

Report of the First Meeting of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response

Making the IHR fit for purpose for future global health threats

BACKGROUND

1. In view of the Ebola emergency, the 2015 Executive Board Special Session on the Ebola Emergency requested¹ the Director-General to commission an interim assessment, by a panel of outside independent experts, on all aspects of WHO's response, from the onset of the current outbreak of Ebola virus disease, including within the United Nations Mission for Ebola Emergency Response, in implementing the WHO's Emergency Response Framework, and in coordination, including resource mobilization, and functioning at the three levels of the Organization, to be presented to the Sixty-eighth World Health Assembly.
2. The 2015 Executive Board Special Session on the Ebola Emergency further requested² the Director-General to prepare options for establishing an IHR Review Committee to conduct an assessment of the overall prevention, preparedness and response to the outbreak of Ebola virus disease and the effectiveness of the International Health Regulations (2005) in facilitating that response, including what was implemented and what was not from the previous IHR Review Committee in 2011, and consideration given to steps that could be taken to improve the functioning, transparency, and efficiency of WHO's response under the International Health Regulations (2005) in future outbreaks, in all countries, aiming at strengthening health systems.
3. The Sixty-eighth World Health Assembly,³ having recalled the resolution adopted by the Executive Board at its Special Session on Ebola on 25 January 2015, welcomed the

¹ See resolution EBSS3.R1, paragraph 52.

² See resolution EBSS3.R1, paragraph 53.

³ See Interim Assessment, paragraphs 1-3 from WHA68(10), document A68/DIV./3.

preliminary report of the Ebola Interim Assessment Panel appearing in document A68/25, and thanked the Panel for its work to date. The Health Assembly requested the Panel to continue its work as mandated by the Executive Board at its Special Session on Ebola, and to issue a final report to be made available to the Director-General not later than 31 July 2015. The final report was made available to the Director-General on 7 July 2015.⁴

4. The Health Assembly requested⁵ 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 Framework⁶ and other humanitarian responsibilities of the Organization;

(b) to assess the status of implementation of recommendations from the previous Review Committee in 2011⁷ 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.

5. The Health Assembly requested the Director-General to report on the progress of the Review Committee to the Sixty-ninth World Health Assembly in May 2016.⁸ The Health Assembly 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. The Health Assembly 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.⁹

⁴ http://www.who.int/ihr/r_c_meeting_report_1_en.pdf

⁵ See International Health Regulations, paragraph 1 from WHA68(10), document A68/DIV./3.

⁶ See resolution WHA65.20.

⁷ See document A64/10.

⁸ See International Health Regulations, paragraph 2 from WHA68(10), document A68/DIV./3.

⁹ See International Health Regulations, paragraphs 3-4 from WHA68(10), document A68/DIV./3.

APPOINTMENT OF REVIEW COMMITTEE

6. The Director-General appointed 16 members of the Review Committee from the IHR Roster of Experts. In accordance with IHR article 50 and rules for Expert Committees as specified in WHO's Basic Documents, members were appointed on the basis of the principles of equitable geographical representation, gender balance, a balance of experts from developed and developing countries, representation of a diversity of scientific knowledge and expertise, approaches and practical and high-level managerial experience in various parts of the world, and an appropriate interdisciplinary balance. The members are listed in Annex 1.
7. The Review Committee was provided with the conclusions of the Ebola Interim Assessment Panel.
8. The Review Committee will be supported by technical experts and the Secretariat, as appropriate, in relevant aspects of public health, the International Health Regulations (2005), and emergency response.

ORGANIZATION AND PROCESS OF THE MEETING

9. The first meeting of the Review Committee took place at WHO headquarters in Geneva, 24-25 August 2015, with the following provisional agenda:
 1. Welcome and introduction
 2. Comments from the Legal Counsel
 3. Election of Chair, Vice-Chair, and Rapporteur and adoption of the agenda
 4. Remarks by the Chair
 5. Director-General's opening remarks
 6. Presentation of the Findings of the Ebola Interim Assessment Panel
 7. Statements of States Parties and invited organizations
 8. Review Committee discussions and consensus on scope, topics, and working methods
 9. Review Committee discussions on preliminary observations
 10. Initial Report of the Review Committee to the Director-General
10. Of the 16 members of the Review Committee, 13 were present and three were unable to attend this initial meeting. The meeting also included: representatives of States Parties to the IHR, the United Nations and its specialized agencies and other relevant intergovernmental organizations and nongovernmental organizations in official relations with WHO. Observers were invited to submit memoranda and to make statements on the subjects under discussion. The first day of the meeting was webcast.
11. The first day of the meeting was called to order by the Secretariat. The Review Committee elected Professor Didier Houssin as Chair, Ms Karen Tan as Vice-Chair, and Dr Helen Rees as Rapporteur. WHO Legal Counsel reviewed the procedural arrangements for

the Review Committee. Legal Counsel also reminded the Committee that all members participate in their personal capacity and are not allowed to take instructions from any government or any other authority. Declarations of interest were disclosed for six Review Committee members (Annex 2). In the view of the Secretariat, none of the facts summarized gave rise to a potential or perceived conflict of interest.

12. The Chair made a number of introductory remarks. He thanked the Director-General for convening the Committee.

13. The Director-General addressed the Review Committee and noted the following:

- The IHR are the only internationally agreed set of rules set of rules governing the response to outbreaks of infectious diseases and other public health emergencies.
- Three main weaknesses in the performance of the IHR have been identified: (i) States Parties' poor compliance with building of core capacities; (ii) States Parties' imposition of measures, such as restrictions on travel or trade, that go beyond temporary recommendations issued by the IHR Emergency Committee, and the lack of a mechanism for WHO to promote compliance with recommended measures; and (iii) the absence of a formal alert level of health risk other than the declaration of a public health emergency of international concern (PHEIC).
- Amendments to the IHR to address these issues would take several years. The Review Committee may want to consider other options that can move forward more quickly. The aftermath of the Ebola outbreak offers the best chance for transforming the global response to health emergencies.

The Director-General asked the Review Committee to be critical in its assessment, bold in its thinking, and far-reaching in its recommendations.

14. Dame Barbara Stocking, Chair of the Ebola Interim Assessment Panel, reviewed the panel's key findings and recommendations (full presentation is provided in Annex 3).

15. A number of States Parties and organizations made interventions. Among the many issues and observations raised, several themes recurred. These included:

- a poor awareness and/or incomplete understanding of the IHR at many levels, *inter alia* ministries of health, political and decision-making levels, HCWs and community;
- the need to develop an alert system that is not limited to the declaration of a PHEIC, i.e. a graded mechanism of risk assessment that would allow for an intermediate level of alert;

- the importance of strengthening core capacities, including wide support for the Ebola Interim Assessment Panel’s recommendation for WHO and the World Bank to develop a prioritised, costed plan to strengthen core capacities;
- the inadequacy of self-assessment and the need for better monitoring of capacity-building, and the importance of this for pandemic influenza preparedness;
- the importance of strengthening health systems concurrently with strengthening core capacities, while acknowledging that implementation of the IHR is possible in countries with poor health systems;
- the need to ensure effective implementation of the IHR at all points of entry, underscoring the importance of migration across borders and linkages with disease spread;
- the development of effective incentives and disincentives in compliance and notification, and the importance of regional collaboration and knowledge-sharing;
- an understanding of WHO’s specific role in emergencies and its integration with normative functions, and the need for organizational change;
- the critical need for community engagement and, more importantly, ownership in managing disease outbreaks, including co-opting civil society organisations in fostering this ownership;
- the positioning of health within global health security, and how this can be reflected in the IHR;
- the urgent need for better synergy between humanitarian and health sectors, such that each sector understands the priorities of the other;
- the complexities of implementing the IHR in conflict zones which are often at high risk of infectious disease outbreaks; and
- the importance of refraining from taking unnecessary traffic and trade restrictions.

16. The second day of the meeting began with a deliberative session on the comments provided in open sessions in the first day.

17. On the basis of the first day’s discussions, and to reflect and include the key issues raised by the States Parties, the Review Committee identified core areas of focus, and created technical subcommittees, to review, within the context of the IHR (2005): (1) general issues, definitions, communications and flow of information; (2) country capacities; and (3) compliance and governance.

18. The Chair requested that each technical subcommittee articulate the following: (1) relevant key questions; (2) information, documents, or analyses needed to address the questions; (3) relevant recommendations; (4) organizations or persons whose input might usefully inform the review; and (5) issues identified. In addition, the Committee agreed that it would identify committee members as focal points with areas of expertise that would be considered in the final Review Committee report.

19. The Chair proposed a tentative schedule for the Committee's work, with a view towards holding a second meeting in early October 2015 and a third meeting in early 2016. The possibility of an inter-sessional consultation in November 2015 was also discussed. In the inter-sessional periods, the Committee and its technical subcommittees would continue their work through teleconference and electronic exchange. A preliminary report will be presented to the Executive Board in January 2016, and a final report to the Sixty-ninth World Health Assembly in May 2016.

20. The Committee discussed and adopted the meeting report.

Annex 1: List of Members of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response

Dr Preben Aavitsland
Chief Municipal Medical Officer of Arendal City, Norway

Dr Salah T. Al Awaidy
Communicable Diseases Advisor in Health Affairs, Ministry of Health, Muscat, Oman

Dr Hanan Balkhy (absent)
Executive Director of Infection Prevention and Control Department, Ministry of National Guard, King Saud bin Abdulaziz University for Health Sciences, Riyadh, Saudi Arabia

Dr Marion Bullock DuCasse
Chief Medical Officer of Jamaica

Professor Rupa Chanda
Economics & Social Sciences Faculty, Indian Institute of Management Bangalore (IIMB), Bangalore, India

Dr Supamit Chunsuttiwat
Senior Medical Officer, Department of Disease Control, Ministry of Public Health, Nonthaburi, Thailand

Professor Thomas Cottier
Emeritus Professor of European and International Economic Law, University of Bern, and Senior Research Fellow and Former Managing Director at the World Trade Institute

Mr Andrew Forsyth
Team Leader, Public Health Legislation & Policy, Ministry of Health, New Zealand

Professor Didier Houssin
President of the Evaluation Agency for Research and Higher Education, Paris, France

Mr John Lavery
Executive Director of Health Emergency Management British Columbia (HEMBC), Vancouver, Canada

Lieutenant-General Louis Lillywhite
Senior Research Consultant at the Centre for Global Health Security, the Royal Institute of International Affairs (Chatham House), London, UK

Dr Brian McCloskey
Director of Global Health, Public Health England, London, UK

Professor Babacar Ndoeye (absent)
Expert-consultant and trainer in hospital hygiene, infection control and patient safety, Dakar, Senegal

Professor Helen Rees

Executive Director of the Wits Reproductive Health and HIV Institute of the University of Witwatersrand (Wits) in Johannesburg, South Africa

Professor Samba O. Sow (absent)

Director General of the Center for Vaccine Development, Ministry of Health, Mali

Ms Karen Tan

Senior Director at the Ministry of Communications and Information, Singapore

Annex 2: Statement on declarations of interest

In view of the advisory nature of their functions and the personal capacity in which they act, members of advisory committees such as the Review Committees are required under the Regulations on expert committees to disclose any interest of a financial, personal or professional nature which could be seen as affecting the impartiality of their advice in the sole interest of WHO.

Invited members were requested to fill a declaration of interest form that was assessed by the Secretariat before the invitations could be finalized. All members have duly filled and returned their forms. In accordance with WHO's policy, all declared interests, even if they do not give rise to a conflict of interest that would warrant partial or total exclusion of the expert concerned, will be disclosed within the Committee at the beginning of the meeting so that other members are aware of them.

The Secretariat, for the sake of transparency and full disclosure, would like to disclose the following declared interests to the other members of the Committee:

1. Preben Aavitsland is the owner of the Epidemi, a Norwegian company which provides consulting services in the field of epidemics and preparedness.
2. Brian McCloskey is the Director of Global Health for Public Health England, UK.
3. Helen Rees is the Co-Chair of the WHO SAGE working group on Ebola Vaccines.
4. John Lavery is the Executive Director of Health Emergency Management British Columbia, Provincial Health Services Authority and British Columbia Ministry of Health, Canada.
5. Andrew Forsyth is a Team Leader, Public Health Legislation & Policy, with the Ministry of Health, New Zealand.
6. Didier Houssin is a former Director General for Health (Ministry of Health) in France.

Many of the Committee Members have extensive governmental experience and expertise – and consulting with WHO – in the areas that are the subject of the Committee proceedings, which are considered relevant and important for the challenging tasks faced by the Committee.

In the view of the Secretariat, none of the facts summarized gives rise to a potential or perceived conflict of interest. The interests have been included on the IHR website where the summarized biographies of the experts are available.

Annex 3: Presentation of Dame Barbara Stocking, Chair of the Ebola Interim Assessment Panel

Health Emergency Response

- **Member States** should reconsider moving from the policy of zero nominal growth to increase assessed contributions by 5%.
- **Member States and Partners** should contribute immediately to the contingency fund in support of outbreak response (US\$100 million).
- **WHO** should be made fit for health emergency response. This needs to be fully supported by the political will and resources of the Member States.
- **WHO** must develop an organizational culture that accepts its role in emergency preparedness and response.
- **WHO** should establish the WHO Centre for Emergency Preparedness and Response.
- **WHO**, through the Director-General, should immediately establish an independent Board to oversee this Centre.

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Global Health Security

- **WHO** should propose a prioritized and costed plan to develop IHR core capacities for all countries.
- All levels of **WHO** should be strengthened to increase the Organization's ability to independently identify health risks and declare health emergencies.
- The **IHR Review Committee** should consider incentives to encourage countries to notify public health risks to WHO.
- The **IHR Review Committee** should consider disincentives to discourage countries from taking measures interfering with traffic and trade.
- The **IHR Review Committee** should consider the possibility of an intermediate level that would alert and engage the wider international community at an earlier stage of a health crisis.
- The **United Nations Secretary-General's High-Level Panel** should put global health issues at the centre of the global security agenda.

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Coordinated Activity

- **WHO** should consider how to coordinate its own emergency grades and PHEIC declarations with the emergency levels in the broader humanitarian system.
- **WHO** should ensure its staff and stand-by partners better understand the humanitarian system.
- The **UN Secretary-General's High-Level Panel** should emphasise the need for the UN system to understand the special nature of health risks in a health crisis.
- The **UN Secretary-General** should consider the appointment of a Special Representative for the SG or a UN Special Envoy. The Panel would not recommend the establishment of a full UN mission.

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Health Emergency Response

- **WHO** must adopt a new approach to staffing in country offices.
- **WHO** must re-establish itself as the authoritative body communicating on health emergencies.
- **WHO**, together with its partners, must ensure that appropriate community engagement is a core function when managing a health emergency.
- **WHO** should play a central convening role in R&D efforts in future emergencies.
- **WHO** should maintain high alert levels in the current crisis.

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