

# **Progress report on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response**

On behalf of the IHR Review Committee  
High level Conference on Global Public Health  
Security

Lyon, March the 22nd, 2016

# 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
- **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 :** 3rd teleconference session
- **March :** 4th teleconference session
- **March 21 :** 2<sup>nd</sup> OPEN SESSION
- **End of March:** submission of the final report
- **May:** PRESENTATION OF THE FINAL REPORT TO WHA

# Assessment of the effectiveness of the IHR during the Ebola outbreak (I)

- 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 ;
- Failure of Member States to fully implement the IHR core capacity requirements was strongly related to weak health systems ;
- Failure of Member States to fully implement the IHR core capacity requirements resulted also from limited assistance and collaboration between State Parties (article 44) ;

# Assessment of the effectiveness of the IHR during the Ebola outbreak (II)

- Disparity, in many Member States, between declared and actual compliance with the implementation of IHR core capacities reflected the absence of an effective mechanism for the assessment of core capacities;
- Inappropriate additional measures, which were taken by several countries in spite of WHO recommendations, had a significant negative impact on the three most affected countries;
- Under-resourced WHO risk assessment and risk management IHR system was a contributing factor to Ebola escalation.

# Assessment of the implementation of previous recommendations and related impact

- In spite of their pertinence, recommendations from the 2010 IHR Review Committee were only partially implemented. It had a major impact on the implementation of the IHR core capacity which, in fine, was a 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 initiatives taken by WHO (Headquarters and Regional Offices) and GHSA.

# Recommendations

- To States Parties ;
- To WHO Secretariat ;
- To International  
Development Partners



# 1. Implement rather than amend the IHR

## Rationale :

- while demonstrable progress on implementation of the IHR has been made in some areas, Ebola outbreak revealed lack of implementation of IHRs in other critical areas;
- the Ebola outbreak did not reveal any major weakness in the IHRs ;
- there are dangers inherent in initiating an amendment process.

## **2. Develop a Global Strategic Plan to improve public health preparedness;**

### Rationale :

Implementation of the IHR requires :

- a strategy;
- a phased plan, because some capacities need to be implemented urgently ;
- a plan with sustainable financing, for IHR implementation should be seen as a continuous improvement process ;
- a plan with room for guidance, education, monitoring, reporting, assessment of impacts.
- A plan implemented at global, but also regional and national levels.

### **3. Finance IHR implementation, including to support the Global Strategic Plan**

#### Rationale:

- lack of domestic and external resources for IHR implementation was a major cause of poor IHR implementation in many countries;
- a large and urgent financial scheme involving International development partners and high income States Parties to support countries the most in need, and to reinforce the WHO Secretariat
- States Parties to prioritise domestic funding for IHR.

# **4. Clarify complementary roles of the WHO Director-General and the UN Secretary General, with regard to the IHR**

## Rationale :

- the central role of WHO in risk assessment, management and communication about public health emergencies should be strengthened;
- the Review Committee does not support the constitution of the High Level council on global public health crisis, which is likely to create complex governance issues, and confusion of the responsibilities;
- advocacy from outside the health sector and at the highest international level would be a signal about the importance of the IHR and about its cross-sector dimension.

## 5. Introduce and promote independent assessment of IHR core capacities

### Rationale :

- country self-assessment is necessary but insufficient;
- combined internal plus external assessment of IHR core capacities is likely to build trust and facilitate cooperation between countries, provided that WHO can offer guidance and training, ensure the impartiality before and during the assessment process, and promote transparency during the reporting phase ;
- at the heart of reporting to WHA about IHR, this new method of assessment can become a key to effective financial support for countries in need.

## **6. Improve WHO's risk assessment and risk communication : a standing advisory committee and an intermediate level of alert**

### Rationale :

- the Ebola outbreak revealed the need for an earlier global warning mechanism, for more flexibility and reactivity during the risk assessment process, and to improve global public health risk communication ;
- In order to create an intermediate level of alert and to improve the risk assessment and risk communication process conducted by WHO, two proposals are made:
  - a new type of risk placed early under close scrutiny: the International Public Health Alert (IPHA). ;
  - a Standing Advisory Committee to provide continuous expertise and advices about this new type of risk.

# 7. Enhance compliance with requirements for Additional Measures and Temporary Recommendations

## Rationale :

- during the Ebola outbreak, a major failure, with hard consequences for the most affected countries, was the absence of compliance to the IHR with regard to Additional Measures and Temporary Recommendations ;
- actions taken by non-State actors also had a major adverse impact on affected countries and the Ebola response;
- more transparency is the main tool that the WHO Secretariat can use to promote accountability and compliance.
- Partnerships between WHO and travel and trade international organisations need to be improved.

# 8: Strengthen IHR national focal points

## Rationale :

- National Focal Points (NFP) for the IHR are sometimes individuals, rather than centres, who often lack authority, resources and recognition within the health sector and, a fortiori, at the inter-sectoral level;
- better positioned. legally empowered and better resourced at the State Party level, and supported by the WHO Secretariat with guidance, training, networking and involvement in the IHR core capacity assessment process, NFPs should play a key role in the implementation of the IHR.



# 9. Prioritise support to the most vulnerable countries

## Rationale :

- the strength of the IHR chain is that of its weakest link ;
- addressing specifically the situation of the most vulnerable countries, and countries in conflict, is a vital, but also most challenging task ;
- such contexts require : innovative approaches concerning borders and mobile populations; strong partnerships between WHO and IGOs/NGOs ; promotion of assistance by Member States.

# 10. Boost IHR core capacities within health systems strengthening

## Rationale :

- IHR core capacity implementation and Health system strengthening are two faces of the same ambition;
- institutionalization and integration of IHR core capacities should be conceived as one part of the strengthening of primary and secondary health care, and of the development of essential public health functions;
- key features of this integration are legislation, domestic funding, surveillance, infection prevention and control, and policies of countries and international development partners.

# **11. Improve rapid sharing of public health and scientific information and data**

## Rationale :

- Sharing of information and data is vital for early warning, rapid reaction and progress of medical counter-measures ;
- Sharing of benefits should be considered;
- new technical (use of gene sequence data) and legal (Nagoya Protocol and PIP Framework) environments create new challenges but also new opportunities for the implementation of the IHR.

# 12. Strengthen WHO's capacity to implement the IHR

## Rationale :

- to face the Ebola outbreak and response, WHO resources available for risk assessment and risk communication and to support response by the most affected Member States were inadequate at all levels;
- there is a striking imbalance between the scale of the outbreaks in Africa and the resources available to WHO AFRO;
- partnerships between WHO and several international partners were not as strong as they should have been;
- support to the WHO “programme on health emergencies“ should be 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 should be used;
- realistic plans and processes for preparedness and rapid response are needed when a public health emergency becomes a humanitarian emergency.

# About IHR implementation, the Ebola outbreak:

- was revealing of the extreme weakness of health systems in some countries;
- creates urgency because it had major impacts and is still not over, and because Zika and others are already on the doorstep.
- is a last chance : something did not work as it should have worked. It cannot happen again.
- opens a window of opportunity. There is currently a global commitment to strengthen IHR implementation (today's meeting!), but the period during which it is possible to leverage lessons learned from the Ebola crisis is probably short....