

WORLD HEALTH ORGANIZATION

# WHO Secretariat response to the Report of the Ebola Interim Assessment Panel

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August 2015



## **WHO SECRETARIAT RESPONSE TO THE REPORT OF THE EBOLA INTERIM ASSESSMENT PANEL**

19 August 2015

### **Introduction**

1. The WHO Secretariat welcomes the report of the Ebola Interim Assessment Panel (hereafter, “the Panel,” and “the Report”), and appreciates the Panel’s rapid review and analysis. The following provides the WHO Secretariat’s perspective on the Panel’s findings, and describes steps underway to take forward the Panel’s recommendations. Some of these recommendations will require consideration by Member States through governing bodies and in the International Health Regulations (2005) Review Committee on the role of International Health Regulations in the Ebola response and WHO’s work in emergencies.
2. The Panel examined three areas critical to strengthening global health security: the International Health Regulations (2005); WHO’s health emergency response capacity; and WHO’s role and cooperation with the wider health and humanitarian systems. The Report provides a constructive assessment of the strengths and weaknesses of the WHO response to the Ebola outbreak, and makes a series of important recommendations concerning health emergency preparedness and response for WHO and for the broader international community.
3. As WHO continues to work with national and international partners in support of the Ebola-affected countries in West Africa, continued vigilance is essential to achieve zero Ebola cases. WHO echoes the sentiments of the Panel in acknowledging the heroic efforts of the affected countries, communities and national and international responders to bring this crisis to an end. The Panel’s report provides critical insights to ensure that both WHO and the world are better prepared for future global health threats.

### **International Health Regulations (2005)**

4. The International Health Regulations (IHR) are the primary legal instrument to protect global health security. However, as noted by the Panel, the effectiveness of the Regulations has been limited by uneven progress in strengthening public health capacities and systems to manage disease outbreaks, and persisting challenges in ensuring that States Parties are fulfilling their obligations under the IHR.
5. Addressing gaps in IHR implementation requires strengthened political support and improved approaches and tools for implementation. Resilient health systems with integrated IHR core capacities necessitates strong leadership and multi-stakeholder coordination between governments, donors, technical agencies, implementing partners, nongovernmental organizations, and communities. The recent, renewed commitment of the G7 leaders to assist States Parties to implement the IHR worldwide, with support from the international community including relevant organs of the United Nations, is a vital step forward. Working in complementarity with existing frameworks (e.g. Integrated Disease Surveillance and Response (IDSR) framework and the Asia Pacific Strategy for Emerging Diseases (APSED)) and bilateral programmes and multilateral initiatives (e.g. the Global Health Security Agenda (GHSA)), will advance global preparedness and response to health threats. WHO supports the Panel’s conclusion of the need for prioritized State Party plans to develop the core capacities required under the IHR as key in supporting these efforts.
6. In view of these objectives, a recent WHO-convened, multi-stakeholder meeting including Member States and technical agencies (Cape Town, South Africa, 13-15 July 2015), aimed to strengthen cooperative work between countries to coordinate and intensify the strategic development and maintenance of health security preparedness at country level. WHO will continue to facilitate a multi-stakeholder, synergistic approach among national and international

stakeholders to strengthen and sustain the critical health system capacities needed to implement the IHR, including by actively aligning partner initiatives so that all States Parties requiring external support can access it more effectively. WHO will focus on supporting States Parties to carry out joint assessments, develop, implement and test national plans, and monitor implementation.

7. The Report also highlights that current funding mechanisms are inadequate to advance IHR core capacity building. WHO supports the Panel's conclusion, and notes that resource mobilization for implementation continues to be challenging, for reasons including: the unpredictability of funding for national work plans; aligning donor priorities with country needs; and attracting new partners. Underlying these challenges is a lack of national resources to facilitate the establishment and maintenance of essential public health functions within the national health system to support IHR implementation. As a key outcome of the Cape Town meeting, States Parties committed to provide sustained support and resources, and partners committed to coordinate funding contributions, to maximize IHR implementation. WHO is also exploring sustainable financing modalities in partnership with the World Bank, which will play a key role in financing these efforts, alongside domestic resources from national governments and support from the international community.
8. WHO notes the Panel's conclusions that specific revisions to the IHR framework itself may be required to ensure countries are able to fulfil their IHR obligations. WHO welcomes the Panel's recommendations for specific areas to be considered by the IHR Review Committee including: ways to measure progress on implementation of core capacities aside from self-assessment; incentives to encourage countries to notify public health risks to WHO; and disincentives to discourage countries from taking measures interfering with traffic and trade beyond those recommended by WHO.<sup>1</sup> WHO agrees that these areas augment existing political and technical challenges in implementing the IHR. WHO looks forward to the deliberations of the IHR Review Committee, convened by the Director-General at the request of the 68<sup>th</sup> World Health Assembly, with the first meeting of the Review Committee scheduled for 24-25 August 2015.<sup>2</sup>
9. As stipulated in the Regulations, the purpose and scope of the IHR is to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and that avoid unnecessary interference with international traffic and trade. Any determination of a Public Health Emergency of International Concern (PHEIC) under the IHR is made on the basis of the criteria outlined in the IHR. The timing of the determination of PHEIC during the Ebola outbreak was based on application of the IHR criteria following international spread of Ebola from the epidemiological zone of the three affected countries (Guinea, Liberia, Sierra Leone) to Nigeria, noting that WHO had earlier declared the outbreak a 'Grade 3' (highest level) emergency under the WHO Emergency Response Framework.
10. WHO acknowledges that the understanding of the international community is that a PHEIC determination should act as an international alert signal for disease outbreaks of this nature; an understanding not entirely accommodated by the current IHR criteria. In this context, while WHO does not fully agree with the Panel's assessment that the determination of PHEIC was delayed, WHO appreciates the Panel's recommendation that the IHR Review Committee consider the possibility of an intermediate stage that would alert the world and engage the wider international community at an earlier stage of health crises. WHO also supports the Panel's recommendation to explore alternatives that would alert the world and advocate for international action besides determining a public health emergency under the IHR.

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<sup>1</sup> The World Health Assembly articulated the terms of reference for the International Health Regulations (2005) Review Committee on the role of International Health Regulations in decision WHA68(10). The specific areas noted by the Panel would fall within and under these terms of reference, rather than being additive.

<sup>2</sup> International Health Regulations 2016 Review Committee: <http://www.who.int/ihr/review-committee-2016/en/>

11. The report also notes that the course and severity of the Ebola outbreak may have been different had the recommendations of the 2011 IHR Review Committee been fully implemented.<sup>3</sup> WHO recognizes that some of the key recommendations from the 2011 report have not yet been implemented, noting that momentum for these recommendations waned as the pandemic receded, and the global economic downturn had a profoundly negative impact on WHO's preparedness, surveillance and response capacities. Significant progress was made in the subsequent negotiation and adoption, by the World Health Assembly, of the Pandemic Influenza Preparedness Framework, which is designed to strengthen global protection against pandemic influenza.

#### **WHO's health emergency response capacity**

12. The Report stresses that WHO must re-establish its pre-eminence as the guardian of global public health, and that WHO should be the lead health emergency response agency. The Panel noted that this will require "significant changes throughout WHO with the understanding that this includes both the Secretariat and the Member States."
13. The international community expects WHO to be able to mount a comprehensive and rapid response, whenever and wherever an emergency that impacts public health arises that outstrips national capacity. The Panel concluded that, currently, the Organization does not have the capacity or organizational culture to deliver a full emergency public health response, and that the Organization's capacity for emergency preparedness and response must be strengthened and properly resourced at headquarters, regional and country levels. These conclusions support recent deliberations of WHO's Member States, as reflected in the outcomes of the Special Session of WHO's Executive Board in January 2015 and the 68<sup>th</sup> World Health Assembly in May 2015.
14. WHO effectively responds to more than 100 disease outbreaks and emergencies per year, yet the unprecedented complexity and scale of the current Ebola outbreak demonstrated that the Organization's capacities, methods and approaches are not necessarily scalable or adaptable to novel or larger challenges. WHO's emergency management capacity must be ready to address the public health impact of emergencies of any category, irrespective of hazard, across the full spectrum of emergency risk management. Currently, WHO lacks an integrated operational platform to tackle all hazards with public health impact. WHO supports the Panel's finding that unifying the outbreak and humanitarian areas of WHO's work is critical in this effort, and that new organizational structures and procedures are required for WHO to be fit for health emergency response. WHO must substantially modernize its emergency management capacity and develop an organizational culture for emergency preparedness and response at all levels of the Organization.
15. WHO also acknowledges the Report's findings in relation to other areas critical to strengthen WHO's health emergency preparedness and response capacities, including: financing of WHO's work for emergency response; management of WHO's human resources for rapid action and deployment; development of a global health emergency workforce to respond to outbreaks and emergencies with health consequences; and the need for WHO to immediately address weaknesses in risk and strategic communications to appropriately and effectively engage and mobilize communities in response to evolving epidemiology. The work that is currently being undertaken to advance the Panel's recommendations towards reforming WHO's work in emergencies is detailed in the final section of this document.

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<sup>3</sup> Report of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009: [http://apps.who.int/gb/ebwha/pdf\\_files/WHA64/A64\\_10-en.pdf?ua=1](http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_10-en.pdf?ua=1)

### **WHO's role and cooperation with the wider health and humanitarian systems**

16. WHO supports the Panel's finding that the engagement of the wider humanitarian system is critical for large-scale response to health emergencies. The Ebola outbreak has demonstrated that the world is currently ill-prepared to respond to a severe pandemic or to any similar global, sustained and threatening public health emergency. Outbreaks can become humanitarian emergencies (e.g., Ebola in West Africa) and often occur as a result of humanitarian emergencies (e.g., polio in Syria). Therefore, the health security and humanitarian communities must work together more closely and align their coordination structures. Through the Interagency Standing Committee (IASC), the humanitarian community has clearly defined response and coordination architectures. Leadership and coordination functions of the humanitarian system have been strengthened through the recent process of humanitarian reform – the Transformative Agenda. But the current architecture of international response lacks the ability to rapidly leverage both the health security and humanitarian systems in an optimized way to reduce suffering and save lives.
17. Humanitarian systems have largely operated separately from those dealing with public health emergencies. A more holistic response is required for emergency risk management for health; one that integrates prevention, emergency risk reduction, preparedness, surveillance, response and recovery. WHO accepts the Panel's recommendation to ensure its outbreak staff and stand-by partners better understand the humanitarian system. Similarly, WHO will work to ensure that its humanitarian staff better understand the health security and outbreak systems, including the IHR. As per the Panel's recommendation, WHO will also work with OCHA to ensure that key players (UN agencies, funds and programmes, international non-governmental organizations) are aware of the IHR and public health emergencies.
18. It is critical that countries, and the intergovernmental agencies that support them, identify and internalize the lessons learned from these responses and, in moving forward, adopt an all-hazards risk management and response approach to emergencies. Effective crisis management for health requires a series of strategic shifts in the way the world is currently approaching health crises.
19. As noted above, and described in more detail below, WHO is reforming its emergency response capacities to include an effective partnering approach that ensures WHO can operationally engage with relevant UN, operational, and technical agencies and stakeholders for rapid international emergency action. This includes implementing the Panel's recommendation that the humanitarian components of WHO's work be integrated with WHO's disease outbreak and public health areas.

### **Reform of WHO's work in health emergencies**

20. WHO is moving ahead to strengthen WHO's capacity to respond to emergencies, in line with the specific recommendations of the Report and the reforms outlined by the Director-General during the 68<sup>th</sup> World Health Assembly. These reforms comprise six components:
  - i. A unified WHO programme for outbreaks and emergencies
  - ii. Priority IHR core capacities developed as an integral part of resilient health systems
  - iii. A global health emergency workforce
  - iv. Improved functioning, transparency, effectiveness and efficiency of the IHR
  - v. Accelerated research and development in epidemics or health emergencies
  - vi. A WHO Contingency Fund for Emergencies that is part of an international system for financing the response to pandemics and other health emergencies

21. A ***unified WHO programme for outbreaks and emergencies*** with health consequences will be established with the following:
- Clear vision and mission;
  - Defined functions, deliverables and performance metrics;
  - An organizational structure across the three levels of WHO with clear authority to facilitate rapid and transparent decision-making and action, and a staffing and financing plan;
  - Streamlined management processes and tools to facilitate a rapid and effective response, including: human resources, planning and budgeting, financial resource management, and logistics;
  - A revised WHO Emergency Response Framework, covering all hazards and reflecting the special nature of disease outbreaks, with performance metrics, and aligned with the emergency levels of the humanitarian system and the IHR (2005);
  - An integrated IT platform to support all emergency management processes;
  - An integrated surveillance, data, and information management system;
  - Pre-negotiated agreements with key UN agencies, funds and programmes and other partners to ensure rapid mobilization for the provision of logistics, operational support, and community mobilization, etc., as and when required; and
  - Enhanced capacity for ensuring effective community engagement in outbreaks and other health emergencies, and for strategic and emergency risk communications.
22. The Director-General has established an *Advisory Group on reform of WHO's work in outbreaks and emergencies with health and humanitarian consequences*, chaired by Dr David Nabarro, to provide expert advice on the development of the new WHO programme for outbreaks and emergencies. Member States may wish to review the governance structure of the new programme, and the recommendation of the Panel to establish an associated Board, during the Executive Board in January 2016. Dedicated senior leadership to run the programme will be recruited once the scope, terms of reference, and operational structure of the programme are further developed.
23. WHO will scale-up its work to support countries in ***developing priority IHR core capacities as an integral part of resilient health systems***, to enable the rapid detection and effective response to disease outbreaks and other hazards, as well as providing people-centred health care based on primary health care. In intensifying efforts to tackle current and future health security threats, WHO supports Member States in integrating the different components of a health system, including IHR core capacities such as surveillance and response mechanisms. Moreover, WHO continues to place a sharp focus on building resilient subnational systems, with active community participation. These systems not only provide safe, integrated, people-centred and quality health services to meet the predictable health needs of populations, but also mitigate the impact of disease outbreaks and emergencies with health consequences. This is particularly true in countries with protracted emergencies. These countries face the longer term effects of crippled health systems and deteriorating public health outcomes. WHO will continue to actively engage international and national partners (including the UN country teams and civil society) to ensure that support to countries and communities is as harmonized as possible.
24. As noted in the report, the response to outbreaks and emergencies with health consequences is largely dependent on having sufficient health workers with expertise in a broad range of competencies who can be immediately deployed to respond. WHO faces significant challenges in activating and mobilizing adequate personnel to staff emergency operations, including public

health experts as well as those with complementary skills (e.g. logisticians, communications officers, community mobilizers, anthropologists, etc.). To address these challenges, WHO is establishing a **global health emergency workforce**, comprised of: national responders; international responders from networks and partnerships, UN agencies, funds and programmes; WHO standing capacity derived from core emergency response staff; and internal surge capacity.

25. Supported by a global health emergency workforce secretariat within WHO, the Organization's partnerships are being deepened and expanded to provide the scale, diversity of skills and numbers required for a large-scale response. These include the Global Outbreak Alert and Response Network (GOARN), the Global Health Cluster, stand-by partners, foreign medical teams and ad hoc arrangements, as well as new mechanisms such as public health teams. WHO is also increasing its dedicated emergency response staff and its operational capacity by engaging relevant competencies at all levels of the Organization, and in particular in high-risk countries. To ensure that the response is proportionate to the scale of a given emergency, WHO will also identify and train teams of staff members to provide additional surge capacity, with skill sets, including languages, that complement those of the standing emergency capacity. WHO will also work to support Member States, and in particular those vulnerable to risks and emergencies with health consequences, to build capacities related to national health emergency workforces; national alert and response systems; procedures for country reception of global workforce members; and procedures that uphold national regulations on licensing, customs, accreditation and registration.
26. The Panel also proposed that WHO should consider how to coordinate its own emergency grades and PHEIC determinations with the emergency levels applied in the broader humanitarian system, to facilitate better interagency cooperation. WHO will work to ensure that internal emergency response frameworks and instruments are, as appropriate, aligned with international systems for emergency alert and response, taking into account the outcomes of the deliberations of the IHR review committee on, *inter alia*, the grading system under the IHR **and improved functioning, transparency, effectiveness and efficiency of the IHR**.
27. As noted above, WHO continues to scale-up its work in supporting States Parties to accelerate and strengthen IHR implementation. The outcomes of the Cape Town meeting aim to ensure WHO is positioned to actively provide the support necessary for States Parties to put in place the core capacities required by the IHR, including national legislation, policy and financing; coordination and national focal point communications; surveillance; response; preparedness; risk communication; human resources; and effective laboratory networks. All of this work will be undertaken with the aim of building national ownership and ensuring sustainability.
28. In relation to **research and development** in epidemics or health emergency situations, work is actively underway to develop an "R&D Blueprint". This is being done in consultation with Member States and relevant stakeholders, to address the problem of accelerating research and development in epidemics or health emergency situations where there are no, or insufficient, preventive, and curative solutions. Progress on the WHO-led Blueprint was presented to the UN Secretary-General's High-Level panel on Global Response to Health Crises in July 2015, and work is on track to provide a first draft of the Blueprint by mid-September 2015. WHO is also convening meetings of experts to address key R&D bottlenecks. These meetings include a WHO-convened meeting on biobanking, in Sierra Leone (August 2015), and a meeting on animal models for novel vaccines and drugs, to be held, in collaboration with the US National Institutes of Health, in Washington DC (September 2015).
29. WHO is highly committed to support ongoing work to accelerate the development of appropriate diagnostics, vaccines, therapeutics and medical and information technology for the end-phase of the current Ebola epidemic. A vaccine against Ebola, when used in a ring vaccination strategy in Guinea, has been shown to be highly efficacious. New rings will continue to be recruited into the

study to learn more about the vaccine and also to help control residual chains of transmission. The possibility of listing the vaccine under an emergency use procedure developed by the WHO Prequalification (PQ) Programme is also being pursued in case of need beyond currently affected countries. WHO is also actively working on the evaluation of rapid diagnostics for Ebola, and the development of surveillance and testing policy guidance for countries. It is anticipated that new rapid diagnostics will be PQ emergency-listed in the near future, and support provided to roll-out new testing algorithms, again at the request of the concerned governments. WHO is also convening groups to evaluate the results of the clinical trials of convalescent plasma, and to evaluate candidate reference preparations for use as comparators between different trials.

30. Initiatives to establish adequate international financing for pandemics and other health emergencies, including a pandemic emergency financing facility (PEFF) as proposed by the World Bank, and a newly established ***WHO Contingency Fund for Emergencies that is part of an international financing system***, are being advanced. The Panel expressed support for the establishment of the WHO Contingency Fund for Emergencies to rapidly scale up WHO's initial response to outbreaks and emergencies with health consequences, with a target capitalization of US\$ 100 million fully funded by voluntary contributions. Ongoing work to finance and operationalize WHO's US \$100 million Contingency Fund for Emergencies will be presented and discussed by Member States and other financial contributors at a financing dialogue meeting in November 2015. In the context of ensuring that WHO is best positioned to support Member States in responding to health emergencies, WHO also welcomes the conclusion of the Panel for Member States to reconsider the policy of zero nominal growth to increase WHO's Assessed Contributions. WHO and the World Bank will co-host a stakeholders meeting on pandemic financing in Washington, D.C., in September 2015, to bring together countries and development partners to explore ways to strengthen global pandemic financing. WHO will also work closely with actors across the international humanitarian system through the IASC to improve the effectiveness, coordination, mobilization and use of humanitarian financing, including strengthening of common evidence-based needs assessments and strategic response planning.
31. The work to advance reforms of WHO's work in emergencies recommended by the Panel is structured around a results-based framework of outcomes, outputs and deliverables, designed to deliver a WHO that is able to maintain appropriate levels of organizational readiness, support country-level capacity building and preparedness and deploy efficiently and effectively to respond to outbreaks and emergencies with health consequences.
32. As the Panel noted at the outset of its report, this is a defining moment for the health of the global community. WHO (Member States and Secretariat) is entrusted with the responsibility to ensure that the world is adequately prepared, and able to effectively respond, whenever and wherever an emergency with health consequences strikes. WHO is committed to making the changes necessary to effectively support the international community in preparing for and responding to health emergencies.

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