

# Major global actors for handling outbreaks and pandemics

Preben Aavitsland at PhD course 18.3.2022

## World Health Organization

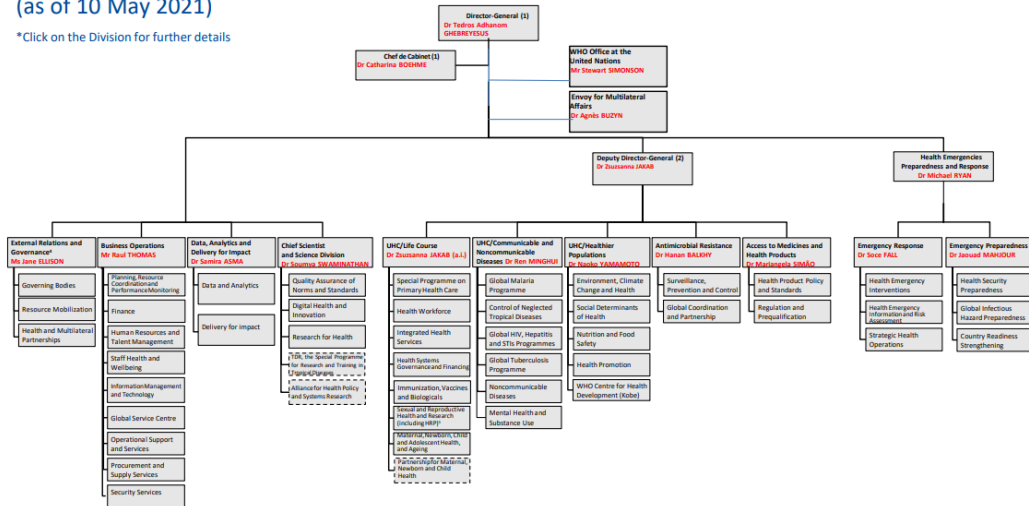
- Founded with the UN after the war, started 7 April 1948
- The «health department» of the UN
- Surveillance
- Guidance and recommendations
- Legal agreements (ICD, FCTC, IHR)
- Support for capacity building
- Emergency response
- Collaboration in research and development



7000 employees in 150 country offices, 6 regional offices and 1 headquarters

### World Health Organization Headquarters\* (as of 10 May 2021)

\*Click on the Division for further details

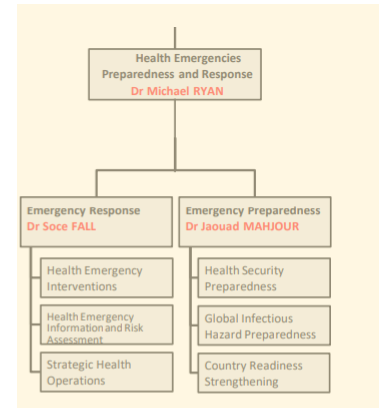
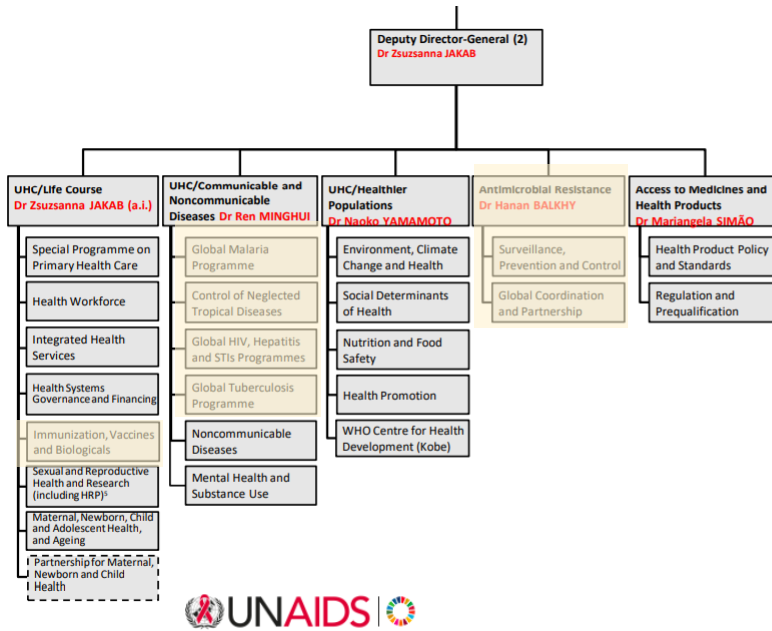


(\*) Includes: Office of the Director General, Polio Eradication (POL), Communication (DCO), Office of Internal Oversight Services (IOS), Evaluation Unit (EVU), Office of the Legal Counsel (LEG), Compliance and Risk Management and Ethics (CRE), Office of the Ombudsman and Mediation Services (OMB), Country Strategy and Support (CSS), Transformation Implementation and Change (TIC);

(\*\*) Includes: DDG Office, Chief Nurse, Global NCD Platform, Health and Migration

Co-sponsored Programme, Hosted Partnership or Other Hosted Entity





### World Health Assembly

The World Health Assembly is the decision-making body of WHO. It is attended by delegations from all WHO Member States and focuses on a specific health agenda prepared by the Executive Board. The main functions of the World Health Assembly are to determine the policies of the Organization, appoint the Director-General, supervise financial policies, and review and approve the proposed programme budget.



### Executive Board

The Executive Board is composed of 34 technically qualified members elected for three-year terms. The annual Board meeting is held in January when the members agree upon the agenda for the World Health Assembly and the resolutions to be considered by the Health Assembly.



### Constitution

WHO's work remains firmly rooted in the basic principles of the right to health and well-being for all people, as outlined in our 1948 Constitution. The Constitution was adopted by the International Health Conference held in New York 1946 and entered into force on 7 April 1948.

## Challenges

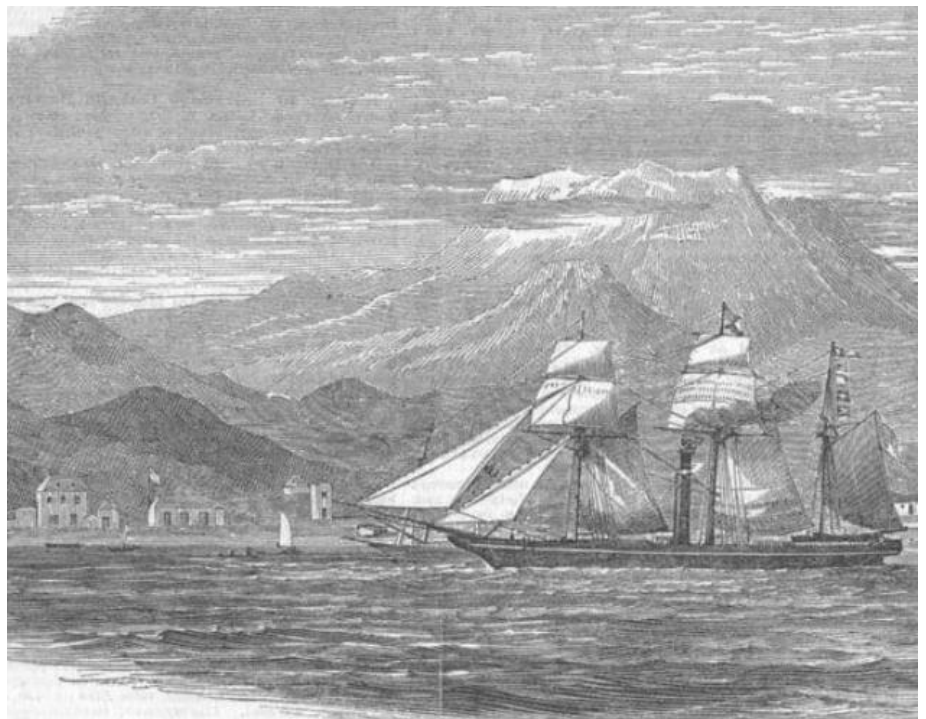
Money

Priorities

Organisation

Governance

Between  
commerce  
and  
disease  
control



The purpose and scope of these Regulations are to **prevent, protect against, control and provide a public health response** to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which **avoid unnecessary interference with international traffic and trade**.



## IHR (2005)

- Obligation on states to build capacities for detecting and responding to events
  - *Problem: states cannot afford or prioritise this*
- A new, global surveillance system
  - *Problem: states don't notify*
- Procedures for WHO's coordinating of international response to epidemics
  - *Problem: states don't comply*
- Rules for standing disease control measures against international spread
  - *Problem: mostly unnecessary*

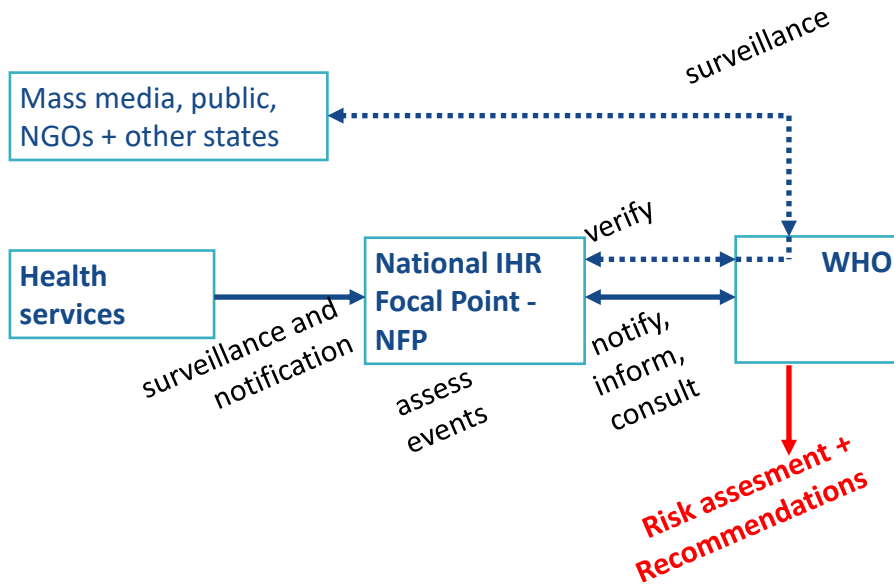
## Paradigm shift 1 with IHR (2005)

- From disease list (cholera, plague, yellow fever) to definition of events – *potential "public health emergency of international concern (phecic)"*
- Difficult, but important and sensible change
- The disease + the circumstances
- Undiagnosed diseases
- New diseases

## Paradigm shift 2 with IHR (2005)

- Transfer of (some) power from states to WHO
- Official notifications only one source for WHO
- WHO decides, independent from official notification, whether to sound the alarm and give advice on response
- WHO works on behalf on all countries
  - Surveillance
  - Recommendations

# IHR surveillance system



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## Lassa Fever – United Kingdom of Great Britain and Northern Ireland

21 February 2022

On 9 February 2022, WHO was notified by the United Kingdom health authorities of two laboratory confirmed cases and one probable case of Lassa fever. As of 18 February, three cases have been confirmed and one death has been reported. These are the first reported Lassa fever cases in the United Kingdom since 2009, and represents the second known case of secondary transmission of Lassa fever in Europe.

The first case travelled to Mali in late 2021, where Lassa fever is endemic. After returning to the United Kingdom, the individual developed symptoms of fever, fatigue and loose stool, and was subsequently hospitalized. The first case has now recovered. The second and third cases were family members of the first case and did not travel to Mali. Both were admitted to the hospital and the third case has sadly died.

On 8 February, samples from both the first and second cases were laboratory confirmed positive for Lassa virus by PCR. The third case was initially provided care as a probable case of Lassa fever and the diagnosis was confirmed on 9 February.

### Public health response

Incident responses have been activated by health authorities in the United Kingdom to coordinate the clinical and public health management of these cases.

People with exposure to the cases were identified through robust contact tracing activities. Low and high risk contacts are being followed up for 21 days after their last exposure. Post-exposure prophylaxis has been offered to high-risk contacts with the most significant exposures. Systems are in place to assess and manage any contacts who may develop symptoms during the follow up period.

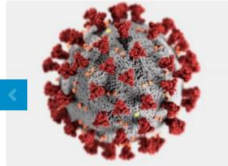
### WHO risk assessment

Lassa fever is an acute viral haemorrhagic fever illness that is primarily transmitted to humans via contact with food or household items contaminated with infected *Mastomys* rats' urine or faeces. Human-to-human transmission is rare but can occur through direct contact with the blood, urine, faeces, or other bodily secretions, particularly in health care settings. It can cause severe disease in about 20% of patients. The case fatality ratio (CFR) is 1% overall and 15% in severely ill patients. Early recognition and initiation of patient care decrease the CFR and public health impact

## COVID-19 IHR Emergency Committee

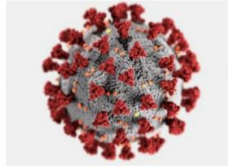
The IHR Emergency Committee for COVID-19 held its first meeting on 22 and 23 January 2020. On 30 January 2020, following its second meeting, the Director-General declared that the outbreak constituted a Public Health Emergency of International Concern, accepted the Committee's advice and issued it as IHR Temporary Recommendations. The Committee continues to meet on a regular basis.

### Statements



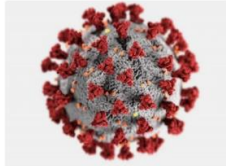
19 January 2022 | Statement

**Statement on the tenth meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic**



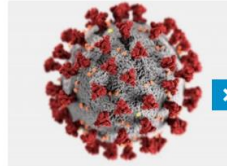
26 October 2021 | Statement

**Statement on the ninth meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic**



15 July 2021 | Statement

**Statement on the eighth meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic**



19 April 2021 | Statement

**Statement on the seventh meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic**

### Chair



**Dr Didier Houssin**

President AP-HP International, Subsidiary of Assistance Publique-Hôpitaux de Paris France



## Ebola in the Democratic Republic of the Congo

North Kivu, Ituri 2018 - 2020

Led by the Government and the Ministry of Health of the Democratic Republic of the Congo and supported by the World Health Organization and partners, the response involved training thousands of health workers, registering 250 000 contacts, testing 220 000 samples, providing patients with equitable access to advanced therapeutics, vaccinating over 303 000 people with the highly effective rVSV-ZEBOV-GP vaccine, and offering care for all survivors after their recovery.



# WHAT IS GOARN?

Global Outbreak Alert and Response Network

The Global Outbreak Alert and Response Network – also referred to as GOARN – is a **global technical partnership**, established by the World Health Organization (WHO) as a key mechanism to engage the resources of technical agencies beyond the United Nations for **rapid identification, confirmation and response to public health emergencies of international importance**.

In our highly interconnected and populated world, diseases and threats to human health have the potential to travel fast and spread far. The international collaborative GOARN mechanism for rapid response and control is therefore the WHO's contribution to strengthening global health security.



## WHAT DOES GOARN DO?

The main objective of the network is to **provide technical support to WHO Member States experiencing a human health emergency due to various threats including disease outbreaks, food safety, chemical toxins, zoonosis, natural and manmade disasters etc.**

In 20 years, GOARN conducted over **160 operations** and deployed over **3300 experts** to assist more than **90 countries** across the globe.

At the request of a Ministry of Health, the Network delivers support to augment the overall WHO response to the public health emergency. Based on the varied and evolving needs of an emergency, this support could include:

- the deployment of technical experts to the affected countries, under the leadership of WHO,
- provision of technical advice through expert committees established during the emergency,
- provision of resources for the response efforts, such as laboratory and operational logistics, tools and equipment to reinforce field teams, etc.

270 technical  
institutions  
and networks  
160 operations  
3300 experts  
90 countries

# Creating a world in which epidemics are no longer a threat to humanity

CEPI is an innovative global partnership between public, private, philanthropic, and civil society organisations launched in Davos in 2017 to develop vaccines to stop future epidemics.

Our mission is to accelerate the development of vaccines against emerging infectious diseases and enable equitable access to these vaccines for people during outbreaks.



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About our Alliance

**Gavi, the Vaccine Alliance, helps vaccinate almost half the world's children against deadly and debilitating infectious diseases**

# COVAX

Gavi is co-leading COVAX, the vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator. This involves coordinating the COVAX Facility, a global risk-sharing mechanism for pooled procurement and equitable distribution of eventual COVID-19 vaccines.

[LEARN MORE >](#)



 **TheGlobalFund**

[OUR PARTNERSHIP](#)

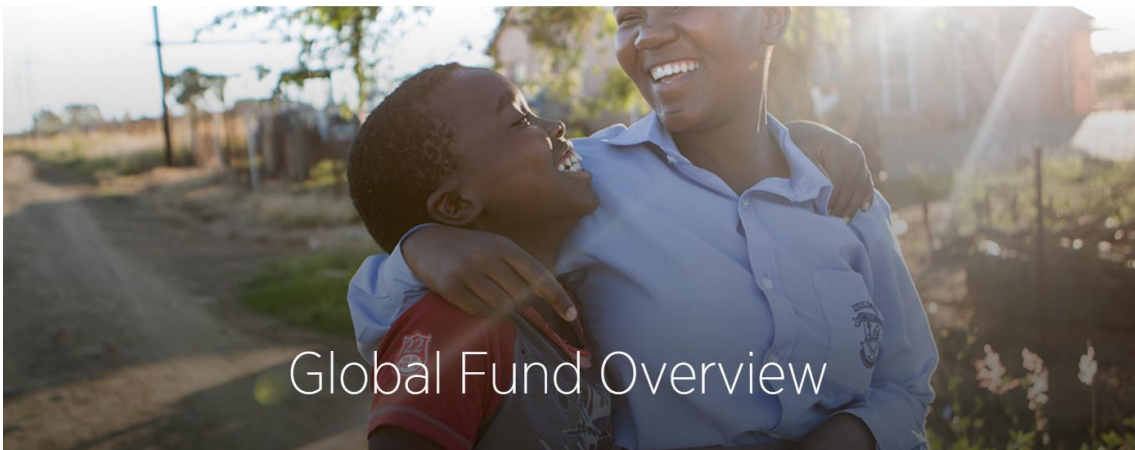
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## Global Fund Overview

The Global Fund is a partnership designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics. As an international organization, the Global Fund mobilizes and invests more than US\$4 billion a year to support programs run by local experts in more than 100 countries. In partnership with governments, civil society, technical agencies, the private sector and people affected by the diseases, we are challenging barriers and embracing innovation.

—  
Thank you

Time for  
comments and  
questions

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