International Management of Large-scale Public Health Emergencies Due to Infectious Hazards

Concept Note

Issue

During the Ebola crisis humanitarian agencies formed the bulk of responders at field operational level in West Africa, as they have done for the management of most outbreaks, regardless of scale, in developing countries. However, international crisis management and humanitarian response mechanisms were not formally activated during the Ebola crisis, or for any large scale infectious crises to date.

Consequently, a recurring recommendation from the evaluations and lessons learned exercises following the Ebola crisis has been to use ‘familiar’ emergency coordination mechanisms in future when responding to large-scale crises that are driven by infectious hazards and, in doing so, to leverage the substantial investments that countries, agencies and donors have already made in such mechanisms.

These findings led the High-level Panel on the Global Response to Health Crises to emphasize in their report ‘Protecting Humanity from Future Health Crises’, the need to enhance the Inter-Agency Standing Committee (IASC) coordination mechanisms to better respond to health crises. In this context, the HLP recommended, among other actions, that in the event of a Grade 2 or Grade 3 outbreak that is not already classified as a humanitarian emergency, a clear line of command be activated throughout the UN system.

This paper proposes steps to operationalize these recommendations of the HLP, which were endorsed by the UN Secretary General, in the context of the IASC.

Current Situation

Global leadership and coordination of international support for natural disasters and conflicts is overseen by the Inter-Agency Standing Committee (IASC) which is convened by the Emergency Relief Coordinator (ERC) of the Office for the Coordination of Humanitarian Affairs (OCHA). The IASC brings together UN emergency agencies, networks of non-governmental organizations (NGOs), and other humanitarian organizations (e.g. ICRC, IFRC). In the response to large scale emergencies, strategy development for IASC entities is led by the ERC with the support of OCHA, with operational coordination managed through the Cluster System or a cluster-like mechanism. WHO currently operates within this system as the Health Cluster Lead.
Agency (CLA), which coordinates international support for the management of the health consequences of natural disasters and conflicts.

Outbreaks and large-scale emergencies, are managed within the context of the International Health Regulations (IHR 2005), an international treaty which was adopted by 196 States Parties in 2005 and entered into force in 2007. The IHR (2005) obligates States Parties to undertake specific preparedness, reporting and response activities for infectious, chemical and radionuclear hazards that have implications for human health. WHO serves as Secretariat to the IHR, with obligations for supporting States Parties in their preparedness, detection and response activities, and in coordinating international action in that regard. At country level, however, such events are currently managed through a combination of in-country arrangements (e.g. lead by the Ministry of Health and WHO) and ad-hoc international mechanisms (e.g. UNMEER). Furthermore, large-scale public health emergencies have not been systematically graded, or graded in a manner that aligns with that used in the disaster management community.

Proposal

Building on lessons from the Ebola crisis and other substantive outbreaks, and WHO obligations under the IHR, international support for responding to infectious crises can be aligned with and integrated into the existing mechanisms for responding to natural disasters and conflicts. Specifically, the IASC mechanisms can be extended and adapted to facilitate coordination of support for large-scale outbreaks, with adjustments for the particular characteristics and challenges of infectious hazard management as follows:

Grading: in the context of WHO’s new Health Emergencies Programme, all events due to infectious hazards will be systematically assessed and, if appropriate, graded according to the standard criteria outlined in WHO’s Emergency Response Framework which is being aligned fully with the IASC grading criteria. All Grade 2 and Grade 3 events will be communicated to the UN Secretary-General and, through the ERC, to the IASC; any event declared by the WHO Director-General to be a Public Health Emergency of International Concern or ‘PHEIC’ under the International Health Regulations (2005) will also be notified.

IASC (+): the ERC and DG/WHO will confer as to whether the IASC Principals should be convened to review and, if necessary, coordinate action in response to a specific large scale infectious outbreak. For the management of such events, the

---

1 as WHO grading criteria are aligned fully to that of the IASC for L3 crises, in general a WHO Grade 3 crisis and a PHEIC will align with an L3 grading.
ERC may temporarily extend the participation of the IASC (IASC+) to include other relevant heads of agencies based on the specific hazard and advice of WHO\(^2\).

**Leadership Model:** the IASC+ will review leadership models proposed by WHO for the international and in-country technical coordination; for large-scale infectious crises that constitute an international security risk (sometimes referred to as ‘Grade 4’ events), the leadership model will be discussed and decided with the UN Secretary-General.

**Roles of IASC Agencies & Organizations in a Health Response:** WHO would provide overall technical and strategic leadership, with OCHA providing overall coordination. In keeping with existing mandates and capacities, UNICEF plays a multifaceted role in the health response, from supply chain through community mobilization and WASH activities; WFP in logistics and operations support. Depending on the nature of the infectious hazard, its impact and control measures, other UN entities may be required to provide specialized support. NGOs and civil society and humanitarian organizations play a major role in both the provision of clinical care as well as outbreak containment and control activities, including social mobilization. Activation of the Cluster system would expand the role of these and other IASC entities per standard protocols.

**Strategy Development & Coordination:** in keeping with the technical nature of an infectious crisis, international strategy development would be led by WHO’s Health Emergencies Programme. Support for overall inter-agency operational coordination would be provided through the IASC Emergency Director Group. OCHA and WHO would also provide Regional operational and technical coordination. At national levels, inter-agency coordination would be led by the Humanitarian Coordinator (HC) or, in the absence of an HC, the Resident Coordinator. In each case, the WHO Incident Manager would be responsible for development and coordination of the local technical and operational plan, reporting through the RC/HC to the ERC and through WHO’s IMS structure to DG/WHO. The WHO Incident Manager (IM) would support the HC/RC through technical advice and guidance, and information on the nature and evolution of the outbreak. The HC/RC would hold partners accountable through the cluster or cluster-like system.

**Local Operational Coordination:** depending on the nature of the infectious hazard, WHO will propose and manage a cluster-like mechanism, headed by a local WHO Incident Manager, for coordinating the inputs of relevant operational partners (e.g. GOARN, FMTs/EMTs) and technical networks (e.g. lab, clinical

\(^2\) additional members or observers could include the heads of national or international Centers for Disease Control or NGOs specialized in health emergency response.
management, IPC, social sciences, R&D). If needed, and appropriate, the HC or RC will propose the activation of specific Clusters for coordination of the response to the humanitarian consequences of a large-scale infectious emergency. In such situations, the HC will coordinate the Clusters and, through the WHO Incident Manager, the specific containment/control activities.

**Proposed Next Steps:**

- IASC Principals consideration, adjustments and/or endorsement of this proposal during the 7-8 June 2016 Principals meeting;
- WHO development of draft IASC Standard Operating Procedures (SoPs) for infectious hazards in the context of the Transformative Agenda (by end-Sept 2016).
- Presentation of the IASC SoPS for infectious crises to the Global Health Crises Task Force that is under establishment up by the UN Secretary-General (autumn, 2016).