

WORLD HEALTH ASSEMBLY **Andrew Jack**

Governments must be pulled up for flu failings

Mexico has performed well, but regrettably not all of its fellow governments merit such praise

Flu provided some relief for those attending this week's gruelling World Health Assembly, by adding an element of urgency to the often abstract agenda and almost halving the length of the annual marathon gathering from eight days to five. But if health ministers and their aides pleaded the need to return home speedily to handle their domestic response to the A/H1N1 virus, there are some issues they left unresolved before hurrying away.

The World Health Organization under director general Margaret Chan deserves some credit for strengthening and coordinating the response—and even ending the ritual yearly spat with China, which will allow Taiwan's attendance at the assembly for the first time.

Some countries have also performed well, led by Mexico. It moved quickly from detection to reaction, transparency, and cross-border collaboration. Regrettably, not all of its fellow governments merit such praise. The escalating outbreak has led to cracks in the system of international coordination based on evidence. A first priority in the weeks and months ahead should be to hold accountable those responsible.

Despite no sign of pig to human transmission, nor any risk to human health of properly prepared pork, Egypt used the virus as a pretext to cull pigs, most of which are raised by its Coptic Christian minority. Russia rapidly banned pork from Mexico, the United States, and Canada.

China imposed aggressive and lengthy quarantine measures, while the European Union, the US, and many other individual countries (and companies) swiftly recommended against "non-essential travel," contradicting WHO's advice that such moves were disruptive while doing little to prevent the spread of the virus.

Yet all these countries signed up to the International Health Regulations, in force since 2007, that stipulate that any measures taken above and beyond WHO recommendations should be based on scientific principles and

advice. The regulations require any such measures to be justified.

All such governments with divergent practices should be required to swiftly and publicly explain their decisions, and either modify the future scientific consensus or pledge not to repeat such actions in future.

A second issue for debate is the need for greater solidarity. Governments should consider how most equitably to support poorer nations in coping with the burden of a pandemic on their health systems, and how best to make affordable and share scarce supplies of vaccines and medicines. That may mean extra financial support, and tweaks to current intellectual property and regulatory frameworks.

A third subject is improved international biosecurity rules. While suggestions that the new A/H1N1 virus resulted from human experimentation and error are open to debate, the recent unintended distribution of H5N1 virus by Baxter highlights the risks of virus transfers (www.ft.com/cms/s/0/d7a3e3d6-1237-11deb816-0000779fd2ac.html?nlick_check=1). Just as troubling was that an inflexible US bureaucracy inspired by bioterror fears spurred Mexico to send its samples for testing to Canada instead, potentially delaying analysis.

A fourth issue is bolstered animal surveillance, with a need for greater coordination between human and animal health and more emphasis on pigs as an important virus mixing vessel and indicator of future virus evolution. More hygienic animal handling and husbandry techniques may also need to be discussed.

Finally, there is a case for greater scrutiny of WHO's own conduct during the current outbreak. While its top current priority has rightly been understanding and responding to the pandemic, it also needs to reflect on potential shortcomings to date, and to draw on any necessary lessons.

Firstly, while WHO has brought experts together, liaised with countries in the frontline of the outbreak, and



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pooled information, it has proved much slower in sharing its insights with other countries bracing themselves for the arrival of the virus. Earlier and wider dissemination is needed to alert others, and help them make assessments and prepare.

Secondly, there are questions about the speed of its initial response once reports of a new infection emerged in the Mexican media, with apparent delays in communication with its regional affiliate, the Pan American Health Organization. More work is required to ensure signals are quickly detected, verified, and shared between national and supra-national health bodies.

Thirdly, WHO's scientifically correct initial labelling of the virus as swine flu seems to have been overturned by commercial and political pressure, to be replaced by the meaningless generic A/H1N1. "Mexican" or "North American" flu would be just as accurate as the geographical tags used in past pandemics, despite the risk of stigma. But perhaps it is time to create a new naming system, such as Pandemic 2009 for the latest virus.

Lastly, the agency's pandemic alert system should be scrutinised. By belatedly launching a new typology right at the start of the current outbreak, it created confusion. The framework was out of step with national pandemic preparedness plans geared around the previous version.

In particular, the absence of any measure of severity in the six point pandemic scale has left WHO struggling to address public misconceptions. While it is still early to make judgments about the infection and fatality rates of the current virus, some weighting may need to be introduced. To most people, a pandemic with a lower human impact than seasonal flu is no pandemic at all.

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See **NEWS**, p 1229

An article by Andrew Jack assessing the global capability of producing the flu vaccine is on bmj.com

MEDICINE AND THE MEDIA

In the US things are getting nasty over NICE

Critics of US healthcare reform cite alleged failings of the UK's NHS and NICE as a scare tactic against "socialised medicine." **Chris McGreal** reports

Opponents of Barack Obama's pledge to reform what he has called the United States' broken healthcare system have launched a counteroffensive with television adverts. These highlight the shortcomings of the NHS and Canadian hospitals to try to block White House proposals to cut costs and widen access to treatment.

Conservatives for Patients' Rights (CPR)—which is tied to sections of the US healthcare establishment and has spent millions of dollars on the adverts—has run weeks of the slots, showing doctors and patients ridiculing the UK and Canadian systems over waiting times for operations and the rationing of some treatments and life saving drugs.

CPR says that Obama's plans to bring down the cost to the state and private insurance companies of the most expensive healthcare system in the world while extending access to about 45 million people without insurance—15% of the population—will result in rationing by the government. This they have likened to the UK National Institute for Health and Clinical Excellence (NICE).

"As our nation goes forward in its own healthcare reform debate, the failures of the British system should have Americans asking some very important questions, such as, 'Who should make medical decisions—me and my doctor or a government board?'" CPR asks in one of the adverts shown on television stations throughout the US.

The campaign is given weight by a prominent UK cancer specialist, Karol Sikora, who is dean of the University of Buckingham's medical school and former chief of the World Health Organization's cancer programme. In the adverts he describes having to "use tricks" to get drugs to his patients and speaks of "a gradient of access to services" that limits health care to the elderly.

Dr Sikora also warns that a state run system strips patients of control over their care. "They lose choice completely . . . They lose control over their own destiny in the medical system," he says.

The advert also features several NHS patients, including Angela French, who says that the NHS denied her the cancer drugs she needs. "The very expensive new drugs that are coming out for cancer and other things, it's hard to get hold of them without a big struggle," she says.

Katie Brickell was diagnosed as having terminal cervical cancer at 23. She was refused a smear test three times because she was too young, by what is described as "the UK's national government rationing board, which controls what treatments

A still from one of the adverts featuring UK doctor Karol Sikora



patients may receive."

"I fear the National Health Service has let me down because if I'd had a smear test when I asked for one originally I wouldn't have gone through everything I've been through now, and I feel that them raising the age limit has pretty much signed my death warrant," says Brickell.

The campaign has received a wide airing on popular conservative talk radio shows and on some television stations, particularly the strongly anti-Obama Fox News. The station has repeatedly trotted out the man behind CPR, Rick Scott, to be interviewed by anchors who lead their own attacks on the NHS.

Supporters of Obama's as yet unspecified plans accuse CPR of a scaremongering campaign based on misrepresenting what the president intends to do in a way that is similar to the campaign which sank the last attempt at healthcare reform by Bill Clinton 16 years ago.

Richard Kirsch, campaign manager of Health Care for Americans Now, which backs reform, said that opposition is being driven by those who profit from health care or are ideologically opposed to government intervention.

"There's a tremendous attempt to scare people away from healthcare reform by those who make a lot of money out of the healthcare system," he said. "The NHS is socialised medicine. We do have socialised medicine. It is through the Veterans Administration, and it's very high quality care. But the types of reform under discussion are to regulate private insurance to curb costs and bring in public insurance."

Kirsch said that a leading concern among US citizens is that bringing more people into the system

will create longer waiting times and force rationing of health care. He said that one of the ways to deal with that is to expand the availability of primary care because the system is top heavy with specialists.

CPR's critics have gone on the attack against Rick Scott, who resigned as chief executive and chairman of a healthcare company, Columbia/HCA, in 1997 amid allegations of massive fraud through overbilling (BMJ 1997;315:327-32). The company paid \$1.7bn (£1.1bn; €1.3bn) in fines, compensation to the government, and other payments to avoid prosecution. In response to the criticism Scott has said, "I was never charged with any wrongdoing."

Sikora's appearance in the adverts has also drawn some criticism among colleagues in the UK who feel he has been used to misrepresent the NHS for political ends. Sikora said that he did not know he would be part of the campaign.

"They came and saw me in my office about a month ago, and I gather I'm appearing in some advert. They didn't tell me that would happen," he said. "I've seen it now. It didn't look too bad. It was reasonable."

Kirsch thinks the CPR adverts will not reverse a growing public sentiment for healthcare reform. "You could easily make adverts about the American system with the same anecdotes. You have people here who are having fundraisers for people who can't pay for healthcare coverage. They will be effective if not responded to. But as long as we remind people of the problems they have with the system here they won't be effective," he said. Chris McGreal is Washington correspondent, the *Guardian* chris.mcgreall@guardian.co.uk
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