

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

**UPDATES ON THE FINAL REPORT**

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# KEY MESSAGES

## Compliance and empowerment

1. Lack of compliance of States Parties with certain obligations under the IHR, particularly on preparedness, contributed to the COVID-19 pandemic becoming a protracted global health emergency.
2. Responsibility for implementing the IHR needs to be elevated to the highest level of government.
3. A robust accountability mechanism for evaluating and improving compliance with IHR obligations would strengthen preparedness, international cooperation and timely notifications of public health events.

## Early alert, notification and response

4. Early alert is important for triggering timely action, notably to enable the WHO Secretariat to use the powers conferred to it by the IHR.
5. Early response requires better collaboration, coordination and trust.
6. Applying the precautionary principle in implementing travel-related measures could enable early action to be taken against an emerging pathogen with pandemic potential.

## Financing and political commitment

7. Effective IHR implementation requires predictable and sustainable financing at both the national and international levels.
8. A new era of international cooperation is required to better support IHR implementation.

# 10 AREAS FOR 40 RECOMMENDATIONS

1. Role and function of National IHR Focal Points (3)
2. Core capacities for preparedness, surveillance and response (3)
3. Legal preparedness (3)
4. National notification and alert system (4)
5. Risk assessment and information sharing (4)
6. Emergency Committee and determination of PHEIC (5)
7. Travel measures (4)
8. Digitalization and communication (4)
9. Collaboration, coordination and financing (6)
10. Compliance and accountability (4)

# SUMMARY OF RECOMMENDATIONS

## Preparedness

- NFPs legislation
- Strengthen NFPs capacities
- Strengthen collaboration with other partners in support of NFPs and IHR implementation
- SPs to integrate core capacities into health systems and EPHF
- **Build genomic sequencing capacities**
- WHO to review tools for assessing capacities
- **Legal preparedness** – review and update emergency legislation
- WHO to provide tools to support use of legislation for IHR implementation

## Alert

- Mechanism for SPs sharing real-time emergency information for risk assessment
- **WARN – World Alert and Response Notice – with actions for response**
- WHO standard forms for requesting information and verification of events under relevant articles of the IHR.
- **WHO to share unverified information if no response to verification requests**
- WHO to make available to States Parties through the EIS all the information and technical documentation it provides to the Emergency Committee and use a standard template for EC statements
- Address the risk of zoonotic diseases

## Response

- **SPs to mandate WHO to proactively support individual States Parties when information about high-risk events becomes known to the Organization.**
- WHO to **strengthen operations and networks**, and develop clear procedures and mechanisms for intersectoral coordination and collaboration for risk assessment, outbreak alert and response
- WHO and SPs to strengthen their approaches to and capacities for information and **infodemic management**, risk communication and community engagement
- Increase use of digital technologies for IHR, including for ICVP, contact tracing linked to international travel, health forms under the IHR.

## Governance

- **Framework Convention for pandemic preparedness and response**
- Establish national competent authority for overall IHR implementation
- Finance IHR implementation – at national, sub-national level, and of WHO
- **Universal Periodic review** mechanism for assess, report on and improve compliance with IHR requirements, and ensure accountability for the IHR obligations
- Guidance for whole-of-government assessments and preparedness activities
- Monitor actions with regards to human rights principles during outbreaks

# POTENTIAL BENEFITS AND DRAWBACKS OF AN INTERMEDIATE LEVEL OF ALERT



- could raise awareness and signal need for preparedness and response.
- may allow for better calibration, timeliness, proportionality, regionality and flexibility of response
- may enable progressive, staggered and adequate preparation, proportional to the level of risk.
- may encourage countries to communicate promptly to help prevent the situation worsening.
- could encourage transparency without countries fearing the negative consequences of potential travel restrictions linked to a public health emergency of international concern.
- may enable resources to be mobilized according to the seriousness of the situation.



- would not address the broader challenges, such as non-compliance and pressure not to declare.
- A debate about its introduction may distract attention from more pressing issues with much greater potential impact, such as the clarity of and compliance with WHO recommendations and the overall implementation of the IHR.
- would further complicate the assessment of an event and its monitoring
- can be misleading if an event still requires global attention but is not (yet) severe or is (still) regionally confined.
- no clarity in the IHR or in other mechanisms on how the determination would be made (would the criteria and process be decided by an EC or by the DG?)
- no clarity on the actions by WHO that such a determination would trigger
- It would not be useful if its sole purpose was to alert people. It should require clearly delineated response measures, provisions of resources and open sharing of information between WHO and States Parties for proper risk assessment; this is currently not consistently happening even during a PHEMIC.

# UNIVERSAL PERIODIC REVIEW

The Review Committee examined the **UPR mechanism** established by the **Human Rights Council** in 2006 for the 193 UN Member States:

- Open, transparent, participatory process focused on systemic improvements
- Opportunity for States to demonstrate actions taken to improve their human rights situation and reminds States of their responsibility to fully respect obligations.
- Involves country reporting, independent reviews, and participation of non-government organizations

## **Advantages of a similar process for IHR:**

- Can foster intersectoral collaboration, a whole-of-government, whole-of-society approach and civil society engagement
- May help improve emergency preparedness and response, as well as compliance with States Parties' legal obligations under the Regulations.
- May help link implementation of its recommendations with the Sustainable Development Goals and other government agendas.

# FRAMEWORK CONVENTION ON PANDEMIC PREPAREDNESS AND RESPONSE

## Background

- IHR mostly concern detection, assessment and alert provisions, as well as preparedness for core capacities. Other elements required for a comprehensive global architecture for emergency preparedness and response fall outside the scope of the IHR.
- Article 57 of the IHR addresses the relationship of IHR with other international agreements and anticipates special treaties/arrangements may facilitate the application of the IHR.

## Prevention and protection

- Manage **risk of zoonotic diseases** – requires coordination with other international treaties
- **Whole-of-government and whole-of-society** coordinated national emergency planning, including stockpiling

## Emergency response

- Structured systems for **sharing pathogens, genome sequences and the resulting benefits** for public health purposes.
- Cooperation and **access to research and innovation** for health emergencies
- Capacities to manufacture and distribute **medical supplies and countermeasures**.
- Global health emergency **workforce**
- Protection of **global supply chains**.

## Enabling factors

- Sustained and predictable **funding** of health emergency preparedness and response
- Peer and expert **review processes** and **mutual accountability mechanisms**.
- Measures to **promote compliance**, e.g. verification and inspection procedures
- Processes for structured normative development, e.g. protocols and guidelines  
Clear **prioritization of public health protection** in the treaty's objective.
- **Protection of human rights and privacy** in context of surveillance technology, artificial intelligence and use of big data for public health purposes.

BACKGROUND SLIDES

# 3-LEGAL PREPAREDNESS

## Recommendations to States Parties

1. States Parties should periodically review existing legislation and ensure that legal frameworks are in place to: manage health risks and health emergencies; enable the establishment or designation of an NFP and the responsible authorities for IHR implementation; foster a whole-of-government approach; and support the establishment and functioning of core capacities in all the areas referred to in Articles 5 and 13 and Annex I of the IHR.

2. States Parties should ensure that national legislation on emergency preparedness and response supports and is consistent with IHR provisions and IHR implementation (e.g. that the IHR have been incorporated into the domestic legal order and that implementing legislation has been adopted); that legislation is in place to protect personal data, including of travellers and migrants, during the response to public health emergencies of international concerns and pandemics; and that sufficient resources are available for the full implementation of existing and new legislation.

## Recommendations to WHO

3. WHO should engage with partners and continue to develop tools, technical guidance and internal capacity to support States Parties in their use of national legislation for IHR implementation consistent with its normative function under the WHO Constitution. Tools may include quick checklists, detailed process guidance, templates and model legislative text and address characteristics and attributes of legislation necessary to implement the IHR.

# 4-NATIONAL NOTIFICATION AND ALERT SYSTEM

## Recommendations to States Parties

1. States Parties should share the relevant public health information needed by WHO to assess the public health risk for a notified or verified event as soon as it becomes available, and continue to share information with WHO after notification or verification, to allow WHO to conduct a reliable risk assessment. States Parties should communicate more proactively through WHO's EIS with both other States and the WHO Secretariat. WHO should monitor and document countries' compliance with their IHR requirements for information sharing and verification requests, and report in WHO's annual report to the World Health Assembly on IHR implementation.

## Recommendations to WHO

2. WHO should develop a mechanism for States Parties to automatically share real-time emergency information, including genomic sequencing, needed by WHO for risk assessment, building on relevant regional and global digitized systems.

3. WHO should develop options to strengthen, and where appropriate, build global genomic sequencing infrastructure with a view to maximizing this critical technology as a component of future pandemic preparedness and response.

4. As part of a One Health approach to preparedness, alert, response, and research to emerging zoonotic diseases, WHO should work closely with States Parties, in collaboration with the World Organisation for Animal Health, the Food and Agriculture Organization of the United Nations and the United Nations Environment Programme, networks and relevant stakeholders and partners, to address the risks of emergence and transmission of zoonotic diseases, and ensure coordinated rapid response and technical assistance as early as possible for acute events.

# 5-RISK ASSESSMENT AND INFORMATION SHARING

## Recommendations to WHO

1. In cases where WHO deems an event to be of significant risk and where the allegedly affected State Party does not respond to WHO's verification request concerning a possible event, and if other information about the event is already in the public domain, then WHO should consider to provide that unverified information about the event in the public domain, while protecting the source of that information. This will allow States Parties to (a) see the signals that caused concern to WHO and the status of WHO's request for verification, and (b) to respond by providing information about the event in question.
2. WHO should develop standard forms for requesting information and verification of events under relevant articles of the IHR, clearly listing the type of information necessary for conducting its risk assessment. Such information may include but is not limited to microbiological information, infection epidemiology (transmission patterns, incubation period, attack rate, incidence etc.), disease burden (clinical features, case-fatality rate etc.) and public health and health system capacity for response. WHO should publicize these forms and provide training for NFPs to use them.
3. WHO should proactively and assertively make use of the provisions of Article 11 to share information about public health risks with States Parties (including unofficial information without seeking agreement from the States Parties concerned) and should report annually to the World Health Assembly on how it has complied with the implementation of Article 11, including instances of sharing unverified information with States Parties through the EIS.
4. WHO should strengthen its informal interactions with States Parties to enable the Organization to conduct high-quality rapid risk assessments. To this end, WHO should further develop confidence- and trust-building mechanisms (e.g. periodic conferences, informal information sharing sessions) between itself and NFPs/competent authorities, at global, regional and country levels.

# 6-EMERGENCY COMMITTEE AND DETERMINATION OF A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN (1/2)

## Recommendations to WHO – Emergency Committee

1. WHO should make its decision-making process for convening an Emergency Committee available on its website and ensure that it continues to be based on a risk assessment.

2. WHO should make available to States Parties through the EIS all the information and technical documentation it provides to the Emergency Committee for each of its meetings, including findings of rapid risk assessments. WHO should allow sufficient time for Emergency Committee members to deliberate, reach a conclusion and prepare their advice to the Director-General. Emergency Committee members should not be required to reach a consensus; if there is division, divergent views should be noted in the Committees' report, consistent with the Emergency Committee terms of reference Rule 12.

3. WHO should consider an open call for the IHR Expert Roster, organized to promote gender, age, geographic and professional diversity and equality, and should generally give more consideration to gender, geography and other aspects of equality and to succession planning (younger experts). WHO should emphasize to all Emergency Committee members the guidance document on the rules of procedure, informing the Chairs and members about the conduct of operations.

## 6-EMERGENCY COMMITTEE AND DETERMINATION OF A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN (2/2)

### Recommendations to WHO – raising the alarm

1. WHO should adopt a more formal and clearer approach to conveying information about the Emergency Committee's meetings to States Parties and the public. To that end, WHO should provide a standard template for statements issued following each meeting, which should include: the information provided to the Emergency Committee and its deliberations; the reasons and evidence that led to the Emergency Committee's advice; any diverging views expressed by Emergency Committee members; the rationale for the determination or not of a public health emergency of international concern by the WHO Director-General; the issuance, modification, extension or termination of temporary recommendations; the categorization of recommended health measures; the significance of a public health emergency of international concern and the key public health response actions expected from States Parties (e.g. vaccine activities, funding, release of stockpiles); and the difference between the declaration of a public health emergency of international concern and the declaration of a pandemic.
2. For events that may not meet the criteria for a public health emergency of international concern but may nonetheless require an urgent escalated public health response, WHO should actively alert the global community. Building on WHO's online Disease Outbreak News, a new World Alert and Response Notice (WARN) should be developed to inform countries of the actions required to respond rapidly to an event so as to prevent it from becoming a global crisis. This notice should contain the WHO risk assessment, shared in a manner consistent with Article 11, and the specific public health response actions required to prevent a public health emergency of international concern, including calling for an increased response from the international community.

# 9-COLLABORATION, COORDINATION AND FINANCING

## Recommendations to States Parties

1. States Parties should ensure adequate and sustained financing for IHR implementation at national and subnational levels and provide adequate and sustained financing to the WHO Secretariat for its work on preventing, detecting and responding to disease outbreaks, building on the recommendations of the Open-ended Intergovernmental Working Group on Sustainable Financing established by the Executive Board in January 2021.

3. States Parties should give WHO a clear mandate to proactively support individual States Parties when information about high-risk events becomes known to the Organization. Currently this can only be provided upon a State Party's request. WHO should further strengthen its work with relevant networks to coordinate and offer immediate technical support in outbreak investigations and risk assessments when information about high-risk events becomes known to the Organization, and such offers should be accepted by States Parties; where such offers are not accepted by States Parties, they should promptly provide a written explanation of their position.

## Recommendations to WHO

2. WHO should strive to ensure that there are adequate human and financial resources across all its offices at headquarters, regional and country levels for effective implementation of its obligations under the IHR, including functions relating to: communicating with NFPs; building and assessing core capacities; notification, risk assessment and information sharing; coordination and collaboration during public health emergencies; and other relevant IHR provisions.

4. WHO should establish and implement clear procedures and mechanisms for intersectoral coordination and collaboration for preparedness and for alert and rapid response to acute events, including public health emergencies of international concern, by strengthening existing operations with an expanded Global Outbreak Alert and Response Network, and with the Emergency Medical Team Initiative, the Global Health Cluster and other relevant networks.

5. WHO should facilitate the development and implementation of strategies for the rapid and timely sharing of pathogens, specimens and sequence information essential for surveillance and the public health response, including for the development of effective countermeasures. These strategies should also address the need for equitable global access to benefits arising from their sharing.

6. WHO should facilitate and support efforts to build evidence and research on the effectiveness of public health and social measures during pandemics, to underpin preparedness and readiness efforts, including the formulation of emergency guidance and advice.

# I O-COMPLIANCE AND ACCOUNTABILITY

## Recommendations to States Parties

1. Each State Party should **inform WHO about the establishment of its national competent authority** responsible for overall implementation of the IHR, which will be recognized and accountable for the NFP's functioning and the delivery of other IHR obligations. **WHO**, in consultation with Member States, should develop an accountability framework for the competent authorities responsible for implementing the IHR.

## Recommendations to WHO

2. WHO should work with States Parties and relevant stakeholders to **develop and implement a universal period review mechanism to assess, report on and improve compliance with IHR requirements**, and ensure accountability for the IHR obligations, through a multisectoral and whole-of-government approach.
3. Given the experience of the COVID-19 pandemic and the need for multisectoral collaboration, WHO should **further develop guidance on how to structure rigorous and all-inclusive, whole-of-government assessments and other preparedness activities** and work with Member States engaging stakeholders beyond the health sector to identify and address country level gaps in preparedness.
4. WHO should **collaborate with international human rights bodies to monitor States Parties' actions during health emergencies** and to regularly reiterate the importance of respecting international human rights principles, including the protection of personal data and privacy, as agreed by States Parties in the IHR.