

Summary report on the

Subregional meeting on legislation as per the requirements of the International Health Regulations (2005)

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Cairo, Egypt
9–11 September 2012



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

The International Health Regulations (2005) (hereinafter “the IHR” or “the Regulations”) are legally binding on all States Parties and impact on governmental functions and responsibilities across many ministries, sectors and governmental levels. The Regulations require that an adequate legal framework is in place to facilitate their implementation. The Regulations also require States Parties to collaborate with each other in developing national legal, regulatory and administrative provisions for its implementation.

The WHO Regional Office for the Eastern Mediterranean organized a subregional meeting on legislative capacities as per IHR requirements from 9 to 11 September 2012 in Cairo, Egypt. The objectives of the meeting were to:

- Identify the main gaps in legislative capacities;
- Identify appropriate mechanisms and solutions to address these gaps;
- Propose a set of recommendations to improve legislative capacities and compliance with IHR.

Participants were national IHR focal points and legal advisers from Afghanistan, Bahrain, Djibouti, Egypt, Islamic Republic of Iran, Jordan, Kuwait, Oman, Pakistan, Qatar, Somalia, Sudan, South Sudan, Syria and Tunisia. The meeting was facilitated by a technical team from the Regional Office and a legal team from WHO headquarters and one external legal expert.

The meeting was divided into three main parts: country and WHO presentations, plenary discussions and working groups. The presentations focused on the situation of IHR implementation, legal

and legislative aspects of IHR, assessment and revision of national laws for IHR implementation, an introduction of WHO toolkits and other guidance for IHR. Plenary discussions facilitated the exchange of information and identifying the challenges and opportunities to review and update national legislation to facilitate the implementation of the IHR. Group work enabled participants to get familiar with and use the WHO legislative tool kits and other guidance documents.

2. Summary of discussions

State Parties of the Region have made progress in meeting some of the IHR obligations, mainly in establishing national IHR focal points, surveillance, laboratory, preparedness and response to zoonotic events. However, progress has been slow in legislation, coordination, preparedness, risk communication and handling chemical and radiological events. The lack of regulatory supportive system and high turnover among human resources remain major challenges to implementing the IHR. Furthermore, political instability in some State Parties has had a negative impact on meeting and sustaining the IHR obligations.

Insufficient understanding of rights and obligations of Member States under IHR was clear among participants. Discussions highlighted divergent interpretations of parts of the IHR such as national focal points, the role of WHO, perception of IHR as a form of sanction rather than as a powerful tool for nationals to enhance their capacities, proper use of the IHR and guidance for decision-making. State Parties need to promote effective understanding and interpretation of IHR and WHO guidance and tools by policy-makers and experts across sectors and governmental levels.

State Parties need to develop a mechanism for exchange of information on the IHR and to determine their priorities in IHR implementation. WHO will continue to support State Parties in addressing the identified gaps.

Many State Parties have done legislative assessments; however, in the majority of countries not all concerned parties were included in this process. This highlights the insufficient coordination among the different IHR stakeholders. Also, amending national legislation to facilitate the implementation of the IHR is a slow process and in some State Parties it might only be achieved after the deadline for implementing IHR. Adopting new articles to be added to national legislation as annexes might be a faster solution. State Parties need to find mechanisms to speed up their legal processes and adopt legislation to achieve compliance in both the short and long terms. All relevant sectors need to be involved in this process to make sure that all IHR related hazards are addressed in the revised legislation.

Some State Parties have established multisectoral coordination mechanisms in the form of a committee or a task force. Members from different IHR stakeholders are parts of these committees. The IHR national focal points are members of these committees in most of the countries. However, terms of reference for these committees are not identified in some cases. Therefore, their role in coordinating the implementation of the IHR is not strong.

Other State Parties have designated national focal points for each sector to communicate with the IHR national focal points; however, the terms of reference for the IHR national focal point is not widely disseminated among the sectors and the focal points. Also, a mechanism for communication and sharing information between the

IHR national focal point and these focal points, particularly the focal points for the chemical and radiological sectors, is not well established in most countries. Multisectoral coordination is a prerequisite for implementing the regulations. Countries are encouraged to enhance advocacy activities among the different sectors, with particular focus on decision makers to put innovative legal and political mechanisms to foster intersectoral collaboration among all sectors.

Some State Parties have created specific funding mechanisms or adequate budgets for IHR implementation. However, this is not the case for all countries. Insufficient financial resources for implementing the IHR is a major challenge. Furthermore, human resources are not adequately equipped to support their countries to meet the IHR obligations. State Parties have to identify mechanisms to cooperate with each other to provide technical, financial and logistical resources to support the implementation of the IHR. Mapping human resources by capacities and establishing national plan for training can help State Parties in equipping their human resources with the required knowledge to support implementing the IHR. WHO will continue to provide technical assistance to support countries in their implementation of the IHR and will continue to work with partners to mobilize required technical and financial resources for countries to implement the IHR.

Recommendations

To Member States

1. Accelerate assessments and revision/adoption of all relevant legislation in all sectors and levels to ensure full and efficient implementation of IHR.

2. Ensure that this assessment process includes legislation concerning points of entry to facilitate building their capacities to support implementation of the Regulations. This may include the joint designation of points of entry for public health cooperation in surveillance, rapid response and implementation of control measures, as appropriate to the specific circumstances.
3. Reinforce the legislative and governmental authority of national IHR focal points so that they can effectively perform all their functions under the IHR. This may include the development of standard operation procedures or other legal or administrative instruments confirming the mandates, roles and obligations of the national IHR focal points under IHR. Such documents should be widely disseminated among the different stakeholders in order to facilitate intersectoral coordination.
4. Establish/strengthen an authorized coordinating body of senior representatives from different sectors and stakeholders with defined roles and responsibilities and effective mechanisms of communication for surveillance, assessment and response to ensure multisectoral and multi-level coordination to implement the IHR.
5. Based on the template provided during the workshop or another equivalent format, finalize and carry out plans of action to implement IHR in national legislation. Budgeting activities in the plan are important to facilitate resource mobilization.
6. Maintain and strengthen existing human and financial resources for sustaining legislative capacities to implement the IHR.
7. Plan for and implement tabletop or drill exercises, with the involvement of the relevant stakeholders, on responding to public health emergencies including ensuring the availability of sufficient legislative support for necessary governmental actions.

To WHO

8. Provide direct assistance to countries upon request in their efforts to assess existing national legislation and to adopt/revise any relevant national legislation to facilitate IHR implementation, as appropriate.
9. Take into consideration the input of all States Parties in refining WHO toolkits on IHR implementation in national legislation.
10. Reinforce regional and global collaboration between countries by using existing coordination forums to exchange information related to legal issues and further support the implementation of the IHR.
11. Advocate for IHR implementation in national legislation.
12. Share information on partnerships and technical assistance opportunities that may facilitate efforts of States Parties to build legislative capacities to implement the IHR.

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