Geneva 12 February 12, 2020--- The meeting of the Emergency Committee convened by the WHO Director-General under the International Health Regulations (IHR) (2005) to review the current Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo (DRC) took place on Wednesday, 12 February 2020, from 14:00 to 16:45 Geneva time (CEST).

Proceedings of the meeting

Members and advisors of the Emergency Committee were convened by teleconference.

The Secretariat welcomed the Committee and thanked them for their support. The meeting was turned over to the Chair, Dr Robert Steffen.

Dr Steffen also welcomed the Committee and gave the floor back to the Secretariat.

Representatives of WHO's legal department and the department of compliance, risk management, and ethics briefed the Committee members on their roles and responsibilities.

Committee members were reminded of their duty of confidentiality and their responsibility to disclose personal, financial, or professional connections that might be seen to constitute a conflict of interest. Each member who was present was surveyed and no conflicts of interest were judged to be relevant to the meeting.

The Chair then reviewed the agenda for the meeting and introduced the presenters.

Presentations were made by representatives of the Ministry of Health of the Democratic Republic of the Congo (DRC), the WHO Secretariat, and the UN Ebola Emergency Response Coordinator.

The current situation in the DRC was reviewed. As of 10 February 2020, there were a total of 3431 cases, of which 3308 were confirmed and 123 were probable. 2253 persons have died (66%). Between 3 and 9 February 2020, three new confirmed cases were reported in Beni Health Zone, North Kivu. These three cases were already registered as contacts and two were under surveillance at the time of detection. More than 2000 contacts are being followed. There has been an increase in the number of security incidents in recent months.

Challenges that remain include: strengthening of community acceptance for full commitment to response measures; protection of personnel at strategic health checkpoints; improvement of infection prevention and control practices in health facilities; strengthening of the local health system; and comprehensive treatment and support for patients in recovery.

The WHO Secretariat gave an overview of the epidemiological situation, which shows an overall encouraging trend in case incidence and geographic spread. It was noted that sustaining this progress depends on the security situation and control of the well-known drivers of transmission, particularly in traditional health facilities, and on continued trust and communication with the community.

A risk communication and community engagement programme has been developed, as has an EVD survivors programme. It is critical to ensure the long-term sustainability of these two

initiatives.

The situation in countries neighbouring DRC was reviewed, as was preparedness in nonaffected areas of DRC. An EVD operational readiness standardized approach has been implemented in 9 priority countries. More than 2400 alerts have been investigated, and more than 14,600 health workers have been vaccinated.
The UN Ebola Emergency Response Coordinator gave a brief report on operational support, focused on security challenges and preparations for any resurgence of disease.

Context and Discussion
The Committee noted a great deal of progress in the situation since its last meeting and commended the response, under the leadership of the DRC Ministry of Health and the multisectoral coordination commission established in July 2019. Support provided by WHO, UN agencies, nongovernmental organizations and other partners has also contributed to limiting the spread and impact of this virus in a difficult context. An increase in the number of alerts was attributed to strong and proactive community surveillance.

Conclusions and Advice
It was the unanimous view of the Committee that this event still constitutes a public health emergency of international concern (PHEIC) under the IHR (2005).
The Committee acknowledged the revised risk assessment, which puts the risk now as high at national and regional levels, and low at the global level.

The Committee was concerned that withdrawing the PHEIC now might have adverse consequences for the response efforts through diminishing focus. Additionally, although the primary concern of the Committee is EVD, there are serious ongoing outbreaks of other diseases, including measles and cholera, in DRC. The country continues to need support to combat infectious diseases as well as to strengthen its health system. Further, there remains an urgent need to maintain international solidarity for the response.

The Committee noted the ongoing discussions about the interpretation in the text of the IHR (2005) of the terms international and regional spread, and about creating an intermediate level of response between the binary possibilities of PHEIC or no PHEIC, in a way that does not require reopening negotiations on the Regulations. The Committee supports these discussions, as an intermediate level would be as useful for gradually ending a PHEIC and for signaling the potential for one to be declared.

The Committee provided the following advice to the Director-General for his issuance as revised Temporary Recommendations under the IHR (2005).
For DRC:
• Sustain the political commitment and multisectoral coordination approach to the response.
• Continue to engage and build trust with associations of survivors to facilitate rapid detection of any cases arising from exposure to infected bodily fluids of survivors.
• Continue to strengthen capacity, implementation, and coordination for community awareness and engagement, including a focus on hotspots, preventing resurgence where cases have declined, and to support survivors in their communities.

• Further enhance the acceptance of response measures and address access and security issues by engaging influencers and decision makers for all interventions.
• Strengthen measures to prevent and manage nosocomial infections, including systematic mapping of health facilities, targeting of IPC interventions and sustain support to those facilities through monitoring and supervision, including in private-sector and traditional health facilities.
• Continue cross-border screening and step up monitoring at checkpoints around hotspots and at main roads.
• Continue to implement and share real-time full-genome genetic sequencing of all new confirmed cases.
• Strengthen measures to prevent and manage nosocomial infections, including systematic mapping of health facilities, targeting of IPC interventions and sustain support to those facilities through monitoring and supervision.
• Strengthen preparedness in non-affected provinces of DRC, and more generally strengthen the health system across the country to respond to concurrent health emergencies.
• Continue to implement optimal vaccine strategies that have proven maximum impact on curtailing the outbreak, as recommended by WHO's Strategic Advisory Group of Experts (SAGE).

For countries at risk:

• At-risk countries should maintain their work with partners to improve their preparedness for detecting and managing imported or locally acquired cases, including the transparent sharing of detailed information on suspect cases, as required by the International Health Regulations (2005), and sharing laboratory samples of suspect cases for confirmatory testing in accordance with WHO norms and guidance.
• Countries should continue to map population movements and sociological patterns that can predict risk of disease spread.
• Risk communications and community engagement, especially at points of entry, should be maintained.

For all countries:

• As recommended previously, no country should close its borders or place any restrictions on travel and trade.
• The Committee does not consider entry screening at airports or other ports of entry outside the region to be necessary.

The Committee emphasized the importance of continued support by WHO and other national and international partners towards the effective implementation and monitoring of these recommendations.

Based on this advice, the reports made by the affected State Party, and the currently available information, the Director-General accepted the Committee's assessment and on 12 February 2020 maintained the Ebola outbreak in the Democratic Republic of the Congo as a Public Health Emergency of International Concern (PHEIC).

The Director-General endorsed the Committee's advice and issued them as Temporary Recommendations under IHR (2005) to reduce the international spread of Ebola, effective 12 February 2020. The Director-General thanked the Committee Members and Advisors for their advice and requested their reassessment of this situation within two months or earlier if the situation requires.

https://www.who.int/news-room/detail/12-02-2020-statement-on-the-meeting-of-the-international-health-regulations-(2005)-emergency-committee-for-ebola-virus-disease-in-the-democratic-republic-of-the-congo-on-12-february-2020