

GLOBAL HEALTH CRISES TASK FORCE

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Summary of Third Quarterly Meetings

During the third quarter of the Global Health Crises Task Force (January to March 2017), two teleconferences were held on 15 February and 13 March 2017. The summaries of the two meetings are attached.

Summary of teleconference Wednesday, 15 February 2017 (09:00 – 10:30 EST/ 15:00 – 16:30 CET)

Update on current threats and disease outbreaks

Briefing by WHO (Dr. Margaret Chan)

- On average, WHO monitors 5,000 alerts on a monthly basis, and is currently providing support to 49 countries to manage outbreaks or humanitarian crises with health emergencies.
- Zika is now handled as a programmatic issue, rather than as an emergency.
- Avian influenza – H7N9 may circulate unnoticed as it is not highly pathogenic for birds. H5N1 cases are declining globally. This virus has high mortality and is easily detectable, as it is highly pathogenic in poultry. WHO is working under the “One Health” umbrella to look at human and animal influenza, together with FAO and OIE.
- MERS CoV – almost 2,000 cases have been reported since 2010 with the majority of the cases coming from Saudi Arabia.
- Yellow fever – WHO has been working with UNICEF and GAVI to immunize millions of people in Angola and the Democratic Republic of Congo. Brazil has reported 500 suspected cases; fortunately, it has a strong system to respond and a stockpile of vaccines. In view of the upcoming carnival in Brazil, WHO has advised travelers to get vaccinated prior to travel and is working with GAVI and UNICEF to share experiences of the successful use of fractional doses of yellow fever vaccine in the DRC, in the event that vaccine supplies in Brazil face shortages.
- Humanitarian crises – WHO is working in countries in protracted emergencies to address polio and measles in Nigeria, and cholera outbreaks in Somalia, Sudan, Yemen and Ethiopia. Some countries use the term ‘acute watery diarrhoea’ instead of reporting cholera.

Briefing by FAO (Dr. Juan Lubroth)

- The majority of the new pathogens affecting humans have animal origin. The weakest link of the health systems are the veterinary system, which require strengthening and critical for “tackling the disease at source”.
- The myriad of circulating influenza strains detected in 2016 and 2017 is unprecedented. From September 2016 to date, a total of 58 countries and territories reported 1,580 confirmed outbreaks in birds (H5, H7 and H9; mostly H5N8 (82%)).
- Most of these reports are coming from Europe, especially France (H5N8) and Asia.
- Zoonotic H5N1 has persisted for some 12 years but the funding needed to remove this threat from the poultry sector has largely disappeared. There are reports of H5N1 in Asia (mostly in Indonesia), of H5N6 in the Republic of Korea and Japan and other H5’s. A total of 94 avian influenza outbreak events were reported from Africa (mostly from Egypt – H5N, but also H5N8).
- H5N8 has been detected in Uganda, Tunisia and Nigeria. No human cases reported.
- H7N9 is of great concern in veterinary realm, as it does not clinically affect poultry and thus hard to detect, but has caused 380 human deaths since 2013. The increase of cases in humans suggests that there are challenges in identifying the virus source in and managing safer production, marketing hygiene that need to be addressed.
- Only four outbreaks were reported from the Americas: Chile (H7Nx, and H7N6) and the United States of America (H5N2 HPAI, and H7N2 LPAI).

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Briefing by OIE (Dr. Gounalan Pavade)

- OIE encourages all Member Countries to undertake surveillance in domestic birds and wild birds when applicable and notify their situation in a timely manner to make sure that necessary preventive action can be taken. In the past two months, 44 countries have submitted immediate notifications or follow up reports to report highly pathogenic avian influenza (HPAI) outbreaks in poultry and wild birds. HPAI H5N1 continued to be reported from Asia and Africa. The current season was predominant by reports of HPAI H5N8 in Asia, Europe, Africa and Middle East. 26 countries from Europe have reported events for H5N8 in poultry, wild birds and captive birds. The outbreak events are still ongoing in many of the countries. The OIE-FAO network of expertise on animal influenza (OFFLU) contributed data on the currently circulating zoonotic avian influenza with WHO for Vaccine Composition Meetings in relation to pandemic Preparedness.

Observations on inefficiencies, inadequacies and gaps

- The weakness of veterinary systems must be addressed to tackle the source of outbreaks. In discussions on governance, these challenges must be highlighted and stakeholders in these fields must be brought together.
- In response to questions, WHO clarified that:
 - In addition to Ethiopia and Sudan, Haiti is also reporting cholera
 - WHO has candidate vaccines for strains of influenza that have significant public health impact, rather than maintaining a stockpile of vaccines for all strains.
- Recent increases in avian influenza (primarily with respect to H7N9 and H5N1) underscore the importance of strengthening veterinary systems. There is continuing concern about Zika, MERS and yellow fever. There is uncertainty about the scale of cholera and the need for more accurate reporting. Attention is needed to ensure adequate stockpiles of vaccines.

Status of response capacity

Feedback on Pandemic Simulation at World Economic Forum (January 2017)

Briefing by World Bank (Dr. Tim Evans)

- The World Bank co-organised with World Economic Forum and the Bill and Melinda Gates Foundation a simulation which engaged 30 CEOs from the private sector. The scenario examined the implications of the outbreak for tourism and travel, information and communication, in-country operations, logistics and supply chain, training, education and workforce management.
- The CEOs acknowledged that developing preparedness and response capacity requires global collaboration across different private sector partners.
- President of the World Bank noted that simulations were critical to challenge complacency and identify areas where improvements in response capacity are needed. He further expressed that with platforms such as the Coalition for Epidemic Preparedness Innovations and the Pandemic Emergency Financing Facility there would be the opportunity to have accelerated development and purchase of a viable vaccine that would help flatten the trajectory of such an epidemic well before getting to this catastrophic situation, thereby saving millions of lives and billions of dollars.
- The WEF simulation was part of a series of simulation exercises, with the first exercise held at the World Bank annual meeting in October 2016. These simulations will feed into

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a simulation for the G20 health ministers in May 2017. Results from these exercises will be considered by the G20 leaders in July 2017.

Observations on inefficiencies, inadequacies and gaps

- Country-level simulations where all stakeholders are brought together are critically important. Involving the private sector, civil society organizations, United Nations and national governments together will lead to a more rounded outcome in these exercises in the future.

Implementation modality for IASC Level 3 activation procedures for infectious disease events

Briefing by WHO (Dr. Peter Salama)

- In December 2016, the Inter-Agency Standing Committee endorsed procedures to activate the humanitarian system in the event of infectious diseases. These procedures reflect a commitment to have the right system in place and to mobilize resources using existing humanitarian architecture. This builds on responsibilities by sector with lead agencies from UN system and co-leads by civil society, and integrates infectious disease response in humanitarian architecture.
- The next steps will be for WHO to develop internal frameworks, including revising WHO's emergency response framework, to reflect the new Level 3 activation procedures for infectious disease events. There will be training and simulation exercises focusing on these procedures.
- Dr. Chan further noted that the development of these Level 3 activation procedures responds to the recommendations of previous review panels that had criticized a lack of collaboration between humanitarian and health actors. Outbreaks classified as Grade 2 or Grade 3 infectious disease events will be communicated by the WHO Director-General to the Secretary-General and the Emergency Relief Coordinator.

Observations on inefficiencies, inadequacies and gaps

- The G20 simulation exercise should also test the Level 3 activation procedures for infectious disease events.
- The development of the L3 activation procedures should be highlighted as an example of a successful implementation of a recommendation by the High-level Panel on the Global Response to Health Crises, as well as the Ebola Interim Assessment Panel ("Stocking Panel").
- The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme will need to look at whether there is a good understanding of the mechanisms for managing Grade 3 events at the regional and country levels.
- There should be a review of the Level 3 activation procedures in 24 months to examine their efficiency.
- The health dimensions of L3 countries require attention.

International Working Group on Financing Preparedness and Response

Briefing by World Bank (Dr. Tim Evans)

- This working group chaired by Peter Sands, established in November, will report back within 8 months and issue its recommendations at the WHA for public discussion.

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- While all agree on the need to build IHR core competencies, there is also a need to finance that work. The International Working Group will look at making the economic business case; prioritising investment in preparedness in national budgets; domestic resourcing from public and private sectors; using development financing to catalyse domestic investment; and setting a timetable for financing this agenda.
- The Working Group will highlight a set of growing opportunities for financing, including IDA 18.

Observations on inefficiencies, inadequacies and gaps

- Countries need to understand how to access opportunities for IDA 18. The report of the International Working Group should provide direction to countries on how health ministers can convince ministers of finance to finance preparedness.
- As the International Working Group will focus on issues related to development financing and national financing, other avenues will be needed to address problems with the global financing architecture and the difficulties in funding the WHO Health Emergencies Programme.

Plans for G20 Health Ministers Meeting

Briefing by Professor Ilona Kickbusch

- The G20 is focusing on interconnected global challenges. Global health issues are given high priority and there will be a focus on global health crises management, including health systems strengthening, and AMR. There will be a three-hour table top simulation exercise with health ministers, moderated by Ilona Kickbusch and David Heymann.
- For the first time, there will be a G20 health ministers meeting and a G20 health working group. This provides an opportunity to keep health high on the global agenda, as the health ministers' recommendations will be considered by G20 leaders in the July meeting.
- It is critical that health agenda remains a priority for the G20 under the Argentinian presidency.
- Germany is involved in a range of global health activities. Germany working on the Healthy Systems, Healthy Lives initiative to promote universal health coverage. Germany is advocating for a Marshall Plan for Africa; the global health component in this plan needs to be strengthened.

Observations on inefficiencies, inadequacies and gaps

- Given the importance of strengthening the veterinary health system and the One Health approach, it would be useful to integrate these issues in G20 discussions.
- The Marshall Plan for Africa will be shared with Task Force members for comment.
- A focus on AMR is important given the overlap with infectious disease threats.
- Recommendations of the Task Force should be shared with the G20 for consideration in their deliberations.

Summary of teleconference Monday, 13 March 2017 (09:00 – 10:00 EST/ 14:00 – 15:00 CET)

Update on current threats and disease outbreaks (WHO, FAO, OIE)

Briefing by WHO (Dr. Margaret Chan), FAO (Dr. Juan Lubroth) and OIE (Dr. Gounalan Pavade)

- The WHO Health Emergencies Programme addresses two dimensions – humanitarian crises and outbreaks. There are concerns at the national and regional levels about yellow fever in Brazil. WHO is keeping a close watch on H7N9 in China, as well as the health dimensions of the famine and near famine in South Sudan, Nigeria, Somalia, Yemen and the Horn of Africa.
- FAO has observed changes in avian influenza viruses; for example, H7N9 has gone from low to highly pathogenic. With more replication, the chances of spillover to humans increase. Famine raises concerns about potential breakdown in medical services; droughts may result in the convergence of animals in watering holes, thereby increasing the possibility for viruses to spread. The Global Early Warning System for Major Animal Diseases Including Zoonosis (GLEWS) was conceptually sound when established by WHO, FAO and OIE in 2006 but is not as robust as it needs to be.
- OIE shared the concerns about the high number of outbreaks and strains of avian influenza and the change in the pathogenicity of H7N9. There is high avian influenza activity in the Northern hemisphere. OIE is collaborating with WHO and FAO and agrees that GLEWS needs to be strengthened.

Observations on inefficiencies, inadequacies and gaps

- Governments need to invest in both agriculture and health systems if they want a sound early warning system. They also need to be prepared to share information.
- In addition to monitoring threats from outbreaks, it is also important to be aware of the potential risks of biological threats which have increased due to gene editing, advances in biomedical technologies and other factors.
- The main focus of programming, advocacy and funding is around food and nutrition with partners such as UNICEF, WFP and FAO. WHO is a key actor as malnutrition is intimately interlinked with the prevention and management of the main childhood killers (malaria, diarrhea, pneumonia and measles) and the primary delivery platform for management is through the health sector. A strong leadership role of WHO and the health sector response needs to be advocated for and resourced.

Work to support regional capacity

Briefing by WHO (Dr. Peter Salama) and World Bank (Mr. Mukesh Chawla)

- WHO has focused on building IHR core capacities as a matter of urgency. More than 30 Joint External Evaluations (JEEs) have been completed and a total of 70 are expected to be completed by the end of 2017. The gaps identified in the JEEs will need to be addressed in national action plans. WHO is also working with the West African Health Organization (WAHO) and Association of South East Asian Nations to build Emergency Medical Teams capacity. Similarly the Global Outbreak Alert and Response Network will be working with the Africa Center for Disease Control and Prevention and WAHO to develop public health rapid response teams.

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- The World Bank has been contributing to preparedness in West Africa through the West Africa Regional Disease Surveillance Systems Enhancement Project (REDISSE). The project will support the strengthening of laboratory capacity, surveillance and information systems, workforce training and retention, and epidemic preparedness and response. It contributes to the region's progress in meeting obligations under IHR and IDSR, promoted by WHO and OIE. REDISSE is engaged in partnerships at the global and regional level and in promoting partnership and collaborative approaches at the national and subnational level. WHO (HQ, the Regional Office, the intercountry support team for West Africa and country offices) has been actively engaged in preparation. WHO/AFRO will receive approximately US\$1.25 million per annum to support JEE and other activities. OIE will provide support on One Health and capacity building for the Regional Animal Health Center and will also receive approximately US\$1.2 million per annum. In future phases of the project, REDISSE will expand to more countries and other regions.

Observations on inefficiencies, inadequacies and gaps

- A persistent weak link is in the veterinarian systems and a weak understanding of epidemiology.
- Innovations in technology can be better harnessed, such as using mobile phone for real-time reporting of outbreaks.
- The Joint External Evaluations of the International Health Regulations core capacities and the Performance of Veterinary Services (PVS) evaluations need to be brought closer together.
- Regional coordination for the health sector may be challenging, as WHO regional offices for Africa (WHO AFRO) and for the Eastern Mediterranean (WHO EMRO) are based in Brazzaville and Cairo, respectively, while other partners are based in Nairobi. During the Horn of Africa crisis in 2011, WHO with support from UNICEF and partners set up a regional coordination mechanism in Nairobi that allowed for closer collaboration and coordination of efforts. WHO is currently putting a similar arrangement in place to strengthen health sector efforts for the multi-country food and nutrition crisis/famine, as well as also other regional threats such as outbreaks that cross borders.

Global Pandemic Supply Chain Initiative

Briefing by WFP (Mr. Wolfgang Herbinger)

- Pandemic simulations and the Joint External evaluations need to have a greater focus on issues related to supply chain logistics and public-private collaboration. Without a functioning supply chain, health workers will not have the materials they need to be protected.
- The UNICEF Health Emergencies Preparedness Initiative recognizes the importance of supply chain planning for its organizational preparedness. Items essential for crisis response are stockpiled in warehouses or timely supply is assured through long-term agreements with manufacturers. At the global level, WFP, WHO and others have been working as part of a public-private initiative to improve pandemic supply chain capacities and develop an information platform.
- Considerable progress has been made since its inception in 2015, with the identification of top 60 essential items needed for the 10 pathogens that are most likely to cause a pandemic, mapping of sources of supply, transport routes and guidelines for logistics scale-up. The information platform under development would allow countries and emergency coordinators to have a real time view of what is available and where it is.

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Observations on inefficiencies, inadequacies and gaps

- A question was raised about whether the Global Pandemic Supply Chain Initiative will be applicable only to pandemics or to other health emergencies. WFP subsequently clarified that during its initial phase, the Global Pandemic Supply Chain Initiative is intended to address only pandemics and Public Health Emergencies of International Concern, as declared by WHO. However, over time, it will be strengthened to address selected outbreaks and health emergencies in developing countries, thereby testing the system, maximising the benefits from the investment made, and assisting countries in improving their outbreak response.

Any other business

- The details of the agenda for the 1 May face-to-face meeting have yet to be finalized. Issues to be discussed include a consideration of the need to continue the Task Force or create a similar mechanism, as well as the findings of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme.