

# IHR & Movement of Pathogens in a Globalized World

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**Implementing the revised IHR in  
resource constrained countries.**

**Intended &  
Unintended Realities.**



## My approach

Assume this meeting is NOT taking place in DC

You each represent a resource constrained SP

No donor or OIE/CDC/USAID/WHO/FAO rep is here

Discussion is private and behind closed doors



# Outline of Discussion

- | Where are we with IHR
  - | *Examples from Nigeria & Zimbabwe*
- | Perceptions of IHR – Home view
- | Real determinants of IHR success
- | Interpretation & Implementation of IHR
- | Obstacles of IHR
- | Concluding Remarks



# Where are we with IHR

## *Examples from Nigeria & Zimbabwe*



[http://news.xinhuanet.com/english/20...nt\\_4159797.htm](http://news.xinhuanet.com/english/20...nt_4159797.htm)

*LAGOS, Feb. 9 (Xinhuanet) –*

**The deadly H5N1 strain of bird flu has been found in three more Nigerian farms in the north,**

**The government has detected the virus in three farms**

**Nigeria has accounted for the first outbreak of H5N1 strain of bird flu in Africa**



**<http://www.guardian.co.uk/birdflu/st>**

- | Bird flu discovered in two more Nigerian states**
- | The first documented case of H5N1 bird flu in Africa was reported on Wednesday at a farm in Kaduna state, in the north of Africa's most populous country.**
- | Chickens started dying in large numbers in a farm owned by the country's sports minister. The farm had 46,000 chicken, geese and ostriches.**



**<http://www.guardian.co.uk/birdflu/st>**

- | Agriculture ministry officials said yesterday the strain had been confirmed at two farms in Kano state and one in Plateau state.**
  
- | No human infection has been reported in Nigeria, but 40,000 birds died at the Kaduna farm at which the virus was first reported.**



# Chronology of AI Outbreaks, Nigeria

- § ? October/November 2005 – First suspected AI outbreak
- § December 2005 – Outbreak “reported”
- § 7<sup>th</sup> Jan. 2006 - Outbreak investigation
- § 14<sup>th</sup> Jan. 2006 – Preliminary confirmation of “influenza” virus
- § 6<sup>th</sup> Feb. 2006 – Lab confirmation of H5N1 virus



# Chronology of AI Outbreaks, Nigeria

- § 8<sup>th</sup> February 2006 Official Government notification to FAO
- § 12<sup>th</sup> February 2006 – National Committee established to control outbreak.
- § 14<sup>TH</sup> February 2006 – Surveillance and Response activities commenced
- § 31<sup>st</sup> January 2007: First human “bird flu” case reported





## **Cholera epidemic is under control says Mugabe; ....blames West for outbreak**

HARARE, Zimbabwe -- President Mugabe said Zimbabwe's cholera outbreak is under control Thursday as the United Nations raised the death toll from the crisis to 783. The U.N. said 16,403 cases had been reported.



# Zimbabwe accuses Britain of cholera 'genocide'



Zimbabwean soldiers march past a banner reading "Brown's cholera" during a funeral service - *AFP/File*



**In Africa,**

**IHR compliance still depends, to a large extent, on the transparency of local governance or the Governor**

*Obasanjo had dreams of becoming UN Secretary General  
Mugabe only wanted to ruin his country*



# The New IHR

“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.***”



# Perceptions of IHR – Our view



# IHR - Perceptions

.....it is perceived by national  
of resource constrained countries, that with IHR  
empahsis is on INTERNATIONAL SPREAD  
with little concern for or about  
national spread of diseases  
To summarise



# In Summary, IHR means

- | Disease of low or no potential for international spread, but killing hundreds at source
- | CNN BREAKING NEWS
- | Disease of high potential for international spread
- | CONTAIN AT SOURCE
  - | Travel ban
  - | Immigration clamp

**GRAPHICALLY,**

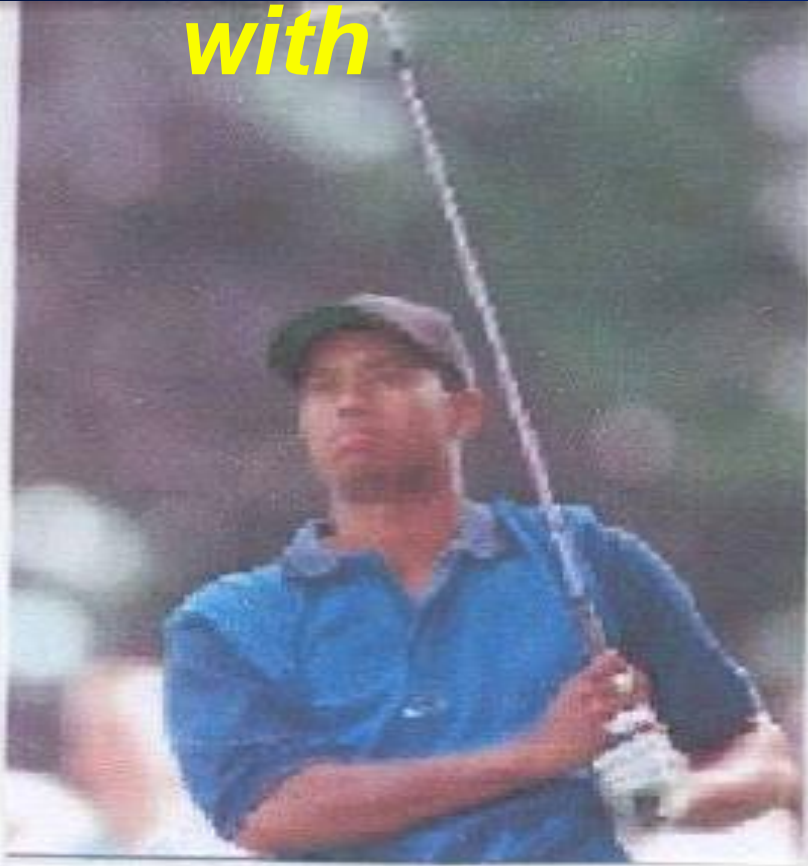


# COMPARING THE FOCUS ON INTERNATIONAL SPREAD WITH NATIONAL HEALTH IS LIKE COMPARING

***TIGER WOODS***

***TIGERS WOOD***

***with***



**INTERNATIONAL HEALTH**

**versus**

**NATIONAL HEALTH**

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# “Real” determinants of IHR success



# “Real” Determinants of IHR success

- | Many more countries wish they were as courageous as Indonesia: *Own Our Own Virus*
- | Why is US stockpiling vaccines for small pox (SP) - an eradicated disease?
- | US decision NOT to destroy SP virus attracts retaliatory assertion of sovereignty on other issues by other countries, *e.g., viral sovereignty*



# “Real” Determinants of IHR success

- | Why do you spray outbound planes, and not the inbound ones?
- | At a lecture, I once heard that the number 1 reason for eradicating polio was that the US will be saving \$12 billion a year
- | Why the fuss over one imported case of Lassa virus to Europe and studied silence or sensational news over 100 cholera deaths in the same Lassa endemic country?



## Other Determinants of IHR success

*The fear of the stigma makes a man  
to swallow poison  
.....Nigerian proverb.*

*Otherwise, I 'd rather die than tell!*



# Other Determinants of IHR success

## *The Donor & My Partner*

He arrived eager to help, I received him with enthusiasm

I have belly ache for the last day or so, I told him

It is headache you have for the last day or so, he told me

He gave me the medicine; take it now, now, he said

I thanked him for the headache medicine he gave me,

My belly continued to ache; & now I have a headache



# Interpretation & Implementation of IHR



# Interpretation and Implementation of IHR

## Prerogative of State Parties

Politics, Religion, Sovereignty & Social issues will continue to determine how State Parties INTERPRETE the IHR, and ultimately,

These & other local issues will determine how well the IHR or other global initiatives will be implemented – *Polio in Nigeria, case in point*



# Obstacles of IHR



# Obstacles to IHR implementation

- | Defective disease surveillance
- | Inadequate political will and commitment
- | Non-“ownership” of surveillance system
- | Conflicting and rigid donor-partner priorities
- | Poor networking



# Concluding Remarks



## **Conclusion - Clearing Conceptions**

- | Equal emphasis on national and international spread of disease**
- | Give priority to building national capacity for disease surveillance and prevention**
- | Assist State Parties to comply with implementation time frame of IHR**



## **Conclusion – More Things To Do**

**AFP surveillance and Polio Laboratory Network – a positive example**

**Address different components of surveillance systems for successful and timely implementation of IHR**

**Empower each country to own and control its surveillance system within the global network.**

**“Double” efforts on getting resource constrained countries to use guidelines to meet deadlines**



# Real success of IHR

*The real success of IHR will be when the report says: **Because we detected the first case on time, 500 cases of cholera prevented, no matter the causative agent, Vibrio cholerae or Gordon Brown***



A photograph of a heavily damaged and rusted car door. The door is white with significant peeling paint and rust. The phrase "I REST MY CASE" is spray-painted in black, bold, capital letters across the center of the door. Above the door, a window is visible with a partially obscured sign that reads "PLEASE NO" and "PETS IN". To the right of the door, the front fender of the car is visible, showing two circular headlights. The background is dark and indistinct, suggesting an indoor setting like a garage or workshop.

**I REST MY CASE**