



Transcript of press briefing with
Professor Didier Houssin, Chair of the Review Committee on the Role of
the International Health Regulations in the Ebola Outbreak and Response

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DH Didier Houssin
BE Ben
DM Debora MacKenzie
SB Simeon Bennett
HB Helen Branswell
LS Lisa Schnirring
CP Carmen Paun

TJ Good afternoon everyone. My name is Tarik Jasarevic and I'm welcoming you to this virtual press conference from World Health Organization headquarters here in Geneva and today we will talk about the First Meeting of the Review Committee on the Role of the International Health Regulations in the Ebola Outbreak and Response. Our speaker today is Professor Didier Houssin, who is the Chair of the Committee. He's also President of the Evaluation Agency for Research and Higher Education in Paris, in France.

Before I give the floor to Professor Houssin, just to remind you that we will have an audio file from this press briefing available half an hour to one hour after the briefing and then a full transcript will also be available later tonight or tomorrow morning. For journalists who are online, just to remind you that if you wish to ask a question, please dial 01 on your keypad and you will be put in the queue to ask the question. So, now I will give the floor to Professor Didier Houssin, who will give us his opening remarks on the result of the first meeting of the Review Committee. Professor, please.

DH Thank you very much, Tarik, and thank you to all the journalists for expressing interest in this review committee and, more generally, in the International Health Regulations. Yesterday, I have been elected as Chair of this Committee and would like, just very briefly, to say a few words about, first, the International Health Regulations which is a very important legal instrument in order to improve the global health security; that's an instrument for public health to protect the health of the population in the world and it's existing since several decades and it has been modified in 2005. And, of course, it has strengths and weaknesses and, recently, the Ebola outbreak suggested that probably there were things to improve in these Regulations.

This is why the World Health Assembly, first, and then the Director-General of WHO, Dr Margaret Chan, established this Committee in order to analyse the effectiveness, the present effectiveness of these regulations, of course in the context of the Ebola outbreak but also more generally and also to analyse what has been the status of the recommendations which were previously made in 2011. Following the H1N1 pandemic there was a review committee chaired by Harvey Fineberg which made recommendations. Many of these recommendations were not implemented. Why? What were the difficulties? Of course, clearly, one explanation is that at this stage many said WHO has done too much, Member States have done too much, so it was not an easy situation to promote the improvement of the IHR.

We are in the different situation. Many say WHO has not done enough, many Member States have not done enough and so it's probably... it's a crisis. There has been a crisis. It's a time of hardship but also of opportunity and the mission which we have is to analyse what are the difficulties with the IHR. What should be improved? What works well; because things are working well? What works well? Where it works. Where it doesn't work. What are the proposals that can be made? What are the cause of the difficulties? What are the proposals that can be made? And we will work along all the elements of the IHR, of the International Health Regulations. It's an instrument which is not well known. In many countries, even in the Ministry of Health... sometimes the regulations about the International Health Regulations are not well known so I think that there is a question of information communication, there is a question of capacities, there is a question of compliance to the rules; that's very important.

We have only started to work yesterday. We have identified three groups which are going to address the various components of the regulations and this is what we explained today to the Member States, to the governmental international organisations, to the non-governmental organisations. We want to go fast in order to produce recommendations for the next World Health Assembly. We want to be as open as possible to interact with many stakeholders. This is the present state of our work and, of course, I thank you for your attention and I'm ready to respond to your questions if you have any. Thank you very much.

TJ Thank you very much, Chair. I will now ask journalists who are online or here in the room if there are any questions. For those who are online, just to repeat that you need to type 01 on your telephone keypad in order to be in the queue. Ben.

BE Can you detail the three groups that are being deployed to do a review of this process? Is it a situation where you've divided the world up into groups or, like, response mechanisms? How is this being tackled?

DH Well, at this stage, which is a first step, we have decided to adopt working groups according to the various sections of the regulations; that is, there is a first part which is about definition, principles, the flow of information between Member States and WHO and between WHO and Member States. This is the first group which will be, of course, very much addressing the question of communication and information circulation. We have a second group within this committee which is going to address the question of capacities. Of course, capacities, core capacities in terms of epidemiology, surveillance, laboratories, points of entry etc. And we have a third group which will be addressing the question of compliance to rules and the question of the governance of International Health Regulations.

TJ Thank you very much, Chair. This was a question from Ben from Agence France-Press. And now I will call on Debora MacKenzie from New Scientist to file her question. Debora, can you hear me?

DM Yes, I can. Thank you very much for taking my question. I was wondering whether you'll be addressing some of the problems that arose in the case of the Ebola outbreak in the early days of the investigation, whether that will form part of your examination of the IHR. For example, it's been proposed that the Global Outbreak Alert and Response Network perhaps needs beefing up, needs more funding so that perhaps it would be more in a position to go in early in the case of somebody who notifies something that might come under the IHR as a problem outbreak and be able to come to a decision more quickly. Is that the kind of thing you're going to be addressing?

DH Yes, that's one aspect. We, of course, are going also to build up upon other analyses which have been done and very recently, as you know, the Executive Board of WHO had requested an analysis of the role of WHO during this outbreak. We heard yesterday the presentation of this report by Dame Barbara Stocking which was the chair of this committee and she formulated very interesting recommendations concerning the IHR. We are not going to deal so much with the recommendations which concern WHO, its organisation, its structuring, its financing, we are mostly going to be concentrated on the Regulations themselves.

TJ Thank you very much. Debora, do you have a follow-up on that?

DM Yes, actually, I would like to ask if the problem is being able to communicate with Member States, building core competences of member states to do their own surveillance and things, doesn't that necessarily imply that you need to look at the structures in the WHO that actually bring that about because it is a matter of the WHO communicating with Member States?

DH Yes. Well, for example, last year – if I understood, well, your question – last year there was an analysis of the present state of implementation of the core capacity building in all the countries in the world and it appeared that a certain number of countries said, well, we are well prepared, we have fulfilled the requirement. Some said, well, we are still partially prepared, we need some more time, but some didn't answer. So, I think that we have a problem of how to obtain that the member states comply to the requirements in terms of core capacity. It leads, of course, to the recommendations that made the report from Mrs Stocking, that is, should we create incentives? Should we create financial instruments in order to support some countries? Clearly, it's the case in very poor countries with a poor health system there is also a poor implementation of the IHR capacities and clearly there is a need to help those countries.

TJ Thank you very much. Now, I will try to see if Simeon from Bloomberg can hear us. Simeon, can you hear us?

SB I can hear you. Can you hear me?

TJ Yes, we can hear you Simeon. Go ahead, please.

SB Great. Thank you. My question follows on, actually, from what you've said Dr Houssin. I guess one of the criticisms of the International Health Regulations has always been that they're somewhat toothless in the sense that there is no stick that the WHO or anyone else can wield to force countries to comply. So, is that something that you will also be considering, mechanisms for actually encouraging compliance, shall we say?

DH Well, I think we are going to explore all the possibilities. Just precisely this morning we requested from the Secretariat of the WHO to inform us about the various methods of compliance which can be used in international laws. As you know there are, in some domains, in nuclear activities, weapons control, there are inspections on site. I'm not sure that it is the type of control that should be exercised in the field of health security, on the other hand it shouldn't be, maybe, to lax. So, we have to find the right balance and probably encouraging mechanisms, incentives, publicity, transparency, benchmarking are the ways that we will explore but at this stage it's too early to say what will be our recommendation.

TJ Thank you very much, Simeon. Does that answer your question?

SB Yes. Thank you.

TJ Okay. Thank you very much. I will now call for Helen Branswell. Helen, can you hear me?

HB I can hear you.

TJ Yes. Please, go ahead with your question, Helen.

HB Okay. Thank you very much. I was wondering if you have indication from Member States that they are willing to adopt changes that will give the IHR more powers. You know, they're all signatories to this document and yet during the Ebola crisis many of them did not obey the rules of the IHR, brought into place travel bans and other things like that that went beyond what WHO was recommending. They're all signatories. They all knew they weren't supposed to do it and they did it anyway. How can you feel comfortable or confident that this will change going forward?

DH Well, one argument is that we are in a state of crisis. There has been a major difficulty. Everybody feels that something needs to be improved. I think that the Member States, they are torn by conflicting desires. There is, on one hand, national sovereignty; they want to keep their capacity to control their perimeter and on the other hand they want to protect the health of their population and these conflicting desires, of course, they balance according to the context and to the situation. From the discussion we had yesterday with the Member States it seems to me that they are presently very much on the idea that we need to do something more to protect the health the population. So, maybe it's what Mrs Stocking called sort of defining moment, an unknotting moment where things could be improved if we make reasonable and bold recommendations.

TJ Thank you very much, chair and thank you, Helen, for your question. I will now call on Lisa Schnirring from CIDRAP. Lisa, can you hear us?

LS Yes. Thank you. I'm wondering if you have a next meeting scheduled and I'm also thanking you much for your availability today.

DH Thank you very much for this question. Well, we have, at the moment, a tentative schedule. Our aim is to be able to produce recommendations for the next World Health Assembly that is in May 2016. So, we have planned a next meeting at the beginning of October. Probably, there will be a sort of an intersession meeting, closed session, among the members of the Committee, probably something around the first part of November. And then we certainly will meet, produce something for the Executive Board in order that the Member States can have an outline of what is in our mind in terms of recommendations. And then we certainly will meet in February in order to produce the final, the prepared final version of the report. But I insist that it's a tentative schedule. We have to test this with the reality of the logistical questions within WHO.

TK Thank you very much Lisa, for being with us. Just to remind everyone that we will have an audio file from this press briefing available soon after we finish. I'm now calling for Carmen calling for Belgium. Carmen, I'm really sorry we don't have your last name nor we have your outlet, so if you can just state it for us. Can you hear us?

CP Sure. Can you hear me?

TJ Yes. We can hear you, Carmen.

CP Yes. I'm Carmen Paun from Politico in Brussels. I had two questions. Can you clarify a bit more about the other report because you were talking about two reports, one that has already been produced and there are some recommendations and there is a second report that you are going to start to prepare? And, then, my second question is after your report comes out with, you know, supposedly another set of recommendations, what happens after that?

DH Thank you very much. Well, in fact, there has been, concerning the IHR since 2005, two reports; a first report which was by the review committee which was published in 2011 following the H1N1 pandemic which was an excellent report which made very sound recommendations. Unfortunately, many of these recommendations were not implemented and we have to see why. This is the first report. The second report was more recent; it's last year. It was on a more focused aspect which is the implementation of core capacity building and this report made, also, recommendations which are presently implemented which are about, for example, assessment of the core capacity building, what method of assessment – should it be self-assessment, external assessment – and WHO is already working on these recommendations.

So, we will, of course, take on board all these previous recommendations, see what has been implemented, what has not implemented and if it is has not been, why? And what can we propose in order to have it implemented? I told you that the context is probably very important.

TJ Thank you very much, Carmen. Does this answer your question?

CP No. Actually, I wanted to do a follow-up, if that's okay.

TJ Yes, please. Please, go ahead.

CP Yes. My question about the other report was focusing more on the other report in the context of Ebola and I also asked what happens after the report that you are starting to prepare now. What will happen with your recommendations that you're going to draft by May next year?

DH Yes, you're right. I answered too partially. Well, the other reports. Well, there is, first, this report from the Ebola Panel Interim Assessment which we have taken onboard with three recommendations which specifically address the question of IHR and they are very interesting recommendations. But there will be other reports in the coming weeks. For example, there is a UN High Level Committee that will formulate recommendations with regard to WHO within the UN family and the question of the intersectoral aspects at the world level. And there are also other reports which are in progress. For example, in the United States, the Institute of Medicine, Harvard School, etc. So, we will be as open as possible until the last minute in order to take into account the proposition and ideas that will emerge. Concerning the fate of our recommendations; well, they will be produced for the World Health Assembly then it's a question of decision from the part of the Member States. Maybe they will say, well, these recommendations are fantastic, we have to apply them as soon as possible. Maybe they will say, well, this is not good. We do not accept these for such and such reason. Some recommendations may lead to proposals with regard to the text itself and, of course, the Member States will have to study whether they want to implement a sort of a modification of the text. But, at this stage, I cannot say anything about the fate of our recommendations. First, we have to produce the recommendations.

TJ Thank you very much, chair. Are there any other questions here in the room or from journalists online? Ben. Yes, please.

BE I just wanted to follow-up on one thing that you mentioned previously with respect to enforcement mechanisms because I didn't quite understand. You have already asked for what international laws may apply in a case where Member States aren't compliant with existing regulation or it's something you're open to doing?

DH We have discussed this, this morning, with the WHO Secretariat and we are going to receive, but it needs some study, what examples on which we can take experience about the question of compliance to international rules. In some sectors, for example, there is almost no imposition, nothing imperative; for example, human rights. On the other hand, you have, at the other extreme, weapons and nuclear activities where there are sanctions, controls, inspections. Well, with the International Health Regulations there is no sanction but we observe that there is not a good compliance but it may be because IHR is not well known. There is a communication deficit, awareness deficit. The context also can be different today than it was ten years ago. So, I think we have to, according to this analysis, identify what would be the best compliance mechanism knowing that sometimes compliance mechanisms can be circumvented; so, we have to analyse all this.

TJ Thank you again, Chair. Any other questions from journalists online? None that I can see. In that case, well, we will conclude this press briefing. I will thank Professor Didier Houssin for his participation and just remind you that an audio file will be available soon. Thank you very much.

DH Thank you