International Politics of Disease Reporting: the story of reporting H5N1 in Asia

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ARC Discovery Project

- July 2008- April 2013 funding
- Co-edited special issue for two internationally recognised journal issues
- One edited book (forthcoming 2013)
- One co-written book (forthcoming 2013)
- One sole authored book (forthcoming 2012)
- 11 sole authored journal articles (additional 1 under revision)
- 2 co-authored journal articles
- One workshop (speakers from WHO (Headquarters, WPRO and SEARO/Australian, Cambodian and Indonesian govt representatives/ASEAN representatives/London School of Hygiene and Tropical Medicine/Infectious disease surveillance programmers and academics in law, public health and international relations
- Invited to attend and participate in ASEAN-WHO workshop in Nov 2011 on risk communication
- Numerous field work and interviews across South East Asia

SARS

- Prior to SARS, international reporting behaviour was changing.
- Agreement to revise existing 1969 IHR were passed in 1995
- Creation of Global Public Health Information Network (internet surveillance system used by WHO in partnership with Public Health Canada) - in place since 1996
- 2001 WHA resolution 'Global Health Security' - WHO could intercept GPHIN reports on outbreak events and seek further information from the affected state
- SARS caught China unprepared - wider international community had 'begun to move beyond the state centrism of Westphalian public health' (David Fidler)
- Shift from containment at the border to containment at the source

Situation post SARS

- Revisions to the International Health Regulations underway (2004-2005)
- High level focus
- Debate on what states *had* to report, *when* they had to report, how would *capacity* to report be accommodated
- *Impact* of expanded reporting requirements on trade and travel
- Passage in 2005 World Health Assembly of Resolution 58.3, Revised IHR
- Into force in 2007
- States self-identify their capacity to meet core reporting conditions – 5 year timeframe for capacity to be developed

IHR revisions (2005)

- Expanded reporting definition:
- States must report to WHO a suspected:
- 'Public health emergency of international concern' (PHEIC) within 24 hrs; & confirm within 48 hrs

- A PHEIC is defined as an extraordinary event that may

i) constitute a public health risk to other States through the international spread of disease and;

ii) (ii) potentially require a coordinated international response

- 2004 regional consultations led to pandemic influenza – with specific mention of H5N1 cases in Asia – to be included under the IHR as a reportable disease.

Westphalian rules

The success of the IHR revisions was due to 'unique factors that would be very difficult to replicate'.

In the widest sense, foreign policy is the expression of a state's domestic policies as they impact o or are impacted by the eternal environment. In that sense, governments have always been mindful of the permeability of their borders to disease.

Mary Wheelan 2008: 5, 17

Post-Westphalianism?

- The detection of, and international response to, the SARS outbreak clearly demonstrated that countries are willing to forgo the exclusive privilege of reporting and responding to infectious diseases occurring in their own territories in a manner over which they have supreme control.
- New norms and standards for reporting and responding to public health events of international importance have been established and clearly demonstrated in the world's response to SARS.

David Heymann 2006: 352, 353.

Table 1: H5N1 Human Infection Cases 2003-2011 (WHO 2011b)

Country	2003-2011	
	Cases	Deaths
Azerbaijan	8	5
Bangladesh	3	0
Cambodia	18	16
China	40	26
Djibouti	1	0
Egypt	153	52
Indonesia	182	150
Iraq	3	2
Lao PDR	2	2
Myanmar	1	0
Nigeria	1	1
Pakistan	3	1
Thailand	25	17
Turkey	12	4
Vietnam	119	59
Total	571	335

H5N1

- At the outset there was no formal requirement for H5N1 reports to WHO under the revised IHR until 2007
- 2006 WHA (Resolution 59.2) passed asking member states affected by H5N1 to do so – on a *voluntary* basis
- Analysis of affected states performance of their 'duty to report' has been following:
- Positive reporting(Viet Nam, Cambodia)
- Uneven reporting (China)
- Negative reporting (Indonesia and Thailand)

H5N1

- 'Positive' reporters experienced reporting gaps due to 'capacity' rather than political intent to deceive
- 'Uneven' performers were met with suspicion but given 'benefit of the doubt' – i.e. China's lag in confirmations from 2004 (reported in 2006) were due to a SARS diagnosis 'mix up'
- Negative reporters – Indonesia and Thailand – have been criticized for delayed reporting of human infectious cases.
- Particularly, linked to this is Indonesia's virus sharing dispute with the WHO, which has been seen as tied to a rejection of the IHR reporting obligations

Sovereignty revisited

- Indonesia, and Thailand to a lesser degree, have been perceived as 'challenging the putative obligations under the revised IHR'
- Indonesia is reasserting its 'viral sovereignty' in the face of global health governance
- Further evidence –
- Thailand's questioning of the term 'global health security' used in the WHA resolutions pertaining to reporting obligations since 2001
- Former Indonesian Minister of Health Supari questioning regular reporting of H5N1under the IHR in 2008 (a year after IHR came into force)

Duty to report 'pushback'

1. **Security rhetoric** reasserted the sovereign – contra Heymann.

- SARS did not lead to states forgoing the exclusive privilege of reporting and responding to infectious diseases.
- An *effective* state became the one that could assert supreme control over reports (Stephenson and Cooper 2009; Elbe 2010; Irwin 2010)

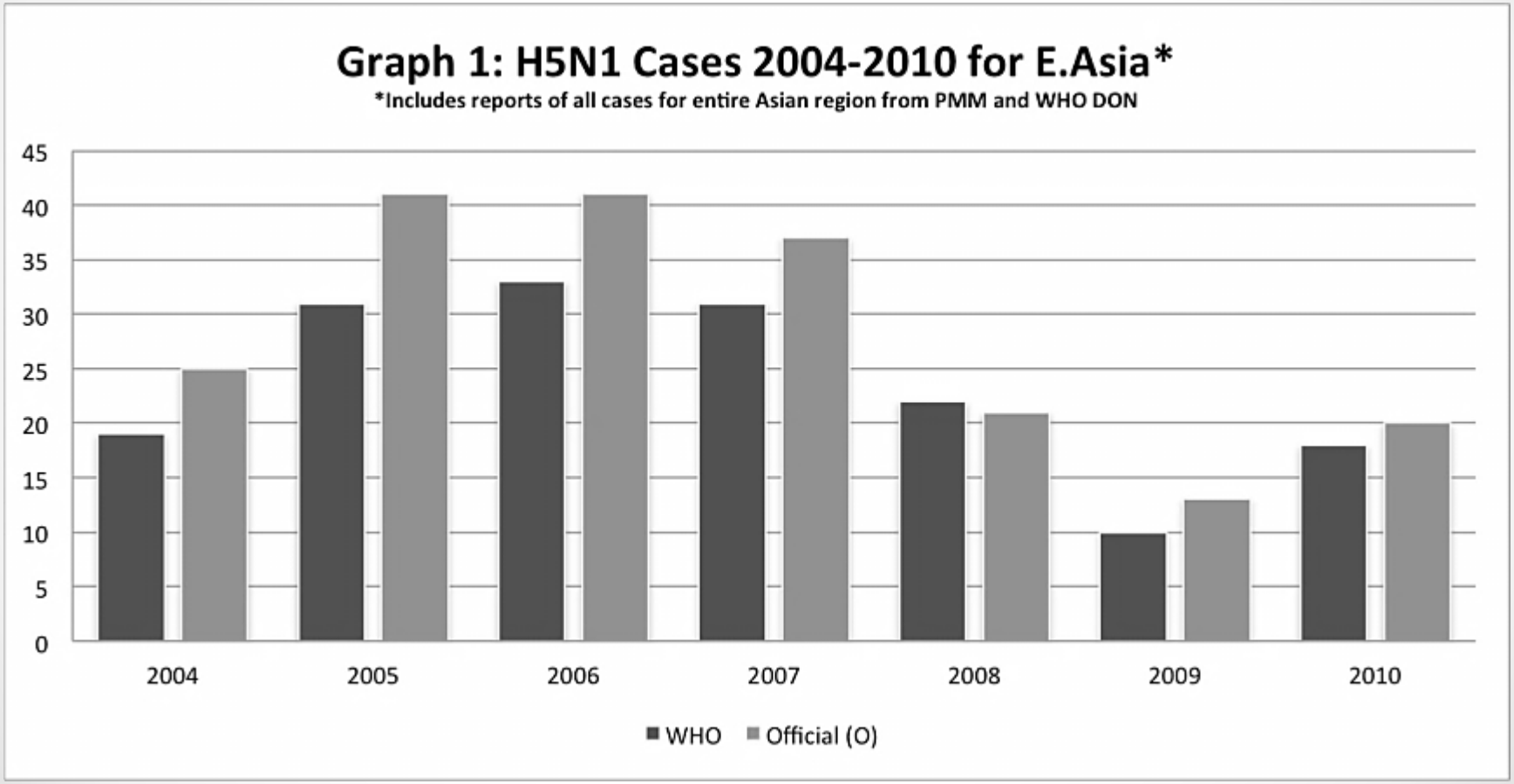
2. **Formalisation of the new IHR rules** allowed for states to clearly detect instances where WHO needed to be 'put back in its place'.

- Lags in reporting were a WHO-backlash for 2003 (Cortell and Peterson 2006; Smith 2010)

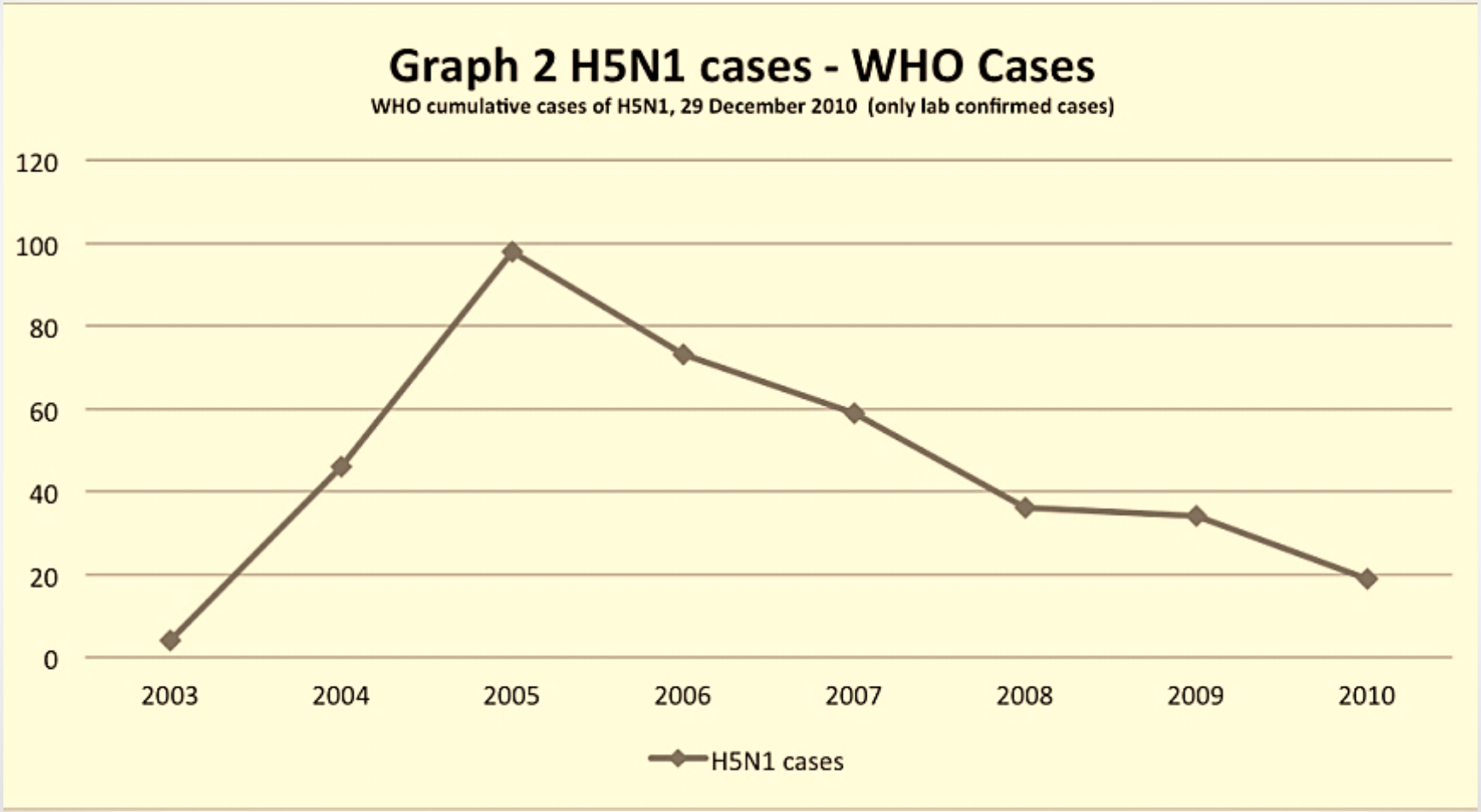
Gaps in Pushback

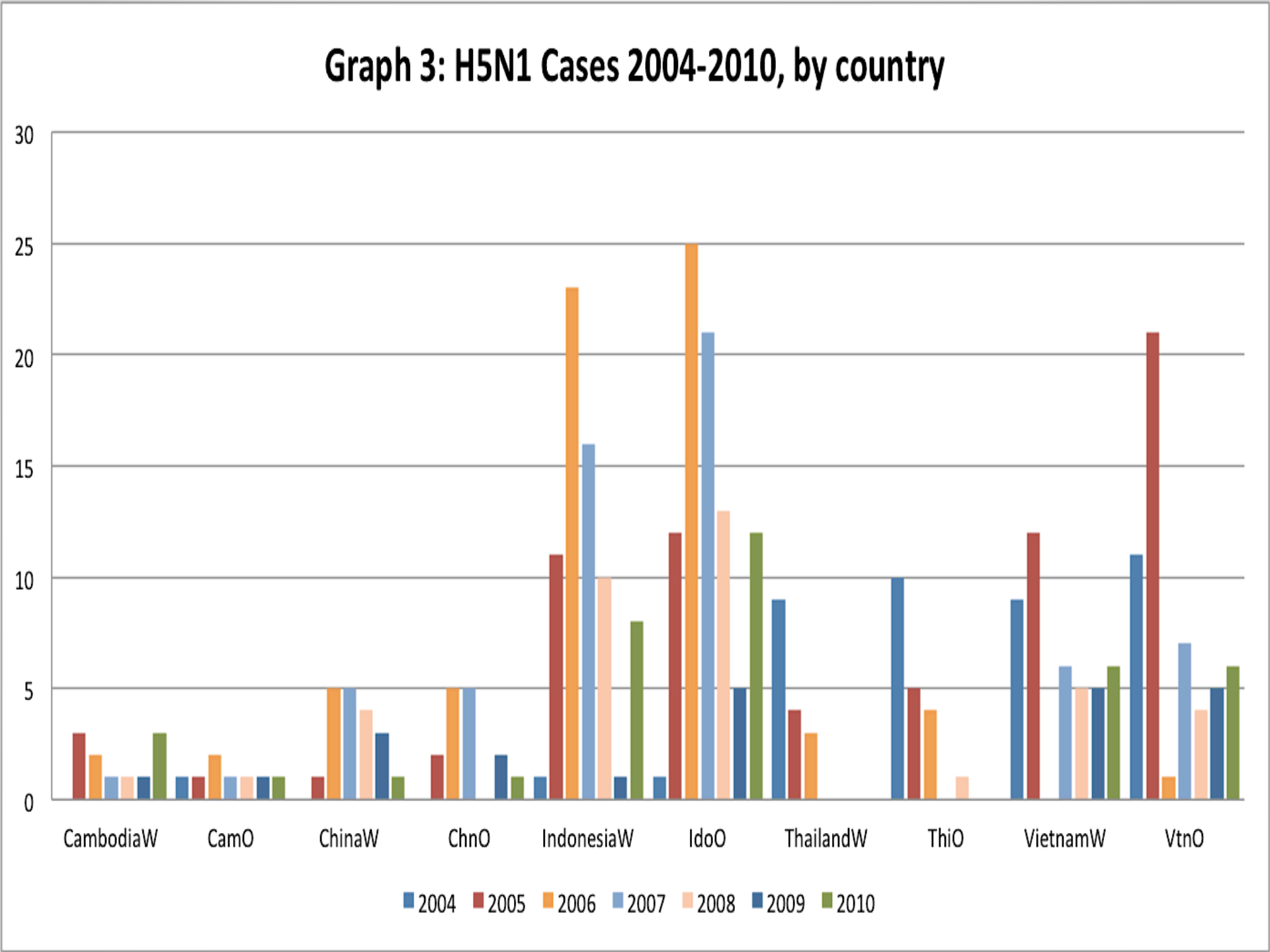
- Why did sovereignty matter for some states and not others?
- Why so much focus on Supari's comments rather than Indonesia's reporting actions during the peaks and troughs of H5N1 outbreak?
- Rather than focusing on one-off events during the H5N1 human infection period (which has been ongoing since 2004); I propose we understand these events as part of a larger reporting story from 2004

H5N1 2004-2010



H5N1 2004-2010




Graph 3: H5N1 Cases 2004-2010, by country
30
25
20
15
10
5
0
CambodiaW
CamO
ChinaW
ChnO
IndonesiaW
IdoO
ThailandW
ThiO
VietnamW
VtnO
2004
2005
2006
2007
2008
2009
2010

Findings

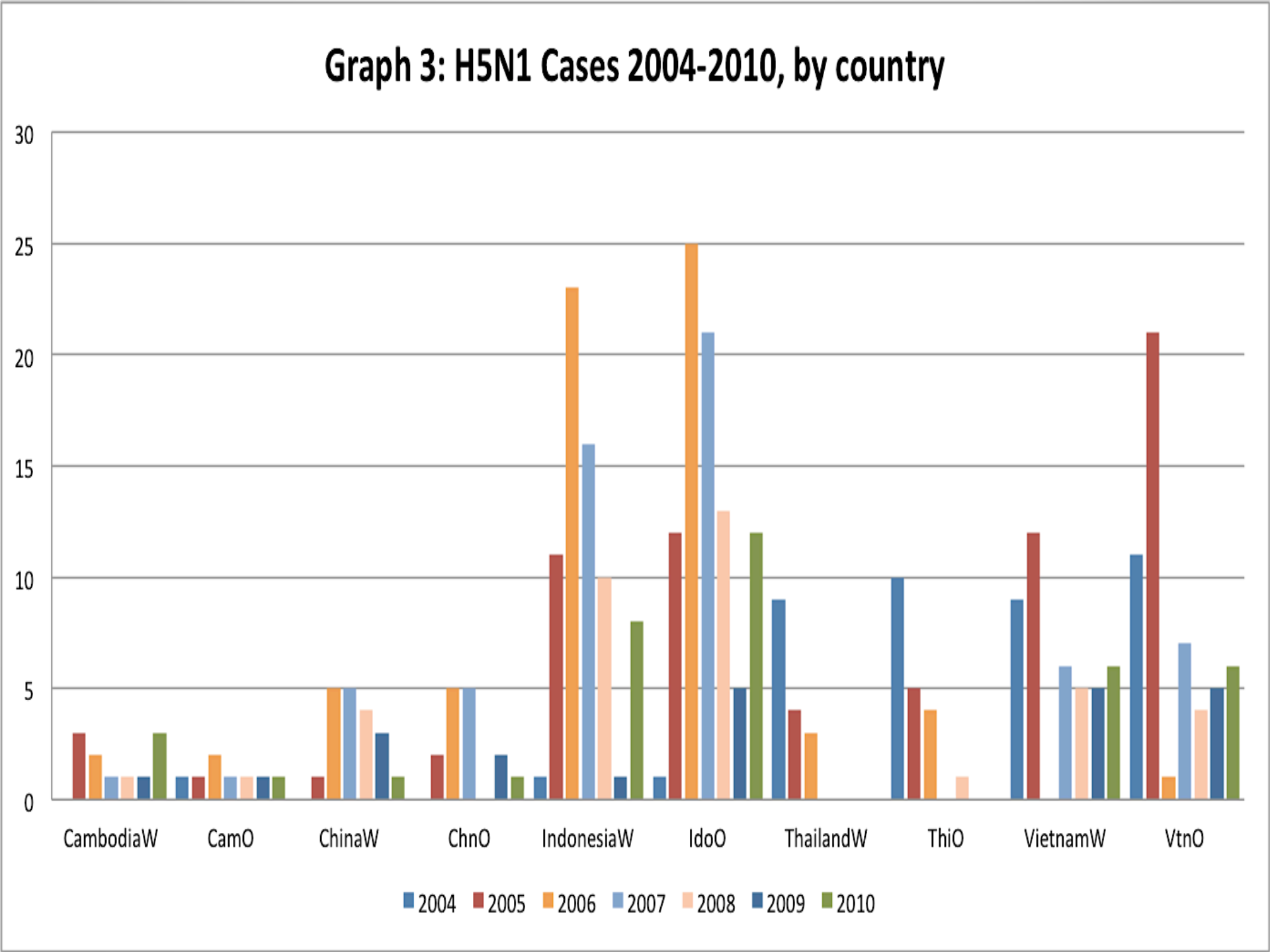
1. All affected states, generally, reported suspect cases and confirmed cases quite regularly – hence most reports each year surpassing WHO reports

- Reports in real time correlate with the lab confirmed cases (often post dated) in Graph 2.
- States critiqued for non-compliance – Indonesia, Thailand and China ('uneven') – reported as regularly as the 'positive' states identified in the literature (Vietnam and Cambodia).

Findings

2. Variation in reporting behaviour does not correlate with the 'pushback' explanation

- Cambodia (+), China (-/+) and Thailand (-) govt close reporting relationship to WHO
- Indonesia (-) and Viet Nam (+) showed greatest variation between what cases were 'officially' reported by the government against those cases reported by the WHO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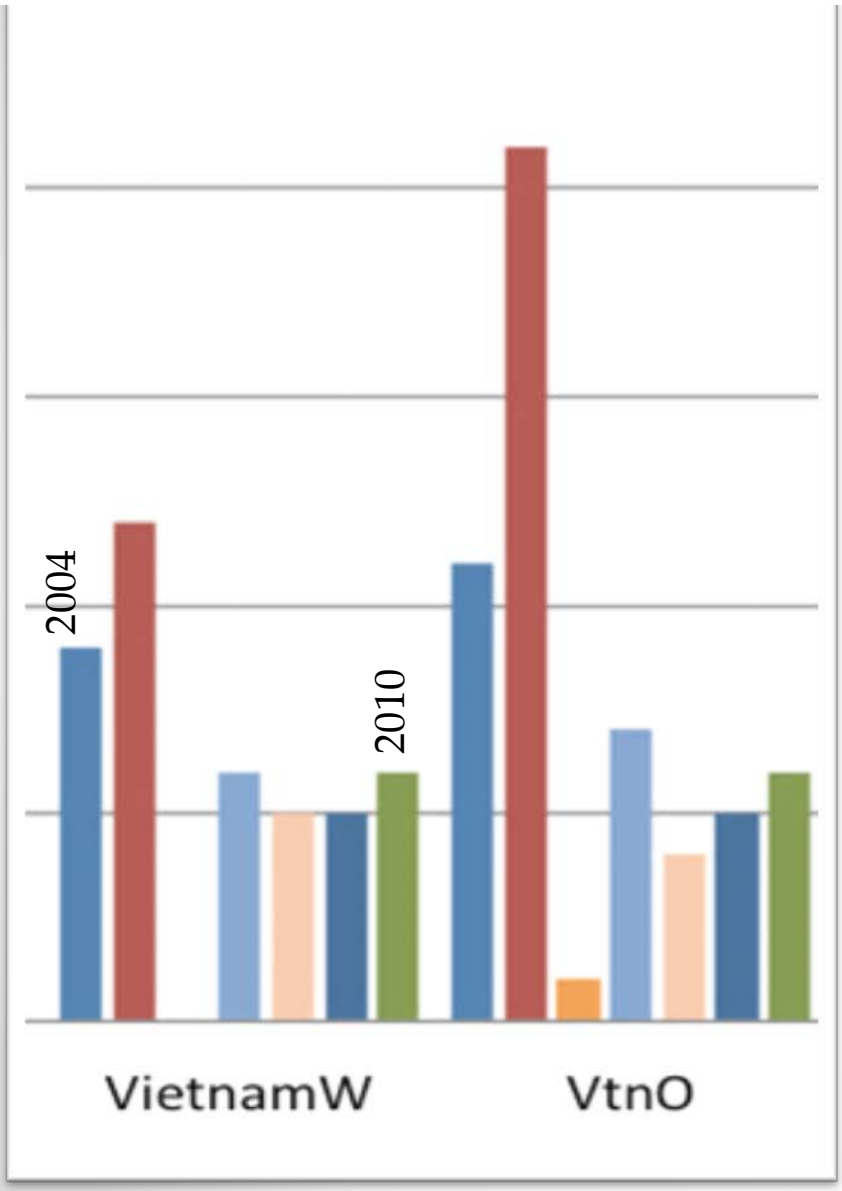
2004-2010
Confirmed reports to WHO (W)
Reports to community (O)



Viet Nam

- Reporting lags correlate with period when caseload was highest.
- In 2005 and 2006, peak year of infections, Viet Nam government reports outnumbered WHO receipt of reports by 2:1
- In 2006 WHO issued reports *without* Vietnam govt confirmation
- Lags continued in 2007 and 2008 but with difference of 1-2 reports

2004-2010
Confirmed reports to WHO (W)
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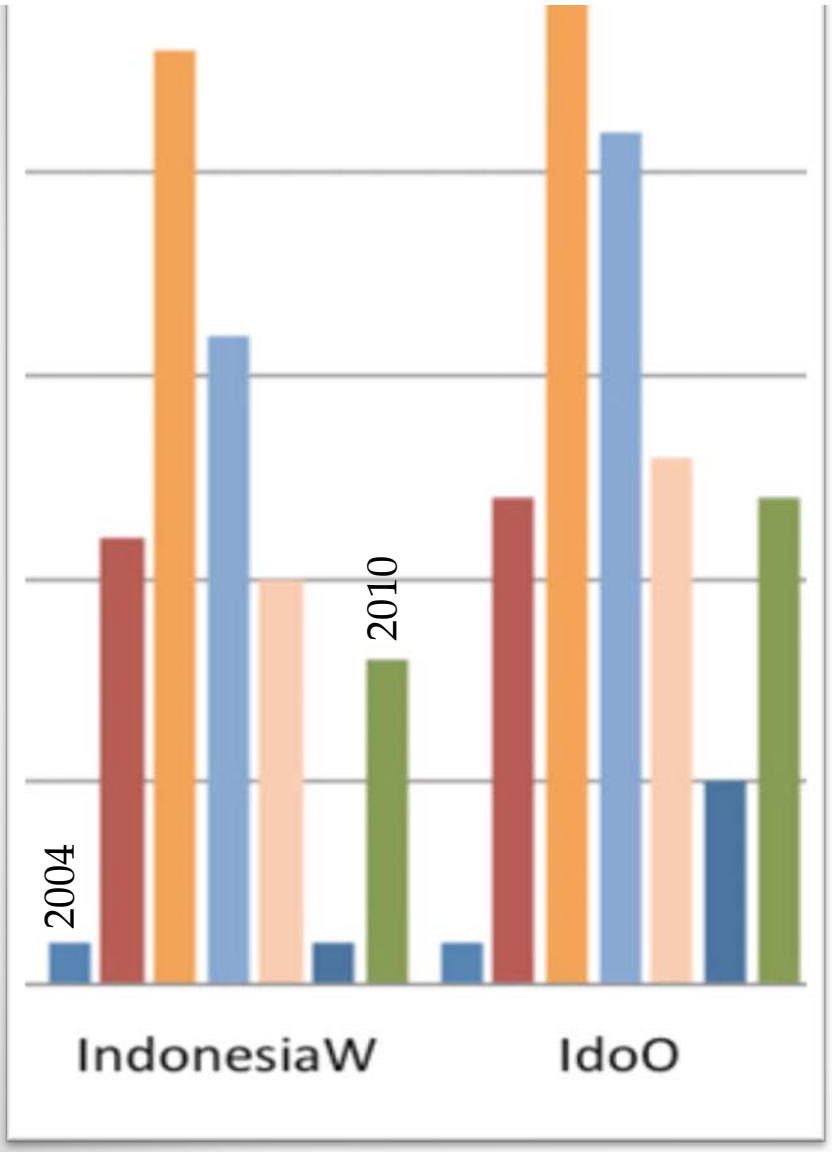

Indonesia

- Lag in reports between government and WHO in 2008 (difference of 3); 2009 (difference of 4); and 2010 (difference of 4)
- *Identical* to lags in 2005, 2006 and 2007 (between 2 and 5).
- Points to note - Indonesia's lag **never** rose to the level of Viet Nam's lag – yet Indonesia overwhelmingly viewed as the recalcitrant reporter
- The virus sharing dispute appears to have influenced the view that reporting was affected – this claim should be re-examined.
- Interviews revealed reports were always received by WHO office in Indonesia

Conclusion

- The lag between official reports and reports received by WHO indicate that even 'poor' performers (Viet Nam and Indonesia), for the most part, reported outbreak events to WHO – even when they were not legally required to do so (until mid-2007)
- This contradicts recent claims that sovereigns are 'pushing' against their reporting obligations
- The Indonesian Ministry of Health and WHO offices maintained a cooperative relationship in H5N1 detection during the virus dispute – the two issues were not the 'same thing'
- There is always the potential for backtracking on the duty to report in a novel case, but the behavior here reveals *progressive local adaptation* of international obligation to report being internalized amongst the H5N1 affected states in Asia