

**IHR REVIEW COMMITTEE ON THE  
FUNCTIONING OF THE IHR DURING THE  
COVID-19 RESPONSE**

Prof Lothar Wieler, Chair of the IHR Review Committee on COVID-19 response

Member States Information session, 11 March 2021

# PROGRESS OF THE IHR REVIEW COMMITTEE ON COVID-19

- Method of work through 3 sub-groups, with reporting and deliberations in plenary:
  - 23 closed virtual meetings with all IHR RC committee members since 8 September 2020, 6 open meeting with MS and stakeholders
  - sub-groups weekly meetings: preparedness, alert, response. Now: governance and writing subgroups.
- Evaluation of evidence, background documents, interviews and input from different stakeholders:
  - Review of relevant **IHR articles and previous IHR RC recommendations**
  - **Interviews** conducted: chair of COVID-19 Emergency Committee, chairs of previous IHR Review Committees, WHO Regional Directors, Regional Emergency Directors (REDs), IHR NFPs of several countries/regions (China, Spain, Italy, US, Canada, Indonesia, Sri Lanka, etc), WHO Country Office Representatives (Sierra Leone, Somalia, Finland, China, etc.), further WHO experts (legal council, communication, influenza pandemic preparedness, public health technology, alert and response), representatives of international organizations and partners, e.g. OHCHR, ICAO, IATA, IMO and IOM, GOARN.
  - Review submissions from **Member States**, UN agencies, NSAs – Thanks to: Argentina, Australia, Canada, Chile, Rep. China, Germany, Italy, Eurasian Economic Union (EAEU), Japan, Norway, Peru, Singapore, Slovakia, Switzerland, United Kingdom, United States as well as IOM, ILAE, MMI, OIE, Global Infectious Disease Response (G4IDR).
  - Listen to inputs made during the **open meetings**

# EBI 48: INTERIM PROGRESS REPORT – PRELIMINARY FINDINGS

- Overall assessment:
  - overwhelming support for the Regulations as a cornerstone of international public health and health security law.
  - several areas need improving in order for the world to be better prepared for the next pandemic.
- Preparedness:
  - IHR core capacities: assessment, monitoring and reporting, including tools and methods
  - Preparedness for a pandemic or an “unexpected” event
- Alert:
  - Notification and outbreak alert mechanisms
  - Risk assessment and provision of information
  - The Emergency Committee and PHEIC declaration
- Response:
  - International travel, including the use of digital technology
  - Collaboration and coordination
  - Communication and information sharing

# 12<sup>TH</sup> JANUARY: CONSULTATION ON GLOBAL ALERT MECHANISMS FOR PUBLIC HEALTH EMERGENCIES

- Request of the World Health Assembly Resolution WHA73.8 “Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)”
- Requested the Director-General “(4) to conduct a study in consultation with Member States on the need for and potential benefits of and, as appropriate, make proposals to the Seventy-fourth World Health Assembly through the Executive Board, on possible complementary mechanisms to be used by the Director-General to alert the global community about the severity and/or magnitude of a public health emergency in order to mobilize necessary support and to facilitate international coordination;”
- The consultation further informed the deliberations of the Committee and identify potential benefits and drawbacks of an intermediate level of alert.

# POTENTIAL BENEFITS AND DRAWBACKS OF AN INTERMEDIATE LEVEL OF ALERT



- It would raise awareness and trigger the need for preparedness.
- May allow for better calibration, timeliness, proportionality, regionality and flexibility of response measures.
- May allow for a progressive, staggered, and adequate preparation, proportional to the level of risk.
- May encourage countries to promptly communicate in order to prevent the worsening of the situation. It would encourage transparency and countries would not feel threatened by perceived negative consequences due to potential travel restrictions linked to PHEIC.
- Resources may be mobilized according to the seriousness of the situation.



- No clarity in the IHR nor in other mechanisms of how the determination of an intermediate level would be made (criteria and process – Emergency Committee? DG?).
- No clarity on how WHO's actions triggered by such determination would differ from the usual advice provided by WHO when communicating about public health events via the Disease Outbreak News.
- Not useful if purpose only to alert people. It requires clearly delineated response measures, resources, and transparent sharing of information between WHO and States Parties for proper risk assessment – still not happening even during PHEIC.
- The debate around it may distract attention from other more pressing issues that potentially have a much greater impact, such as clarity and compliance with recommendations by WHO, overall implementation of the IHR.
- There is a risk of improper use of the intermediate grade or possible misunderstandings in attributing the right grade of alert – requires clear guidance from WHO.
- Would further complicate the assessment of an event and its monitoring (which is already complex with the use of the algorithm in Annex 2 of the IHR).
- An intermediate level can be misleading if an event still requires global attention, although it is not (yet) severe or it is (still) regionally confined.

## **DETERMINATION OF PHEIC POSSIBLE RECOMMENDATIONS**

- WHO should clarify the consequences of PHEIC determination, as well as links with pandemic characterization
- WHO should define clear criteria and process for the communication of risk assessments for events it is assessing, and related implications in terms of actions.
- Clarity in the provision of the IHR, including on the role and function of the Emergency Committee.

## 2<sup>ND</sup> MARCH OPEN SESSION: PROPOSED DRAFT RECOMMENDATIONS IN THE FOLLOWING AREAS

1. Core Capacity requirements monitoring and reporting
2. IHR notification and alert system
3. National IHR Focal Points
4. IHR legal preparedness

# I. CORE CAPACITY REQUIREMENTS

## POSSIBLE RECOMMENDATIONS

- Governments must provide the required financial support for the implementation of NAPs to strengthen core capacities at national and subnational levels.
- States Parties should consider the opportunities of independent expert or peer review processes for engaging stakeholders beyond the health sector to identify and address country level gaps in preparedness.
- WHO should review and strengthen the tools and processes for IHR M&E taking into consideration lessons learned from the current pandemic.
- Given the experience of the COVID-19 pandemic and the need for inter-sectoral collaboration, further develop guidance on how to structure rigorous & all-inclusive/whole-of-government-assessments and other preparedness activities;
- WHO should support improved national implementation of IHR where needed, ensuring that each SP has identified and communicated the “Competent Responsible Authority” under IHR.



## 2. IHR NOTIFICATION AND ALERT SYSTEM POSSIBLE RECOMMENDATIONS

- WHO needs to monitor and document countries' compliance with the requirements for information sharing and publish quarterly or biannually a report with each country's performance (without naming and blaming)
- States Parties should communicate more proactively through the Event Information Site (EIS) with other States Parties and the Secretariat simultaneously.
- States Parties should share the fullest possible public health information needed by WHO to assess the notified or verified event as soon as it becomes available. This may include but not be limited to transmission patterns, incubation period, clinical features, genome sequence data, biological materials
- WHO should establish a joint, federated database model with interfaces for all countries to enable flexible and automated sharing of the information needed by WHO.
- The Director-General should provide proposals for the WHA's consideration in relation to sharing public health information by States Parties under Article 6.2, in the light of evolving technology and the increasing importance of genome sequence data for risk assessment.
- WHO should proactively and assertively make use of the provisions in IHR Article 11 to share information about public health risks with States Parties.

### 3. NATIONAL IHR FOCAL POINTS POSSIBLE RECOMMENDATIONS

- States Parties should ensure the appropriate organization and positioning of their NFPs as being part of the authority of the government.
- NFPs should be empowered, duly authorized and legally established with statutory rights to perform their functions institutionalized.
- WHO should establish a NFP certification process with appropriate criteria and transparency evaluating the functioning and the outcome.
- A clear legal and governmental mandate is an important factor to ensure NFPs' authority to carry out their functions - national legislation.
- The competent authorities need to be more recognized and held to account for the functionality of the NFP and the delivery of other IHR obligations.
- WHO should develop an accountability framework for the authorities responsible for implementing the IHR.
- WHO should report to the governing bodies the level of countries' compliance as an incentive for governments to fulfill their IHR obligations.

## 4. IHR LEGAL PREPAREDNESS POSSIBLE RECOMMENDATIONS

- States Parties should ensure that national legal frameworks cover (among others) the protection of human rights and vulnerable groups, the establishment of a multisectoral mechanism, data collection and necessary data sharing across sectors and government levels, the establishment of the National IHR Focal Point and responsible authorities, quarantine and travel measures.
- WHO to act as a repository of health-related legislation.
- WHO should develop tools for the implementation of international norms in national legislation.
- WHO should provide technical assistance consistent with its normative function under the WHO Constitution.

## 30<sup>TH</sup> MARCH OPEN MEETING: REMAINING DRAFT RECOMMENDATIONS IN THE FOLLOWING AREAS

- The Emergency Committee and PHEIC declaration
- International travel measures
- Use of digital technology
- Collaboration/coordination/communication
- Governance

## COORDINATION AMONG THE THREE EVALUATION PANELS

- Regular meetings among Co-chairs of the Independent panel for pandemic preparedness and response, the Chair of the IHR Review Committee and the Chair of the Independent Oversight Advisory Committee
  - Calls: 2-3 Oct/20 3 Nov/20, 3 Dec/20, 6 Jan/21
  - Planned calls: 26 Mar/21
- Regular exchange of findings and relevant documentation to avoid duplication of efforts and complement work – through the regular meetings of the Chairs
- Presentation by chair of IOAC to the IHR RC and Q&A: 24 Nov/20

## NEXT STEPS

- **30 March:** last open meeting - collect final input from MS
- **6 April** – last closed plenary meeting to review draft report
- **13 April** – final comments on the final report to the Secretariat
- **15 April** – Secretariat sends final report to clearance and processing for WHA74

# MEMBERS OF THE IHR REVIEW COMMITTEE

**Vice-Chair:** Prof Lucille Blumberg,  
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**Chair:** Prof Lothar H. Wieler,  
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