WHA68(10) 2014 Ebola virus disease outbreak and follow-up to the Special Session of the Executive Board on Ebola

The Sixty-eighth World Health Assembly, having recalled the resolution adopted by the Executive Board at its Special Session on Ebola on 25 January 2015,¹

Interim assessment

1. Welcomed the preliminary report of the Ebola Interim Assessment Panel appearing in document A68/25;

2. Thanked the Ebola Interim Assessment Panel for its work to date;

3. Requested the Ebola Interim Assessment Panel to continue its work as mandated by the Executive Board at its Special Session on Ebola,¹ and to issue a final report to be made available to the Director-General not later than 31 July 2015.

International Health Regulations (2005)

1. Requested the Director-General to establish a Review Committee under the International Health Regulations (2005) to examine the role of the International Health Regulations (2005) in the Ebola outbreak and response, with the following objectives:

   (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 Framework² and other humanitarian responsibilities of the Organization;

   (b) to assess the status of implementation of recommendations from the previous Review Committee in 2011³ and related impact on the current Ebola outbreak;

   (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;

2. Requested the Director-General to convene the International Health Regulations (2005) Review Committee as provided by the International Health Regulations (2005) in August 2015, and to report on its progress to the Sixty-ninth World Health Assembly in May 2016;

¹ Resolution EBSS3.R1.
² See resolution WHA65.20.
³ See document A64/10.
3. Agreed to support west and central African States and other at-risk States to achieve full implementation of the International Health Regulations (2005), including meeting the requirements of the core capacities, by June 2019;

4. Noted the recommendation of the Ebola Interim Assessment Panel for WHO to propose a plan with resourcing requirements to be shared with Member States and other relevant stakeholders to develop the core public health capacities for all countries in respect of the International Health Regulations (2005), and further to explore mechanisms and options for objective analysis through self-assessment and, on a voluntary basis, peer-review and/or external evaluation for the requesting Member States.

Global health emergency workforce

1. Welcomed the Director-General’s efforts to provide an initial conceptual plan for a global health emergency workforce to respond to outbreaks and emergencies with health consequences, as part of the dedicated structure and functions of the wider emergency response programme, which would unite and direct all WHO outbreak and emergency response operations within the WHO mandate, across the three levels of the Organization, and under the direct supervision of the Director-General, in support of countries’ own response;

2. Reiterated that WHO emergency response at all levels shall be exercised according to international law, in particular with Article 2(d) of the Constitution of the World Health Organization and in a manner consistent with the principles and objectives of the Emergency Response Framework, and the International Health Regulations (2005), and be guided by an all-hazards health emergency approach, emphasizing adaptability, flexibility and accountability; humanitarian principles of neutrality, humanity, impartiality, and independence; and predictability, timeliness, and country ownership;

3. Emphasized the importance of WHO building capacity in its areas of comparative advantage and drawing extensively on the capacities of other United Nation agencies, funds and programmes, the Global Outbreak Alert and Response Network, foreign medical teams and stand-by partners and the lead role of WHO in the Global Health Cluster;

4. Requested the Director-General to report on progress on the establishment, coordination and management of the emergency response programme, including the global health emergency workforce, to the Sixty-ninth World Health Assembly through the 138th Executive Board in January 2016.

Contingency fund

1. Welcomed the parameters described in document A68/26, which include the guiding principles that must govern the fund, such as: size, scope, sustainability, operations, voluntary sources of financing and accountability mechanisms;

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1 See paragraph 44 of document A68/27.
2 See paragraph 15 of document A68/27.
2. Decided to create a specific, replenishable contingency fund to rapidly scale up WHO’s initial response to outbreaks and emergencies with health consequences,\(^1\) that merges the existing two WHO funds,\(^2\) with a target capitalization of US$ 100 million fully funded by voluntary contributions, flexible within the fund’s scope;

3. Agreed that the contingency fund will reliably and transparently, including with regard to financial reporting and accountability, provide financing, for a period of up to three months,\(^3\) emphasizing predictability, timeliness, and country ownership; humanitarian principles of neutrality, humanity, impartiality, and independence; and practices of good humanitarian donorship;\(^4\)

4. Decided that the contingency fund would be under the authority of the Director-General, with disbursement at his or her discretion;

5. Requested the Director-General to review the scope and criteria of the contingency fund after two years of implementation, and include, in a report to be presented at the Seventieth World Health Assembly in May 2017, proposals to improve the fund’s performance and sustainability;

6. Thanked Member States for contributions already committed to the contingency fund;

7. Requested the Director-General to approach donors to encourage contribution to the contingency fund, including through the next round of the financing dialogue;

8. Requested the Director-General to report on the performance of the contingency fund, including amount raised and spent, value added and for what purpose, to the Sixty-ninth World Health Assembly in May 2016, through the Executive Board at its 138th session in January 2016;

9. Requested the Director-General to prioritize in-field operations in affected countries when using the contingency fund.

Research and development

1. Appreciated the key coordination role played by WHO for ongoing work in development of vaccines, diagnostics and drugs for the Ebola virus disease;

2. Welcomed the development of a blueprint, in consultation with Member States and relevant stakeholders, for accelerating research and development in epidemics or health emergency situations where there are no, or insufficient, preventive, and curative solutions, taking into account other relevant work streams within WHO;

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\(^1\) Using the objective criteria set out in the Emergency Response Framework.


\(^3\) This may be extended by the Director-General if needed, for an additional period of up to 3 months to support continuity, only if other funding cannot be mobilized by that time.

\(^4\) See A/58/59-E/2003/94, annex II.
3. Reaffirmed the global strategy and plan of action on public health, innovation and intellectual property.

Health systems strengthening

1. Welcomed the development of the robust, costed national health system recovery plans for Guinea, Liberia and Sierra Leone, which were presented at the World Bank Spring Meetings on 17 April 2015, as the basis for donor coordination and strategic investments;

2. Requested WHO to continue its coordination role in support of national administrations as they prepare for the United Nations Secretary General’s high-level pledging conference on Ebola, to be held on 10 July 2015;

3. Acknowledged the leadership shown by the Ministries of Health of the three countries in focusing, with support of WHO country offices, on early recovery through emphases on infection prevention and control, reactivation of essential services, immediate health workforce priorities and integrated disease surveillance;

4. Requested the Director-General to continue and enhance the work of the Organization in supporting Member States to be better prepared to respond to emergencies with health consequences by strengthening national health systems.

Way forward

1. Welcomed the Director-General’s commitment to reform the work and culture of WHO in emergencies with health consequences, and in particular to establish effective, clear command and control across the three levels of the Organization;

2. Welcomed the Director-General’s proposal to establish a small, focused expert advisory group to guide and support the further development of reform of WHO’s work in emergencies with health consequences;

3. Requested the Director-General to report on progress on these reforms, and on the other decisions taken herein, to the Sixty-ninth World Health Assembly in May 2016, through the Executive Board at its 138th session in January 2016, and reiterated the request to the Director-General to report annually to the Health Assembly on all Grade 3 and United Nations Inter-Agency Standing Committee Level 3 emergencies where WHO has taken action.

(Ninth plenary meeting, 26 May 2015)