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Controlling Infectious Disease Outbreaks:

Conflict, Security, and Global Health Diplomacy Symposium

August 2021

The Fletcher School
Tufts University

Source: CDC

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Symposium Steering Committee

This report was written by the Symposium Steering Committee: Nahid Bhadelia, Diana Chigas, Ian Johnstone, Gerald Keusch, Deborah Kochevar and Elizabeth McClintock. It reflects the discussions that took place at the Symposium, which were conducted on the basis of Chatham House rule. While we endeavored to capture the essence of the deliberations, it is not a consensus document and not all participants would agree with every word in the report. Any errors or mischaracterizations are the responsibility of the members of the Steering Committee.

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Diana Chigas is Professor of International Negotiation and Conflict Resolution at The Fletcher School at Tufts University, and also serves as Senior International Officer and Associate Provost at Tufts University. She currently co-directs the Corruption, Justice and Legitimacy (CJL) Program at Fletcher's Leir Institute, an initiative that aims to improve the effectiveness of anti-corruption programming in fragile and conflict-affected contexts.

Ian Johnstone

Ian Johnstone is a Professor of International Law at The Fletcher School at Tufts University, and served as Fletcher's Dean *ad interim* from 2018 to 2019. From 2013 to 2015, he served as the school's Academic Dean. Prior to joining Fletcher in 2000, Johnstone served in the United Nations' Executive Office of the Secretary-General and Department of Peacekeeping Operations.

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Luigi Minikulu, Ebola Technical Secretariat, Goma, Democratic Republic of the Congo

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Symposium Schedule

WEDNESDAY, MARCH 24, 2021

8:00 AM — 9:00 AM

I. Welcoming Remarks & Introductions

Rachel Kyte, Dean of The Fletcher School, Tufts University
Ian Johnstone, Professor of International Law, Fletcher School, and
Deborah Kochevar, Professor, Cummings School of Veterinary Medicine; Senior Fellow, The Fletcher School

9:15 AM — 11:00 AM

This session will address the particular challenges of responding to outbreaks in conflict-affected environments. Among the questions to be considered:

II. Insecurity & Fragility

- How to get access to populations at risk?
- How to overcome a lack of trust in government among local populations?
- What are the implications of "securitizing health", for example by using security forces in responding to non-state armed actors?
- What other tools does the government have at its disposal to address the insecurity?

PANELISTS

David Gressly, UN Resident Coordinator, Yemen; former Deputy Special Representative of the Secretary-General, MONUSCO
Mosoka P. Fallah, President and CEO of Refuge Place International (RPI), Liberia
Stacey Mearns, Senior Technical Advisor, Emergency Health, International Rescue Committee

THURSDAY, MARCH 25, 2021

8:00 AM — 9:45 AM

This session will address economic and social factors that inhibit or contribute to an effective response. Among the questions to be considered:

III. Societal Factors

- What measures should political and community leaders prioritize to mobilize a response?
- How resilient is the national health system in the face of crises? How can it be strengthened in the short and longer-term?
- How should external financial resources be managed and disbursed?
- How to address the particular challenges faced by marginalized and vulnerable groups?

PANELISTS

Jean-Jacque Muyembe-Tamfum, Director-General of the National Institute for Biomedical Research and Professor of Microbiology at Kinshasa University Medical School
Ibrahima Socé Fall, Assistant Director-General for Emergency Response, WHO Health Emergencies Programme, World Health Organization
Chikwe Ihekweazu, Director-General, Nigeria Centre for Disease Control

THURSDAY, MARCH 25, 2021 (cont)

10:00 AM — 11:00 AM

This session focused on the international institutional framework for managing infectious disease outbreaks in conflict-affected environments. Among the questions to be considered:

IV. International Institutions & Law

- What steps can be taken to ensure a coordinated response among the multiple health, security, humanitarian and political actors involved?
- How can international humanitarian law and humanitarian principles be applied effectively?
- Are the International Health Regulations an adequate framework for guiding the response to outbreaks in conflict-affected states?
- How can the potential distortions caused by outside intervention be mitigated?

PANELISTS

Ugo Solinas, Deputy Director, Central and Southern Africa Division, United Nations Department of Political and Peacebuilding Affairs-Department of Peace Operations

Inger K. Damon, Director, Division of High Consequence Pathogens and Pathology, National Center for Emerging and Zoonotic Infectious Diseases, Centers for Disease Control and Prevention

FRIDAY, MARCH 26, 2021

9:00 AM — 11:00 AM

V. Designing Better Tools for Global Health Diplomacy in Conflict-Affected States

Executive Summary

In a three-day virtual symposium hosted by The Fletcher School, thirty five senior practitioners and experts from around the world considered the unique challenges of controlling infectious disease outbreaks in conflict-affected states, and steps that could be taken to address these challenges. Several threads ran through the discussion: the importance of contextual knowledge, including about the nature of the conflict, in planning for and executing an effective response; the danger of "over-securitizing" the response to what is a multi-sectoral crisis; the need to identify pathways of influence across all levels of government; and the demand for skills in "health diplomacy" — the ability to engage effectively with a multiplicity of actors in multiple settings, in a fast-changing, health-focused environment. With that backdrop, six broad themes emerged from the symposium.

How to Coordinate an Effective Response

Actions by all participants in the response potentially impact the health, political, security, humanitarian, and development initiatives of others. This is true before, during and after a health security crisis, making early and consistent coordination essential. Multi-level and multi-sectoral frameworks can help to overcome the obstacles to coordination in conflict-affected states.

How to Use International Law and Institutions to Strengthen the Response

International health, human rights, and humanitarian law can help to guide efforts to prevent and respond to outbreaks, and to rebuild in the aftermath. International institutions, through their programs and advocacy, are key actors in ensuring that the law is used to enable the necessary action, to structure an appropriate response, and to prevent violations of international standards.

How to Communicate and Engage with Local Populations

Populations in conflict-affected states often have low levels of trust in government and external intervenors. Two elements are essential to building trust: effective communication and engagement with local communities. This requires identifying the best "messengers," building deep relationships with local actors in the early days of a crisis or, ideally, before the crisis, and establishing a feedback loop throughout the intervention.

How to Strengthen Health Systems in the Aftermath of an Outbreak

In the spirit of "not letting a crisis go to waste," outbreaks in conflict settings present an opportunity to mobilize the political will and resources for long-term capacity strengthening of health care systems. When responding, peacebuilding should be linked to health capacity strengthening to address the "long tail" of population effects in the aftermath of the crisis.

How to Create a Model for Sustainable Funding

Sustainable funding in the context of conflict-affected states means: dedicating resources not only to the outbreak itself, but also to other local health priorities and for communities outside the immediate areas; being "smarter" about integrating programs, both vertically — from global to national to local actors — and horizontally across actors operating on the ground; and long-term health system capacity strengthening.

How to Manage Unintended Consequences of the Response

It is important to understand, manage, and mitigate the unintended consequences of an outbreak response, such as market effects ("the Ebola business"), politicization of the health crisis to achieve conflict-related goals, and the theft or diversion of resources.

Recommendations

Based on the discussion, the Steering Committee for the symposium extracted a set of **actionable items** to address the unique challenges of infectious disease outbreaks in conflict-affected states:

- Build trust with the local population
- Identify the appropriate role for security forces
- Design mechanisms for effective multi-sectoral coordination
- Incorporate health system strengthening in peace-building
- Educate the next generation of health diplomats

Introduction

Image source: World Health Organization

The Ebola outbreak in the Democratic Republic of the Congo in 2018 was the tenth that country had faced since 1976. None of these outbreaks became pandemics, meaning they never spread across the DRC border or even throughout the country – even during periods of armed conflict and political volatility. To what is this relative success attributable? What can be learned from the 2018 — 20 experience about the challenges of controlling disease outbreaks in conflict-affected states?

With those questions in mind, The Fletcher School at Tufts University organized a symposium on “Controlling Infectious Disease Outbreaks: Conflict, Security and Global Health Diplomacy.” Our original intention was to hold an in-person event at The Fletcher School. However, when COVID-19 struck, we instead convened a virtual brainstorming session in October 2020 among a group of senior United Nations (UN), World Health Organization (WHO) and government officials, along with academic experts. Together we crafted the agenda for a virtual symposium, held from March 24 — 26, 2021, which brought together a diverse gathering of senior policy-makers, experienced practitioners, and world-renowned experts (see agenda and schedule at the beginning of this report). The focus on the DRC remained, but the discussion expanded to include the Ebola outbreaks in West Africa in 2014, and the multiple challenges associated with COVID-19 today.

While each session of the symposium began with brief remarks, the format was essentially a roundtable discussion following Chatham House rule, enabling the assembled participants to offer insights from their unique perspectives. This report captures six principal themes that emerged from the discussion, namely how to: coordinate an effective response; use international law and institutions to strengthen the response; communicate and engage with local populations; strengthen health systems in the aftermath of a crisis; create a model for sustainable funding; and manage unintended consequences. Each of those themes is addressed below.

In addition, several threads ran through our discussions, underpinning all six themes.

First, there was broad agreement among participants that **“conflict” must be understood broadly** to encompass not only armed clashes between warring groups but other forms of violence as well, including political and criminal violence. Two sets of challenges associated with conflict were identified. The first concerns the direct impact of conflict on the ability to respond to the health crisis. For example, insecurity limits the ability of health care workers to travel to outbreak-affected areas, and those who did are sometimes attacked by armed groups. The second set of challenges, which runs deeper, relates to the loss of trust in institutions and leaders that results from years of un-addressed violence. As one symposium participant put it, referring to the arrival of outside actors (both national and international) in an outbreak-affected region, “you are here now, supposedly to protect us from disease; where were you when we needed your protection from violence?”

A second thread was **the importance of contextual knowledge**, or what may be called situational awareness. Understanding the sources of insecurity, and the nature and causes of the violence are critically important. So is understanding the role of state and non-state armed actors: both may be sources of insecurity; both can also be providers of health care and humanitarian assistance. In some situations, outside intervenors can be a reassuring presence; in others, they can generate unintended consequences. Every conflict and health crisis is different. Consequently, understanding the particular context of each is a prerequisite for an effective response.

A third thread that permeated our discussion is the **multi-sectoral challenge of managing infectious diseases in conflict-affected states**, encompassing health, security, political, humanitarian, development, and legal dimensions. Responding to this challenge requires an integrated (or at least coordinated) approach at every stage, from prevention and preparedness to analysis and planning for crisis intervention, to executing programs and learning lessons for the future. Designing an integrated approach to any crisis is difficult when multiple domestic and international actors with different agendas and priorities are involved. It is even more complex in conflict settings when the multiple actors have different threat perceptions and different comfort levels. As one participant noted, health workers tend to be comfortable working with infectious disease, but not armed violence; conversely, security forces are accustomed to dealing with conflict, but not infectious diseases.

Students put up posters detailing Ebola sensitization at a school in Butembo, the Democratic Republic of the Congo.
Source: UNICEF

The multi-sectoral nature of the challenge brings to the fore another core issue we sought to address: how to provide **security without excessive 'securitization'** or 'militarization' of the response. Relying on security forces to provide logistic support may be necessary in some situations but can be problematic if those forces become the 'face' of the response. One participant observed that military protection of health workers should only ever be a last resort. Moreover, different types of security forces may be perceived differently by the local population. In some contexts, the national military may be viewed more favorably than the police; in others, the military may have a reputation for being overly aggressive. External security forces (whether UN peacekeepers or bilateral military deployments) will often be perceived differently from national security forces.

A final theme that ran through the symposium concerned **the "pathways of influence."** For effective management of infectious disease outbreaks, those pathways must be identified, across all levels of government. This applies to communication, coordination, and funding in the short term, to building equitable and resilient health care systems as a long-term priority. Much of the discussion about these pathways focused on national institutions, but local authorities are often more effective responders because they tend to understand the local dynamics better and may be more trusted. Moreover, at all levels of government, different entities are involved: political actors, security forces, health professionals, development specialists, etc.

In some conflict settings, the state may not be present at all: non-governmental organizations, community leaders, and representatives of civil society are the front lines of a response. Understanding which entities at what level are best placed to execute which aspect of a response is vital.

A doctor operates a mobile clinic to give displaced women in Myanmar access to healthcare.
Source: United Nations Population Fund (UNFPA)

The complexities described above highlight **the need for a new kind of "health diplomat."** This individual must possess an understanding of conflict dynamics (sensitive to the local context); knowledge of local, national, and global health practices affecting people, animals and the environment; and the judgment needed to find pathways to turn good ideas into good outcomes. Most important, today's health diplomat must be able to engage effectively with a multiplicity of actors in multiple settings, both formal and informal. Global health diplomacy is no longer (if it ever was) the exclusive preserve of government representatives engaged in inter-governmental negotiations. It also involves non-state and sub-state actors interacting with each other in capitals and in the field, all trying to get things done in a fast-changing and highly fluid environment.

Theme I: How to Coordinate an Effective Response

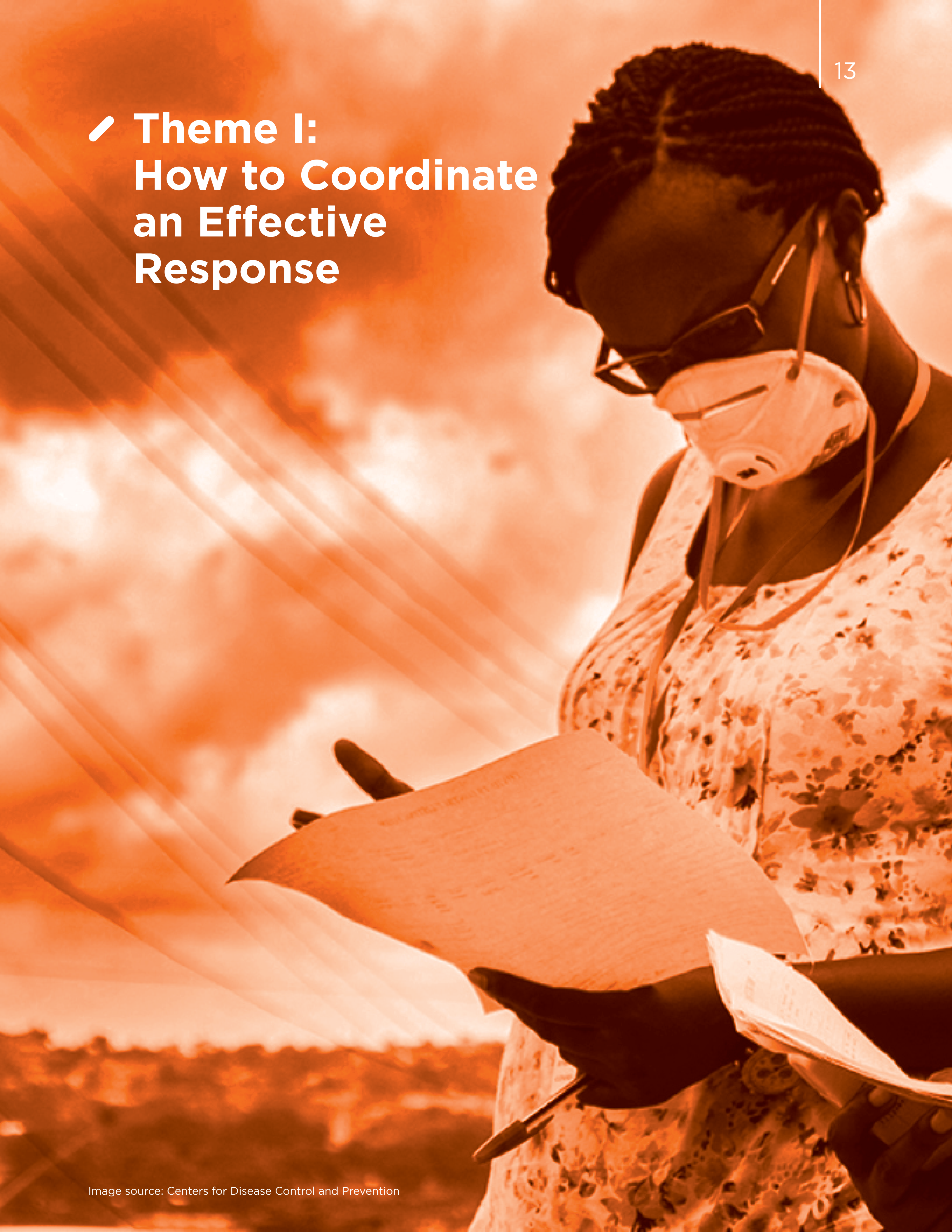

Image source: Centers for Disease Control and Prevention

Infectious disease threats to health security, especially in low and middle-income countries, have led to global efforts to prevent, prepare for, and respond to threats. Coordination of these efforts occurs with varying success at international, regional, national, and local levels, and is highly dependent upon the capacity of governments and their non-governmental partners. Achieving meaningful coordination and collaboration across players and sectors, while also incentivizing appropriate ownership at national and local levels, were priority themes for discussion at the symposium.

Participants acknowledged that actions by all actors potentially impact the health, political, security, humanitarian, and development initiatives of others. This is true before, during and after a health security crisis, making early and consistent coordination essential to sustainable success and to strengthening health infrastructure at a broader level and scale. There was consensus among symposium participants that knowing and regularly engaging relevant health players before a crisis was critical. Longer term engagement was also thought to be needed to promote investment in health system infrastructure and human resources essential to effective crisis preparedness and response. Yet effective coordination and collaboration are challenging. They require motivation, time, commitment, and often sustained funding.

Obstacles to Coordination

Why is it so difficult to establish and maintain connectedness across key interfaces? International actors interact with national governments, national actors with local governments, local governments with responders, and all interact with local populations. Coordination at every one of these interfaces is a challenge.

Inadequate information and the lack of trust that engenders is a major impediment to coordination. As an example, community-level responses to health emergencies can spiral out of control with ineffective or incomplete communication. At the national or regional levels, governments can hinder response efforts if they are poorly informed or even misled. Conversely, effective communication can facilitate coordination.

Another obstacle to a coordinated response is when parallel systems of authority develop. This can happen if the national government is ineffectual, or conflict and territorialism preclude its engagement with certain parts of the country. At worst, the government may be viewed as manipulating a crisis for political gain. In those conditions, separate systems of local authority may develop, creating additional risks and inefficiencies. Rumors and misinformation about who is gaining from the misery of others in a crisis may have particularly incendiary effects. Early coordination among trusted thought leaders in the community (see Theme III below on community engagement) and the government helps to avoid the emergence of parallel systems and ensures inclusion of community members in the “response economy” during a crisis. A symposium participant noted that healthy relationships prior to a crisis encourage local leaders to “hold ourselves accountable to the national standard and to harmonize with that standard.”

Multi-level/Multi-stakeholder Coordination

National institutions should typically lead a crisis intervention. They should both manage externally with international partners and internally with regional and local authorities and communities. Expertise from international and national authorities must complement (not override) engagement with stakeholders on the ground. To build resilience sufficient for crisis response, coordination must be the norm among national actors, among international actors and between both. Having these relationships in place increases the likelihood that outside partners and donors can provide and strategically coordinate resources that enable ownership at the regional and local levels. This is especially challenging in contexts where the national authorities are not in a position to lead. As noted in the Introduction, in some conflict settings, state institutions are barely present. Coordination mechanisms may look different in those settings, but they are not less important.

Coordination must be multi-sectoral and account for the shared health interests of people, animals, and the ecosystems where both live and work. Cultivating a One Health perspective locally, regionally, and nationally decreases risks of spillover of zoonotic viruses, including Ebola, and potentially averts infectious disease outbreaks before they begin. Communication, coordination, and data sharing across ministries of health, agriculture and the environment can lead to critical early warnings of outbreak at high-risk interfaces. This is especially difficult but no less important in conflict settings. Just as investments in health systems prior to an outbreak enable successful responses, consistent support of One Health partnerships may prevent an outbreak altogether.

Coordination must be multi-sectoral and account for the shared health interests of people, animals, and the ecosystems where both live and work.

Planning at all levels before, during and after a crisis should be coordinated among and engage with diverse stakeholders, paying attention to gender and often overlooked community-level groups and individuals. The purpose of planning is not only to prepare in technical and tactical ways but also to build trust and find common language that crosses political and cultural lines. Stakeholder mapping, conflict analysis, and other tools support deliberate and effective planning.

Coordination Frameworks

Consideration of how to promote coordination of effective responses consistently led to observations about the importance of sustained commitment to building health care systems before a crisis and working across international, national, regional, and local levels. The most important frameworks for advancing shared public health goals were thought to be the WHO's 2005 International Health Regulations (IHRs) and their associated Joint External Evaluations (JEEs), and the Global Health Security Agenda (GHSA). (See Theme II below for models of coordination in a conflict/health crisis.)

> The Global Health Security Agenda, launched in 2014, convenes countries, international and non-governmental organizations, and private sector companies to address global health threats posed by infectious diseases.

Among other things, the GHSA seeks to address insufficient compliance with the IHRs and to develop a tool to assess country capacity for responding to public health threats. The JEE, a mainstay of IHR (2005) assessment since 2016, was developed for countries to voluntarily engage and determine their capacity for addressing human and animal health care system gaps. Elevating the need for coordination and collaboration strategies through the GHSA and JEEs was felt by symposium participants to be a promising approach. One participant suggested that a new GHSA action package should be developed to elevate the importance of coordination and collaboration mechanisms to achieve health goals and respond to infectious disease crises.

Theme II: How to Use International Law and Institutions to Strengthen the Response

Image source: Ilyass Seddoug

Prevention, preparation, and response to infectious disease outbreaks occur within the context of a global health regime, composed of international law and institutions. In conflict-affected settings, the IHR, human rights law, and humanitarian law are all applicable. Among global institutions, the WHO and the World Bank are central. UN peacekeeping and so-called "health-keeping" operations have played a role, as have regional organizations – notably the African Centres for Disease Control and Prevention associated with the African Union.

International Law

The IHR impose several obligations, binding on all 196 members of the WHO, the most important of which are:

- The requirement to develop core capacities to detect and respond to infectious disease outbreaks (Articles 5 and 13);
- The obligation to notify the WHO of any outbreak that may become a public health emergency of international concern (Article 6).

WHO member states have fallen short in fulfilling both obligations. For some, the shortfall in developing core capacities is due to a lack of resources; for others, it is a matter of misaligned priorities. While it is understandable that conflict-affected states have not been able to fulfill the obligation, donors must redouble efforts to assist them in doing so. The right to health (as embodied in the ICESCR, WHO Constitution, and customary law) imposes an obligation on states to use the "maximum of available resources" to invest in resilient and equitable health care systems; arguably, it also imposes an obligation to help less economically-developed states to fulfill that obligation, or at least not to stand in the way of them doing so, for example by buying up limited vaccines in pre-purchase agreements.

Delays in fulfilling the Article 6 obligation to report on outbreaks have also been a source of controversy, for example with respect to the West Africa Ebola outbreak in 2014 and the COVID-19 outbreak in 2020. There has been a push since COVID-19 to find ways of holding states accountable for failure to report in a timely way, and to empower the WHO to make independent determinations on whether a Public Health Emergency of International Concern exists.

Other elements of international law that are relevant to conflict-affected states are the human rights requirement not to infringe on civil liberties any more than is necessary to achieve public health or security purposes, and the international humanitarian law prohibition against attacks on health care workers and facilities.

Enforcement of international law is especially difficult in conflict situations. However, coercive enforcement (for example in the form of sanctions) is not the only way to make international law meaningful. It can also be used as an advocacy tool to mobilize political will. "Naming and shaming" sends the signal that what is at stake is not a policy choice but a legal obligation. Declaring something to be a right or an obligation impacts the political dynamics around an issue, generating pressure on governments to practice what they preach.

International Institutions

International institutions, such as the WHO, World Bank and UN, are focused arenas for political and legal advocacy among governments, non-governmental actors, and secretariat officials. As regards the latter, if Ebola and COVID-19 have taught anything it is that international civil servants must be bold in calling out governments who fail to fulfill their obligations, holding their feet to the fire.

International institutions also respond to outbreaks directly, by providing material assistance, expertise, and financial resources. In conflict-affected states, the international actors – and the functions they perform – are many: health agencies provide medical assistance, mediators broker peace agreements, peacekeepers seek to provide security, humanitarian workers provide relief, human rights missions monitor abuses, and development agencies support reconstruction. As noted in Theme 1 above, an effective response requires close coordination, both among the external actors and with internal actors. Mechanisms for coordination have been tested. In West Africa, the UN established the UN Mission for Ebola Emergency Response. In the DRC, it established the office of the UN Ebola Emergency Response Coordinator (UNEERC). The Incident Management System developed by the US Department of Homeland Security also offers a model that can be applied to pandemics.

The key to effective coordination is a division of labor among the various actors based on comparative advantages.

The key to effective coordination is a division of labor among the various actors based on comparative advantage, with clear leadership and minimal bureaucracy. The UN developed a five-pronged strategy for addressing the DRC Ebola outbreak, with an institutional leader for each prong: public health (WHO); political engagement and security (UNEERC); support to communities (UNEERC); financial planning (World Bank); and preparedness for surrounding countries (WHO/OCHA). Within each prong, other external actors played their parts: MONUSCO, UNICEF, WFP, and IOM to name a few. Meanwhile, the UNEERC put structures and personnel in place to coordinate with stakeholders at the national level and it replicated those structures at the regional and local levels.

Similarly, the US Incident Management System defines the roles and responsibilities of the different actors and sets up structures to ensure an efficient division of labor among them. It was helpful in coordinating the response to Ebola in Liberia, where a committed President (Ellen Johnson Sirleaf) served as the leader. The system can also help in countries that lack a strong, effective government. The key is to appoint an effective "incident manager," such as Jean-Jacque Muyembe, who played a pivotal role in the DRC.

In addition to the practical challenges of coordination, there is a normative obstacle to mounting a fully integrated response to infectious disease outbreaks in conflict-affected states. Most humanitarian agencies adhere to four basic principles: humanity, neutrality, impartiality, and independence. The fourth – independence – can be an obstacle to coordination. Many humanitarian actors seek to keep their distance from security and political actors. They believe that close association can compromise their ability to provide humanitarian assistance to all who need it. For them, military escorts of health care workers are anathema – even in highly insecure environments. As one participant noted, gaining acceptance from local populations, including armed actors, is more effective than relying on military protection.

A final issue, which ties together legal and institutional factors, is the connection between health care and peacebuilding in conflict-affected states. Building resilient and equitable health care systems is not only a human rights law obligation, but also is (or should be) seen as a peacebuilding priority – especially in conflict-affected states that have experienced outbreaks, such as Sierra Leone, Liberia and the DRC. One of the greatest peacebuilding challenges for new governments is to build legitimacy in the eyes of a distrustful population. Delivering basic services, such as health care, is a way of doing so. International institutions would do well to prioritize this in the aftermath of violent conflict – first because it is a basic right, second because it contributes to social peace, and third because it is a way for governments to gain the trust of skeptical populations. Health crises such as Ebola and COVID-19 present an opportunity to mobilize the needed resources and political will.

Theme III: How to Communicate and Engage with Local Populations

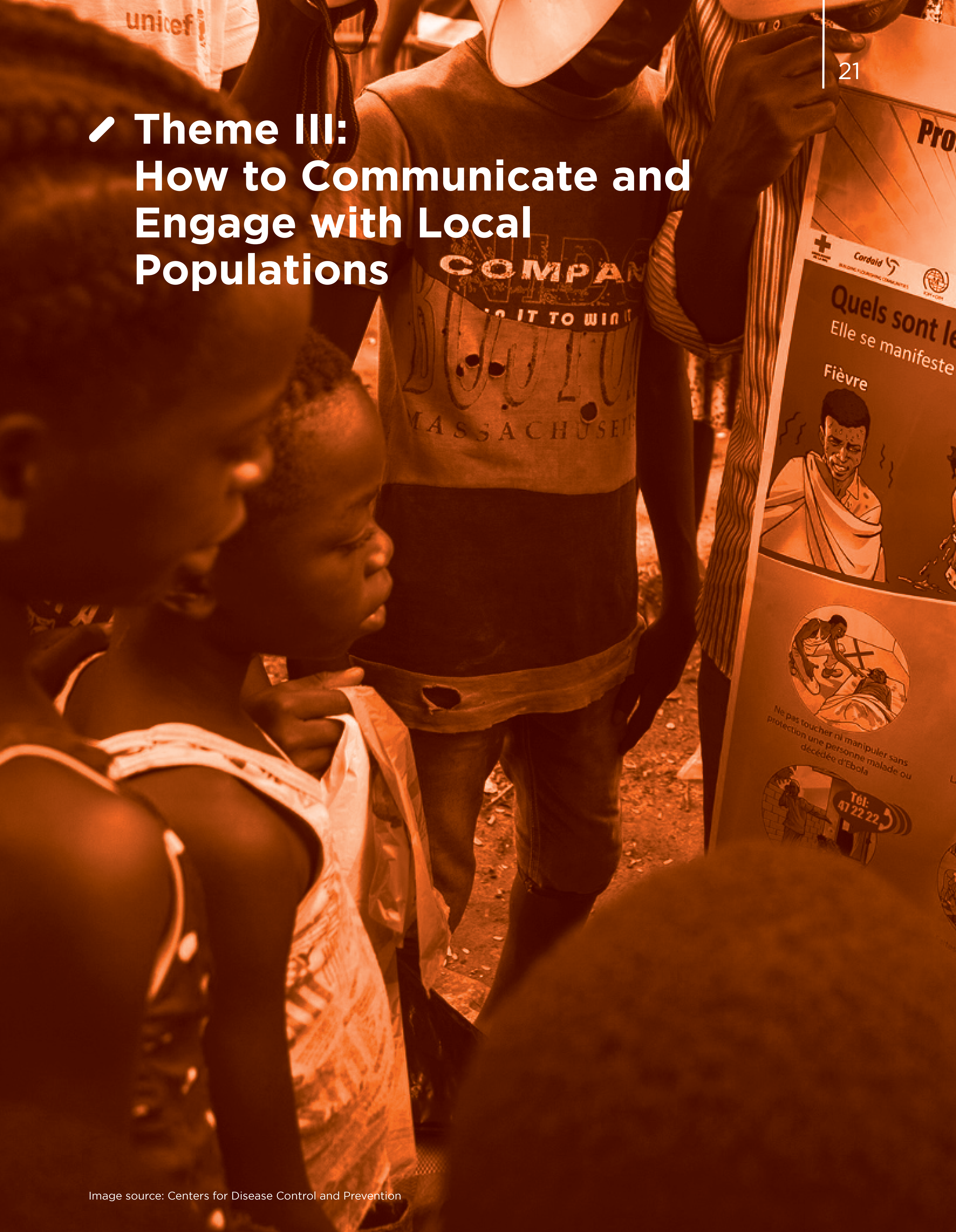

Image source: Centers for Disease Control and Prevention

As was underscored multiple times (and by multiple participants) during the three-day symposium, in order to influence behavior change and increase the efficacy of efforts to combat infectious disease outbreaks, trust must be established with local communities. Trust is the *sine qua non* for an effective response. This is especially true when the disease is both a public health concern and is embedded in the complex social, political, and cultural context that exists in conflict settings. That context needs to be taken into consideration when planning a response.

However, as was emphasized by participants, many populations in these conflict-affected contexts have extremely low levels of trust in government, international institutions, and other external intervenors. They are often seen as harbingers of corruption, violence, and unequal economic impact that can further contribute to conflict. Two approaches were suggested to build trust: communicate more effectively and engage more deeply with local communities and populations.

Health professional engages with young girls during the Ebola outbreak in West Africa.
Source: United Nations Mission for Ebola Emergency Response (UNMEER)

Communication

To enhance communication with populations, intervenors need to do two things. First, they need to clearly identify the community with whom they want to communicate and whom they want to influence. This is not a uniform group of people. The populations affected by epidemics vary widely, especially in countries in conflict. It is important to understand the different levels of vulnerability and stigma experienced by those populations as the communication strategy is being developed. A range of questions must first be asked and answered to inform the strategy: Who is caring for the ill? Who are the poorest? How "visible" are they? How visible are their concerns? Where are they living/located? How will they access messaging from intervenors? Do some ignore communications related to the epidemic because they are experiencing other existing conditions that need to be addressed more urgently (i.e., pregnant women)?

Second, it is important to identify the message, the medium, and the best messenger(s) at the local, regional, and national levels, and to align them appropriately. "Traditional leaders" are sometimes the most (or only) influential people in a community through whom messages can be passed/shared, but we should not assume that is always the case. Nor can we assume that the government is the best partner/communicator. Communities may see the government as an obstacle and the military or police as corrupt. In conflict areas, the state itself is often absent, mistrusted, and/or a party to the conflict, undermining its ability to communicate effectively. If the messenger is not trusted, then the message will not be accepted.

Intervenors need to bring a cultural lens to communication; they need to “think like” the community in order to communicate with and influence them. Local government officials and interlocutors can be trained in communication, creating a common vision, negotiation, conflict management and other skills. By being proactive, intervenors can both craft effective messages and engage with messengers who are welcome and trusted.

Community Engagement

Investing in community engagement is a second approach that can contribute to more effective responses to epidemics. This investment should begin long before a public health emergency arises. There should be an ongoing dialogue with and capacity strengthening of communities so that they are ready to act in the event of a public health crisis.

Key community engagement practices include:

- **Invest in locally hired staff.** This is important not only for the acceptance of the intervention effort, but it is also critical for effective communication and coordination – to ensure the efficacy of the overall intervention. However, intervenors need to be especially sensitive to existing community and/or conflict dynamics when making these hires. “Local” may not always imply that the candidate is impartial or trusted by others in the community. Even neutral criteria for hiring (e.g., skill sets, language capabilities, etc.) may have differential impacts, leading to hiring staff from only one group. In addition, mistrust of an “outsider” might extend to someone from the capital city and, conversely, an “international” could be trusted as much or more than someone from elsewhere in the country.

- **Identify and engage with non-health actors.** Health actors may not always have the access necessary to reach communities and so it is important to identify other potential influencers. Some necessary skills such as contact tracing can be taught, further deepening relationships with communities.

- **Build up relationships with local actors in advance.** Investing in these relationships has a two-fold impact. First, it paves the way for the acceptance of the intervention. As one participant stated, “access does not necessarily mean acceptance . . . we first need to empower others in the community to ensure acceptance [of the intervention, of strangers in their midst, of any kind of activity that is being engaged in with the community, etc.].” Acceptance by the community means taking an integrated approach to access, first building trust before developing a joint approach to the activity. Second, building these relationships in advance makes it possible to train workers on the critical aspects of the intervention before the crisis, rather than doing it in the heat of the moment, increasing the likelihood of a successful intervention.

- **Engage communities in the design of intervention rather than imposing it on them.** This will result in greater uptake of the intervention strategy and will lay the groundwork for a longer-term, more sustainable model for community engagement — which will be better preparation for the next (inevitable) health crisis

Feedback is essential to an effective community engagement strategy. Rather than arriving during a crisis and expecting communities to respond to the dictates of either the national government or external actors, a virtuous communication feedback loop should be established between the national actors and those interfacing with international actors and the community. This should not be one way communication but rather a constant exchange. Principles that should inform this communication loop include:

- **Emphasize both vertical and horizontal communication.** Focus on getting elements at different levels in the same organization to work together and coordinate on specific issues (vertical communication) — although that is often a major challenge. Without this coordination and alignment within the organization, it is virtually impossible to communicate a clear and consistent message or to be purposeful about how and why feedback is gathered from the community. Enhancing horizontal communication — across disciplines such as health, security, local civil society, and national government — is also critical to effective community engagement. Mutual understanding of and communication about goals, strategies, and tactics across organizations in different fields will build community engagement and increase the efficacy of interventions.

- **Craft an effective health communication strategy.** Have people with standing give accurate information, from the community to the international levels.

- **Include community in After Action Reviews (AAR) to establish a long-term relationship.** After Action Reviews do not happen often enough and hence countries do not learn from their prior experiences with outbreaks. Affected countries and international partners need to prioritize post-crisis review. Aside from governments, intergovernmental organizations and NGOs, international pre-and-post-review systems, and monitoring and evaluation frameworks need to involve local populations and marginalized communities. Broader representation in AARs will help detect blind spots in the response and strengthen future interventions. Thus, intervenors should return to the communities after the crisis is over and share learning with them. This will enhance both communication and community engagement over the long term, improving the response to the next crisis.

Theme IV: How to Strengthen Health Systems in the Aftermath of a Crisis

Image source: Centers for Disease Control and Prevention

Building resilient and equitable health care systems in post-conflict societies can both prevent future outbreaks from spreading and help to build trust in a government, enabling it to acquire the legitimacy that is necessary for sustainable peace. The influx of resources during a crisis can have negative impacts (as discussed below in Theme VI) or generate contradictory incentives. However, it can also serve as an opportunity for capacity strengthening if it is aligned with local needs and represents a coordinated effort between response entities. Peacebuilding is generally seen as a necessary component of intervention in conflict-affected states. When responding to outbreaks in conflict settings, peacebuilding should be linked to healthcare and public health capacity strengthening to address the "long tail" of population effects in the aftermath of these threats.

A child in Cambodia recieves a measles vaccine from a public health professional.
Source: Centers for Disease Control and Prevention

Investment for the Long Tail of the Response

A critical first step that is often missed is awareness and training for response organizations and both local and foreign public health responders to understand how governments work. This understanding enables the responders to identify pathways of influence so that policy and needs can be translated into action. Participants in the symposium spoke about the importance of such training for career public health officials to be able to influence their own governments, which would affect all downstream actions such as preparation and prevention of outbreaks, provision of services routinely and in emergencies, and communication of health issues more effectively, especially during and after emergencies.

Participants also identified various actions that can contribute to the long-term goal of leaving behind more sustainable healthcare and public health systems after the acute outbreak response. Investment for the "long tail" should address secondary health effects due to deferred care, overwhelmed healthcare systems, and disrupted public health campaigns, as well as broader socioeconomic impacts. This type of investment is particularly important in conflict settings because it builds not only resilience but also trust. In areas affected by conflict over long periods of time, strengthening capacity for public health response will also lead to earlier detection of new threats among populations less accessible to international response organizations.

Outbreak and crisis responses also need to support and strengthen existing systems rather than create parallel structures that take away from capacity strengthening. As often occurs in peacebuilding operations, field coordination both among international organizations, and between foreign actors and local governments, is critical. This is important both for the immediate response to the crisis and longer-term development efforts.

Local Voices and Partners Should Be Considered in Funding Decisions

International funders in outbreak responses tend to be overly stringent in their designation because — as is the practice of development assistance generally — organizations try to create external vertical fiduciary accountability structures when reliable local ones do not exist. However, this type of earmarking can limit capacity strengthening and leave no room for input from affected populations. Also, unspent funds often recycle back to large international organizations rather than being invested in local capacity. More flexibility should exist in fund designation, and more local voices should be involved in determining priorities for response organizations. A driving principle during and after outbreak response should be supporting the local economy, including by investing in local human resources and recruiting affected populations into the outbreak response (as discussed in Themes 3 and 5). International organizations can play a role by emphasizing the importance of local partners, which builds the legitimacy of those partners and can have secondary benefits for community engagement. Moreover, creating a central role for local practitioners brings to the table critical intellectual capital acquired from prior outbreak experiences and their knowledge of the political and cultural context.

Representation and Protection of Marginalized Groups is Key

Governments and international organizations must serve all communities, including marginalized groups who are least able to access resources, during and after the crisis. Ensuring protection of marginalized groups is particularly important during infectious disease outbreaks as continued chains of transmission among these communities can threaten the entire population's recovery.

Research Needs to Be Strengthened During an Outbreak

The role of research within response is important for outbreaks, especially when addressing emerging pathogens where scientific uncertainties exist regarding the nature of the pathogen and best ways to medically address it. The importance of research during response to infectious disease threats became apparent during the Ebola outbreaks, as well as the COVID-19 pandemic. While necessary and valuable, biomedical research in conflict settings can fuel suspicion and add an additional layer of complexity to the intervention. Investment in local public health and biomedical capacity can help to build long-standing community partnerships, which in turn can alleviate distrust in research and allow essential sample sharing for timely discovery and distribution of medical countermeasures.

Theme V: How to Create a Model for Sustainable Funding

Image source: Davi Mendes

Funding was raised as a perennial challenge. How can sufficient and sustainable funding be obtained and maintained? The conversation centered around three issues:

- What is "sufficient" i.e. for what is funding needed?
- How do we use the funds available in a "smarter" or more efficient way?
- How can we sustain interest in and support for preparedness and health system capacity strengthening?

For What Is Funding Needed?

Participants uniformly stressed the need to expand the range of issues and activities for which funding is provided, beyond the scope of the emergency. Two important proposals were made.

First, funds must be dedicated not only to directly address infectious disease outbreaks, but also for other local priorities and for communities outside the immediate affected areas. This includes funding for needs that influence the response (e.g., the clean water needed to improve hygiene), as well as people's other health, social and economic concerns that may be of higher priority for them. As one of the panelists noted, in North and South Kivu the population was mainly concerned about peace and security; managing Ebola emerged as an "add on." Guaranteeing their security was thought to be important to obtaining local cooperation in responding to the disease. In addition, funding should be allocated for "softer" dimensions of the response (such as relationship- and trust-building, communication, local engagement), as well as the traditional technical aspects.

> Funds must be dedicated not only to directly address infectious disease outbreaks, but also to other local priorities and to communities outside the immediate affected areas.

Second, funding must extend beyond the timeframe of the emergency. "Be clever on how to build during a crisis," one panelist noted. Participants recommended using resources mobilized during the crisis to build for the future. This includes funding to identify and address underlying causes, in addition to treating immediate needs; to build national public health institutes and community health programs in addition to test kits or vaccines to respond to the specific threat; and to build research capacity of countries to strengthen their health systems.

How to Use Funding More Effectively

It is possible to be "smarter" about integrating programs, both vertically — from global to national to local actors — and horizontally — across actors operating on the ground — through joint planning, internal coordination mechanisms, etc. The need for greater flexibility in funding mechanisms was widely agreed, as was more "localization" of funding with and through community-based organizations. In addition, several proposals were made about structures that would allow countries to "absorb support while staying in lead" – i.e., to sustain coherent national/local leadership and ownership in the face of external donors' tendency to fund vertical programs, seek control over where and how money is spent, and compete with each other.

These proposals included:

- Pooled funds, allowing donors to pool their contributions into a single fund held in trust by a UN administrator and not allocated to any specific agency
- Establishment of an international emergency fund and/or insurance system that countries could buy into
- National funding accounts that allow all funders to monitor health spending across multiple streams, regardless of the entity that has financed or managed the spending
- A national framework and institutions (e.g., public health institute) to help generate response from political leaders

Sustainable Funding for Preparedness and Health Systems Strengthening

Participants underlined the need to elevate the importance of health systems resilience and equity in the minds of the public and the political leadership. In that connection, a robust discussion took place about capacity strengthening in health diplomacy. Health professionals should be given the tools to advocate for more consistent, sustainable investment in health systems, and the clout to raise the profile of health priorities in more authoritative ministries. Education for health diplomacy should teach health professionals about the "levers of government," as well as skills of community engagement, communication, negotiation, and leadership. Other actors who engage with the health sector would also benefit from this training.

As noted under Themes 2 and 4, inclusion of health-systems building as an element of post-conflict peacebuilding is a way of drawing attention and resources to long-term strengthening of the health sector in the aftermath of a crisis. Health as a Bridge for Peace is a WHO framework for planning and implementing health interventions in ways that contribute to peace. Participants noted that further study on the integration of health infrastructure in peacebuilding is necessary.

Theme VI: How to Manage Unintended Consequences of the Response

Image source: Martin Sanchez

"Good intentions can lead you in the wrong direction," as one participant noted. The influx of people and of technical, material, and financial resources for the response can have unintended negative consequences, both for the conflict itself and for the contextual factors that influence the effectiveness of the response. The symposium began with an admonition that it is important to look not only at the response itself, but also at these unintended consequences.

What Are Some of the Unintended Consequences?

Market effects. The resources dedicated to fighting Ebola in DRC were larger than the entire annual health budget of the country. This huge influx of funds was a source of corruption and created an "Ebola economy" in which people, as one participant noted, "saw Ebola as a source of business" — especially as cartels were already operating in a region where extraction of minerals and other national resources is a highly lucrative enterprise. The resources create incentives for rent seeking, often through violence, and potential capture of resources by armed groups and cartels. This can fuel conflict and undermine the effectiveness of the response.

Politicization and association of the response with conflict dynamics. Donor inexperience in conflict-affected states leads them to mistakenly assume everyone is working towards the best health outcome. In conflict settings, however, 'politicization' of the health crisis can sometimes lead the state (or other actors) to prolong an outbreak in order to gain a political or military advantage. External interventions can inadvertently play into these polarized dynamics. As one participant noted, we need to "manage politics or reduce harmful politicization in a conflict setting, recognizing that every resource that can be controlled or put on the table or used for leverage will be." The way in which resources are allocated can affect the legitimacy of and trust in external assistance among the population, as well as the balance of power and level of hostility between conflicting groups. The donors must pay attention to who their partners are, how assistance is delivered, who benefits from the assistance, and how they themselves behave. In the DRC, for example, it was noted that many people labelled the armed escorts for the Ebola response teams "the WHO militia."

Theft and diversion of resources. Resources may be diverted by government or non-state actors for personal/financial gain (corruption) or to support their political or conflict agendas — with the potential consequence of undermining trust in the response and in the "neutrality" of humanitarian actors, and fueling intergroup tensions. Alternatively, as some participants noted, donors often do not recognize the financial pressures governments experience in an emergency that lead them to divert money elsewhere in order to continue to run the country and uphold the economy while responding to the outbreak.

Mitigating Unintended Consequences

A number of approaches to mitigating and managing potential unintended consequences were raised:

Context analysis. As noted in the Introduction, "context is king," "context matters, history matters." Many participants emphasized the need to understand the political, economic, social, and cultural context — including the conflict context — in which the response is being implemented, down to the local level. Participants underscored that understanding the conflict (conflict parties and their agendas, grievances, and relationships, who are victims and how, etc.) was important, as well as the perceptions of communities about who are trusted and influential leaders.

Proportionality of the response. Given the tendency for resources to fuel conflict and create black market and shadow economies, consideration of the proportionality of the response is important. How much money should be allocated to the response? What is the cost of coordinating dispersal of the resources? As one participant noted, DRC managed to overcome Ebola outbreaks in the past with fewer resources than were dedicated to the 2018 Ebola outbreak.

Local benefit. As stated in Themes 3 and 5, including local people in the "Ebola economy" (by ensuring, for example, that they get Ebola jobs, supply goods and services, etc.) was uniformly considered to be important to build local cooperation and trust in the response. This was central to the Liberia response and considered key to its effectiveness. In conflict contexts, awareness of who within local communities benefits from the economy is also critical. As was highlighted in Theme 5 above, even objective criteria for allocating resources and jobs can inadvertently result in favoring one group in a conflict over another. The need to focus on communities outside the area of interest was underlined as well. This helps ensure that the response does not exacerbate inter-community tensions nor generate resentments that could affect the security of responders.

Transparency and accountability. Tracking money, with transparency and mutual accountability regarding allocation and use, was considered important for minimizing diversion of resources for inappropriate purposes. This will sustain public confidence in the response and facilitate planning and coordination among external and internal actors. The WHO's COVID-19 Partners Platform is an example of a web-based platform for sharing information and improving transparency of the international response. While acceptance of a certain amount of diversion of resources may have to be "baked-in" to the response to ensure access to some populations, care must be taken not to allow actors to channel resources to conflict activities and reinforce violence. This will feed popular frustration and mistrust, undermining participation in the response.

Leadership in the absence of government. The need for national leadership and coordination was emphasized by many as necessary for effective management of an outbreak, as was the need for political buy-in. Yet, in conflict contexts, the assumption that the state is present and active is not always true; a dysfunctional or distrusted state may not be able or willing to respond in the crisis. In these circumstances, establishing a “shadow system” to access communities, engaging a broader range of actors (sometimes bypassing government) may be necessary. Such a parallel system may compromise the cohesiveness of the response and of the government’s capacity to respond to outbreaks in the future. It may also delegitimize the government, while legitimizing and strengthening other conflict actors. Harmonizing the local level response with international and national health standards is one strategy for avoiding uncoordinated approaches that exacerbate tensions in conflict zones, as one participant put it.

Observations and Recommendations

Image source: Centers for Disease Control and Prevention

Below is a set of observations and recommendations on how to manage infectious disease outbreaks in conflict-affected states. These are not consensus recommendations from the symposium, nor are they an exhaustive list. Rather, they reflect key insights from the discussion that the Steering Committee believes can and should be translated into actionable items. We applied three criteria in crafting these proposals. First, the proposals respond to the unique challenges of infectious disease outbreaks in conflict-affected states, as opposed to outbreaks generally. Second, they are concrete steps that can be taken by external actors engaged in these interventions, suitably tailored to the particular national and local context of each outbreak. Third, we avoided recommendations that are conventional wisdom and focused on those that, if not entirely novel, add value to what is already well-known.

I. Build trust with the local population. While trust is critical to any health emergency intervention, it is especially important – and difficult – in conflict-affected states. Overcoming distrust requires identifying the best messengers in communicating with the local population, and the best mechanisms for sustained community engagement.

- Hire and, as necessary, train local staff to participate in the response. Not only can they provide knowledge of the local context and conflict dynamics, but also the economic benefits they receive can enhance "buy-in." Local hiring will also contribute to long-term capacity strengthening.
- Consult local communities in conducting After Action Reviews. Include animal health workers in these reviews to better understand how to prevent future zoonotic disease outbreaks.

II. Tailor the role of security forces to the particular context. Care must be taken not to over-securitize the response to a health crisis in conflict-affected states, which can deepen distrust. The security challenges must be addressed through a political strategy that may include national security forces or international peacekeepers, but those forces should not be the face of the response.

- In planning a health intervention, conduct an assessment of whether and how security forces can contribute to the response. This assessment should include an analysis of the perceptions the local population have of different types of forces: national military; national/local police; bilateral military support; and international peacekeepers.
- To the extent possible, restrict the role of security forces to logistic support. Only use them for protection of health care workers as a last resort.

III. Establish mechanisms for multi-sectoral coordination at every level. Many sectors have a role to play in controlling infectious disease outbreaks in conflict-affected states, including, health, humanitarian, political, security, human rights, and development actors. Coordination among those sectors must occur at multiple levels: international, national, provincial, and local. And it must occur at every stage, from the original planning of the intervention through to After Action Reviews. Mechanisms are needed to structure that coordination, without over-bureaucratizing or impeding a swift response.

- The UN Ebola Emergency Relief Coordinator in the DRC offers a good model. It was a light mechanism that specified a clear division of labor and sector leadership among the external actors, while putting structures in place to coordinate with national, regional, and local stakeholders.
- When the "state" is not present or dysfunctional in an outbreak zone, coordination is more difficult but as important. A trusted "incident management" leader should be identified to spearhead the coordination at the national level.

IV. Prioritize health system strengthening as an element of peacebuilding. Building resilient and equitable health care systems ought to be a peacebuilding priority. Not only is equitable access to healthcare a human right, delivering basic services like health is a way for post-conflict governments to gain legitimacy in the eyes of skeptical populations. Health crises such as Ebola and COVID-19 present an opportunity to mobilize the needed resources and political will.

- Investment for the "long tail" of a response to infectious disease outbreaks should address negative secondary health effects arising from deferred care, overwhelmed healthcare systems, and disrupted public health campaigns.
- International institutions such as the UN, World Bank, WHO, UNDP, UNICEF, and other donor agencies should include health-system strengthening in the design of peacebuilding operations.
- These long-term investments must account for the interconnectedness of the human, animal, and environmental health sectors in preventing outbreaks.

V. Education in global one health diplomacy. The multi-sectoral challenge of addressing outbreaks in conflict-affected states highlights the importance of educating a new kind of "health diplomat." These individuals must be able to engage effectively with a multiplicity of actors in multiple settings and must possess the know-how and creativity to adjust to fast-changing demands. Health professionals would benefit from this kind of training, as would practitioners in other sectors needed to manage health crises.

- Develop curricula for executive education of health professionals, diplomats, international civil servants, government officials, non-governmental actors, and other practitioners of global health.
- Develop curricula for academic programs in global one health diplomacy.

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