

## Testimony of Dr. Suerie Moon

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### The World Health Organization and Pandemic Protection in a Globalized World

Thank you Chairman Young, Ranking Member Merkley and distinguished members of the Subcommittee for your leadership in holding this hearing, and for the opportunity to testify.

I conduct research on global health and governance, including the WHO. I also served as the Study Director of the Independent Panel on the Global Response to Ebola, a project of Harvard and the London School of Hygiene and Tropical Medicine. People have asked me why we focused so much on WHO in our final report,<sup>1</sup> when there were so many factors that contributed to the Ebola crisis. My response? Because WHO's role is so important.

What does WHO do – both with respect to outbreaks and beyond – and why is it important for public health in the US and around the world? WHO does for the world, what at least five different entities do in the US: the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the National Institutes of Health (NIH), Congress and the President.

First, like the CDC, WHO helps countries detect and respond to outbreaks. WHO also informs the rest of the world about these outbreaks, and mobilizes the world to respond – with expertise, financing, scientific capacity and boots on the ground.

Second, like the FDA, WHO ensures that priority drugs, vaccines, and diagnostics used by hundreds of millions of people worldwide are safe, effective and of quality. For example, WHO Pre-Qualification<sup>2</sup> gives donors confidence to buy low-cost, quality-assured generic tuberculosis medicines for use in developing countries. It does the same for many other

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<sup>1</sup> Moon, Suerie, Devi Sridhar, Muhammad A. Pate, Ashish K. Jha, Chelsea Clinton, Sophie Delaunay, Valnora Edwin et al. "Will Ebola change the game? Ten essential reforms before the next pandemic. The report of the Harvard-LSHTM Independent Panel on the Global Response to Ebola." *The Lancet* 386, no. 10009 (2015): 2204-2221.

<sup>2</sup> For the list of products assessed by the WHO Prequalification programme see:  
<https://extranet.who.int/prequal/content/prequalified-lists>

products. This “seal of approval” stretches donor dollars further to save millions of lives, including many young children. WHO also provides guidelines on how to best prevent, diagnose and treat HIV in resource-poor countries.<sup>3</sup> The US is the world’s single largest donor for HIV/AIDS – members of Congress on both sides of the aisle are justifiably proud of this achievement. If US dollars are the gas in the tank that powers many HIV treatment programs, WHO is like the oil in the engine that keeps things moving smoothly.

In fact, WHO is the oil in many different engines.

WHO is also like the NIH, in that its role is crucial to biomedical research and health technology R&D. For example, WHO has developed an “R&D Blueprint” that identifies the high-risk pathogens for which we are least prepared in terms of vaccines, drugs and diagnostics.<sup>4</sup> The Blueprint has facilitated the rapid development of diagnostics for Zika, a virus that has directly-affected the US and many of our neighbors. Earlier this year, WHO also published a list of priority pathogens – 12 families of bacteria for which resistance is growing – to help guide new R&D for antibiotics.<sup>5</sup> The fact that many antibiotics can no longer treat common infections is a very serious threat to the health of Americans, and people around the world. WHO is the only organization with the authority to establish this type of research agenda, which can inspire and mobilize scientists, research funders, and companies around the world to respond.

Fourth, like Congress, WHO is a place where rules get negotiated to address public problems. For example, in 2006 the world faced a crisis when the government of Indonesia decided to stop sharing samples of avian influenza virus, due to concerns that its citizens would not benefit from the vaccines developed with these samples. WHO responded by bringing together governments to negotiate the Pandemic Influenza Preparedness Framework (PIP Framework), which arranges for international sharing of flu virus samples, and in turn, secures access to the resulting flu vaccines for directly-affected countries.<sup>6</sup> The International Health Regulations are another example of critical “legislation” negotiated at WHO.

Finally, like the President, the Director-General of WHO is responsible for decisions that affect billions of people. For example, the Director-General makes a judgment call when deciding whether to declare a particular outbreak a “Public Health Emergency of International Concern.” This sounds the alarm to the rest of the world. The Director-General may also warn travelers against certain destinations due to health risks. This decision is not taken lightly. WHO travel advisories can affect billions of dollars in travel and trade, as we saw during the SARS outbreak. We all have an interest in making sure WHO is well-equipped to make these decisions.

In short, the world asks a lot of WHO. It depends a lot on WHO. But it has not always been willing to pay. The comparison is not perfect, but according to a back-of-the-envelope

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<sup>3</sup> For a list of various HIV-related guidelines see: <http://www.who.int/hiv/pub/guidelines/en/>

<sup>4</sup> For background on the process used to develop the R&D Blueprint, and the list of pathogens, see: <http://www.who.int/blueprint/about/en/>

<sup>5</sup> For the priority list of drug-resistance families of bacteria, see: <http://www.who.int/medicines/publications/global-priority-list-antibiotic-resistant-bacteria/en/>

<sup>6</sup> Fidler, David P., and Lawrence O. Gostin. "The WHO pandemic influenza preparedness framework: a milestone in global governance for health." *Jama* 306, no. 2 (2011): 200-201.

calculation the CDC, FDA, NIH, Congress and President cost about ~\$48 billion per year. WHO's annual budget is about 6% of this, or \$3 billion per year – to support 194 countries.<sup>7</sup> The US is the largest single funder and covers about 18% of the WHO budget, which is not a bad deal, because our share of the global economy is higher than that – 24%.<sup>8</sup> Decreases in US funding would not only be devastating, but also a false economy as it would increase risks to the health of Americans and all other people in the world.

Threats to health are a security issue, economic issue, development, humanitarian and human rights issue. The United States cannot afford to skimp on support to the agency that is the oil in the engine of the global response to health threats.

Thank you again for this opportunity, I look forward to your questions.

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<sup>7</sup> See financial data on WHO at <https://open.who.int>

<sup>8</sup> Based on data from the World Bank, US GDP was about \$18 trillion out of global GDP of \$74 trillion in 2015. <http://databank.worldbank.org/data/home.aspx>