

# EBOLA RESPONSE PROJECT

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**START CENTER**  
STRATEGIC ANALYSIS,  
RESEARCH & TRAINING CENTER

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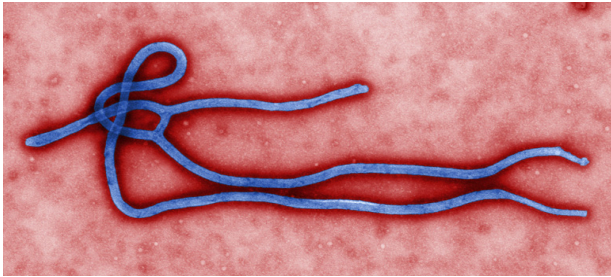
# Agenda

- START Team Objectives
- Approach
- Results
- Discussion
  - ▣ Shortcomings of Recommendations
  - ▣ Current State of Implementation of Recommendations
- Conclusions

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## Pandemic Preparedness Recommendations



In the wake of recent Ebola outbreak, researchers and public health specialists are offering evaluation of the Ebola response and recommendations to strengthen global preparedness systems

## Value Added from the START Team

**Objective:** Conduct a comparison across a set of evaluations/recommendations created as a result of the Ebola response.

**The analysis should highlight:**

- ❑ Common themes and recommendations across these reports
- ❑ Differences across the reports
- ❑ Gap analysis to determine which of the recommendations already have some action or funding and which do not
- ❑ Initial prioritized opportunities for foundation engagement

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## Reports included in the analysis

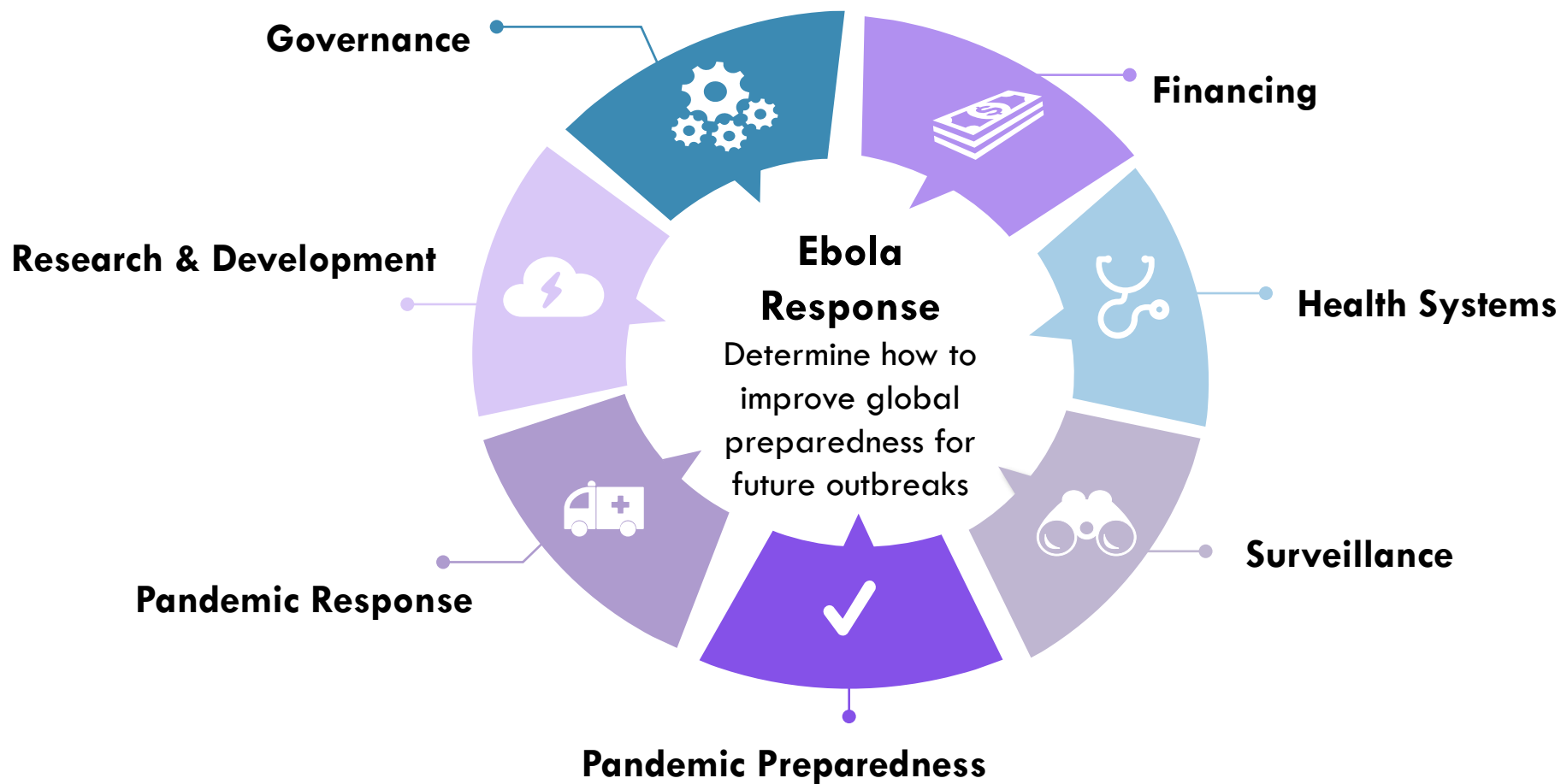
- WHO's Ebola Interim Assessment Report Barbara Stocking's team
- Policy Recommendations for the G7 (memo from Bill Gates and IEG)
- The National Academy of Medicine Report
- The UN High Level Panel Report
- The Harvard-LSTM Ebola Reforms published in the Lancet
- The WHO advisory report on Ebola Reforms led by David Nabarro's team



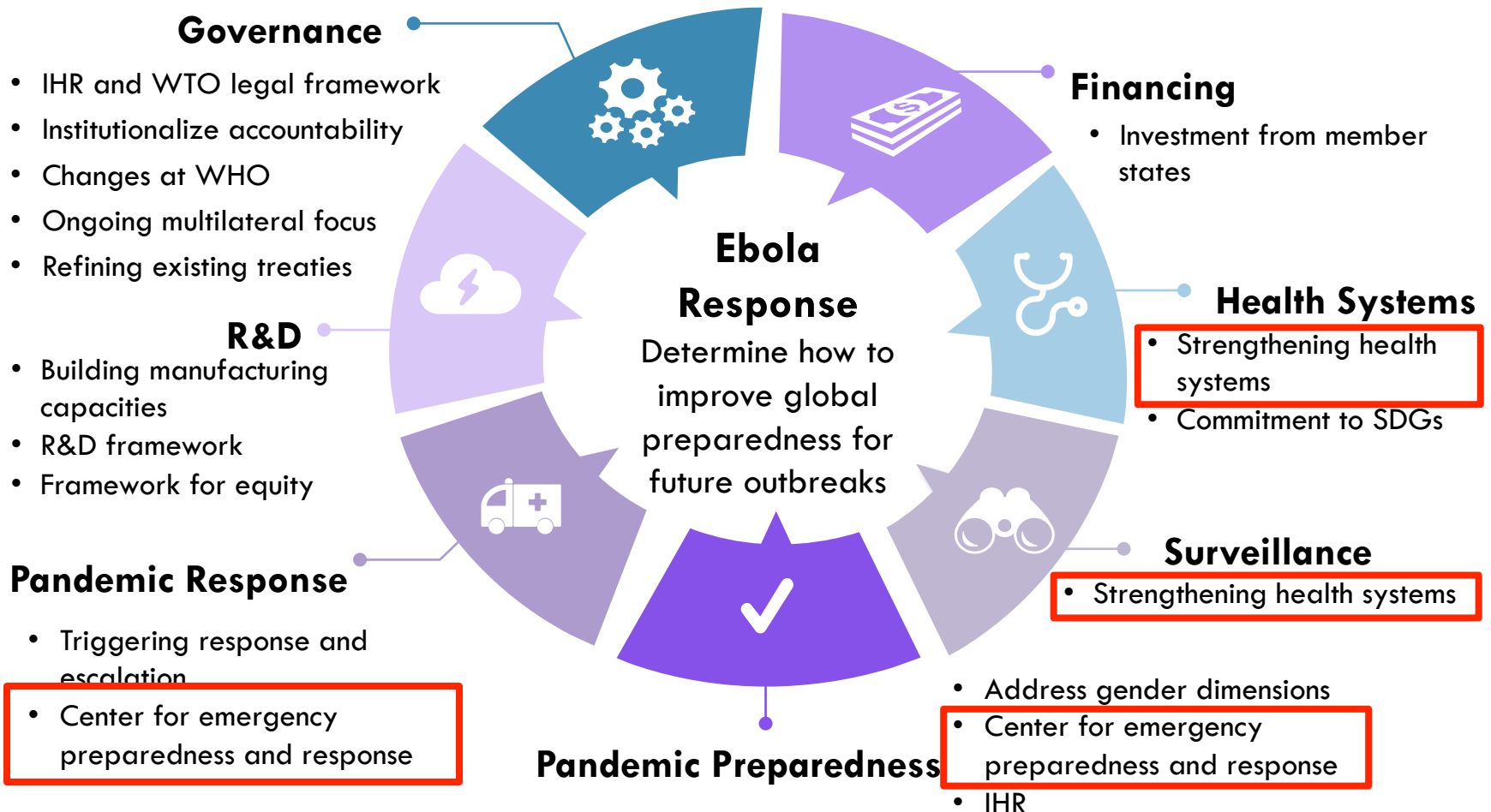
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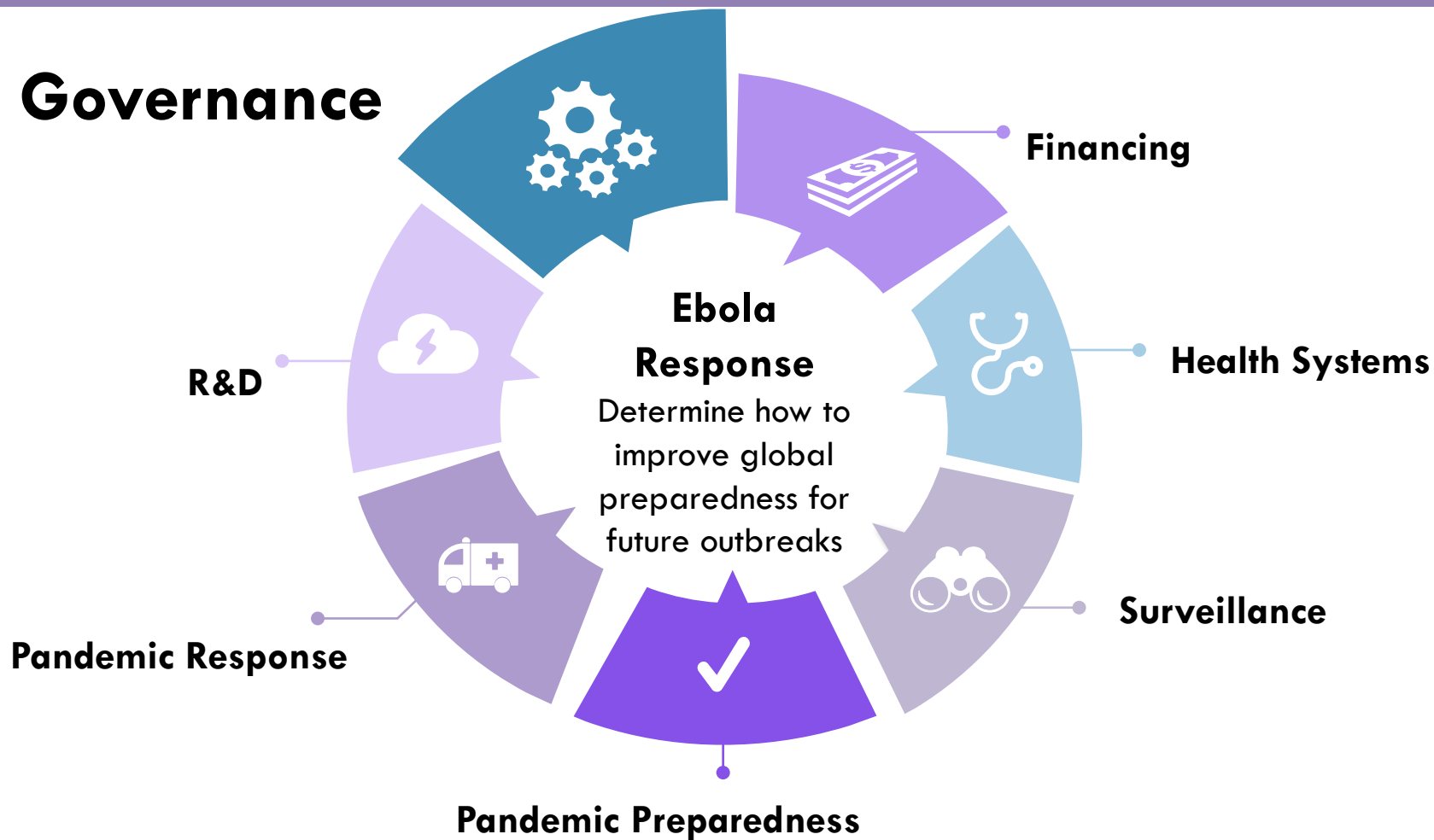
# Framework



# Framework



## Governance

**Governance**

## Governance Overview

	WHO Advisory Group	IEG	UN	WHO Panel	GHRF	Harvard -LSHTM
Improve functions and structure of WHO for response coordination in the event of global public health crisis	✓		✓	✓	✓	✓
Ongoing multilateral focus on preparedness, alert, response, recovery, and prevention	✓	✓	✓	✓	✓	✓
Refining existing treaties and frameworks to support pandemic preparedness		✓	✓	✓		
Strengthening coherence between the IHR and the WTO legal framework			✓			
Institutionalize accountability			✓		✓	✓

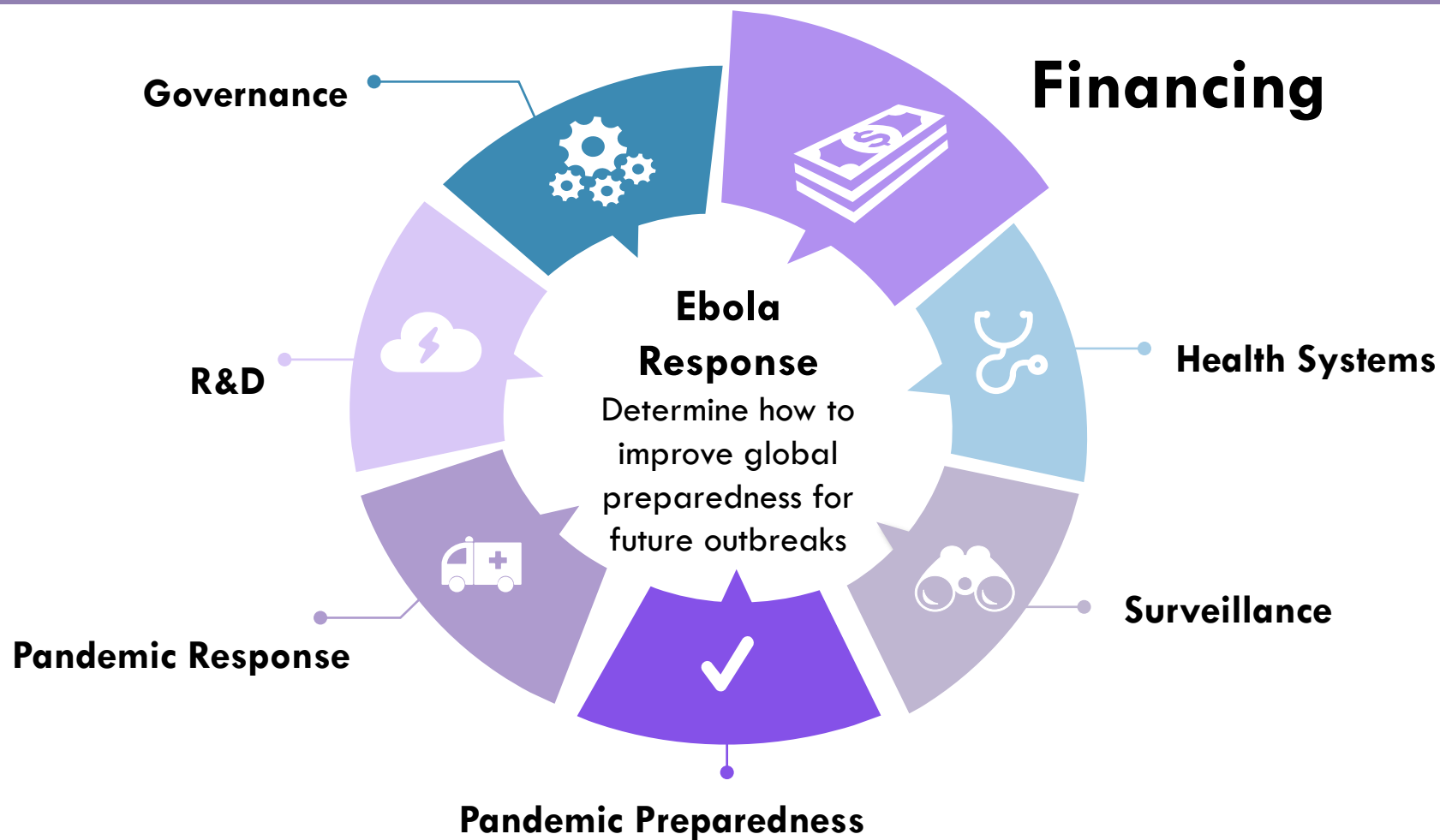
## Governance Details

- Improve functions and structure of WHO for response coordination in the event of global public health crisis (5 of 6 reports)
  - ▣ Good governance of WHO through decisive, time bound reform, and assertive leadership
- Ongoing multilateral focus on preparedness, alert, response, recovery, and prevention (6 of 6 reports)
  - ▣ Between crises, WHO should develop protocols, build relationships, and negotiate agreements
  - ▣ Sustain high level political attention at Global Health Committee of the Security Council
  - ▣ UN General Assembly creates High-level Council on Global Public Health Crises
  - ▣ Global Summit on Global Health Crises

## Governance Details

- Refining existing treaties and frameworks to support pandemic preparedness (3 of 6 reports)
  - ▣ Re-negotiate Pandemic Influenza Preparedness Framework in accordance with principles of the 2010 Nagoya Protocol
  - ▣ Comply with the Paris Declaration, Accra Agenda
- Strengthening coherence between the IHR and the WTO legal framework (1 of 6 reports)
  - ▣ Specifically regarding trade restrictions imposed for public health
- Institutionalize accountability (3 of 6)
  - ▣ Create an independent accountability commission for disease outbreak prevention and response

## Financing





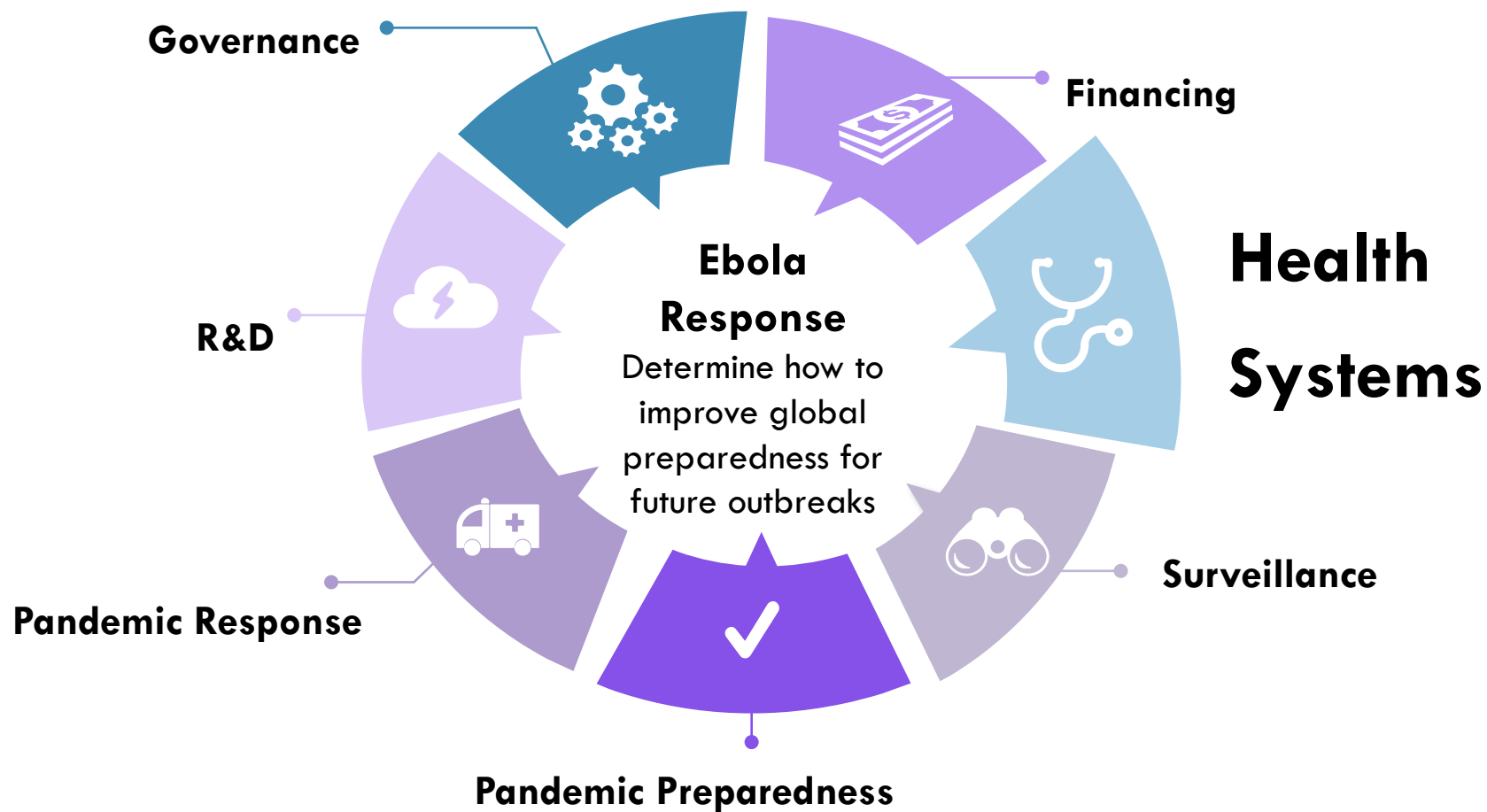
## Financing Overview

	WHO Advisory Group	IEG	UN	WHO Panel	GHRF	Harvard -LSHTM
Investment from member states and partners essential to achieve all recommendations	✓	✓	✓	✓	✓	✓

## Financing Details

- ❑ Investments from member states and partners essential to achieve all recommendations (6 of 6 reports)
  - ❑ Member states and partners should contribute immediately to a contingency fund in support of outbreak response, with a target capitalization of US\$ 100 million fully funded by voluntary contributions
  - ❑ Increase member states contributions by 10%
  - ❑ Invest immediately and for the long term in R&D for vaccines, drugs, and diagnostics targeting high-risk pathogens and supporting “platform technologies” for use against new pathogens
  - ❑ Invest immediately and for the long term in building disease surveillance, workforce, and laboratory infrastructure that includes community-based elements
  - ❑ The G7, G20, and UN should commit to investing in pandemic preparedness & response
  - ❑ Develop a global strategy to invest in, monitor, and sustain national core capacities
  - ❑ The World Bank rapidly operationalizes the Pandemic Emergency Facility
  - ❑ Invest in information management, laboratory infrastructure, and public health workers trained in incident management systems

# Health Systems



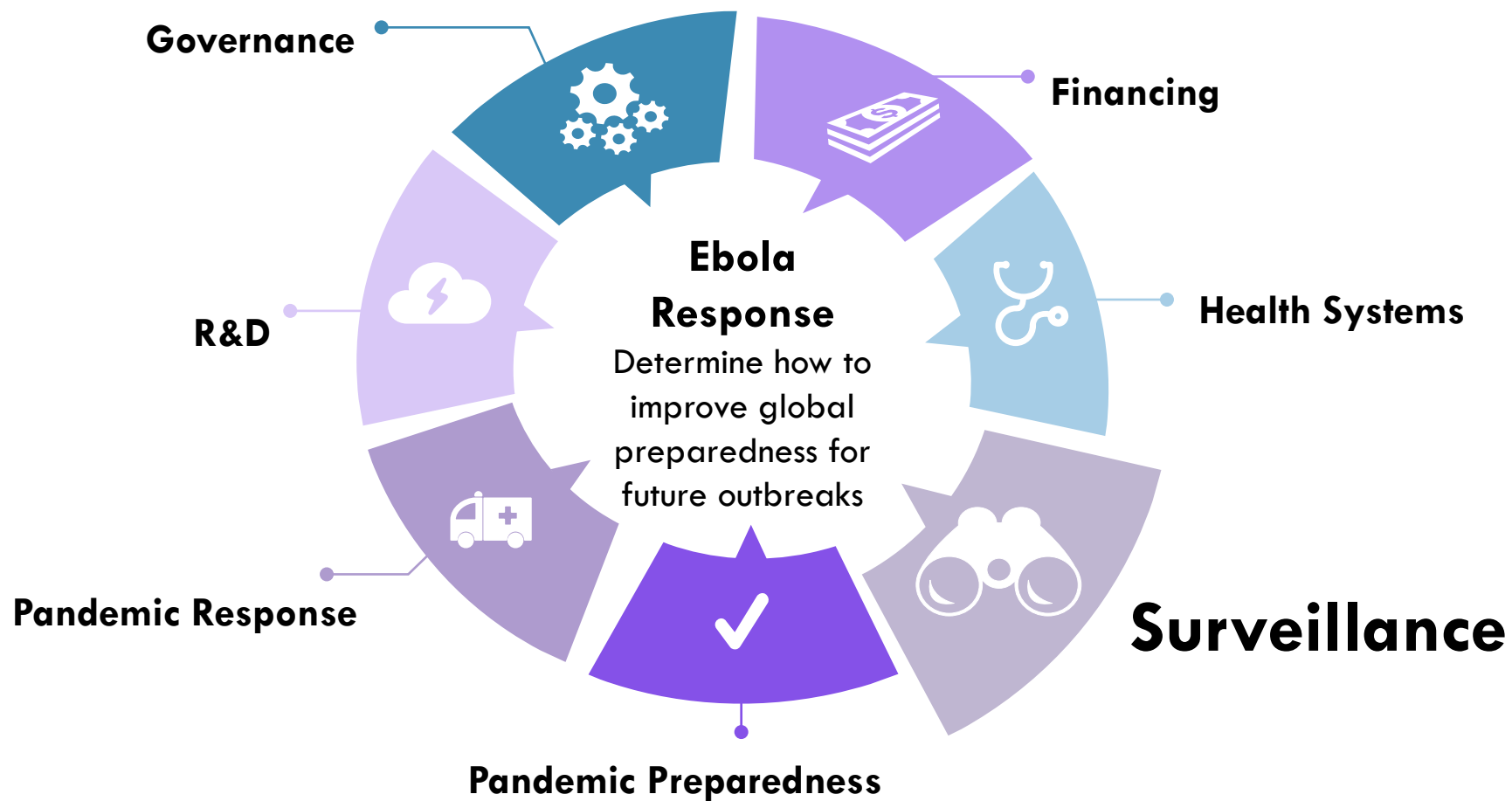
## Health Systems Overview

	WHO Advisory Group	IEG	UN	WHO Panel	GHRF	Harvard -LSHTM
Strengthening health systems		✓	✓		✓	✓
Commitment to SDGs			✓			

## Health Systems Details

- ❑ Strengthening health systems (4 of 6 reports)
  - ❑ Invest in training of health professionals and establish appropriate CHW systems
  - ❑ ODA is strategically directed to an incremental, on-budget, five-year plan of health system strengthening.
  - ❑ Incentive packages are employed to help ensure that health workers are strategically deployed in poor and remote areas.
  - ❑ UNSG should work with the WHO and other parts of the UN system to develop strategies for sustaining health system capabilities and infrastructure in fragile and failed states and in war zones, to the extent possible.
- ❑ Commitment to the sustainable development goals (SDGs) (1 of 6 reports)
  - ❑ The UN Statistical Commission should give consideration to measuring compliance with IHR and strengthening overall health systems as indicators towards achieving the SDGs

# Surveillance



## Surveillance Overview

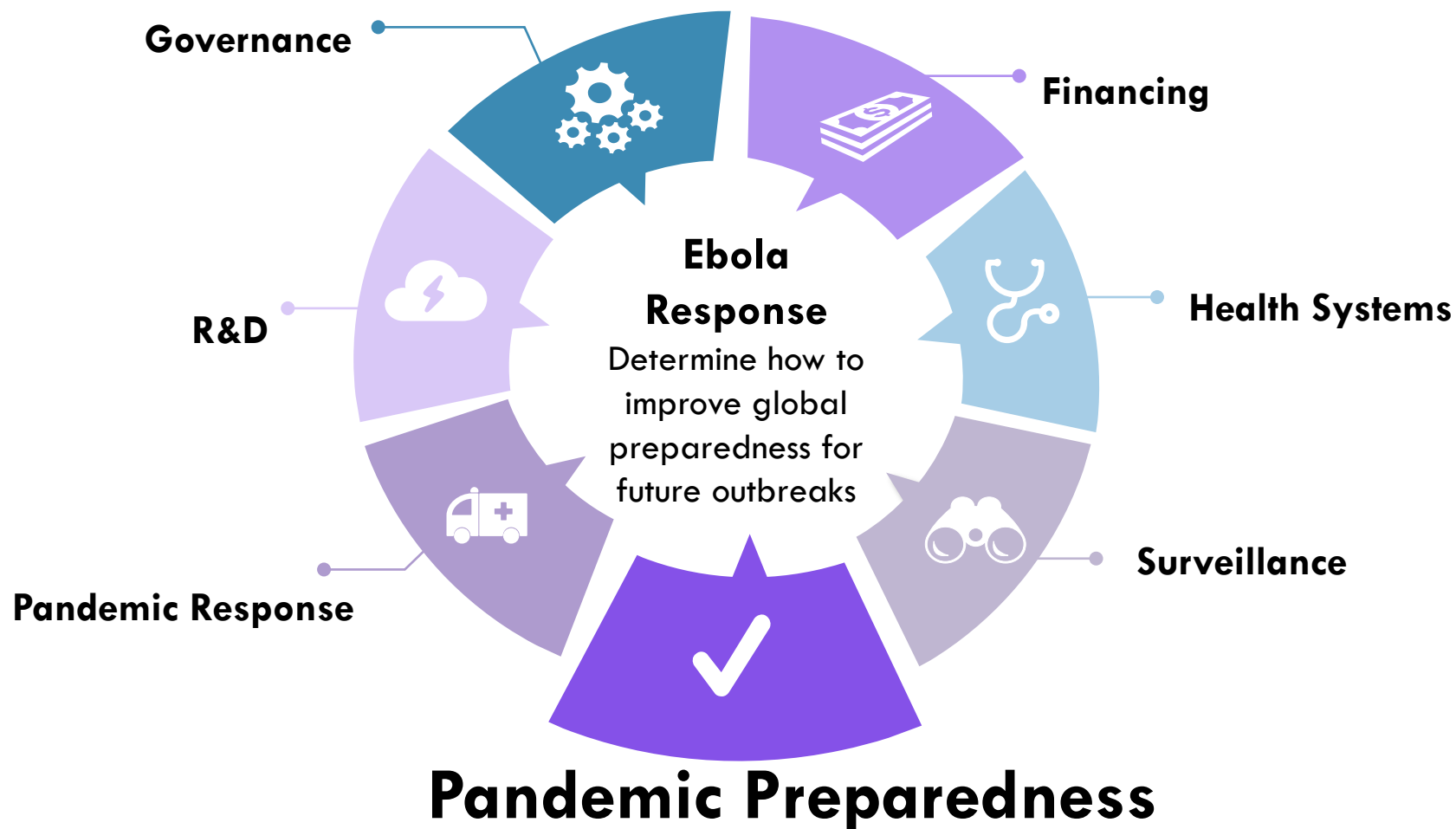
	WHO Advisory Group	IEG	UN	WHO Panel	GHRF	Harvard -LSHTM
Strengthening health systems		✓	✓			✓

## Surveillance Details

- Strengthening health systems (3 of 6 reports)
  - ▣ Community-based surveillance activities should be used to detect early warning signs and perform rapid reporting during an epidemic
  - ▣ Maintaining, with the WHO's support, a commonly-agreed list of pathogens posing a risk of health crises in the region
  - ▣ The new WHO Center should house an open data platform that will collect, manage and analyze public data on epidemiological events globally
  - ▣ WHO should establish a mechanism to generate a daily high-priority “watch list” of outbreaks with potential to become PHEICs. List to be communicated to NFPs daily and to the public weekly



# Pandemic Preparedness



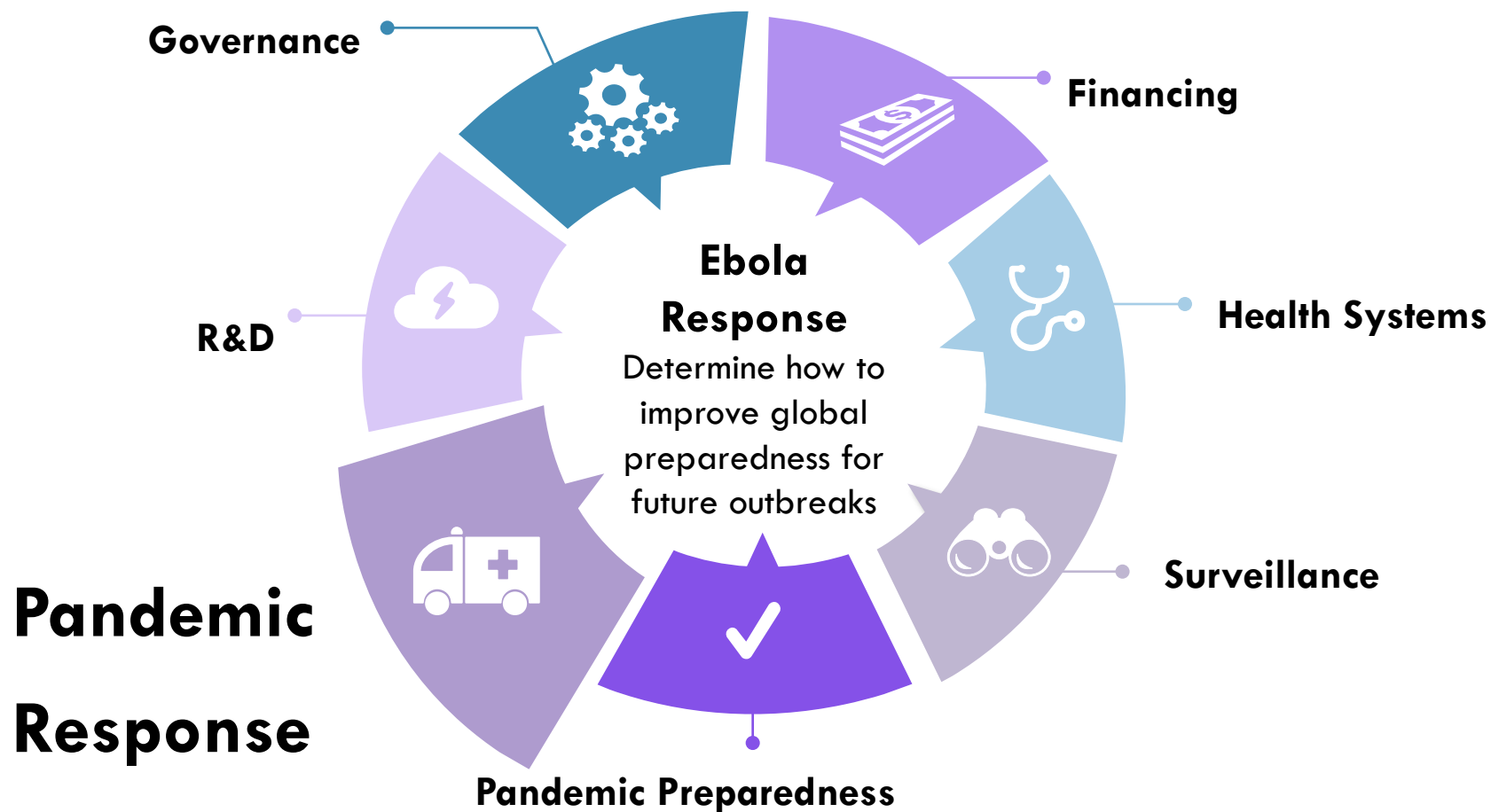
## Pandemic Preparedness Overview

	WHO Advisory Group	IEG	UN	WHO Panel	GHRF	Harvard -LSHTM
Preparedness and response should address gender dimensions			✓			
Implementation and compliance with IHR		✓	✓	✓	✓	✓
Centrally managed center for emergency preparedness and response	✓	✓	✓	✓		✓

## Pandemic Preparedness Details

- Preparedness and response should address gender dimensions (1 of 6 reports)
  - ▣ Consider economic and livelihood impact on women, as they are typically primary care-givers
  - ▣ Include women at all levels of planning and operations
- Implement and comply with IHR (5 of 6 reports)
  - ▣ Use IHR to strengthen community, sub-regional, and regional health systems
  - ▣ Strengthen WHO periodic review of IHR core capacity compliance
  - ▣ Create incentives for IHR compliance
  - ▣ Ensure member states are in compliance by 2020
- Create centrally managed center for emergency preparedness and response (5 of 6 reports)
  - ▣ Establish centrally-managed global program to provide operational and logistics support
  - ▣ Used to bolster local efforts during epidemics
  - ▣ Train and build global capacity between epidemics
  - ▣ Should comprise of a variety of stakeholders and experts

# Pandemic Response



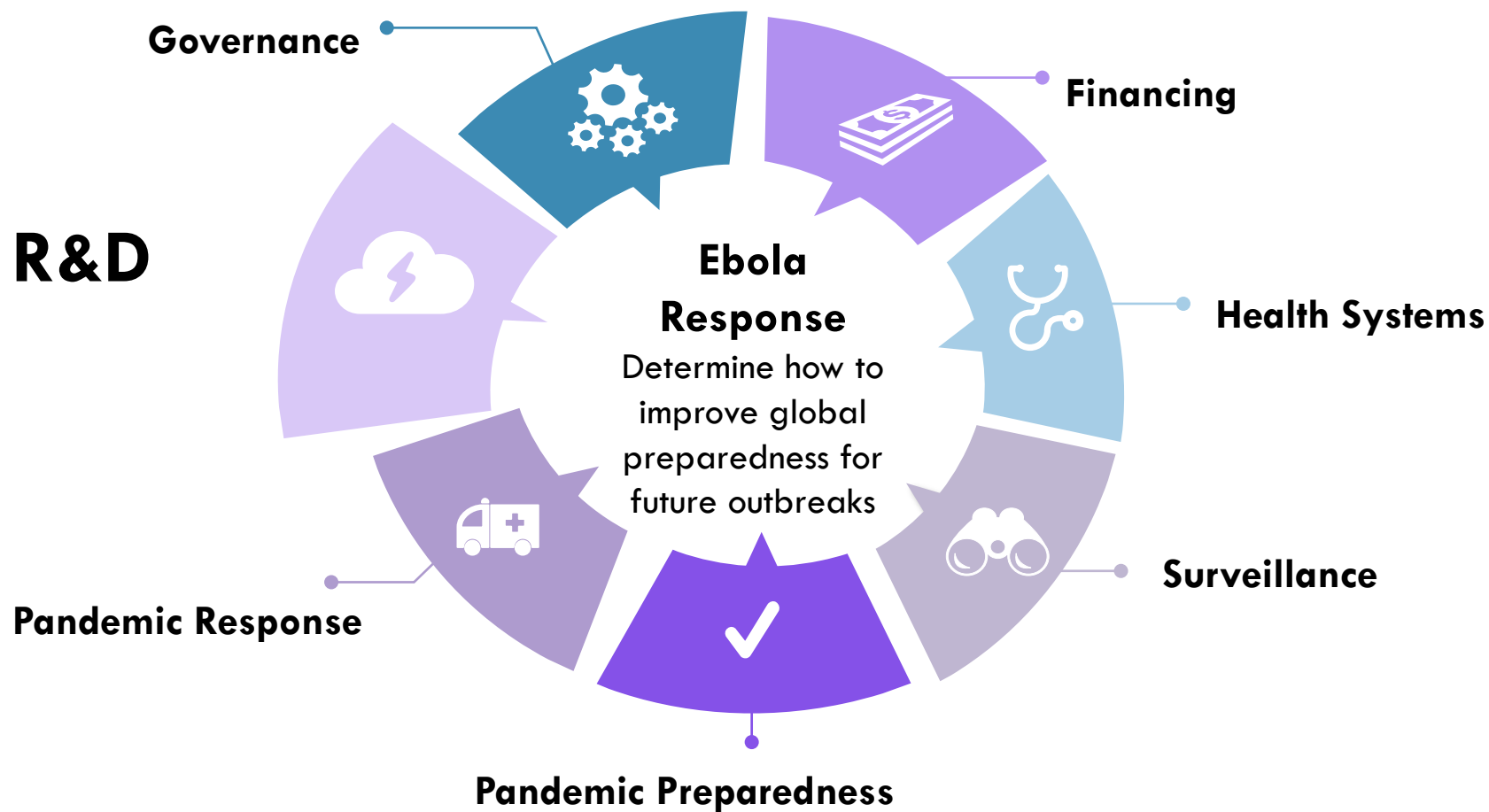
## Pandemic Response Overview

	WHO Advisory Group	IEG	UN	WHO Panel	GHRF	Harvard -LSHTM
Clear mechanisms for triggering response/escalation	✓	✓	✓	✓	✓	✓

## Pandemic Response Details

- ❑ Clear mechanisms for triggering response and escalation (6 of 6 reports)
  - ❑ Every Grade 2 or Grade 3 health crisis should automatically trigger an inter-agency assessment
  - ❑ WHO should establish a platform to support readiness and response operations; procurement rules and processes need to be reviewed; WHO should maintain a no-regret policy
  - ❑ Emergency declarations should trigger actions such as financial disbursement, data-sharing, and emergency procedures for vaccines and diagnostics
  - ❑ Create a Standing Emergency Committee with the mandate to declare a public health emergency of international concern
    - ❑ The committee should consider replacing the present binary system, which calls for determining the presence or absence of a public health emergency of international concern, with a graded system of warnings
  - ❑ Define emergency workforce protocols to ensure adequate protection, training, equipment, payment, and occupational safety.
  - ❑ UN and WHO should establish clear mechanisms for coordination and escalation in health crises.

## Research & Development



## Research & Development Overview

	WHO Advisory Group	IEG	UN	WHO Panel	GHRF	Harvard -LSHTM
R&D framework for vaccines, diagnostics, and therapeutics		✓	✓	✓		✓
Building manufacturing capacities for vaccines, diagnostics and therapeutics		✓	✓		✓	✓
Framework for equity		✓	✓			



## Research & Development Details

- Research & development framework for vaccines, therapeutics and rapid diagnostics (4 of 6 reports)
  - ▣ Clear global decision-making structures on R&D priorities as part of a mandate of a global coordination unit
  - ▣ The framework would include both nonbinding norms such as guidelines or codes of conduct, and binding rules such as contractual obligations or international law
- Building manufacturing capacities for vaccines, therapeutics, and diagnostics (4 of 6 reports)
  - ▣ The WHO should identify technological platforms that have capacity to accelerate the production of vaccines and therapeutics to address outbreaks from novel pathogens
  - ▣ Efforts are made to leverage available South-South expertise
- Develop a framework to ensure, govern, and enable equity in terms of health care, R&D, vaccines, therapeutics, and diagnostics (2 of 6 reports)
  - ▣ Increase the use of generic products in order to make medicines more affordable

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## Shortcomings of the Recommendations

- Lack of discussion on politics and ethics
  - ▣ Discussion of interagency coordination, but politics are not adequately addressed
- Recommendations are heavily critical of WHO
  - ▣ WHO's mandate is not implementation of health care
- Focus is on institution and not really on front line
  - ▣ Not clear how to operationalize member state/regional level recommendations
- Limited recommendations for the role of non-state actors who are on the front line
- No monitoring plans attached to the recommendations

## Overview of Current State of Implementation

Recommendation	Status
Improve function & structure of WHO	Advanced progress
WHO Center for preparedness	Advanced progress
Strengthening health systems	Moderate progress
Institutionalize accountability	Moderate progress
Implementation & compliance with IHR	Moderate progress
Ongoing multilateral approach	Moderate progress
R&D framework	Moderate Progress
Investment from Member States	Moderate Progress

Recommendation	Status
Address gender dimensions	No information available
Building manufacturing capacities	No information available
Refining existing treaties	No information available
IHR and WTO legal framework	No information available
Framework for equity	No information available
Triggering response	No information available
Commitment to SDGs	No information available



## Current State of Implementation of Recommendations

- African Center for Disease Control and Prevention
  - A memorandum of cooperation was signed by US Secretary of State John Kerry and African Union Commission Chairperson Nkosazana Dlamini Zuma to formalize the creation of the African CDC in 2015
- Reform of the WHO
  - The Director-General has established an Advisory Group on reform of WHO's work in outbreaks and emergencies to:
    - Create a unified center to coordinate outbreak and emergency response
    - Define a set of prioritized IHR core capacities
    - Establish a global health emergency workforce
    - Design a R&D framework
- Global health reserve corps
  - The European Union has launched a new European Medical Corps to respond faster to emergencies
  - WHO committed to establish a global health emergency workforce

## Current State of Implementation of Recommendations

### □ Funding

- WHO and the World Bank were to co-host a stakeholders meeting on pandemic financing in Washington, D.C., in September 2015, to bring together countries and development partners to explore ways to strengthen global pandemic financing
- Ongoing work to finance and operationalize WHO's \$100 million Contingency Fund for Emergencies was to be presented and discussed by Member States and other financial contributors at a financing dialogue meeting in November 2015
- G7 countries committed to funding plan for IHR core capacities for the next five years in at least 60 countries

### □ Improving collaboration and coordination

- WHO convened a multi-stakeholder meeting including Member States and technical agencies in Cape Town, South Africa, July 2015, aimed at strengthening cooperative work between countries to coordinate and intensify the strategic development and maintenance of health security preparedness at country level
- WHO committed to work with OCHA to ensure that key players (UN agencies, funds and programs, international non-governmental organizations) are aware of the IHR and public health emergencies

## Current State of Implementation of Recommendations

- IHR regulations
    - ▣ WHO committed to focus on supporting Member States to carry out joint assessments, develop, implement and test national plans, and monitor implementation
    - ▣ IHR review committee was to deliberate on the recommendations including:
      - Ways to measure progress on implementation of core capacities
      - Incentives to encourage countries to notify WHO of public health risks
      - Disincentives for unilateral actions that interfere with traffic and trade
- Suerie Moon indicated the IHR committee report will be released in coming weeks*

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## Summary

- Reviewed 6 high profile pandemic preparedness recommendation documents produced post 2014 Ebola Pandemic
- Recommendations can be grouped into 7 domains (not mutually exclusive)
  - ▣ Governance, Financing, Health systems, Surveillance, Pandemic Preparedness, Pandemic Response, R&D
  - ▣ Little disagreement across documents
  - ▣ Documents vary in terms of level of detail provided for implementation
- Lack of operational guidance for many recommendations
  - ▣ UN High-level Panel provides the most detail
- Lack of discussion on politics and role of non-state actors
- To date, there has been limited action to implement these recommendations

## Conclusions

- Accountability and monitoring will be key for implementation of recommendations
- A call for sustained political attention
- A need for recommendations with a focus on ground level implementation
- A system should be created to provide regular updates on global efforts to address these recommendations

## Questions & Demo