

**REVIEW COMMITTEE ON THE ROLE OF THE  
INTERNATIONAL HEALTH REGULATIONS (2005)  
IN THE EBOLA  
OUTBREAK AND RESPONSE**

**PROGRESS REPORT**

WHO EXECUTIVE BOARD 25/01/2016

# **Composition of the International Health Regulations (IHR) Review Committee**

**Preben Aavitsland (Norway)**  
**Salah Al Awaidy (Oman)**  
**Hanan Balkhy (Saudi Arabia)**  
**Marion Bullock-DuCasse (Jamaica)**  
**Rupa Chanda (India)**  
**Supamit Chunsuttiwat (Thailand)**  
**Thomas Cottier (Switzerland)**  
**Andrew Forsyth (New Zealand)**  
**Didier Houssin (France), Chairperson**  
**John Lavery (Canada)**  
**Louis Lillywhite (United Kingdom)**  
**Brian McCloskey (United Kingdom)**  
**Babacar Ndoyé (Senegal)**  
**Helen Rees (South Africa)**  
**Samba Sow (Mali)**  
**Karen Tan (Singapore)**

**Supported by the WHO Secretariat**

# Terms of reference (I)

## Objectives : TO ASSESS

(a) **to assess** the effectiveness of the International Health Regulations (2005) with regard to the prevention, preparedness and response to the Ebola outbreak, with a particular focus on notification and related incentives, temporary recommendations, additional measures, declaration of a public health emergency of international concern, national core capacities, and context and links to the Emergency Response Framework and other humanitarian responsibilities of the Organization;

(b) **to assess** the status of implementation of recommendations from the previous Review Committee in 2011 and related impact on the current Ebola outbreak;

# Terms of reference (II)

## Objectives (cont'ed) : TO RECOMMEND

(c) **to recommend steps to improve** the functioning, transparency, effectiveness and efficiency of the International Health Regulations (2005), including WHO response, **and to strengthen** preparedness and response for future emergencies with health consequences, with proposed timelines for any such steps. These technical recommendations may regard : amendments to the IHR ; standing recommendations, and any modifications or termination thereof ; and the functioning of the IHR.

# Timeline 2015-2016

- **August:** 1<sup>st</sup> OPEN SESSION with Member States
- **September:** 1<sup>st</sup> teleconference session
- **October :** 1st inter-sessional meeting
- **November:** 2nd inter-sessional meeting
- **December:** 3rd inter-sessional meeting
- **January:** 2<sup>nd</sup> teleconference session
- **January :** PROGRESS REPORT TO EB
- **February:** 3rd inter-sessional meeting
- **March :** 2<sup>nd</sup> OPEN SESSION with Member States
- **End of March:** submission of the final report
- **May:** presentation of the final report to WHA

# **The state of mind of the IHR Review Committee at the beginning of the mission**

- A mission with high stakes, because Member States and the WHO Secretariat do not have a legal tool that is stronger and more effective than the IHR ;
- A context of urgency, because Ebola had major impacts and is still not fully over, and because Zika and other threats are already on the doorstep;
- The will to know about Member States and other stakeholders' experience, to be transparent and open, particularly to all existing pertinent reports.
- The intention to place the accent on the implementability of the recommendations.

# Method of work (I)

**Starting from the content of the IHR, but also considering the IHR as a whole (August to November) :**

- Analysis of the difficulties observed in the implementation of the IHR and of their causes, in the three domains of the IHR : the information flow between Member States and WHO ; the development of Member States core capacities; compliance with and governance of the IHR;
- Identification of the main challenges and their desirable outcomes;
- Implementation of a Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis for each challenge;
- Consultation of key informants;
- Elaboration of a first assessment of the effectiveness of the IHR and of a draft of each recommendation.

# **Method of work (II)**

**Elaboration of the recommendations, with an accent on their implementability (December-January) :**

- Strategic analysis of the draft recommendations;
- Identification of a small number of general recommendations, each one including a few specific recommendations;
- For each recommendation: definition of the problematic; description of the rationale ; formulation of the recommendation; identification of the target; fixation of the desirable timeline for the implementation of the recommendation;



# Method of work (III)

## **The method of work was as open as possible:**

Thematically, by considering the IHR implications of Ebola, but also of MERS CoV, Polio virus, and Influenza viruses with pandemic potential;

Interactively, through discussions with many stakeholders, during :

- Open sessions;
- Inter-sessions, which were concluded with an open webcast sequence;
- More than 70 interviews, the transcripts of which were systematically analyzed to identify key problems and recommendations;
- And through an open written consultation with Member States, International Governmental Organizations and Non-Governmental Organizations.

# Method of work (IV)

**The Review Committee had also the opportunity to build its views on the previous IHR Review Committee reports and on the reports recently produced by large independent committees :**

- The Ebola Interim Assessment Panel about the role of WHO response to the Ebola outbreak, (requested by the EB in February 2015);
- The Harvard-London School of Hygiene and Tropical Medicine Independent Panel on the global response to Ebola;
- The European Commission Conference on "lessons learned for public health from the Ebola outbreak in West Africa "
- The US National Academy of Medicine Commission on global health risks for the future;
- The Advisory Group on reform of WHO's work in outbreaks and emergencies;
- The UN High-Level Panel on the Global Response to Health Crises appointed by the UN Secretary-General in April 2015 ( report to be published);

# **Process, but also content...**

# Assessment of the effectiveness of the IHR during the Ebola outbreak

- Lack of awareness and understanding of the IHR among Member States and the international community;
- Failure of Member States to fully implement the IHR core capacity requirements was a significant cause of the Ebola escalation. It resulted also from limited assistance and collaboration between State Parties (article 44);
- Disparity, in many Member States, between declared compliance and actual compliance to the IHR. It revealed important gaps in terms of required capabilities. It reflected the absence of an effective mechanism for the assessment of core capacities;
- Inappropriate additional measures were taken by several countries, in spite of WHO recommendations. They had a significant negative impact on the three affected countries;
- Under-resourced WHO risk assessment and risk management of the IHR system was a contributing factor to Ebola escalation.

# **Assessment of the implementation of previous recommendations and related impact**

- In spite of their great pertinence, recommendations from the 2010 IHR Review Committee were only partially implemented. This deficit had a major impact on the implementation of the IHR core capacity requirements, which was a significant cause of the Ebola escalation;
- Recommendations from the 2014 IHR Review Committee for second extensions about a new method of assessment of IHR core capacity are in the process of being implemented through various initiatives taken by WHO (Headquarters and Regional Offices) and GHSA.

# **Main additional findings during analysis, interviews and consultation**

- Lack of implementation of IHRs, rather than any weakness in the IHRs;
- Weak position of National Focal Points and lack of an established integrated and multisectoral framework for addressing public health emergencies in many Member States;
- Inadequate engagement with civil society;
- Deficit in the communication of public health messages : many witnesses did not receive the information they needed in a timely, focused and relevant format, and had to rely on sources which were not necessarily accurate;
- Lack of realistic plans and processes for preparedness and rapid response, when the public health emergency became a humanitarian emergency;
- Absence of established and formalized partnerships between WHO and some other organizations, which could have been leveraged in terms of emergency.

# Current consensus within the IHR Review Committee

Whilst there are some areas where the IHRs could be said to be unclear (e.g.: when an EC should be formed ? When a PHEIC should be declared/undeclared ?), the emerging view is that :

- On balance, IHRs do not need urgently amending;
- Indeed, there are dangers inherent in initiating an amendment process ;
- Indeed, explanatory notes will allow clarification about such issues as the positioning and structuring of National Focal Points ;
- Amendment of the IHR should be kept as an option for the future;
- At this stage, it is better to implement the IHR rather than to amend the IHR;

# **Main topics of heated discussion within the Review Committee**

- How to facilitate the establishment of an early warning mechanism;
- The role and positioning of National Focal Points;
- Linkage between compliance to the IHR, ownership of the IHR and financial incentives.



# Five key issues considered by the IHR Review Committee (I)

1 To elaborate an IHR implementation strategy :

- An urgent plan,
- With sustainable financing,
- And encouraging Member States compliance.

2 To increase IHR awareness, understanding, ownership and leadership

- Role, status and authority of the National Focal Point;
- A cross-government instrument;
- A global alliance for IHR awareness and community engagement;
- Linkage between IHRs and other international treaties (PIP Framework, Nagoya Protocol).

3 To improve global public health surveillance, risk assessment and response, and to facilitate early warning and response :

- Response to the call for an intermediate level of alert (the research of an innovative solution);
- Response to the need to address country and regional threats before they become a global threat;
- Response about when to declare or remove a PHEIC.

# Key issues considered by the IHR Review Committee (II)

4 To strengthen and maintain IHR core capacities in all contexts, especially in resource limited settings and across regions:

- New method for assessment of core capacities, which, in the same time, convinces all stakeholders and is accepted by sovereign Member States;
- Institutionalization and integration of IHR core capacities, through the strengthening of primary and secondary health care, and the development of essential public health functions;
- Assistance by Member States to other Member States;
- Long-term commitment and improvement of buy-in for sustainable effective emergency response mechanisms in countries, regions and internationally through cooperation with other global or regional actors.

5 To strengthen the WHO Secretariat :

- Support to the WHO “programme on health emergencies “, as a key priority for the 2016 WHA and a way to strengthen the IHR systems and processes;
- The leverage effect of partnerships with global partners at all levels (to be considered following publication of the UN High Level Panel Report.

# **CONCLUSION MESSAGE FROM THE IHR REVIEW COMMITTEE**

The contributions of Member States were essential during this review process;

The members of the Executive Board and the Member States representatives will have a key role about the IHR implementation during the next World Health Assembly;

Your action will allow the IHR to become an essential public health tool for Member States, an effective global public health security instrument serving the world population, and the lever permitting WHO to fulfil its priority mission about health emergencies.

**THANK YOU  
FOR YOUR ATTENTION**