Ebola and Zika Virus Diseases (EVD) outbreaks
Lessons Learned

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WHO
Outline

- Additional Health Measures under the IHR (Art.43)
- Lessons learned
- Improving preparedness and response
- WHO’s role and actions taken
The IHR (2005) do not preclude States Parties from implementing additional health measures provided that such measures are consistent with the Regulations and that such measures are not more restrictive of international traffic and not more invasive to person than reasonably available alternatives (Article 43).

If the additional measures “significantly interfere with international traffic” (i.e. refusal or entry or departure of travellers, goods, cargos, or delay for more than 24h), States Parties are required to inform WHO within 48h and provide WHO with public health rationale and the scientific evidence.

If, after reviewing the public health rationale and scientific evidence, WHO deems the measures not justified, it will request the SP to review the measures within 3 month (Art 43.6)
Countries’ response to WHO’s travel recommendations during the 2013–2016 Ebola outbreak

Table 3. Prohibition of the entry of foreign travellers from Ebola-affected countries, March–April 2015

<table>
<thead>
<tr>
<th>Country classification</th>
<th>No. of countries</th>
<th>Countries with data available</th>
<th>Countries prohibiting entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO region</td>
<td></td>
<td>No. (%)</td>
<td></td>
</tr>
<tr>
<td>African Region</td>
<td>47</td>
<td>44 (93.6)</td>
<td>18 (38.3)</td>
</tr>
<tr>
<td>Region of the Americas</td>
<td>35</td>
<td>35 (100.0)</td>
<td>15 (42.9)</td>
</tr>
<tr>
<td>South-East Asia Region</td>
<td>11</td>
<td>10 (90.9)</td>
<td>1 (9.1)</td>
</tr>
<tr>
<td>European Region</td>
<td>53</td>
<td>53 (100.0)</td>
<td>1 (1.9)</td>
</tr>
<tr>
<td>Eastern Mediterranean Region</td>
<td>21</td>
<td>18 (85.7)</td>
<td>4 (19.0)</td>
</tr>
<tr>
<td>Western Pacific Region</td>
<td>27</td>
<td>25 (92.6)</td>
<td>4 (14.8)</td>
</tr>
<tr>
<td>All</td>
<td>194</td>
<td>185 (95.4)</td>
<td>43 (22.2)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country income group</th>
<th>No. of countries</th>
<th>Countries with data available</th>
<th>Countries prohibiting entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>55</td>
<td>55 (100.0)</td>
<td>10 (18.2)</td>
</tr>
<tr>
<td>Upper middle</td>
<td>36</td>
<td>32 (88.9)</td>
<td>7 (19.4)</td>
</tr>
<tr>
<td>Lower middle</td>
<td>57</td>
<td>55 (96.5)</td>
<td>18 (31.6)</td>
</tr>
<tr>
<td>Low</td>
<td>46</td>
<td>43 (93.5)</td>
<td>8 (17.4)</td>
</tr>
</tbody>
</table>

Lessons learned

- The experience with Ebola in 2014, Zika have demonstrated that many countries implement additional measures, which went beyond the WHO Temporary Recommendations.
- States Parties either did not report such additional measures to WHO or they did not provide the evidence based public health rationale for why these measures were imposed.
- Several airlines had cancelled operations or restricted flights in affected countries during Ebola outbreak, on their own decision according to their own risk assessment (e.g. business continuity concerns, economic issues and occupational health risk assessment)
- Refusal of transport for biological samples for lab analysis by airlines and couriers.
- MEDEVAC: Air ambulance services not operating for EBOLA suspect, flight authorization.
- Vector control at airports/ports and on board conveyances problematic and excessive measures taken.
- Also some mass gathering / international meetings had been disrupted
- These additional measures largely disseminated in the press, with an impact on risk perception by population and stigmatization of certain countries / Regions
Reducing impact of health emergency and improving preparedness and response

- Alignment with IHR Temporary Recommendations is necessary to mitigate significant negative economic consequences related to inappropriate health measures taken during outbreaks, such as Ebola & Zika.
  - EBOLA: Closure of flight routes hampering the outbreak response and causing serious economic losses
  - ZIKA: Global disinsection inconsistencies - and cost of both disinsection services/time delay

- States to support airports and airlines keeping flights open to affected countries and invest high priority in preparedness to respond to potential cases, in alignment with sound public health advice & IHR.
  - Impact on travel and transport sector can be minimized with better cooperation between public and private sector, to improve preparedness and coordinated response, to mitigate potential effects of emergencies, such as better risk communication, management of events on board, facilitation and support for health measures at points of entry, when recommended
Reducing impact of health emergency and Improving preparedness and response

- Risk communication needs to be improved with the public and private sector on appropriate health measures, precautionary measures, and actual vs perceived risk.
  - Diseases and fear affect economic demand for travel, tourism, investment and goods

- Need for adequate/functioning vector control programmes at PoEs to ensure vectors do not leave nor enter via Points of Entry.
  - Confidence in these programmes/measures would mitigate the need for costly disinsection procedures on board and/or in reactive mode.

- Need for appropriate surveillance at PoE to be able to detect and respond to health events at airports, ports and ground crossings (e.g. suspected cases entering and leaving the country, contact tracing, health advisory...).
Reducing impact of health emergency and Improving preparedness and response

- Travel, tourism and transport business continuity plans to consider public health emergency preparedness, in coordination with national authorities.
- To raise awareness among civil aviation sector of the importance of transport of biological samples for lab diagnostic abroad (Centres of reference in support to outbreak response).
- To raise awareness for safe and coordinated MEDIVAC.
- Raise multisectoral synergies for the use of existing information sharing / notification systems for early warning, alert and response, such as border control, transport and health sectors (e.g. WHO EIS, ICAO NOTAMs…)
- Engagement of multidisciplinary teams at global, regional, national and local levels for development of emergency preparedness and response plans (cultural aspects, regional perspectives, etc…)
- Improve collaboration for contact tracing.
- Strengthening joint activities in CAPSCA.
Importance of risk communication and risk perception

- Information about extension and localization of affected areas (not to generalize to entire countries or Region)
- Impact of name used for health emergency for trade & tourism (name of Regions, countries, … swine flu…)
- Stigmatization of transports, goods & travellers from/to affected areas
- Official on-time information for air transport operators and authorities (use of IHR NFP, Notes for Airmen-NOTAMs…)
- Social communication for different audiences (local, national, international, different sectors, civil society, NGOs)
Example of health measures applied by transportation industry

### Shipping industry:

<table>
<thead>
<tr>
<th>Procedure in place for informing sharing with health authorities prior to berthing of ill travelers on board</th>
<th>Training provided to crew regarding EVD case management, including cleaning and disinfection</th>
<th>Submission of Maritime Declaration of Health upon national requirements at port of destination</th>
<th>Provide valid ship sanitation certificate</th>
<th>Information/announcement on board</th>
<th>Shore leave of crew members not allowed</th>
<th>Cancellation of ship itinerary to/from/pass through EVD affected countries</th>
</tr>
</thead>
</table>

### Airlines:

| Suspension of flight | Training provided for managing EVD events | Universal precautionary kit and medical kit equipped on board | Information/announcement onboard | Use of Passenger Locator Form | Reporting of ill travelers to POE health authorities |
WHO Role and action taken

**Objective**

to increase health security globally

- **Promote harmonized practices, technical guidance and tools**
- **Assistance provided to countries in enhancing and strengthening capacities**

**TTT Emergency Task Force**

- Information and knowledge sharing, international collaboration and coordinated multisectoral response

**Reduce travel & trade restrictions**

Air transport is a key challenge for preventing international spread of health risks

A need for a balanced response to guarantee public health protection and international transport

**WHO assists Member States in building and strengthening core capacities at points of entry**

- Preparing
  - Establishing an international framework for early warning and response
  - Developing guidelines for risk assessment and preparedness
  - Enhancing international coordination and communication

- Guiding
  - Providing technical assistance and training
  - Facilitating the sharing of best practices and successful experiences

- Networking
  - Building partnerships and collaborations across countries and regions
  - Enhancing information exchange and knowledge sharing

**WHO Role and action taken**

- Objective
  - to increase health security globally

- Assistance provided to countries in enhancing and strengthening capacities

- Promote harmonized practices, technical guidance and tools

**TTT Emergency Task Force**

- Information and knowledge sharing, international collaboration and coordinated multisectoral response

**Reduce travel & trade restrictions**
Developing a PHECP at designated POE is an important minimum requirement under IHR.

Improving and sustaining “readiness” is a continuing process (e.g. EOC, risk assessment capacity and operational research).

A broader approach is required to operationalize the plans (local, national and international context).
Multisectoral approach

National PoE emergency preparedness capacity building

- Capacity / Competence building
  - National action plan for PoE capacity development;
  - Public health emergency planning/public health event management at PoE
  - Human resource development/Training

- Cyclic monitoring/evaluation
  - ICAO USOAP CMA
  - CAPSCA technical assistance visit for airport
  - Exercises/drills
  - Post event evaluation-AFTER ACTION REVIEW

International cooperation for coordinated response for public health emergency
Cooperation with Tourism & Transport Sector (e.g. Risk Communication, facilitation)

International Civil Aviation Organization

ELECTRONIC BULLETIN
For information only

EB 201/437
21 August 2014

WEST AFRICA PUBLIC HEALTH EMERGENCY DUE TO EBOLA VIRUS DISEASE

1. Facilitation of transport by air of infectious substances and infectious patients

The emergency situation concerning the current Ebola virus disease outbreak in West Africa has resulted in a requirement for international transport by air (for laboratory analyses) of patient specimens. World Tourism Organization

Recommendations on the Use of Geocodes, Date and Time in Travel Advice and Event Information

Background - Work of the Secretariat

1. The 2009 General Assembly of UNWTO approved by Resolution 1/2009 the Declaration on the Facilitation of Travel and promoted the Secretary-General to promote the principles set out in the Declaration, including the use of modern information and communication technologies, in relation to travel advice and event facilitation.

2. In this Resolution the General Assembly also requested the Secretary-General to report to Annual Sessions on the follow-up of the Declaration.

3. As it may be recalled, the Global Code of Ethics for Tourism adopted by Resolution A.19.4 (XIII) at the thirteenth session of UNWTO General Assembly (Barcelona, Spain, 27 September – 1 October 1989), outlined in its Article 6 the obligations of stakeholders in tourism development as follows:

   “Tourist professionals have an obligation to provide brochures with objective and honest information on their place of destination and on the conditions of travel, hospitality and stays.” (Paragraph 1)

Cruise Industry Adopts Stricter Ebola Screenings

The cruise industry for years has asked boarding passengers to questionnaire, primarily to help stop the spread of meningitis. In Ebola concerns, cruise lines today began asking more pointed questions than they’ve had contact with a person with Ebola or someone in another country, according to the Cruise Lines International Association.

Circular Letter No. 3434
2 September 2014

To: All IMO Member States
Intergovernmental organizations
Non-governmental organizations in consultative status with IMO

Subject: Ebola virus disease

Introduction

1. The purpose of this circular is to provide information and guidance, based on international (WHO), on the precautions to be taken onboard ships from the Ebola virus

Cruise Lines International Association (CLIA) announced Wednesday, October 17, 2014, that they will begin testing passengers for the Ebola virus beginning December 2013. This is a new policy for the major cruise lines, and will be in effect on all ships that call upon Guinean ports.
The network for information sharing: National IHR Focal Points – a key success

- **NOTIFICATION**
- **REPORTS**
- **CONSULTATION**
- **VERIFICATION**

**National IHR Focal Point**
(1 per State Party)

**WHO IHR Contact Point**
(1 per WHO Region)

Event Information Site
Promote Cross-border collaboration

Nature of collaboration will depend on:

- Border scenario (e.g. multi modal transportation at borders)
- Issues to be addressed: e.g. vaccination, vector borne diseases, emerging diseases, PHEICs (MERS Corona Virus, POLIO and EBOLA)
- Existing agreements – ECOWAS, ASEAN, MERCOSUR-UNASUR, GCC, G5 etc.
- Targeted infrastructures – e.g. border crossings, health care facilities, laboratories….
- Surveillance information exchange, common tools, protocols
- Sharing expertise, training opportunities and lessons learnt
- Application of specific measures at borders- joint designation
Thank you

Merci

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Gracias

谢谢

спасибо

Obrigado

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www.who.int/ihr/ports_airports/en/