

Final Statement on the 8th meeting of the International Health Regulations (2005)

Emergency Committee for Ebola virus disease in the Democratic Republic of the Congo (provinces of Ituri, North Kivu, and South Kivu) on 26 June 2020

The 8th meeting of the Emergency Committee, convened by the WHO Director-General under the International Health Regulations (IHR) (2005) to review the Ebola virus disease (EVD) outbreak in the Ituri, North Kivu, and South Kivu provinces of the Democratic Republic of the Congo (DRC), took place on Friday, 26 June 2020, from 13:00 to 15:50 Geneva time (CEST). The Committee's role is to give advice to the Director-General, who makes the final decision on the determination of a Public Health Emergency of International Concern (PHEIC) and issues Temporary Recommendations as appropriate.

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 Director-General welcomed the Committee and expressed gratitude for all who have responded to this outbreak.

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 meeting was turned over to the Chair, Dr Preben Aavitsland. Dr Aavitsland also welcomed the Committee, outlined the objectives of the meeting, and introduced the presenters.

Presentations were made by a representative of the Ministry of Health of the DRC and the WHO Secretariat to update the Committee on the situation.

The DRC Ministry of Health provided an update of the epidemiological situation. As of 23 June 2020, a total of 3 470 EVD cases were reported from 29 health zones, including 3 317 confirmed and 153 probable cases, of which 2 287 cases died (CFR 66%). Since the last reported case on 27 April 2020, no new confirmed or probable cases of EVD have been reported. On 25 June 2020, the DRC Ministry of Health declared that human-to-human transmission of Ebola virus had ended in Ituri, North

Kivu, and South Kivu provinces. The Ministry of Health of DRC notes that a separate EVD outbreak is occurring in the Equateur Province, not epidemiologically related to the outbreak in the Ituri, North Kivu, and South Kivu provinces.

The DRC Ministry of Health is implementing their national response plan to strengthen surveillance, laboratory diagnostic capacities, infection prevention and control (IPC), risk communication and community engagement (RCCE), the EVD survivor care programme, and provincial health departments' operational capacities.

The WHO Secretariat presented the WHO risk assessment and context. Based on the evolution of the outbreak, current epidemiology, and response in Ituri, North Kivu, and South Kivu provinces, the overall national and regional risk levels remain moderate. The global risk level remains low.

WHO noted that regional preparedness capacities built for EVD response, such as coordination mechanisms; response plans; laboratory diagnostic capacity; rapid response teams; and community-based surveillance systems, are also being used to facilitate a robust COVID-19 response.

Remaining challenges include the need for continued human and financial resources to maintain prevention, preparedness, response and control activities, such as the EVD survivor care programme; the volatile security situation; the new EVD outbreak in Equateur Province; and the concurrent burden of COVID-19, cholera, and measles.

Although the outbreak in Ituri, North Kivu, and South Kivu provinces has been officially declared over, the detection of a new EVD outbreak in Equateur Province highlights the potential for re-introduction from animal reservoirs. The DRC and at-risk countries need to maintain vigilance to mitigate the risk of EVD re-emergence as well as to rapidly detect and respond to any new cluster.

Context and Discussion

The Committee congratulated the Ministry of Health on the conclusion of the EVD outbreak in Ituri, North Kivu, and South Kivu provinces. The Committee conveyed their strong appreciation to the World Health Organization for their support in ending this challenging outbreak. The Committee also thanked the health workers, donors, and all partners who have supported the successful response and recognized the international collaboration and strong solidarity among DRC, neighbouring countries, WHO, and partners.

The Committee noted that the genetic sequencing has confirmed that the EVD outbreaks in the Ituri, North Kivu, and South Kivu provinces and the Equateur province are epidemiologically distinct events.

The Committee highlighted the importance of the 90-day national response plan which includes maintaining intensive surveillance, response capacity, and follow-up with EVD survivors. DRC and partners are engaging in all measures to reduce the potential for a resurgence in Ituri, North Kivu, and South Kivu provinces. The Committee noted the importance of the EVD survivor care programme and continued RCCE activities, which will continue to be conducted by locally trained staff in each province with support from national staff as needed.

The Committee expressed concern over the lack of prioritized resources to operationalize the 90-day national response plan and maintain long-term local capacity for prevention and response. Financial and human resources of DRC, WHO, and partners are challenged by the concurrent COVID-19, cholera, and measles outbreaks. The Committee encouraged DRC, WHO, and partners to harmonize EVD, cholera, measles, and COVID-19 prevention and control activities.

Conclusions and Advice

The Committee agreed that the current situation in the Ituri, North Kivu, and South Kivu provinces no longer constitutes a public health emergency of international concern.

The Committee emphasized the importance of continued donors' funding and human resources to operationalize the 90-day day national response plan.

The Committee provided the following advice to the Director-General for his issuance as revised Temporary Recommendations, in accordance with Article 15(1) of the IHR (2005) “... *Temporary Recommendations may be modified or extended as appropriate, including after it has been determined that a public health emergency of international concern has ended, at which time other temporary recommendations may be issued as necessary for the purpose of preventing or promptly detecting its recurrence [...]* These Temporary Recommendations shall automatically expire three months after their issuance.”

The Committee provided the following advice to the Director-General for his issuance as revised Temporary Recommendations under the IHR (2005).

For DRC:

- Operationalize their 90-day national response plan and ensure the appropriate human and financial resources are available for implementation throughout the full duration.
- Continue their EVD survivor care programme which provides clinical, biological, and social support to survivors.
- Continue the use of the Community Action Cells, or comparable community-level resources, for locally based RCCE to address potential EVD flare-ups and

spillover events. Leverage resources, as needed by integrating EVD RCCE activities with concurrent response efforts related to outbreaks of measles, cholera, and COVID-19.

- Take note of the upcoming Strategic Advisory Group of Experts on Immunization (SAGE) recommendations on the use of EVD vaccines.
- Develop an EVD prevention and control plan to sustain preparedness and response capacity beyond the initial 90-day national response plan.

Neighbouring countries:

- Continue to strengthen their surveillance for EVD to prevent the risk of potential spread.

For WHO:

- Continue to encourage research on animal reservoirs and the potential for spillover events.
- Continue engagement with countries and partners, including industry, to establish and maintain a strategic global stockpile for EVD vaccines.
- Collect and publish lessons learned with DRC and partners on this EVD outbreak, including on the effectiveness of vaccination and other interventions, and challenges related to emergency response in the context of civil unrest and insecurity.

Based on this advice, the report made by the affected State Party and the currently available information, the Director-General accepted the Committee's assessment and on 26 June 2020 declared the end of the Public Health Emergency of International Concern (PHEIC) for this event.

The Director-General accepted the Committee's advice and issued them as Temporary Recommendations under IHR (2005), effective 26 June 2020. The Director-General thanked the Committee Members and Advisors for their advice throughout the outbreak.