

**2014 Ebola virus disease outbreak and issues raised:  
follow-up to the Special Session of the Executive Board  
on the Ebola Emergency (resolution EBSS3.R1)  
and the Sixty-eighth World Health Assembly  
(decision WHA68(10))**

**Update on 2014 Ebola virus disease outbreak and  
Secretariat response to other issues raised**

**Report by the Director-General**

1. Pursuant to the requests in resolution EBSS3.R1,<sup>1</sup> adopted by the Executive Board on 25 January 2015 at its Special Session, and decision WHA68(10),<sup>2</sup> adopted by the Health Assembly on 26 May 2015, this report provides an update on the work undertaken by WHO between May and December 2015 to reform the work and culture of WHO in emergencies with health consequences.
2. These reforms have been catalysed by the needs identified during the international community's collective response to the Ebola outbreak in West Africa, which is on the cusp of being declared over. An overview of WHO's work in the context of the Ebola response during the last half of 2015 can be found in document EB138/23 on WHO response in severe, large-scale emergencies.
3. The efforts in the past months to reform WHO's emergency capacities have been guided by the Report of the Ebola Interim Assessment Panel<sup>3</sup> and shaped by the recommendations of the Director-General's Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies with Health and Humanitarian Consequences. As a matter of overarching organizational coherence and policy, the reforms to WHO's emergency capacities are also aligned with the programme of WHO reform initiated in 2011.

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<sup>1</sup> See document EBSS/3/2015/REC/1, resolution EBSS3.R1 (2015). Ebola: ending the current outbreak, strengthening global preparedness and ensuring WHO's capacity to prepare for and respond to future large-scale outbreaks and emergencies with health consequences. Available at [http://apps.who.int/gb/ebwha/pdf\\_files/EBSS3-REC1/EBSS3\\_REC1.pdf#page=12](http://apps.who.int/gb/ebwha/pdf_files/EBSS3-REC1/EBSS3_REC1.pdf#page=12) (accessed 19 January 2016).

<sup>2</sup> Decision WHA68(10) (2015). 2014 Ebola virus disease outbreak and follow-up to the Special Session of the Executive Board on Ebola. Available at [http://apps.who.int/gb/ebwha/pdf\\_files/WHA68/A68\\_DIV3-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_DIV3-en.pdf) (accessed 19 January 2016).

<sup>3</sup> Available at <http://www.who.int/csr/resources/publications/ebola/report-by-panel.pdf?ua=1> (accessed 19 January 2016).

## **THE DIRECTOR-GENERAL'S ADVISORY GROUP ON REFORM OF WHO'S WORK IN OUTBREAKS AND EMERGENCIES WITH HEALTH AND HUMANITARIAN CONSEQUENCES**

4. As proposed by the Director-General and welcomed by Member States in decision WHA68(10), on 21 July 2015 the Director-General established a high-level Advisory Group to provide guidance on reforms to strengthen WHO's capacities to respond to and prepare for disease outbreaks and other emergencies with health and humanitarian consequences. Chaired by Dr David Nabarro, the United Nations Secretary-General's Special Envoy on Ebola, the Advisory Group comprised 19 high-level experts in large-scale emergency response, disaster preparedness, disease outbreak control and crisis coordination.

5. The Advisory Group met a total of eight times, twice in face-to-face meetings (on 26 and 27 October 2015 and on 7 and 8 January 2016), and operated under agreed terms of reference.<sup>1</sup> The meeting schedule, documentation and decisions of the Advisory Group have all been made publicly available<sup>2</sup> and the process was consultative, seeking perspectives within WHO and beyond.

6. The Advisory Group released its first report on 15 November 2015.<sup>3</sup> Since then, the Director-General has merged the outbreaks and emergencies clusters at WHO headquarters, and on 4 November 2015 appointed an acting Executive Director of the new Outbreaks and Health Emergencies Cluster. The second report of the Advisory Group was issued on 18 January 2016.

### **ROAD MAP FOR ACTION**

7. To advance work under the mandate of decision WHA68(10) and resolution EBSS3.R1, and in accordance with the recommendations of the Ebola Interim Assessment Panel, in June 2015 the Director-General set up a project team to lay the groundwork for the reform process. The project team worked according to the Road Map for Action,<sup>4</sup> which articulated a results-based framework of outputs. Work under these outputs was conducted by experts from across WHO, including during a face-to-face consultation in Geneva (19–21 October 2015). Throughout the process, a Secretariat project management team provided support to each workstream, helping to prioritize needs, define functional requirements and articulate implementation plans.

### **A unified WHO programme for outbreaks and emergencies**

8. In initiating the work of establishing a unified WHO programme for outbreaks and emergencies, the project team identified a number of key deliverables. These included the groundwork for the new programme (for example with regard to scope, functions and a revised version of WHO's Emergency

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<sup>1</sup> The full terms of reference for the Advisory Group can be found at [http://www.who.int/about/who\\_reform/emergency-capacities/advisory-group/tor/en/](http://www.who.int/about/who_reform/emergency-capacities/advisory-group/tor/en/) (accessed 19 January 2016).

<sup>2</sup> All Advisory Group documentation can be found at [http://www.who.int/about/who\\_reform/emergency-capacities/advisory-group/en/](http://www.who.int/about/who_reform/emergency-capacities/advisory-group/en/) (accessed 19 January 2016).

<sup>3</sup> See [http://www.who.int/about/who\\_reform/emergency-capacities/first-report-advisory-group.pdf?ua=1](http://www.who.int/about/who_reform/emergency-capacities/first-report-advisory-group.pdf?ua=1) (accessed 19 January 2016).

<sup>4</sup> See [http://www.who.int/about/who\\_reform/emergency-capacities/WHO-outbreaks-emergencies-Roadmap.pdf?ua=1](http://www.who.int/about/who_reform/emergency-capacities/WHO-outbreaks-emergencies-Roadmap.pdf?ua=1) (accessed 19 January 2016).

Response Framework), management processes, integrated health information systems and integrated emergency-specific information technology systems.

9. Under this output, WHO reviewed its existing emergency and outbreak programmes of work, worked with partners to determine best practice models for emergency programmes, identified gaps and proposed next steps for consideration. This work provided the underpinning for the design, building and implementing phases of the new WHO health emergencies programme, the details of which are available in document EB138/55.

### **A global health emergency workforce**

10. The term “global health emergency workforce” is meant to be a descriptor for the world’s standing and surge human resource capacities available to respond to outbreaks and emergencies with health consequences, including WHO’s own staff capacities. Following the development of the conceptual plan for the global health emergency workforce presented in document A68/27, WHO has worked to strengthen those aspects that are particular to WHO, to reach out to partners to coordinate those parts that spread across numerous actors and to help design streamlined mechanisms for pre-deployment and readiness, deployment and post-deployment of all elements of the workforce. The global health emergency workforce can only be as strong as the support mechanisms underpinning it (logistics, human resource, security, and so on), and as such WHO, the networks and partners consistently include these as part of capacity-building and assuring the quality, predictability and effectiveness of responders.

11. WHO’s capacity to function effectively across the emergency risk management cycle requires adequate dedicated outbreaks and emergencies staff and designated surge capacity. Analytics of how many WHO staff members work full time on outbreaks and emergencies were conducted and a mapping of the types of work and skill sets WHO will require going forward is in development.

12. WHO has regularly convened a working group of key stakeholders from the Global Outbreak and Alert Response Network, the Global Health Cluster, emergency medical teams (formerly foreign medical teams),<sup>1</sup> standby partners, operations support and logistics and core services. The working group focused on rationalizing efforts across these critical partnerships and on WHO’s role in leadership, coordination, management and deployment. Synergies were explored in processes, rosters, training and operations support and logistics, particularly for those people who deploy under the duty of care of WHO. Preliminary discussions have begun on how the networks and partnerships can be aligned and on sharing lessons learned and conducting joint training sessions and scenario-based exercises. In particular, and in line with the recommendations of the Ebola Interim Assessment Panel and the Advisory Group, WHO is strengthening its role as lead of the Health Cluster.

13. WHO’s work with emergency medical teams continues to move forward. Registration and verification are progressing, with 50 teams from both governmental and nongovernmental providers in the process of mentorship to become verified. WHO and the European Union have worked closely on joint certification and quality assurance, and similar efforts are taking place with ASEAN and Latin American countries. Collaboration between the United Nations Office for the Coordination of Humanitarian Affairs and WHO has been significantly strengthened. All United Nations Disaster

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<sup>1</sup> At the Emergency (Foreign) Medical Team Global Meeting in Panama (1–3 December 2015), it was decided that the term “foreign” was too narrow and should instead be “emergency” to encompass the fact that 90% of the workforce exists within Member State systems and that national teams are the foundation of response, with support from international teams.

Assessment and Coordination members are being trained to coordinate emergency medical teams and the United Nations On-Site Operations Coordination Centre mechanisms (developed for search and rescue teams) will be applied to support arriving emergency medical teams.

14. In addition to medical teams, WHO and its partners have been developing the concept of public health rapid response teams, generated by national agencies as self-sufficient and often bilateral deployments. WHO is working with providers such as the United States Centers for Disease Control and Prevention, the Chinese Center for Disease Control and Prevention, Public Health England and the Institut Pasteur on the standardization of quality assurance and norms for such deployments.

### **Priority core capacities under the International Health Regulations (2005) developed as part of resilient health systems**

15. A comprehensive and sustainable health systems approach to health security is needed to ensure a responsive, coherent system with a level of preparedness and ability to rapidly detect, respond and adjust to emerging threats and changing needs. Building resilient health systems with integrated, prioritized core capacities under the International Health Regulations (2005) requires strong leadership and multistakeholder coordination among governments, donors, technical agencies, implementing partners, nongovernmental organizations and communities.

16. Plans to develop the core capacities required under the International Health Regulations (2005) are key to this process. In view of these objectives, WHO convened a multistakeholder meeting including Member States and technical agencies on “Building Health Security Beyond Ebola” in Cape Town, South Africa, from 13 to 15 July 2015, with the aim of strengthening cooperation between countries to coordinate and intensify the strategic development and maintenance of health security preparedness.

17. Further to the recommendations of the Ebola Interim Assessment Panel and the Advisory Group, WHO is focusing on supporting States Parties in carrying out joint assessments, developing, implementing and testing national plans, and monitoring implementation. The target is for 60 priority countries to have established core capacities under the International Health Regulations (2005) by June 2019. WHO is working with Member States to identify and agree on priority national health system capacities on a case-by-case basis, based on national priorities, and to ensure that national disease surveillance and preparedness plans are aligned with national health system development plans.

18. The Ebola Interim Assessment Panel also highlighted that current funding mechanisms are inadequate to advance the building of core capacities under the International Health Regulations (2005) and that stronger linkages to ongoing health systems strengthening is needed. As a key outcome of the Cape Town meeting, States Parties made a commitment to provide sustained support and resources, and partners made a commitment to coordinate funding contributions, in order to maximize implementation of the International Health Regulations (2005).

### **Improved functioning, transparency, effectiveness and efficiency of the International Health Regulations (2005)**

19. In accordance with the request of the Health Assembly in decision WHA68(10), the Director-General established the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response. The Review Committee has convened formally once (24 and 25 August 2015), and has conducted three intersessional meetings (5–9 October, 9–13 November

and 9–11 December 2015). The progress report of the Review Committee is available in document EB138/20.

### **A framework for research and development preparedness and for enabling research and development during epidemics or health emergencies**

20. Further to decision WHA68(10), the WHO Secretariat, in consultation with Member States and relevant stakeholders, has engaged in the development of a blueprint for accelerating research and development in epidemics or health emergency situations where there are no, or insufficient, medical countermeasures (the “R&D Blueprint”). This work is underpinned by the fact that current, market-driven models of medical research and development do not cater for sporadic or unpredictable diseases, especially when they occur in countries with low investment in health infrastructure and delivery.

21. The R&D Blueprint will map out options to proactively ensure that countermeasures (such as drugs, vaccines, diagnostics and behavioural interventions) will be available in a timely manner for the next infectious disease threat, and that the global health research infrastructure is primed for immediate response during a health emergency. Because timely roll-out of effective interventions to respond to an infectious disease outbreak requires a robust and resilient health system, the blueprint will address the need to improve current global preparedness and in parallel will also contribute to strengthening public health systems globally, including laboratory capability for diagnostics, health services infrastructure and health workforce training.

22. WHO has held a number of meetings convening relevant experts and partners to shape and initiate the development of the R&D Blueprint, including: the Summit on Ebola Research and Development (11 and 12 May 2015); two consultations on biobanking (13 May and 6 and 7 August 2015); a meeting on data and results sharing (1 and 2 September 2015); consultations on preclinical models for novel vaccines and medicines, with the United States National Institutes of Health (20–23 October 2015), on the design of clinical trials, with the Wellcome Trust (20 October 2015) and on funding mechanisms for research and development, with the Norwegian Institute of Public Health (29 and 30 October 2015); a pathogen prioritization meeting (8 and 9 December 2015); and a meeting on the design of a research and development road map for Middle East respiratory syndrome (10 and 11 December 2015). The blueprint benefits from the advice of a Scientific Advisory Group.

23. WHO has and will continue to support research and development efforts on Ebola. This experience informs the development of the R&D Blueprint, which will be submitted to the Sixty-ninth World Health Assembly for its consideration in May 2016, with a set of financing and organizational options to enable important research and development actions before, during and after a public health emergency.

### **Adequate international financing for pandemics and other health emergencies, including the WHO Contingency Fund for Emergencies and a pandemic emergency financing facility as proposed by the World Bank**

24. In accordance with decision WHA68(10), the WHO Contingency Fund for Emergencies – a specific, replenishable fund with a target capitalization of US\$ 100 million – was established to

rapidly scale up the Organization's initial response to outbreaks and emergencies with health consequences. A circular letter with details of the Fund was dispatched to all Member States on 29 July 2015.<sup>1</sup> A prospectus was developed in advance of the WHO financing dialogue held on 5 and 6 November 2015, during which the WHO Contingency Fund for Emergencies was the focus of dedicated discussion. As at 31 December 2015, approximately US\$ 25 million was mobilized for the Contingency Fund for Emergencies.

25. To ensure that the Fund meets needs at the country level, a focus group was established with WHO Representatives on the margins of the Eighth Global Meeting of Heads of Country Offices, which was held in Geneva in November 2015. The focus group agreed that streamlined request, reporting and monitoring mechanisms are essential. Interim standard operating procedures have been developed and a disbursement of US\$ 400 000 was made on 1 December 2015 to address outbreaks and severe acute malnutrition resulting from El Niño-related climatic events in Ethiopia. This first disbursement underlined the need for user-friendly, clear and simple tools for the functioning and management of the Fund. Definitive standard operating procedures and performance standards await the finalization of the new emergency business practices and the WHO Emergency Response Framework.

26. Lack of infrastructure in the wake of certain types of events, including natural disasters, prompted WHO to initiate development of an application so that requests to the Fund can be made via a mobile phone connection. A webpage for the Fund has been established<sup>2</sup> and a web portal for reporting resource mobilization, disbursements and performance against standards is in development.

27. As of early 2016, the Nuclear Threat Initiative-WHO Fund for the deployment of the Global Outbreak Alert and Response Network and the Rapid Response Account for humanitarian emergencies are still in operation. When these are merged with the Contingency Fund for Emergencies, and when the proposal tool is promoted among country offices, it is expected that there will be significant demand for support from the Fund.

28. In related but separate work, WHO's collaboration with the World Bank to design and establish the Pandemic Emergency Facility includes substantive input on the scope of the Facility, the level of insurance coverage needed, the development of triggers for insurance payments, response costing, models for disbursement, the provision of data for modelling risk, the auditing of the risk model, and clarification of WHO data inputs for monitoring triggers during an outbreak. WHO has also collaborated with the World Bank in working with the Government of Japan to ensure that both the Contingency Fund for Emergencies and the Pandemic Emergency Facility are on the agenda for discussion at the Group of 7 summit to be held in May 2016.

### **Risk communication and community engagement**

29. The Advisory Group identified risk communication and community engagement as critical functions in WHO's new emergency programme, with regard to which the Organization needs to clarify its role and strengthen its relationships with partners. As such, in November 2015 WHO convened consultation workshops to provide advice and input to the development of strategic

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<sup>1</sup> Available at [http://www.who.int/about/who\\_reform/emergency-capacities/CL20-2015.pdf?ua=1](http://www.who.int/about/who_reform/emergency-capacities/CL20-2015.pdf?ua=1) (accessed 19 January 2016).

<sup>2</sup> See [http://www.who.int/about/who\\_reform/emergency-capacities/contingency-fund/en/](http://www.who.int/about/who_reform/emergency-capacities/contingency-fund/en/) (accessed 19 January 2016).

frameworks for both. The workshops brought together experts and specialists drawn from United Nations partners, academia and the three WHO levels to advise on principles, directions and practical actions.

30. The risk communication workshop identified six building blocks as core functions for WHO's emergency risk communication work. The expertise in these areas must be identified and gaps filled, further developed and then connected across the Organization, to maximize the effectiveness of WHO's communications during outbreaks and emergencies.

31. The community engagement workshop highlighted this as an area that WHO needs to further develop as an essential function in outbreaks and emergencies, as well as throughout the work of the Organization. Community engagement encompasses a spectrum of disciplines and approaches, including health promotion, applied anthropology and social mobilization. This diversity is reflected by there being multiple personnel working on these areas throughout WHO. While being considered a strength to possess so much expertise, the major gap identified has been the lack of a mechanism, framework or structure to align and utilize these organizational resources when needed in outbreaks and emergencies.

#### **ACTION BY THE EXECUTIVE BOARD**

32. The Executive Board is invited to take note of the report.

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