WORLD HEALTH ORGANIZATION

Follow up to the World Health Assembly decision on the Ebola virus disease outbreak and the Special Session of the Executive Board on Ebola: Roadmap for Action

September 2015

World Health Organization

Follow up to World Health Assembly decision on Ebola virus disease outbreak and the Special Session of the Executive Board on Ebola; A Roadmap for Action

Background

This Roadmap for work under decision WHA68(10) *2014 Ebola virus disease outbreak*[1] and follow-up to the Special Session of the Executive Board on Ebola is structured around a results-based framework of outcomes, outputs and deliverables, to ensure that WHO maintains appropriate levels of organizational readiness, supports country-level capacity building and preparedness, deploys efficiently and effectively to respond to outbreaks and emergencies at national and subnational levels, and engages effectively with partners and stakeholders throughout.

The Roadmap is predicated on three overarching pillars: country preparedness; organizational readiness, response and early recovery; and identification and mitigation of high threat pathogens.

To address these pillars, the Roadmap is divided into six outputs, each based on the areas articulated by the Director-General in her speech to the World Health Assembly in May 2015 and addressing the relevant elements of EBSS3.R1,[2] the decision of the 68th World Health Assembly, and the recommendations of the Ebola Interim Assessment Panel[3]. The Roadmap covers:

1. A **unified WHO Platform[4] for outbreaks and emergencies** with health and humanitarian consequences that maintains Organizational readiness, responds in a predictable, capable, dependable, adaptable and accountable manner at country level, and partners with all stakeholders in support of governments in preparedness, response and early recovery.
2. A **global health emergency workforce**, to be effectively deployed in support of countries, comprising national responders; international responders from networks and partnerships; responders from UN agencies, funds and programmes; and WHO standing and surge capacity.
3. **Priority IHR core capacities developed at country-level as an integral part of resilient health systems** to enable the rapid detection and effective response to disease outbreaks and other hazards, as well as providing people-centred health services based on primary health care.
4. Improved functioning, transparency, effectiveness and efficiency of the **IHR (2005).**
5. A **framework for R&D preparedness and for enabling R&D during** outbreaks or emergencies.
6. Adequate **international financing** for pandemics and other health emergencies, including the WHO Contingency Fund for Emergencies and a pandemic emergency financing facility (PEF) as proposed by the World Bank.

A high-level Advisory Group, convened by the Director-General and chaired by Dr David Nabarro, the UN Secretary-General's Special Envoy on Ebola, will work through to the end of 2015 and offer guidance on the Organization's emergency reform process. In particular, the group will advise on steering reforms to strengthen WHO's capacities to respond to and prepare for disease outbreaks and other emergencies with health and humanitarian consequences.

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[1] WHA68(10) *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

[2] EBSS3.R1 *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

[3] Report of the Ebola Interim Assessment Panel. Available at http://www.who.int/csr/resources/publications/ebola/report-by-panel.pdf?ua=1

[4] The term "Platform" is intended to reflect the request of the Ebola Interim Assessment Panel's that a "centre" be established. Platform is carefully chosen to reflect the need for operational capacity and so as not to be confused with other "programmes" that exist throughout WHO.

Roadmap for Action

OUTCOME

A world in which effective, collective action and adequate, available financing minimizes the impact of emergencies with health consequences with a WHO that is fully capacitated to (a) define the risks associated with disease outbreaks, complex emergencies and natural disasters, whether they are slow or sudden-onset, (b) prepare for responses to these risks, (c) implement effective responses in ways that reduce people's suffering and loss of life, and (d) ensure the recovery and revitalization of systems that protect health and well-being once the situation has stabilized, in a predictable, capable, dependable, adaptable and accountable manner at country level, and engages effectively with partners and stakeholders throughout.

WHO COMMITMENTS

In development

The following six outputs have been designed to achieve this outcome.

OUTPUT 1

A **unified WHO Platform for outbreaks and emergencies** with health and humanitarian consequences that maintains Organizational readiness, responds in a predictable, capable, dependable, adaptable and accountable manner at country level, and partners with all stakeholders in support of governments in preparedness, response and early recovery.

The international community expects WHO to be able to mount a comprehensive and rapid response, whenever and wherever an emergency that impacts public health arises that outstrips national capacity. The Ebola Interim Assessment Panel, commissioned by the WHO Executive Board in resolution EBSS3.R1, concluded that, currently, the Organization does not have the capacity or organizational culture to deliver a full emergency public health response, and that WHO's capacity for emergency preparedness and response must be strengthened and properly resourced at headquarters, regional and country levels. These conclusions support recent deliberations of WHO's Member States.

The establishment of a **unified WHO Platform for outbreaks and emergencies** with health and humanitarian consequences will ensure that WHO is ready to respond to outbreaks and emergencies with health consequences. In particular, WHO is reforming its emergency response capacities to include an effective partnering approach that ensures WHO can operationally engage with relevant UN, operational, and technical agencies and stakeholders for rapid international emergency action. This includes implementing the Panel's recommendation that the humanitarian components of WHO's work be integrated with WHO's disease outbreak and public health areas. In developing this Platform, key partners will be engaged; notably, GOARN partners, GHC, IASC, UN agencies, funds and programmes, NGOs.

Lead WHO Category Network: Preparedness, Surveillance & Response

Key Partners: Advisory Group, Member States, Global Health Cluster, outbreak and humanitarian response partners, including UN agencies, funds and programmes and NGOs

Key Deliverables	Milestones
1.1 WHO Platform, including mission, scope, structure and staffing architecture, decision-making, ways of working and responsibilities at all 3 levels of the Organization in the context of preparedness, response, surveillance and early recovery, with timelines and resource for its creation	• Review by Advisory Group in Oct 2015; • Review by GPG in Nov 2015; and • Report to Executive Board in Jan 2016.
1.2 A revised emergency framework which defines policies and accountabilities in the context of emergency risk management at all levels of WHO, and an accompanying set of standard operating procedures that provide structural and operational elements of WHO's emergency risk management with regard to the spectrum of hazards, including clear performance metrics	• Review by Advisory Group in Oct 2015; • Review by GPG in Nov 2015; and • Report to Executive Board in Jan 2016.
1.3 Revised management processes and tools to support the WHO Platform, including: human resources; planning & budgeting; financial resource management; and logistics.	On-going, with deadlines for each of processes determined by priority and feasibility.
1.4 An integrated system for surveillance, notification, data analysis and reporting, across all three levels of WHO, including: • **An integrated model of health monitoring and surveillance for Ministries of Health to implement IHR requirements;** • **A common health information architecture and interoperable standards for public health surveillance of highly infectious diseases. Integrated and coherent national laboratory systems, connected from the local to the national levels to support patient care, surveillance, and planning, with an algorithm and access to reference services as necessary; and** • **Agreed modalities of data access.**	On-going, with deadlines for each of processes determined by priority and feasibility.
1.5 Integrated IT systems supporting emergency systems	On-going, with deadlines for each of processes determined by priority and feasibility.
1.6 Governance structure/oversight board for the WHO programme, as decided by WHO Governing Bodies	• Review by Advisory Group in Oct 2015; • Review by GPG in Nov 2015; and • Report to Executive Board in Jan 2016.

OUTPUT 2: A **global health emergency workforce**, to be effectively deployed in support of countries, comprising national responders; international responders from networks and partnerships; responders from UN agencies, funds and programmes; and WHO standing and surge capacity.

The process of mobilizing people to tackle the Ebola outbreak exposed gaps in the national and international health workforce infrastructures. As such, mindful of the difficulties experienced in appropriately staffing responses to health emergencies and of WHO's constitutional mandate as the directing and coordinating authority on international health work, the Director-General is establishing and coordinating a more extensive global health emergency workforce that can be promptly and efficiently deployed, for service in countries that request or accept such assistance, for adequate periods of time, and with adequate resources.

To effectively respond to health emergencies, the global health emergency workforce (GHEW) must include *national responders, international responders and WHO-specific responders,* as well as *the response capacity from sister UN agencies, funds and programmes*. Workforce competencies required include public health, clinical care, leadership and coordination, social mobilization, communications, logistics, information management, R&D, and core services.

Ensuring that responders are able to best perform their duties requires robust, improved systems for pre-deployment, deployment and decommissioning. This workplan lays out a roadmap for setting up a GHEW, looking at issues of coordination, scale, pre-deployment (establishment of rosters, quality assurance and training), deployment (planning, initiating and deploying and medical evacuation) and decommissioning (repatriation, post-mission support and capturing lessons learnt).

Lead WHO Category Network: Preparedness, Surveillance & Response

Key Partners: Member States, GOARN, Stand-by partners, Global Health Cluster, UN agencies, funds and programmes

Key Deliverables	Timeline
2.1 Definitive description of the *scope* (i.e. health worker competencies required to respond to emergencies with health consequences, caused by the full spectrum of hazards), *scale* (i.e. national, WHO, international responders from networks and partnerships, WHO standing and surge capacity, UN agencies, funds and programmes) and *roles* of each component of the GHEW.	End 2015
2.2 Design and establish mechanisms for *operationalizing* the workforce. This will include: **a. Pre-deployment and readiness: rosters (WHO and partnerships); quality assurance; and training;** **b. Deployment (in close collaboration with the Lead of the Core Services work stream): planning for deployment; initiating deployment based on appropriate risk assessment; deploying; and medical evacuation across all hazards;** **c. Decommissioning: repatriation; medical and psychosocial follow up.**	End 2015
2.3 Design and establish a *secretariat/steering group* representing relevant networks, partnerships, UN entities and other organizations involved in relevant emergency response deployments to ensure harmonization across the pre-deployment and readiness, deployment and decommissioning stages of workforce operationalization.	End 2015
2.4 Appropriate and adequate *standing capacity/human resources* in place in WHO for health emergencies, including an evaluation of core staffing requirements	Mid-2016
2.5 Appropriate and adequate *surge capacity/human resources* in place in WHO for health emergencies, including mechanisms for evaluating, training and maintaining readiness in surge teams	Mid-2016
2.6 Mechanisms in place, including pre-negotiated agreements, to ensure *interoperability and cooperation* between WHO and other relevant UN agencies, funds and programmes, as well as regional and subregional intergovernmental organizations for deployment of health workers as part of the GHEW	End 2016

OUTPUT 3: Priority IHR core capacities developed as an integral part of resilient health systems to enable the rapid detection and effective response to disease outbreaks and other hazards, as well as providing people-centred health services based on primary health care.

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.

Three IHR core capacities mirror important health systems components: A) human resource capacity; B) surveillance and information management capacity, and C) laboratory services capacity. Consolidating and strengthening of these IHR core capacities with health systems investments will maximize effectiveness, sustainability and reduce potential duplication resulting in Member States better prepared. This consolidated approach is also aligned with the overall objectives of the Global Health Security Agenda (GHSA) by integrating the IHR core capacity building efforts into national health sector planning and national budgeting streams. IHR core capacity building would eventually become fully integrated into national health systems and more efficiently contribute to the long-term vision and strategies set by national governments not only for health but for other sectors as well.

Resilient health systems with integrated, prioritized IHR core capacities necessitates strong leadership and multi-stakeholder coordination between governments, donors, technical agencies, implementing partners, nongovernmental organizations, and communities. The recent, renewed commitment of the G7 leaders to assist States Parties to implement the IHR worldwide, with support from the international community including relevant organs of the UN, is a vital step forward. Working in complementarity with:

- global commitments to the new Sustainable Development Goals (SDG), and in particular to efforts related to Targets 3.8 (Achieve Universal Health Coverage) and 3.d (Enhance capacity for early warning, risk reduction and management of national and global health risks) of Goal 3 (To ensure healthy lives and promote wellbeing for all at all ages);
- existing frameworks (e.g. Integrated Disease Surveillance and Response (IDSR) framework and the Asia Pacific Strategy for Emerging Diseases (APSED); and
- bilateral programmes and multilateral initiatives (e.g. the Global Health Security Agenda (GHSA)

will advance resilient health systems in all countries, global preparedness and response to health threats. WHO supports the conclusion of the Ebola Interim Assessment Panel that prioritized State Party plans to develop the core capacities required under the IHR are key to this process.

In view of these objectives, a recent WHO-convened, multi-stakeholder meeting including Member States and technical agencies (Cape Town, South Africa, 13-15 July 2015), aimed to strengthen cooperative work between countries to coordinate and intensify the strategic development and maintenance of health security preparedness at country level. WHO will continue to facilitate a multi-stakeholder, synergistic approach among national and international stakeholders to strengthen and sustain the critical health system capacities needed to simultaneously make progress towards UHC and implement the IHR, including by actively aligning partner initiatives so that all States Parties requiring external support can access it more effectively. WHO will focus on supporting States Parties to carry out joint assessments, develop, implement and test national plans, and monitor implementation, with a target of 60 priority countries having established IHR core capacities by June 2019. WHO will also work with countries to ensure that National Disease Surveillance and Preparedness Plans have been harmonized, aligned and integrated with National Health System Development Plans.

The Ebola Interim Assessment Panel also highlighted that current funding mechanisms are inadequate to advance IHR core capacity building. WHO supports the Panel's conclusion, and notes that resource

mobilization for implementation continues to be challenging, and that underlying these challenges is a lack of national resources to establish and maintain essential public health functions at national level and to support IHR implementation. As a key outcome of the Cape Town meeting, States Parties committed to provide sustained support and resources, and partners committed to coordinate funding contributions, to maximize IHR implementation. WHO is also exploring sustainable financing modalities in partnership with the World Bank, which will play a key role in financing these efforts, alongside domestic resources from national governments and support from the international community.

Lead WHO Category Networks: Preparedness, Surveillance & Response and Health Systems

Key Partners: Member States, including those in the Global Health Security Agenda.

Key Deliverables[5]	Timelines
3.1. A detailed proposal, including a road map, reflecting the discussions at the Multi stakeholder Initiative to achieve Health Security Beyond Ebola held in Cape Town, 13 – 15 July 2015, and the Ebola preparedness missions and resource requirements	End 2015
3.2 Priority/core national health system capacities identified and agreed in 60 countries on a case-by-case basis, based on national priories, needs and gaps, and which consider the most critical elements necessary to prevent, detect and respond to public health emergencies	End 2016
3.3 National plans in place and being implemented for achieving priority IHR core capacities in 60 countries	End 2016
3.4 Approach piloted in 5 AFRO countries while developing plans for how to broaden to other countries and regions as quickly as possible	End 2016
3.5 Harmonization, alignment and integration of National Disease Surveillance and Preparedness Plans with National Health System Development Plans in selected priority countries, learning from lessons on Integrated Disease Surveillance activities	mid 2017
3.6 Improved penetration and application of biosafety and biosecurity principles at all levels of healthcare and laboratory services	

OUTPUT 4: Improved functioning, transparency, effectiveness and efficiency of the **International Health Regulations (2005).**[6]

At the World Health Assembly in May 2015, Member States requested that the Director-General establish a Review Committee to examine the role of the International Health Regulations (2005) in the Ebola Outbreak and Response.

The Review Committee consists of experts with a broad mix of scientific expertise and practical experience in public health, security, law and trade. The members are some of the leading experts in the world in their respective fields and will act in their personal capacities.

[5] Deliverables below are drawn from the Draft Points of Consensus of the Multi stakeholder Initiative to achieve Health Security Beyond Ebola held in Cape Town, 13 – 15 July 2015

[6] Language taken from decision WHA68(10)

The first meeting of the Review Committee took place at WHO headquarters in Geneva, 24-25 August 2015. At this meeting, 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.

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.

A second meeting will be held in early October 2015 and a third meeting in early 2016. In the inter-sessional periods, the Committee and its technical subcommittees will 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. This timeline reflects the importance of incorporating the outcomes of the deliberations of the UN Secretary-General's High-level Panel on the Global Response to Health Crises into this line of work.

Lead WHO Category Network: Preparedness, Surveillance & Response

Key Deliverables	Timeline
4.1 Report of the IHR (2005) Review Committee (TORs in Decision WHA68(10)) submitted for consideration by the WHA 69	Preliminary report to the Executive Board in Jan 2016; and Final report to the Health Assembly in May 2016

OUTPUT 5: A **Framework for research and development (R&D) preparedness and for enabling R&D during** epidemics or health emergencies

Despite many years of research into Ebola and other filoviruses, at the start of the Ebola epidemic in West Africa the international community did not possess accessible interventions proven to rapidly diagnose, or to safely and effectively treat or prevent the disease in humans. This epidemic has triggered a research surge which has demonstrated how to jumpstart research and development (R&D) to address epidemics as they occur. Although much progress has been made during the course of this epidemic in the acceleration of R&D and evaluation of new rapid diagnostics, therapeutics, and vaccines, it is likely that many of these will not advance to the stage of proven effectiveness in humans. The world has learned that it must be even quicker to respond to the next epidemic threat, whether it arises from Ebola or other highly infectious diseases.

WHO has been mandated by its Member States to develop a blueprint for preparedness for health emergencies where there are no, or insufficient, medical countermeasures. This project will map the elements that proactively ensure countermeasures (drugs, vaccines, diagnostics, 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. This will include the advancement of countermeasures for at least three priority highly infectious pathogens to early clinical trials in humans. The work will build on lessons learnt from the Ebola crisis, and will result in a blueprint for implementation by global stakeholders, including WHO Member States, and the private sector that will support increased preparedness, by increasing the availability of medical countermeasures and other new interventions in case of need, as well as enabling a rapid research response during future public health emergencies due to highly infectious pathogens.

The blueprint will identify problems and propose solutions ranging from discovery, through better data sharing and regulation, to rapid deployment, to accelerate access to appropriate and effective medical countermeasures during health emergencies. WHO will present the blueprint to the World Health Assembly in May 2016 for its consideration and will facilitate reaching agreement across stakeholders regarding financing for R&D preparedness and R&D during a public health emergency and resources available for implementation of the Blueprint by end-2016.

Lead WHO Category Network: Health Systems

Key Partners: Research institutions active in WHO's work in this area; Advisory Group on the blueprint

Key Deliverables	Timeline
5.1 A blueprint for R&D preparedness and rapid research response during future public health emergencies due to highly infectious pathogens	Mid 2016
5.2 A set of financing options for R&D preparedness and for conducting R&D during a public health emergency	Mid 2016
5.3 A monitoring framework to assess R&D preparedness	End 2016

OUTPUT 6: Adequate **international financing** for pandemics and other health emergencies, including the WHO Contingency Fund for Emergencies and a pandemic emergency financing facility (PEF) as proposed by the World Bank.

An international system for financing the response to pandemics and other health emergencies is essential. Elements of such a system exist, with the UN CERF, the US CDC Foundation's Global Disaster Response Fund, the IMF's Catastrophe Containment and Relief Trust. However, the Ebola response has shown that additional measures are needed, including a contingency fund to support WHO's initial response and a pandemic emergency financing facility (PEF), as proposed by the World Bank.

The WHO Contingency Fund for Emergencies (CFE) will allow for scale up of WHO's response to health emergencies at country level, by providing funding that is flexible, sustainable, complementary to existing and planned mechanisms, accountable, adequate, available, accessible and designed to prevent, whenever possible, a given event escalating into to a PHEIC or Grade 3 emergency.

In addition to funding to support response to outbreaks and emergencies with health and humanitarian consequences, it is essential that sustainable funding for WHO's new emergency Platform be identified and long-term mechanisms for ensuring that the Platform is adequately supported are in place.

Lead WHO Category Network: Corporate Services and Enabling Functions

Key Partners: Member States, World Bank and other key donors

Key Deliverables	Timeline
6.1 Establish SOPs for WHO CFE, including mechanisms to ensure that the WHO CFE is interoperable with other internal and external funding mechanisms	Final draft of SOPs as of end Oct 2015
6.2 Capitalize the WHO CFE (target USD 100M)	50% funding by end 2015
6.3 Support the World Bank in establishing a Pandemic Emergency Financing Facility	Ongoing. First set of information sharing meetings in July 2015. First joint meeting in Sept 2015.
6.4 Sustainable funding to support WHO's new emergency Platform identified and long-term mechanisms for ensuring that the Platform is adequately supported are in place	End 2016

Cross-cutting Areas

The interim assessment panel identified two additional areas of work requiring attention and reform; strategic communications, and community engagement. These are closely related, and are critically important functions that go beyond the work of WHO in emergencies and outbreaks. Work will be undertaken to first develop a strategy and implementation plan, each in the context of broader efforts to strengthen communication, and community engagement

A communications strategy and plan that incorporates effective strategic communications and emergency risks communications	Final draft as of mid-Nov 2015
A strategy with operational capacity for effective community engagement, including work in outbreaks and other health emergencies	Final draft as of mid-Nov 2015

Project Management & Change Management

The Director-General has established an internal Project Team to support the Advisory Group, and to facilitate and monitor the implementation of this Roadmap, and prepare for the change management that will be required.