



World Health
Organization

REGIONAL OFFICE FOR Europe



World Health Organization at the European Development Days 2015

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Reviewed and edited by Leslea Petersen.

Ebola: A Wake-up Call for the International Community

International Health Regulations (IHR): Implementing a multilateral framework to respond to health threats



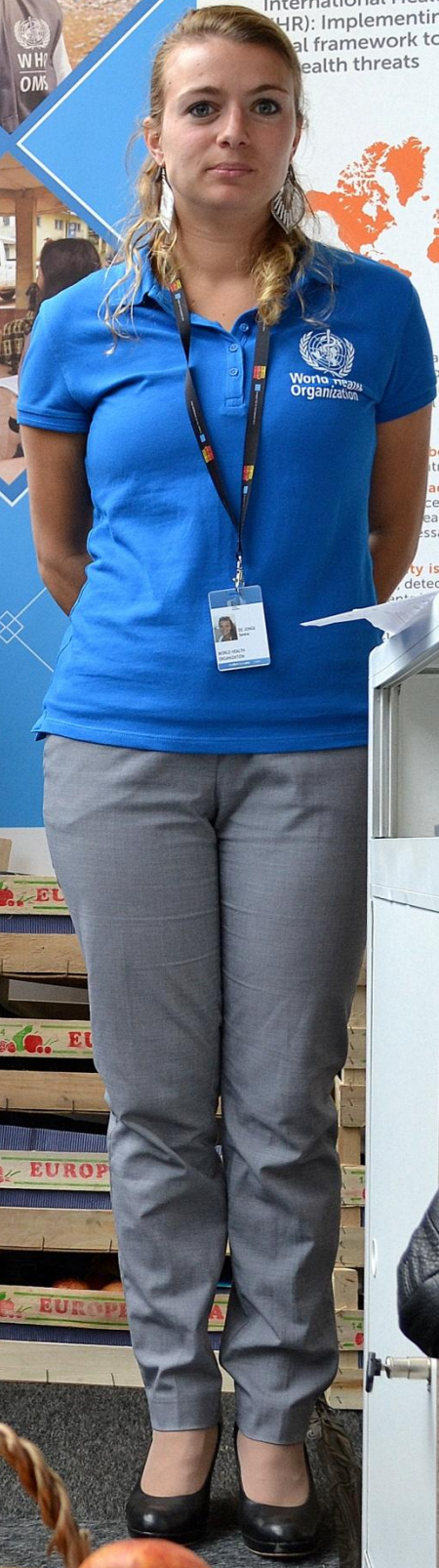
Ebola outbreak in West Africa... about promoting prevention... In a world of radical... independence, international... thing as a local out...
Dr Margaret Chan, Director-General

... legal framework to help... protect populations and the... treats like infectious diseases, ... events

Border - The IHR strengthen... control cross-border diseases

Made safer - The IHR call for... in ports, airports... lead of public health... necessary interfe...

... ty is en... detect...



The European Development Days #EDD15

2015 is a transitional year for the development community as it marks the deadlines for both reaching the Millennium Development Goals (MDGs) and agreeing on the post-2015 development framework.

WHO participated in the 9th edition of the EDD to ensure that health is a top priority in the post-2015 agenda and that the lessons learnt from the Ebola response are fully integrated.

The 2014 outbreak of the Ebola virus disease (EVD) in West Africa showed that many countries were ill prepared for a large, unprecedented outbreak. It was a wake-up call for the international community: strengthening fragile and inflexible health systems is a priority in Africa and beyond.

The health and humanitarian crisis arising from the EVD outbreak is one of the most severe public health emergencies in modern times.

New and emerging global health crises may occur in countries with health systems too weak to withstand them.

The EDD 2015 edition was a great opportunity for the development community to talk about health as a critical contributor to achieve the overarching purpose of the Sustainable Development Goals (SDGs).

About this report

This report is a summary of the sessions organized by WHO in the context of the European Development Days:

- Plenary session: From Response to Resilience: Consolidating Efforts for a sustainable Ebola Response towards Resilient Health Systems.
- Laboratory session on: International Health Regulation in the context of Cross Border Health Threats.

WHO also organized a joint session with UNRWA on “Refugees and Internally Displaced Persons: Right to Health, Right to Life” and a summary of the session is also presented.

A woman with long brown hair, seen from behind, is wearing a light blue t-shirt. The t-shirt has white text printed on it: "Better #health is central to human happiness and well-being". She is standing in a room that appears to be a conference or meeting. In the background, there is a chalkboard with some faint writing, and other people are partially visible, including a woman with glasses to the right. The overall lighting is bright and slightly overexposed.

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**Better #health
is central to
human happiness
and well-being**

High-level plenary session

Defeating Ebola and building up resilient health systems for a better future - from emergency to development

4 June 11.30-13.00

Moderator: Dr Franklin Apfel, Managing Director and Founding Partner, World Health Communication Associates.

Panellists (in alphabetical order):

- **Dr Joseph Caboré**, Director for Programme Management, WHO Regional Office for Africa
- **Dr Margaret Chan**, WHO Director-General
- **Ms Shakira Choonara**, Future leader and PhD Research Fellow, Centre for Health Policy (CHP), South Africa
- **Ms Rebecca Johnson**, nurse, Ebola survivor and Founder of Pink Cross, Sierra Leone
- **Dr Victor Matt-Lebby**, Director of Hospitals and Laboratories, Ministry of Health and Sanitation, Sierra Leone
- **MEP Linda McAvan**, Chair, Committee on Development, European Parliament
- **Ms Meinie Nicolai**, President, Médecins Sans Frontières (MSF) Belgium and of MSF's operational centre in Brussels
- **Mr Claus Sørensen**, Director General, Directorate-General for Humanitarian Aid and Civil Protection, European Commission

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Defeating Ebola and building up resilient health systems for a better future: from emergency to development

The aim of the plenary session was to get an insight into how different organizations use the lessons learnt from the Ebola outbreak to strengthen national and international response and capacities and build more resilient health systems.

It was also an opportunity to discuss the current situation regarding the Ebola outbreak, including the global response; its medium and long-term societal implications for the most affected countries - Guinea, Liberia and Sierra Leone; and the role of the international community in ensuring sustainable recovery. It also facilitated discussions about conditions, resources and political commitments needed for global public health emergency- response capacity and preparedness for future global epidemics.

The following questions were addressed during the session:

- which measures and policies need to be put in place/ strengthened to build partnerships for a comprehensive emergency response in an epidemic?
- how do you ensure global health preparedness at country level in implementing IHR (2005)?
- how do you strengthen health systems fully by involving community participation around the principles of primary health care (PHC) and universal health care (UHC)?
- how do you re-establish the services, systems and infrastructure that have been devastated in Guinea, Liberia and Sierra Leone?
- which policies and commitments need to be in place to support research and development to respond to epidemics such as Ebola?

WHO Director-General, Dr Margaret Chan stated in her opening remarks, “The Ebola outbreak has been a wake-up call for the international community. WHO is taking steps to make sure that the world will never again be taken by surprise and that never again the international community, national governments and local authorities will not be fully equipped to respond”.

Thanking all partners and organizations that have joined in the fight against Ebola virus disease (EVD), Dr Chan congratulated Guinea, Liberia and Sierra Leone for the tremendous progress they had made in recent months. On 9 May WHO declared an end to the Ebola outbreak in Liberia, however, she insisted that there was no room for complacency and that WHO staff would remain in all three countries until the job - including the assurance of essential health services - was done (currently WHO has

about 1,000 staff on the ground). “The world was ill-prepared to respond to an outbreak that was so widespread, so severe, so sustained, and so complex. WHO was overwhelmed, as were all other responders”, Dr Chan added.

“The world was ill-prepared to respond to an outbreak that was so widespread, so severe, so sustained, and so complex. WHO was overwhelmed, as were all other responders”, Dr Chan.

The EVD outbreak has pushed WHO reform into high gear, giving top priority to changes in how WHO operates in the face of an emergency—as agreed at the Sixty-eighth World Health Assembly, which closed on 26 May 2015. These changes include: new reform to streamline administrative procedures for a speedier emergency response; effective coordination with others, stronger community engagement and better communications; and a new mandate to create a WHO global health emergency workforce and \$100 million contingency fund, financed by flexible voluntary contributions to ensure that the organization has the necessary resources available to mount an immediate initial response.

This session allowed key stakeholders in the fight against Ebola to express their points of view and to provide recommendations and guidance to the international community and partner countries in order to end the current epidemic in West Africa and to better prepare for future global health emergencies. The following key complementary recommendations can be drawn from the various speakers including:

- health systems must be strengthened at all levels and must have emergency preparedness as well as disease surveillance facilities.
- public engagement, human resources for health, access to essential medicines; health security and health financing; and governance were also highlighted as key issues to be taken into consideration while managing an outbreak response; and the consequences of Ebola and similar epidemics go beyond health; the political, social and economic contexts must be considered fully.

3 Questions

1. Which measures and policies need to be put in place or strengthened to build effective partnership(s) for comprehensive emergency response in epidemics?
2. How can we build resilient health systems around the principles of Primary Health Care and Universal Health Coverage that fully involve communities?
3. What policies and commitments need to be put in place to enhance research and development support to Ebola and other epidemics?

#ZeroCases #StopEbola #Resilient
@WHOatEU



In his keynote speech, Mr Claus Sørensen, Director General, Directorate-General for Humanitarian Aid and Civil Protection, European Commission stated that, “We have to admit that this has not been the most heroic moment in the history of humanitarian aid as we have more than 11 000 casualties. In addition, we need to think how we get those countries that have been affected by a humanitarian, economic and social crisis, back to sustainable development. Funds have been mobilized to the Ebola response in detriment of other necessary services such as malaria and other communicable disease programmes,” he added.

“We need to think how we get those countries that have been affected by a humanitarian, economic and social crisis, back to sustainable development”, Claus Sorensen.

Mr Sørensen went on further to say that at some point there will be a new pandemic and the international community needs to be prepared to respond to it. In his view, “the International Health Regulations (IHR) are the legal vehicle for improving the delivery of the health services sector and this is an agenda that has to be pursued”. However, he highlighted that in fragile and failed States, IHR do not work. As a consequence, we need an emergency mode that needs to be put in place. This is the mandate that WHO has received at the last World Health Assembly, and the European Commission (EC) fully supports the organization in this endeavour. Mr Sørensen also stressed that humanitarian aid and emergency go hand in hand with development.

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Ms Johnson, a nurse and Ebola – survivor from Sierra Leone, reflected on her experience and the challenges of stigmatization in local communities. She stated that, “Ebola is not the end of the world and it can be beaten”.

Linda McAvan, Member of the European Parliament (MEP), affirmed that the Ebola outbreak had made it clear that universal healthcare must be within the Sustainable Development Goals (SDGs). She spoke about the need to plan effective reintegration of health infrastructures and services established during the Ebola response, into national health care delivery services.

“Ebola is not the end of the world and it can be beaten”, Rebecca Johnson.

Dr Joseph Caboré, Director for Programme Management, WHO Regional Office for Africa, reiterated the idea that health systems in affected countries are being challenged and need to catch up on other priorities that have been neglected. As such, the agenda to achieve universal health coverage and build resilient health systems has to be prioritized. He also highlighted the importance of all countries having strong capacities to rapidly detect, respond to and prevent global public health threats. Ms Shakira Choonara, Future leader and PhD Research Fellow, Centre for Health Policy (CHP) from South Africa, spoke about the need to consider the concept of responsiveness in health systems and the importance of resilient health systems to prevent epidemics.

Dr Victor Matt-Lebby, Director of Hospitals and Laboratories, Ministry of Health and Sanitation, Sierra Leone, elaborated on the priorities the Sierra Leone Government needs to set to defeat Ebola. He believes that the key to reach a good level of healthcare is to increase both the number and the quality of human resources, as well as improving the enabling- environment. Another aspect for improvement is leadership at all levels and showing political commitment. This commitment needs to be applied to local communities to get an effective response in case of an epidemic.

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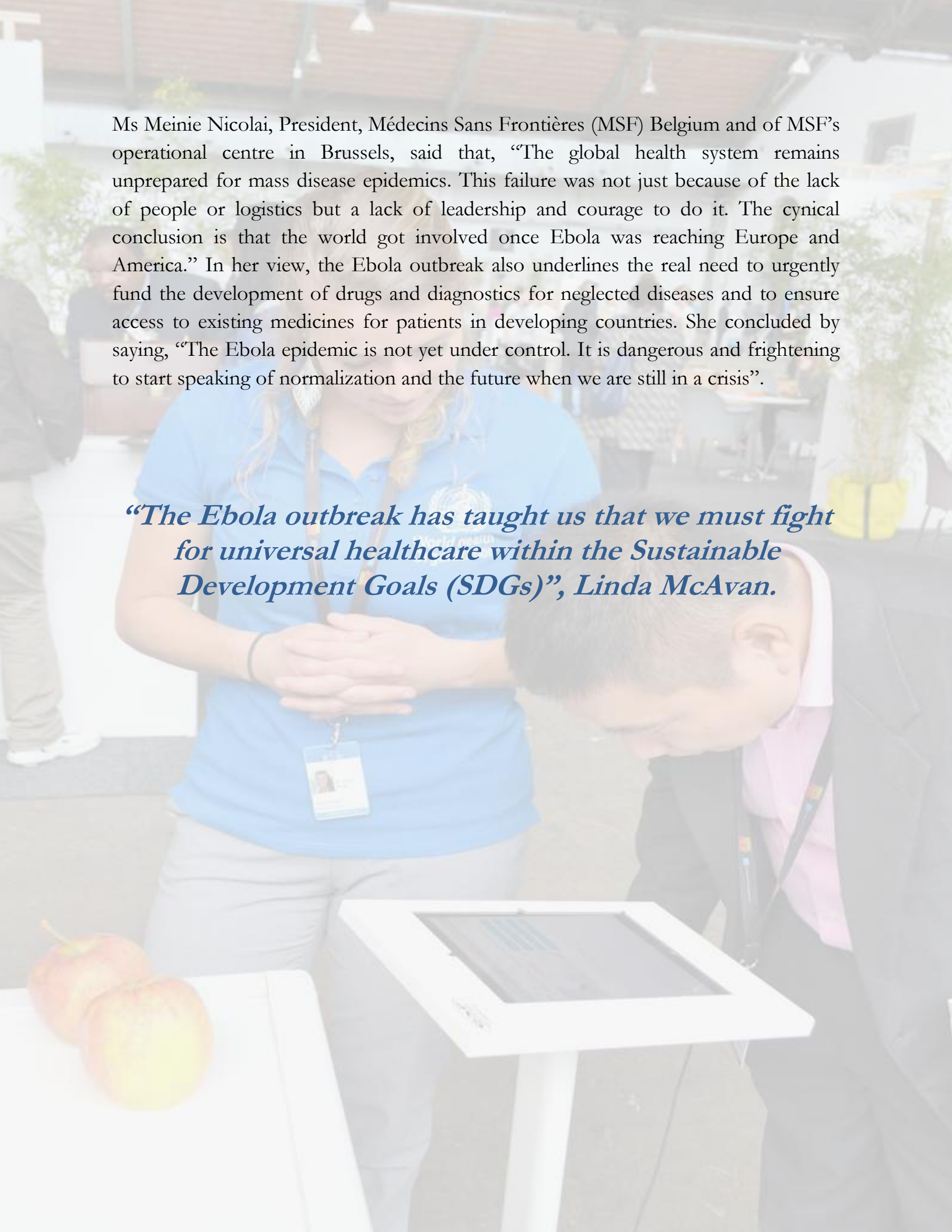
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A woman in a blue polo shirt and a man in a suit are looking at a tablet on a stand. The woman is wearing a lanyard with a badge. The man is wearing a pink shirt and a dark suit jacket. There are two apples on a white table in the foreground. The background is a blurred indoor setting with other people and tables.

Ms Meinie Nicolai, President, Médecins Sans Frontières (MSF) Belgium and of MSF's operational centre in Brussels, said that, "The global health system remains unprepared for mass disease epidemics. This failure was not just because of the lack of people or logistics but a lack of leadership and courage to do it. The cynical conclusion is that the world got involved once Ebola was reaching Europe and America." In her view, the Ebola outbreak also underlines the real need to urgently fund the development of drugs and diagnostics for neglected diseases and to ensure access to existing medicines for patients in developing countries. She concluded by saying, "The Ebola epidemic is not yet under control. It is dangerous and frightening to start speaking of normalization and the future when we are still in a crisis".

"The Ebola outbreak has taught us that we must fight for universal healthcare within the Sustainable Development Goals (SDGs)", Linda McAvan.



Laboratory session

International health regulations (IHR) in the context of cross border health threats

4 June 14.30-15.45

Moderator: **Dr Masoud Dara**, Senior Advisor, World Health Organization Office at the European Union

Panellists (in alphabetical order):

- **Dr Victor Matt-Lebby**, Director of Hospitals and Laboratories, Ministry of Health and Sanitation, Sierra Leone
- **Dr Guenaël Rodier**, Director, Communicable Diseases, Health Security & Environment, WHO Regional Office for Europe
- **Dr Remco van de Pas**, Researcher, Institute of Tropical Medicine

“The Ebola outbreak in West Africa offers many lessons about promoting prevention and improving preparedness. In a world of radically increased interdependence, international travel, and trade, there is no such thing as a local outbreak anymore.”

© Margaret Chan, Director-General, WHO, March 2015.

IHR provides countries with global communication and chemical safety

Why IHR matters

Health threats across countries' all

Travel and trade measures to crossings to minimising and trade

Global health countries to public health

Daily threats countries to inform other

Multilateral



International Health Regulation (IHR) in the context of Cross Border Health

This session was linked to the auditorium session "Consolidating efforts for a sustainable Ebola response" and was a unique opportunity to understand the role of international collaboration and health governance to contain the spread of infectious diseases. Following in 2005, the International Health Regulations (IHR) have helped countries to prevent, detect, inform and respond to public health events in a coordinated manner. Different health crises such as the H1N1 pandemic and the current Ebola outbreak highlight the weaknesses and strengths of this tool and the challenges for countries with weak health systems.

Key questions addressed at the session were:

- What are the challenges of collaboration in cross-border health threats? What lessons from Ebola can be learnt in this respect?
- How are countries keeping in line with IHR? Furthermore, how can WHO and the European Union (EU) contribute to fully implementing IHR?
- How can health and technology innovation help strengthen surveillance of cross-border health threats and the IHR framework?

Brief history and background

Dr Rodier mentioned that IHR is a legal instrument initially covering specific infectious diseases that were considered to be international health risks. In response to the exponential increase in international travel and trade, and emergence and re-emergence of international disease threats and other health risks, 194 countries across the globe agreed to implement revised and expanded IHR in 2005. This binding instrument of international law entered into force in June 2007. This revision of the IHR has broadened the scope of the regulations to encompass any health risk including biohazards, rather than specific conditions. The purpose of IHR is therefore to guide countries to monitor and respond to outbreaks of diseases with potential cross-border consequences in order to prevent and manage pandemics. Recent examples of how IHR has been put to the test are the SARS and the West-African Ebola epidemics. When a significant public health event takes place, WHO's global alert and response system ensures that information is available and response operations are coordinated effectively.

WHO intensifies surveillance by analyzing data from different "unofficial" sources as an indicator of disease activity in the general population. Each Member State designates a national IHR focal point (NFP) that is accessible at all times for

communication and is required to notify and report relevant events. The IHR requires Member States to strengthen core surveillance and response capacities at the primary, intermediate and national level, as well as at designated international ports, airports and ground crossings.

“One of the challenges lies in agreeing to international standards to avoid different perceptions of the severity of a disease”.

Many sectors should contribute to the effective implementation of IHR. For example, WHO collaborates with the agricultural, veterinary and travel sectors, all of which contribute to public health through organizations such as the World Organization for Animal Health (OIE), the Food and Agriculture Organization of the United Nations (FAO) and the International Air Transport Association (IATA), among others.

Challenges and future considerations

The implementation of IHR faces some obstacles and needs to be strengthened in some areas to be more effective. There is also a risk of a lack of transparency because of economic considerations, such as the fear of loss of national revenue due to decline in tourism, industrial activity and exports and meaning countries are reluctant to disclose disease outbreaks to the international community.

WHO, as a central actor in IHR implementation, is normally bound by confidentiality but can choose to break this if it is considered necessary to mitigate the further spread of an outbreak. Many countries still lack sufficient resources in epidemiology, including surveillance. There is a need to strengthen well-functioning laboratory services and to operate according to international principles of quality and safety. One of the challenges lies in agreeing to international standards to avoid different perceptions of the severity of a disease. In addition, although IHR is a legal instrument, sanction mechanisms do not exist in cases of non-compliance. The panel discussed the importance of IHR in the ongoing EVD outbreak and how to ensure that countries do not neglect their obligations under the Regulations.



“The purpose of IHR is therefore to guide countries to monitor and respond to outbreaks of diseases with potential cross-border consequences in order to prevent and manage pandemics”.

Key challenges faced in Sierra Leone

Dr Victor Matt-Lebby, Director of Hospitals and Laboratories, Ministry of Health and Sanitation, presented the key challenges faced in Sierra Leone. He pointed out that at the beginning of the current Ebola epidemic, IHR had not been known to the government but had helped immensely in addressing it. In Sierra Leone it is very difficult to control the cross-border population, therefore collaboration and coordination across the region is very important with regards to monitoring the population as well as providing adequate training on improving surveillance.

Q&A session

Dr Dara opened the floor for pre-planned questions, which participants had raised via the EDD application route. Discussions centred on:

- the need to strengthen IHR mechanisms with particular attention given to surveillance systems in countries and national capacity- building to detect infectious diseases;
- the likelihood of new diseases similar to Ebola happening in the future;
- how IHR are an important tool in the ongoing Ebola outbreak and the need to boost country capacity through training and capacity - building;
- interior/emergency sector may be instrumental in coordinating responses ; and
- Member States should not only focus on an emergency response but also on building resilient health systems.

The main conclusion of the session was that internationally - led coordination by WHO is key in helping countries to build capacity for IHR implementation and when implemented effectively, could decrease cross-border health threats. IHR can help governments with risk aversion and mitigate health risks; however, country commitment was necessary to achieve them.



Refugees and internally displaced
persons: Right to health, right to life
European Development Days
3-4 June 2015



Walter SEIDEL

Benjamin CHARJER

Alexander KVITASHVILI

UNRWA-WHO joint laboratory session

Refugees and internally displaced persons: right to health, right to life

3 June 12.45-14.00

Moderator: **Mr Peter O'Donnell**, Associate Editor, Politico

Panellists (in alphabetical order):

- **Mr Benjamin Charlier**, Operations Advisor, International Committee of the Red Cross (ICRC)
- **Dr Masoud Dara**, Senior Advisor, World Health Organization Office at the European Union
- **James Denselow**, Director of Campaigns, Medical Aid for Palestinians,
- **H.E. Alexander Kvitashvili**, Minister of Health, Ukraine
- **Dr Walter Seidel**, Head of Sector, Health, DG EuropeAid
- **Dr Akihiro Seita**, Director of Health, United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA)

Flagship event of the European Year for Development





Introduction

Globally, more than 50 million people have been forced to flee their homes and two-thirds of them are internally displaced due to conflict in their home country. Growing global instability has led to a rising number of internally displaced persons (IDPs) and refugees. This situation has created an ever-increasing burden on host countries and aid agencies providing essential healthcare services.

Participants at the session drew on their experience to explore contemporary challenges and lessons learnt, as well as outline practical strategies and recommendations for providing quality healthcare to refugees and IDPs.

Three main topics discussed:

- is there a clear understanding of the health status and needs of refugees and displaced populations?
- what are the most appropriate modes of situation-specific service delivery to ensure access to healthcare for patients in time of conflict?
- how is enhanced and continued international and national support needed to ensure delivery of health services targeted towards refugees and IDPs?

The global rise in the number of IDPs and refugees creates not just a strain on the host country but also prevents access to both primary and life-saving health care when they need it the most. The strain placed on healthcare services has forced international health actors to respond by identifying critical interventions and addressing unique needs, as well as assessing risk and vulnerability. Within resource constraints, many have focused on restoring and strengthening access to existing systems, establishing temporary or mobile health clinics, and prioritizing targeted interventions.

The main outcomes of the session included:

- preparedness, risk tolerance and up scaling are key priorities and there is a need to avoid duplication of activities between aid agencies;
- the need for refugees and IDPs to have equitable access to affordable and culturally - acceptable integrated care, addressing the whole range of primary health care, including mental and maternal and child health care;
- preserving health is not only the responsibility of ministries of health but requires an intersectoral approach, in line with Health 2020, the WHO European policy framework;

- the need for coordination and involvement of the international community to face the flow of IDPs and the effects of the conflict on health infrastructure, as well as the importance for the government to provide leadership of the operations


Mr Benjamin Charlier, Operations Advisor, International Committee of the Red Cross (ICRC) indicated that raising awareness on the underestimated consequences of violence against health care is among ICRC institutional priorities. He introduced the “Health Care in Danger Project”, an ICRC-led project of the Red Cross and Red Crescent Movement, aiming at “improving the efficiency and delivery of effective and impartial health care in armed conflict and other emergencies.”

“The global rise in the number of IDPs and refugees creates not just a strain on the host country but also prevents access to both primary and life-saving health care when they need it the most”.

Dr Akihiro Seita, Director of Health, United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), provided an overview of the situation of the Palestinians, who represent the largest refugee population worldwide. They are currently facing simultaneous acute health issues, such as malnutrition and chronic noncommunicable diseases that illustrate development issues also emerge in long-term crises. He also stressed that the health of refugees is a political issue and questioned the use of providing primary health care to people if their houses continue to be bombed.

Dr Walter Seidel, Head of Health Sector, DG EuropeAid, underlined the fact that long-term crises frequently take place and that humanitarian aid and development cooperation have to be brought much closer together. He also reassured European Union (EU) commitment to development aid.

H.E. Alexander Kvitashvili, Minister of Health, Ukraine, discussed the situation in Ukraine and provided a national and governmental perspective on how to strengthen pre-existing health services and how to adapt in times of crises. The need for coordination and involvement of the international community to face the flow of IDPs and the effects of the conflict on health infrastructure were highlighted, as well as the importance for the Government to provide leadership of the operations.

A group of people, including men and women, are seated in a room with large windows. They appear to be attending a meeting or conference. The image is faded and serves as a background for the text.

To conclude, protecting the right to health in times of conflict is a shared responsibility and effective coordination of all stakeholders is key to address the needs of refugees and IDPs. To meet this objective, the link between humanitarian aid and development cooperation has to be strengthened, especially in long-term conflict situations. The capacities of local staff, as well as of the international community must also be bolstered. International law must be respected, including the protection of health spaces.

“Protecting the right to health in times of conflict is a shared responsibility and effective coordination of all stakeholders is key to address the needs of refugees and IDPs”.

The situations in both West Bank and Gaza Strip and Ukraine highlight the fact that health protection is also a political issue that therefore needs political solutions. A more peaceful world is indeed an indispensable element to ensure the right to health for everyone.

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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