

Summary report on the

Third regional stakeholders' meeting to review the implementation of IHR (2005) with focus on Ebola virus disease

WHO-EM/IHR/008/E

Cairo, Egypt
11–13 January 2015
Tunis, Tunisia
4–5 February 2015



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Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

The third regional stakeholders meeting to review the implementation of the International Health Regulations (2005) with a focus on Ebola was organized by the WHO Regional Office for the Eastern Mediterranean in two venues. The first was held in Cairo, Egypt, on 11–13 January 2015, and the second in Tunis, Tunisia, on 4–5 February 2015 for representatives of countries who were not able to participate in the Cairo meeting.

The objectives of the meeting were:

- to review the key findings and major recommendations based on Ebola preparedness and response readiness assessment missions undertaken in the Region in November and December 2014;
- to identify and agree on specific and pragmatic remedial strategies to overcome challenges and fill gaps highlighted as key factors behind the national, regional and global threats posed by the ongoing MERS-CoV and Ebola outbreaks;
- to critically review the progress made and reasons behind continuing gaps at country levels in the implementing the recommendations of the first and second IHR regional meetings; and
- to discuss and identify ways to implement the resolution on global health security of the 61st session of the WHO Regional Committee for Eastern Mediterranean (October 2014) and the recommendation from the 2nd IHR Review Committee meeting in November 2014.

The expected outcomes of the meeting were the discussion and identification of national achievements and gaps in strengthening IHR core capacities in relation to the finds of Ebola readiness assessment missions undertaken in the Eastern Mediterranean Region in November and December 2014.

The Cairo meeting was attended by IHR focal points from 16 countries of the Region, representatives from the United Nations Children's Fund (UNICEF), Food and Agriculture Organization of the United Nations (FAO), Eastern Mediterranean Public Health Network, U.S. Centers for Disease Control and Prevention (CDC), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), and WHO staff from headquarters, regional and country level. The meeting in Tunis was attended by representatives from four more countries of the Region. It was facilitated by WHO staff from the WHO Regional Office for the Eastern Mediterranean.

The Cairo meeting was opened by Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, who referred to an assessment of Ebola preparedness and readiness measures that had been conducted in 18 countries. The findings showed critical gaps in early detection and rapid response and highlighted the need to address the critical gaps in core capacities to contain not only the threat of Ebola but possible threats from any other emerging and unknown infectious diseases. He said that it was imperative to come together for a pragmatic, action-oriented plan to bridge critical gaps highlighted by the Ebola assessment and to strengthen core capacities under the IHR. In particular, it was important to look critically at what allowed Ebola to progress from a localized outbreak to a global threat to health security. Failure to do so would produce remedial measures that would be fragmented, short-lived, and perhaps leave systems even more vulnerable in future.

As countries moved closer to the deadline for the second extension of June 2016 for IHR implementation, the recommendations of the IHR Review Committee meeting in November 2014 had clearly spelled out IHR implementation as a continuous and a dynamic process rather than a time bound phenomenon and called for looking at IHR core

capacities from an implementation to a functional and quality assurance standpoint. He closed by reiterating that it was a collective responsibility to protect global health and effectively manage any emerging health threats whether from within the Region or from outside. Strengthening IHR core capacities and their operationalization against threats like Ebola were not the sole responsibility of the humanitarian and health sectors. Growing social unrest, falling national and regional GDPs and mounting economic losses for the private sector through tourism and transportation in Ebola-affected countries in West Africa clearly underscored that the need for pro-active engagement of development partners and the private sector in IHR implementation was never greater than today.

Dr Keiji Fukuda, WHO Assistant Director-General, Health Security and Environment, noted that all countries of the Region were facing numerous challenges in fully implementing the IHR, and despite success stories in core capacity development, gaps still existed in countries' implementation of IHR, related to the development of core capacities, timely sharing of information and instability to meet health challenges. The Ebola crisis had highlighted a number of concerns with the implementation of additional measures by State Parties.

For the Tunis meeting, Dr Guido Sabatinelli, WHO Representative in Tunisia, delivered the message of the Regional Director from the first meeting.

2. Conclusions

The meeting highlighted the important work that has been done and what has been achieved since the IHR came into force and the specific priority areas for the development and/or maintenance of core capacities.

The International Health Regulations 2005 (IHR) is an international agreement legally binding on States Parties, including all WHO Member States. It entered into force on 15 June 2007. States Parties are obligated by the Regulations to develop, strengthen and maintain national minimum core public health capacities.

During the information session, the WHO Secretariat provided an update on the global and regional situation with regard to Ebola, as well as the latest country Ebola preparedness and response assessment carried out in 18 Member States.

Recognizing that the global, regional and national security is highly dependent on all State Parties complying with and implementing International Health Regulations (2005), the outbreak of Ebola virus diseases in West Africa exposed gaps in all-hazard preparedness and response.

Recognizing gross lack of preparedness and response plans at grass roots level in most of the State Parties on threats in health security as shown in the assessed 18 Member States, serious gaps identified in the core capacities required for implementation of IHR (2005) were discussed. The diversity and increasing frequency of public health events of international concern are reminders that the IHR is foundational to global health security.

After discussion and deliberation on the information provided in the context of the Ebola virus disease participants re-iterated the need to accelerate the implementation of recommendations from the previous meetings.

3. Recommendations

To Member States

1. Review urgently measures and develop plan within 3 months (90 days) to address the gaps in capacity dealing with a potential importation of Ebola identified by the assessments carried out by WHO. The plans should address the technical and financial support for building core public health capacities and ensure full implementation of IHR by all stockholders. These plans to be shared with WHO in a month's time.
2. Emphasize strongly at highest governmental level and among other stakeholders that the responsibility for IHR implementation is not the sole responsibility of the Ministry of Health and advocate for the development of policies and legislation that cover the multisectoral dimension of IHR and through the establishment of stakeholders committee(s).
3. Ensure a strong intersectoral coordination and collaboration among and within States Parties of health, defense, transport etc. to facilitate and accelerate the implementation of IHR. Such committees should include high-level representation from various stakeholders.
4. Enhance cross-border collaboration for surveillance and response to public health events, including developing bilateral or multilateral agreements concerning surveillance and response of events of international concerns at all entry points. The collaboration plans to be shared with WHO in 3 months' time.

To WHO and partners

5. Assist Member States in addressing the main gaps identified during the country assessment carried out latently and supporting the implementation of the action plan addressing these gaps on

quarterly basis, and provide any technical assistance whenever required.

6. Get better information on the robustness of States Parties IHR capacities, to explore options to move from checklist approach to more action-oriented approach with periodic evaluation of functional national capacities. Initiate a consultative process for strengthened self-assessment systems including “after action” review to get more evidence base approach to assessing effective core capacities and to identify relevant performance-oriented indicators.
7. Enhance linkages with regional and international partners to support countries to strengthen the IHR core capacities i.e. air/maritime transport sector and human-animal interface in zoonotic diseases
8. Develop a simulation or drill exercise guidelines to facilitate best practice and experience sharing within the Region in the aforementioned activities
9. Create a regional network for sharing the learning experiences and encourage solidarity to support countries in building their IHR core capacities
10. Facilitate documentation of IHR implementation lessons learned, best practices and experiences
11. Conduct as soon as possible a regional evaluation of the outbreak reviews to facilitate cross-regional learning and distil lessons learnt for future IHR programming.

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