Will Ebola change the game?:
10 essential reforms before the next pandemic

Harvard-LSHTM Independent Panel on the Global Response to Ebola
WHO Executive Board Information Session
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Dr Suerie Moon, PhD, Prof Devi Sridhar, DPhil, Muhammad A Pate, MD, Prof Ashish K Jha, MD, Chelsea Clinton, DPhil, Sophie Delaunay, MA, Valnora Edwin, MA, Mosoka Fallah, PhD, Prof David P Fidler, JD, Laurie Garrett, PhD, Prof Eric Goosby, MD, Prof Lawrence O Gostin, JD, Prof David L Heymann, MD, Prof Kelley Lee, DPhil, Prof Gabriel M Leung, MD, J Stephen Morrison, PhD, Jorge Saavedra, MD, Prof Marcel Tanner, PhD, Jennifer A Leigh, MPH, Benjamin Hawkins, PhD, Liana R Woskie, MSc, Prof Peter Piot, MD. The Lancet 2015. 386: 2204-21. DOI: 10.1016/S0140-6736(15)00946-0

Presented by
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Harvard Global Health Institute/ T.H. Chan School of Public Health / Kennedy School of Government
Harvard-LSHTM Independent Panel on the Global Response to Ebola

Leadership
• Dr. Peter Piot, London School of Hygiene & Tropical Medicine (Chair)
• Dr Devi Sridhar, University of Edinburgh (Co-chair)
• Dr Muhammad Pate, Duke University (Co-chair)
• Dr Ashish Jha, Harvard University (Co-chair)
• Dr Suerie Moon, Harvard University (Study Director)

Panel Members
• Dr Chelsea Clinton, Bill, Hillary & Chelsea Clinton Foundation
• Ms Sophie Delaunay, Médecins Sans Frontières
• Ms Valnora Edwin, Campaign for Good Governance
• Dr Mosoka Fallah, Action Contre La Faim International
• Prof David Fidler, Indiana University Maurer School of Law
• Ms. Laurie Garrett, Council on Foreign Relations
• Dr Eric Goosby, University of California, San Francisco
• Dr Larry Gostin, Georgetown University
• Dr David Heymann, Chatham House
• Dr Kelley Lee, Simon Fraser University
• Dr Gabriel Leung, The University of Hong Kong
• Dr Steve Morrison, Center for Strategic and International Studies
• Dr Jorge Saavedra, AIDS Healthcare Foundation
• Dr Marcel Tanner, Swiss Tropical & Public Health Institute
# WHAT WENT WRONG? SYSTEM FAILURES ACROSS 4 PHASES OF THE OUTBREAK

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<th>Pre- &amp; Phase 1: Dec 2013-Mar 2014</th>
<th>Phase 2: Apr-July 2014</th>
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<tr>
<td>• Inadequate investment in national core capacities</td>
<td>• Little incentive for early reporting</td>
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<td>• Inadequate monitoring of commitments to build capacities</td>
<td>• Insufficient technical capacity among national and int’l teams</td>
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<td>• Inadequate incentives for outbreak-relevant R&amp;D</td>
<td>• WHO slow to mobilise global attention or assistance</td>
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<td>• Widespread disregard for WHO recs to limit trade &amp; travel restrictions</td>
<td>• Weak coordination of global operational response</td>
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<td>• Slow global operational response</td>
<td>• Inadequate transparency on resource flows</td>
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<td>• Unclear responsibility for coordination</td>
<td>• Weak accountability for use of funds at all levels</td>
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<td>• Weak channels for previous lessons</td>
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<td>• Less access to drugs &amp; medevac for West Africans vs internationals</td>
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<td>• Poor understanding of community engagement</td>
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10 REFORMS ACROSS 4 AREAS:

1. Preventing Major Outbreaks
2. Responding to Major Outbreaks
3. Research: Producing and sharing data, knowledge and technologies
4. Governing the global system

What role for WHO?
1. Global strategy to invest in national core capacities: external financing, transparent tracking system, independent assessment.

WHO convening, country support, review at WHA.

2. Political and economic incentives & disincentives to encourage early-reporting of outbreaks, science-based trade and travel restrictions, industry cooperation.

WHO publishing country lists, trigger Bank disbursements.
B. RESPONDING TO MAJOR DISEASE OUTBREAKS

3. WHO Emergency Centre: strong technical capacity, protected budget, clear accountability to separate Board

4. Transparent, politically-protected WHO Standing Emergency Committee to declare Public Health Emergencies of International Concern

WHO issues early warnings, annual reports, triggers emergency $ and data-sharing rules
5. Institutionalise accountability through an independent UN Accountability Commission for systemwide evaluation. Reports to WHA and UN Security Council.
6. Framework of rules to enable research, govern conduct of research & ensure access to benefits of research (drugs, vaccines, diagnostics, PPE, other)

7. Global financing facility to accelerate and prioritise outbreak-related R&D for drugs, vaccines, diagnostics, other equipment

WHO convening governments, researchers, civil society, others for negotiations

WHO & SG convening research funders
8. Sustain high-level political attention through a Global Health committee at UN Security Council
9. A new deal for a more focused, appropriately-financed WHO: define core functions, match with untied financing

10. Good governance of WHO: freedom of information policy, Inspector General, non-state actors policy, human resource reform incl. leadership selection & accountability

EB to review WHO core functions across health (broadly defined)

EB to adopt good governance reforms
Reflections

1. WHO role central, irreplaceable, essential
2. Many new demands on WHO requires restoring confidence
3. Feasible if significant reforms beyond resources – governance, culture and leadership
THANK YOU

Questions & comments welcome:

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