

BMJ - Decision on
Manuscript ID
BMJ.2017.037328

Body: 11-Jan-2017

Dear Dr. Moon

Manuscript ID BMJ.2017.037328 entitled "Post-Ebola Reforms: Ample Analysis, Inadequate Action"

Thank you for giving us the opportunity to consider this paper.

We are pleased to make a provisional offer of publication if you are able to revise it to address the points made by the referees and the editors.

The referees' comments are available at the end of this letter, and the points raised by the editors are set out below.

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

We hope that you will be able to revise the paper and send it back to us by Friday 13 January. When you resubmit, could you kindly ensure that you provide:

- (a) A covering letter outlining how you have responded, or not responded and why, to both the referees comments and those of the editors.
- (b) A word count (excluding the references and words in boxes and tables).
- (c) Please check that all the information required in the manuscript (see note below) is included in the revised manuscript.

To revise your manuscript, log into <https://mc.manuscriptcentral.com/bmj> and enter your Author Center, where you will find your manuscript title listed under "Manuscripts with Decisions." Under "Actions," click on "Create a Revision." Your manuscript number has been appended to denote a revision.

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All accepted Analysis articles are published on thebmj.com, the canonical version of the journal. Please note that only a proportion of accepted Analysis articles will also be published in print.

I hope you will find the comments useful. Please do not hesitate to contact me if you wish to discuss further.

Best wishes

Yours sincerely

Navjoyt Ladher
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INFORMATION TO INCLUDE IN REVISION

Please would you also check that you have provided the following information

- * Competing interest statement (in the style explained at <http://www.bmj.com/about-bmj/resources-authors/forms-policies-and-checklists/declaration-competing-interests>)
- * Contributorship statement + guarantor (see <http://resources.bmj.com/bmj/authors/article-submission/authorship-contributorship>)
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- * Signed patient consent form(s), if the article gives enough personal information about any patient(s): - (see http://resources.bmj.com/bmj/authors/editorial-policies/copy_of_patient-confidentiality)

Reviewer(s)' Comments to Author:

Reviewer: 1

Recommendation:

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:

- 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
- 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
- c) While their 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
- 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

I also note 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

Additional Questions:

Please enter your name: Michael Edelstein

Job Title: consultant epidemiologist

Institution: Public Health England

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: No

Funds for a member of staff?: No

Fees for consulting?: No

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If you have any competing interests (please see BMJ policy) please declare them here:

Reviewer: 2

Recommendation:

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

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".

p.5. 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.

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

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.

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.

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.

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

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. 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.

Additional Questions:

Please enter your name: Charles Clift

Job Title: Senior Consulting Fellow

Institution: Centre on Global Health Security, Chatham House

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: No

Funds for a member of staff?: No

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If you have any competing interests (please see BMJ policy) please declare them here: Two of the authors, Suerie Moon and David Heymann are connected to the Centre on Global Health Security.

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