

16 January 2017

Dear Dr. Ladher and editors of the BMJ,

Thank you for the provisional offer of publication and the opportunity to revise and strengthen the manuscript in response to the very useful comments of the editors and peer reviewers. Please find below a point-by-point response to each comment received:

Editors comments:

1. Editors felt that your article gives a comprehensive and readable analysis of the issues. We had a few questions about WHO's response and what happens going forward - see below.

Authors: Thank you, we are very pleased with the decision of provisional publication and have revised the text based on the helpful comments received.

2. Is it feasible to think they can address the many different areas all in one go? One could argue that it is reasonable for WHO to tackle each area bit by bit? You point out that there are some areas where no reform has been planned at all - what are main ones and what should be prioritised?

Authors: In the conclusions we have clarified that deeper reforms do take many years, but that the window of opportunity to launch reforms opens immediately after a crisis and therefore must be seized. We have also edited the second paragraph of the Conclusions section to clarify which gaps we have identified as priorities for action.

3. What direct action would you like to see WHO take now to meet your recommendations?

Authors: As noted in the previous point, we have emphasized more clearly the areas where action at WHO (and elsewhere) is most urgently needed. We also clarify at several points in the revision that some changes are within the control of WHO itself, but many rest in the hands of its Member States; however, Member States have not supported the deeper institutional reforms necessary at WHO.

Comment [SM1]: Need to work on changes in manuscript. More emphasis on member states.

4. We note that one of the reviewers found the length short and the analysis superficial as a result. Editors disagreed - we thought that the analysis was very good and would suggest that you keep as close to the current length as possible.

Authors: We are grateful for your understanding. We worked to produce as concise a manuscript as possible, given the broad-ranging nature of the content. We added some text in response to the comments received, but tried to maintain its brevity.

Reviewer 1 (Michael Edelstein): Comments:

This manuscript is a thorough synthesis of the post ebola policy recommendations and progress on their implementation, and will undoubtedly receive a lot of attention. I only have a few minor comments:

Authors: We are grateful to Dr. Edelstein for the positive, constructive review and insightful comments.

a) there are several mentions of the WHO DG election, but no indication of the timeframe. It may be useful to mention it for authors less familiar with the process

Authors: We have specified that the election will take place in May 2017 at the first mention (p10) and that the next DG will take office in July 2017 at the second mention (p15).

b) In the "operational issues" progress report, while WHO's inability to respond rapidly to outbreaks is recognised, there is no mention of GOARN, and its positive contribution. It may be worth mentioning, in particular because certain countries are creating rapid response teams that may be deployed through this mechanism as part of building a global emergency workforce

Authors: We have clarified that WHO's new Emergency Programme incorporates GOARN (p18, "WHO has responded by establishing a new Emergency Programme that incorporates its capacity for outbreak response (Global Outbreak and Response Network), humanitarian assistance (Foreign Medical Teams) and its health cluster leadership role under OCHA (32).") We have also added mention of the work WHO is doing to build national medical teams (p18): « WHO has also developed emergency medical teams to provide surge support to national health systems, with about 75 medical teams on standby, and has developed a formal process of quality control and peer review in teams' selection, training and verification.

c) While the authors's work focus on 7 prominent post ebola reports, they all originate from UN organisation or high income countries. It may be worth mentioning either in the intro or the conclusion that the west African Workshop on post Ebola global reforms that took place in Monrovia in July 2016 broadly reached the same conclusions- therefore the view on post Ebola priorities are shared by the countries affected by the outbreak.

Authors: The reviewer makes a fair point. Four of the reports included for synthesis came from the UN system, three from outside. Notably, all seven panels included members from low and middle-income countries, including African countries. That said, the reviewer's suggestion is a very useful one, and several of the manuscripts co-authors were centrally involved in the West African meeting mentioned. We have added mention of that meeting's final communique in the conclusions section to underscore the general conclusion that not enough has been done yet, and further reforms are needed.

d) The authors highlight the remaining gaps- However some of the recommendations, in particular around WHO and UN reform may require a longer timeframe than the year or so since WHO has declared the outbreak over. It may be helpful for the authors to indicate what a realistic timeframe for implementing these recommendations might be.

Authors: We agree that not all reforms can be completed within the relatively short timeframe since the Ebola outbreak. Rather than proposing a specific timeframe (since timeframes will vary by issue area), we have revised the conclusions to clarify and emphasize that the window to launch reforms is immediately post-crisis, even if they ultimately take a longer timeframe to implement. We have also added mention that the leadership transitions at WHO and the UN complicate the timeframe by adding uncertainty.

I also not that David L Heymann is listed in the "other authors" list on page 2 but not

in the "complete list of authors" on the cover page

Authors: This omission was due to a clerical error, and David L. Heymann is indeed a co-author. This issue has been addressed directly with the BMJ staff.

Reviewer: 2

Comments:

Overall this gives a useful overview of the seven nominated reports post-Ebola and the actions that have, or have not, been taken by WHO and others in response.

Authors: We are grateful to Dr. Clift for the thoughtful and precise comments received, which have considerably strengthened the manuscript.

However, partly because of the (short) length I find it in some respects superficial in its analysis and not entirely balanced.

Authors: We have made the manuscript very concise in order to reach a broad audience and keep the content accessible. This has necessarily required cutting some depth and further explanation that would undoubtedly be included in a longer report. Regarding balance, we have sought to address the reviewer's specific points below.

Detailed comments are:

p4. Second sentence. This seems badly phrased - as the paper itself identifies three areas of convergence and sees remarkable consensus in what went wrong and what needs to be done. So "is unclear" possibly means "needs elucidation".

Authors: We agree this sentence needs improvement. We have revised to emphasize that it is progress that remains unclear: "However, there has been no systematic overview of the extent to which action has been taken on the main priorities and reforms proposed in these reports."

p5. First para. I suppose everyone knows but it omits the fact that the PHEIC declaration was unduly delayed which was one of the main criticisms of WHO performance.

Authors: We agree that the PHEIC declaration was unduly delayed. However, we choose not to mention this issue in the manuscript's first paragraph, as it may distract from the key focus of the paper (by re-opening the question of what went wrong and why – a topic covered by many other reports), and would also require further explanation and contextualization (e.g. the delay was not the only problem but rather symptomatic of other problems with WHO's response and WHO as an institution).

p5 2nd para What are these "40 targeted examinations"? I don't see any reference to them in Ref (1).

Authors: We have added a reference to the list of 45 compiled by WHO. Reference 1 was intended to support the second half of that sentence regarding convergence.

Second sentence: What "gaps"? Gaps are not previously referred to. Is it that we "know little" or that it has not previously been brought together like this?

Authors: We thank the reviewer for these useful comments. We have amended "these gaps" to "identified gaps", referring to the gaps identified in the various post-Ebola reviews. We have also revised "we know little about what has actually been

achieved to date” to “a clear picture of what has actually been achieved to date remains elusive.”

p.11. I think there should be some reference to the successful Ebola vaccine trial in spite of all the difficulties referred to, either in middle para or in the succeeding section.

Authors: This is a good point, and we have added mention of and reference to the most recent rVSV Guinea vaccine trial results published in Dec 2016.

p.14. Middle para. What WHO has done in revamping its emergency structure gets rather short shrift. It remains to be seen how well it will work but the effort put into creating a structure that is intended to work as one at the three levels of the organization meets some, but not all, the criteria that were set out in the reports.

Authors: This is a fair point, and we agree that the efforts to build the programme merit greater recognition here. We have added several sentences providing an update on what has been done to date, where we also include mention of the role of GOARN in response to Reviewer 1.

p.15 - first full para. This is a bit muddled. The PHEIC delay is attributable mainly to pressure from the affected countries. The issue of financing (assessed vs voluntary) and threats to WHO's independence is a conceptually different matter relating to WHO donors, and not specific to emergencies.

Authors: We have revised the language to tighten the logical flow of the paragraph. Our key point is that there was an important link between the PHEIC delay and the financing issues, which is that WHO does not – and is unable to – operate independently enough of the desires of its Member States, and that its financing structure is one key reason why. We have revised the text in this paragraph to clarify this point: “Several reports also emphasized safeguarding WHO’s independence from the interests of any single Member State or other powerful party, an issue inextricably linked to its financing situation. These recommendations are related to concerns that political factors might lead to delays in the declaration of a PHEIC.”

p.15 second full para. Well the emergency programme is arguably a major institutional reform. Best to be specific about what is meant.

Authors: We agree that the manuscript needed to be more specific about what is meant by “operational” vs “institutional” reforms and therefore why the Emergency Programme should be seen as an example of the former but not of the latter. We have done so by clarifying the distinction on p13 when the two categories are first introduced: “We divide the problems identified at WHO broadly into two categories, which we address in turn: “operational,” referring to WHO’s ability to address disease outbreaks on the ground, and “institutional,” referring to WHO’s broader characteristics (including but not limited to emergencies or outbreaks). »

p.17 Conclusion. Use of “we” - who are “we”? It should be avoided unless it clearly means the authors - can't speak for others who may disagree.

Authors: We have rephrased to exclude the “we” in this sentence, and have removed it throughout the manuscript except in cases where we are referring to the authors.

The general tenor of the conclusion is quite negative and quite vague. Creating a mechanism that holds governments and intergovernmental organizations to account raises a whole lot of intractable issues (and different ones for governments and international organizations) that are simply not discussed. I would favour a more concrete set of conclusions.

Authors: We agree that ensuring the accountability of governments and international organizations is challenging and complex. However, it would not be appropriate to go into detail here to describe and defend a specific proposal for an accountability mechanism as there is not space, nor is that the main focus of this manuscript. We have therefore amended the text to reiterate that proposals for accountability mechanisms have been made elsewhere (in the seven reviews) and these should be considered. We also note that the key conclusion of the manuscript is that progress has been uneven and inadequate, and this point is clearly made at the end. Rather than reiterating the more specific and concrete policy recommendations on accountability already made in the plethora of post-Ebola reviews, we believe the added value of this manuscript is to provide a birds-eye view of where the needle has moved and where it has not, and a collective judgment of how prepared we are today for the next outbreak. Providing a more detailed, lengthy and thorough assessment is precisely why we need a monitoring and accountability mechanism – that is indeed still absent.

We thank you again for the opportunity to revise the manuscript, for the valuable comments from the editors and reviewers, and the provisional decision of acceptance. Please do not hesitate to contact us should you have further comments or questions. We look forward to receiving your final decision regarding the manuscript,

On behalf of the authors,

Sincerely,



Suerie Moon, MPA, PhD
Director of Research, Global Health Centre & Visiting Lecturer, Interdisciplinary Programmes, Graduate Institute of International and Development Studies, Geneva
Adjunct Lecturer, Department of Global Health and Population, Harvard T.H. Chan School of Public Health
suerie.moon@graduateinstitute.ch
office: +41-22-908-5845 mobile: +41-76-823-2830