sup>13</sup> WHO taken from <http://www.who.int/mediacentre/factsheets/fs103/en/>, accessed 1 Nov '15 at 10.50

<sup>14</sup> Oluchi, Aniaka, Law and Ethics of Ebola Outbreak in Nigeria (August 8, 2014). Available at SSRN:<http://ssrn.com/abstract=2477856>

confirm infection.<sup>15</sup>

In 2014 according to WHO, the CDC<sup>16</sup>, and Doctors Without Borders, the Ebola virus disease has been exported to countries beyond the African continent into countries including the United States, France, Britain, Spain, Germany, and Norway, none of which have ever experienced Ebola virus disease outbreaks<sup>17</sup>. During their time in caring for Ebola virus disease the patients, health care workers were treating Ebola virus patients and should be constantly monitored; ideally; there would be a near-instant exposure test.<sup>18</sup> Most infections occurred in health-care workers who had been exposed to the disease in West Africa.

#### **D. International Health Regulations 2005**

The International Health Regulations (IHR)<sup>19</sup> is a rule that officially binds all WHO member states<sup>20</sup>. IHR 2005, the principal legal instrument

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<sup>15</sup> Center for Disease Control and Prevention taken from

<http://www.cdc.gov/vhf/ebola/diagnosis/index.html>, accessed on November 1, 2015 at 10.58 p.m

<sup>16</sup> CDC stand for Center for Disease Control and Prevention is one of the major operating components of the Department of Health and Human Services in United States of America. A federal agency that conduct and support health promotion, prevention and preparedness activities in United States with the goal of improving overall public health.

<sup>17</sup> Adnan Qureshi, 2016, *Ebola Virus Disease: From Origin to Outbreak*, USA, Sara Tenney, p. 72

<sup>18</sup> James Lyons-Weiler, 2015, *Ebola (An Evolving Story)*, Singapore, World Scientific Publishing, p. 21

<sup>19</sup> IHR 2005 stand for International Health Regulation 2005 is a regulation which is include many rights and obligations for States Parties. These cover activities ranging from surveillance and response, to notification and verification to WHO of certain public health events and risks, to rules on application of health measures to international travelers, trade and transportation, requirements for sanitary conditions and services at international ports, airports and ground crossings and development of minimum public health capacities for surveillance, assessment, response and reporting for a broad range of risks throughout the territories of all States Parties.

<sup>20</sup> Dewi Nurita, Lucia Novita, "Evaluation of Avian Influenza Cases at Port Health Office Class III of



guiding the international management of public health emergencies, has recently undergone an extensive revision process. The revised regulations, referred to as the IHR (2005), were unanimously approved in May 2005 by all Member States of the World Health Assembly (WHA) and came into effect on 15 June 2007.

The IHR (2005) reflects a modernization of the international community's approach to public health and an acknowledgement of the importance of establishing an effective international strategy to manage emergencies that threaten global health security. The revised International Health Regulations (IHR) represents a dramatic new approach to combating public health emergencies.<sup>21</sup> WHO would issue in case of emergency of international a recommended template of measures for the protection of other states, based on the actual public health threat and the available evidence.<sup>22</sup>

The International Health Regulations 2005 are legally binding regulations (forming international law) that aim to:

- a) Assist countries to work together to save lives and livelihoods endangered by the spread of diseases and other health risks, and
- b) Avoid unnecessary interference with international trade and travel.

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Sampit', *Jurnal Berkala Epidemiologi*, Vol. 1, No. 2 September 2013: 201–212

<sup>21</sup> See at Agenda Item 13.1. Third report of committee A. Fifty-eighth World Health Assembly. WHO; 2005.

<sup>22</sup> Gian Luca Burci and Claude-Henri Vignes, 2004, *World Health Organization*, United Kingdom, Kluwer Law International, p. 140

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The purpose and scope of these Regulations are to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade.<sup>23</sup>

Actually, the revised International Health Regulation 2005 addresses health requirements for ship operations and construction.<sup>24</sup> There are global standards regarding ship and port sanitation and disease surveillance, as well as response to infectious diseases.

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<sup>23</sup> See Article 2 of International Health Regulation 2005

<sup>24</sup> World Health Organization, 2008, *International Travel and Health: situation as on 1 January 2008*, Switzerland, WHO Press, p. 25

The revised IHR emphasizes containing public health threats when and where they occur, conferring new obligations on countries to prepare for health crises, and new responsibilities and authorities on WHO to coordinate the international public health response. The success of this more flexible approach depends on national and sub - national capacities for disease detection, assessment, reporting, and response – capacities that are very uneven worldwide.

For this reason, the IHR (2005) mandate transparent and timely reporting of public health events and require countries to develop and maintain “the capacity to detect, assess, notify and report” such events. The revised regulations create a framework for disease reporting while also defining what constitutes adequate local disease detection and response capacities. The result is that the International Health Regulations has become arguably the most important global health treaty of the twenty-first century, with the WHO at the center of the governance regime.<sup>25</sup>

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<sup>25</sup> Lawrence O. Gostin, 2014, *Global Health Law*, England, Harvard University Press, p. 178