

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

5.1.2e

7th Open Meeting of the Review Committee
30 March 2021

OVERVIEW - PRELIMINARY DRAFT RECOMMENDATIONS

- Use of digital technologies
- Collaboration/coordination/communication
- Information sharing
- The Emergency Committee and declaration of a Public Health Emergency of International Concern
- International travel measures
- Governance

USE OF DIGITAL TECHNOLOGIES

Findings

- In the near future, travel may require digital documentation showing that travellers have been vaccinated for COVID-19, have SARS-CoV-2 antibody from past infection, or are free from acute infection based on laboratory tests for SARS-CoV-2 nucleic acid or antigen.
- There are concerns regarding equitable access to digital technology, including among least developed countries.
- There is concern about protection of personal health information.
- Several commercial and non-governmental organizations are actively developing digital technology relevant to health applications, including documentation of vaccination status.
- Rapid advances are being made to adapt medical records, relevant public health information and other personal information into a digital format appropriate for global applications. This technology is often linked to a cell phone platform.
- While these are significant issues requiring global discussion, the speed of international development necessitates urgent WHO engagement, leadership and consensus building.

Proposed draft recommendations

1. WHO should develop standards for digitalizing the ICVP, in consultation with States Parties and partners, as well as a digital architecture to allow for authenticity verification and regular technological updates.
2. WHO should lead a global initiative to develop norms and standards for digital technology applications relevant to global health ensuring individual privacy and facilitating access to all relevant stakeholders, including those in least developed countries.
3. WHO should use a joint, federated database model with interfaces for all countries to enable flexible and automated sharing of the information needed by WHO (use of regional/global digitized system for exchange should be considered, as are in use in some WHO regions already).
4. Others:
 - role of digital technologies for contact tracing in the international context? (eg. tracing apps)
 - digitalization of all health forms in the IHR? (eg ship sanitation certificates)

INFORMATION SHARING

Findings

- Across countries, reporting has often been slow, and the data reported were not always sufficiently comprehensive. Continuous and “speedy” data reporting throughout the course of the outbreak is decisive. 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 incidence, mortality, severity, transmission patterns, incubation period, clinical features, genome sequence data, biological materials (types of information needed possibly to be set out in a separate document/new annex).
- The increasing importance of genome sequence data for risk assessment is noted.
- More comprehensive reporting, monitoring and analysis on the crisis management measures taken by States Parties (and their effectiveness) is needed.

Proposed draft recommendations

- States Parties should communicate more proactively through the Event Information Site with other States Parties and the Secretariat simultaneously.
- WHO should use a joint, federated database model with interfaces for all countries to enable flexible and automated sharing of the information needed by WHO; use of regional/global digitized system for exchange should be considered, as are in use in some regions already.
- WHO should monitor and document countries' compliance with the requirements for information sharing and publish quarterly or biannually a report with each country's performance.
- WHO should proactively and assertively make use of the provisions in IHR Article 11 to share information about public health risks with States Parties (“unofficial” information).

COORDINATION, COLLABORATION, COMMUNICATION DRAFT RECOMMENDATIONS

Collaboration and coordination

- WHO should be given a clear mandate by its Member States to proactively provide support to individual States Parties when information about high-risk events becomes known to the Organization. Currently this can only be provided upon State Party's request.
- WHO should establish and implement clear procedures and mechanisms for intersectoral coordination and collaboration in response to a PHEIC, including through strengthening existing operational networks such as GOARN, EMT, GHC, IANPHI and others as relevant.
- WHO should facilitate the development and implementation of strategies to ensure the rapid and timely sharing of pathogens, specimens and crucial information – i.e. pathogens sequence information - essential for analyses, risk assessment and research to enable better response.

Communication

- WHO should strengthen its approaches to and mechanisms for information management, risk communication and community engagement, to build public trust in data, scientific evidence and public health measures, and to counter inaccurate information and unsubstantiated rumours.
- As the acronym PHEIC is not part of the IHR text and is often pronounced “fake”, WHO and States Parties should consider using an alternative such as PHEmIC.

EMERGENCY COMMITTEE (1/2) **CONVENING EC AND METHODS OF WORK**

- The decision to convene an IHR Emergency Committee (EC) should be based on a risk assessment and WHO's decision-making processes for convening an IHR Emergency Committee could benefit from transparency.
- WHO should consider an open selection process for the IHR Roster of Experts and give more consideration to gender and other aspects of equality and to succession planning (younger experts).
- Clarity on the role and functioning of the Emergency Committee should be increased and explained in the guidance documents on rules and procedures provided to EC members.
- At EC meetings there should be no need for consensus among members and if there is division, the majority should be considered for its advice; there should be transparency and clarity concerning the scope of the discussion and the process of decision-making leading to the EC's advice.
- The most updated information and most recent rapid risk assessment should be made available to the Emergency Committee and technical documentation provided to the Emergency Committee should be made publicly available, or at least to all States Parties i.e. through the EIS.

EMERGENCY COMMITTEE (2/2) **COMMUNICATION FOLLOWING EC**

- WHO should adopt a more transparent and formal approach to conveying information to States Parties and the wider population. Information should include:
 - the reasons and evidence base that led to the EC's advice;
 - the information provided to the EC and its deliberations (possible sharing of documentation/summary/minutes with States Parties and the public);
 - the diverging views expressed by EC members;
 - the EC's role vis-à-vis the Director-General's determinations;
 - the reasons for the Director-General declaring or not declaring a Public Health Emergency of International Concern;
 - the significance of a Public Health Emergency of International Concern and what is expected from States Parties;
 - and the difference between a Public Health Emergency of International Concern and a pandemic.
- WHO should standardize statements issued following each Emergency Committee meeting regarding:
 - the determination, continuation or termination of a Public Health Emergency of International Concern;
 - the issuance, modification, extension or termination of Temporary Recommendations; and
 - the categorization of recommended health measures.
- WHO should ensure that sufficient time is allowed for members of the Committee to agree on their final report.

PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN

- Consultation of Member States “on possible complementary mechanisms to be used by the Director-General to alert the global community” took place on 12 January 2021.
- A formal intermediate level of alert does not solve the current problem of lack of action on WHO advice and recommendations.
- Better risk assessments, tailored regionally, are essential, with clear recommendations for "readiness" and response actions. WHO should define clear criteria and processes for the communication of risk assessments for events it is assessing, and related implications in terms of actions.
- Global and regional risk assessment to be discussed in EC, with more technical input and more time for proper deliberation.
- WHO should clarify the consequences of Public Health Emergency of International Concern determination, as well as links with pandemic characterization.

INTERNATIONAL TRAVEL MEASURES FINDINGS 1/2

Evidence

- Strict travel measures (limits, bans) delay the spread of disease, especially in the early phase of an outbreak. This allows more time to gather knowledge and to get ready for outbreak response.
- More evidence is needed, how effective travel measures are under which circumstances.
- Countries implemented travel measures often without sufficient public health rationale, or in excessive ways.

Incentives for States Parties

- States Parties have no incentive for communicating to WHO, on the contrary fear of repercussions may deter reporting.
- Decisions on travel measures are often taken at political level, not at technical one, and outside the remit of health authorities.
- Pandemic characterization led to even more restrictions as countries have activated preparedness plans, although no reference to pandemic in the IHR, only Public Health Emergency of International Concern.

“Compliance” - with what: obligations (letter of the law) or scope & purpose of the IHR (spirit of the law)?

- The public health rationale provided by States Parties is often weak: there is a need for criteria (e.g. results of a risk assessment, public health indicators used, scientific evaluations of measures, sectors consulted, integration in the national response strategy etc.), against which the States Parties have to report additional health measures.
- IHR has no enforcement or policing mechanisms, but it does allow for bilateral discussions among countries implementing restrictions.

INTERNATIONAL TRAVEL MEASURES FINDINGS 2/2

WHO role in travel-related advice and application of Article 43

- Challenges for WHO (and for countries) to produce evidence-based advice in a vacuum of scientific knowledge during early phases, and with low quality of the evidence: unknowns on transmission patterns, role of asymptomatic transmission effect of seeding via travellers, impact of travel measures beyond the effects of national PHSM.
- Under IHR, WHO may ask countries to reconsider measures based on information received, but there is no obligation for WHO to do so, there is no clarity on what would constitute a “justifiable” measure, and there is no mechanism to empower WHO to hold countries to account for measures deemed “unjustified”.
- WHO has not challenged any country that reported additional health measures, since these were understood in the context of containment and with the aim of protecting own population from an unknown pathogen.
- WHO is required by the IHR to share information with States Parties only, however, most of the information was already in the public domain. There is need for transparency, but also a clear mandate.
- Lack of compliance with travel advice by WHO weakens WHO’s authority. WHO needs to develop more specific, regionally targeted travel advice, taking “risk areas” into consideration, as it has already started to do.

INTERNATIONAL TRAVEL MEASURES DRAFT RECOMMENDATIONS

To States Parties

- States Parties should apply a risk-based approach in implementing additional health measures in response to Public Health Emergencies of International Concern and should minimize the interference of these measures with international traffic.
- States Parties should have a decision mechanism in place to conduct regular and frequent risk-assessments and re-evaluations.
- States Parties should comply with the requirements of Article 43 in implementing additional health measures that restrict the international traffic, by providing regular information to WHO on the measures and the public health rationale for their implementation.

To WHO

- WHO should support research efforts to strengthen the evidence base on impact and advisability of travel restrictions during pandemics or Public Health Emergencies of International Concern.
- WHO should implement a transparent mechanism to collect and share real-time information about travel measures, in collaboration with States Parties and international partners.

PEER REVIEW OF CORE CAPACITIES

- Experiences with peer review mechanisms of core capacities are strongly positive. As health crisis preparedness is a collective endeavor, such peer review needs to be obligatory for all states. Non-governmental and non-health actors need to be included in such a reviews.
- Governments must provide the required financial support for the implementation of National Action Plans for Health Security to strengthen core capacities at national and subnational levels. There also needs to be international funding available for acting on the recommendations developed during reviews.
- 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. Given the experience of the COVID-19 pandemic and the need for inter-sectoral collaboration, guidance on how to structure rigorous and all-inclusive/whole-of-government-assessments and other preparedness activities should be further developed.
- WHO should review and strengthen the tools and processes for IHR Monitoring and Evaluation taking into consideration lessons learned from the current pandemic.
- WHO should support improved national implementation of IHR where needed, ensuring that each state has identified and communicated the “competent responsible authority” under IHR.

GOVERNANCE ISSUES

- Governance subgroup still deliberating, these are preliminary findings.
- Aim of IHR is preventing international spread of disease (primary), while limiting negative effects on travel and trade (secondary).
- National crisis response during a pandemic (or a disease that spreads internationally) needs to be aligned with the obligations under the IHR to prevent international spread of disease.
- WHO and States Parties should support the building/upgrading of reporting systems. Reporting capability should be reviewed through a Universal Periodic Review.
- WHO should support improved national implementation of IHR where needed, including to support States Parties to identify and communicate the “competent responsible authority” under IHR.

FINAL COUNTDOWN

- **6 April** – last plenary to review draft of final report
- **7-8 April** – provide comments to Secretariat
- **12 April** – final report from Secretariat sent to Committee for final review
- **13 April** – final comments on the final report to the Secretariat
- **15 April** – Secretariat submits report to DG on behalf of the RC