World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

Regional Committee for the Eastern Mediterranean
Sixty-fifth session
Provisional agenda item 3(h)

EM/RC65/INF.DOC.7
September 2018

Progress of States Parties in implementing the International Health Regulations (2005), including Report of the Regional Assessment Commission

Introduction

1. This report provides an update on progress in implementing the International Health Regulations (2005) (IHR) in the Eastern Mediterranean Region in the context of resolution EM/RC64/R.1 (2017), related to monitoring and evaluation of IHR implementation, and of resolution WHA61.2 (2008), related to annual reporting on the implementation of the Regulations by States Parties, pursuant to paragraph 1 of Article 54 of the IHR.

2. The Seventy-first World Health Assembly adopted the five-year global strategic plan to improve public health preparedness and response 2018–2023 of document A71/8.[1,2] A five-year regional strategic plan is being developed based on the pillars and guiding principles of the global plan.

3. This report also provides an update on the work of the IHR Regional Assessment Commission (IHR-RAC) in the Region and highlights key recommendations from the third meeting of the Commission for accelerating implementation of the Regulations and IHR capacities within the Region.[3]

IHR Monitoring and Evaluation Framework

Annual reporting

4. In accordance with Article 54 of the IHR, State Parties within the Eastern Mediterranean Region have continued to produce annual reports to WHO on the achievement of IHR-related core capacities. In 2017, 22 countries submitted complete annual reports.

5. Reported data for 2017 are available via the Global Health Observatory, and are included in Annex 1. Analysis of IHR implementation across the Region shows that the highest average implementation scores were for capacities related to zoonosis (91%) and laboratory (81%), followed by coordination and surveillance (both at 79%). Less well-performing areas of IHR implementation included capacities related to managing chemical (49%) and radio-nuclear events (58%), followed by points of entry and risk communications (both at 64%).

6. The annual reporting tool has been modified to improve its alignment with the joint external evaluation tool following a consultative process with national IHR focal points. The revised annual reporting tool was introduced to States Parties in March 2018.

Joint external evaluation

7. WHO has continued to support countries in conducting joint external evaluation (JEE). As of August 2018, 16 countries have conducted the JEE: Afghanistan, Bahrain, Djibouti, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Tunisia and United Arab Emirates. An additional two countries, Egypt and the Islamic Republic of Iran, have completed the first phase of the JEE.

8. The Regional Office has developed guidance on conducting JEE in the context of crisis. The guidance highlights the need to train a national core team to undertake all the steps involved in the JEE with the support

[1] Document WHA71/8. Available at: http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_8-en.pdf

[2] Decision WHA 71 (15). Available at: WHA http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71(15)-en.pdf

[3] Resolution EM/RC62/R.3. “Assessment and monitoring of the implementation of the International Health Regulations (2005): meeting the 2016 target”, September 2015.

of WHO. Subsequently, the Regional Office has conducted training for national core teams from four countries – Libya, Iraq, Syrian Arab Republic and Yemen – composed of the IHR national focal point, the national polio team, graduates/residents from the field epidemiology training program (FETP), and representatives of nongovernmental organizations operating within the country, local universities and technical institutions.

9. The overall mean JEE score across the 19 technical areas is 3 ("developed capacity"). This means that on average most of the attributes for these technical areas are available; however, work still needs to be done to meet the remaining attributes and ensure the sustainability of all capacities. The scores range between 1 and 5 for each of the technical capacities across countries. Countries in the Region seem to be doing well (mean score of 4: "demonstrated capacity") in the following areas: surveillance systems in place for priority zoonotic diseases/pathogens; vaccine coverage (measles) as part of national programme and vaccine access and delivery; diagnostics for priority pathogens; referral of laboratory samples; capacity for timely activation of emergency response operations; capacity to summon support from multiple sectors to respond to public health emergencies and send and receive medical countermeasures and personnel.

10. Although scored as "developed" (mean score of 3), common gaps show that more efforts are needed to improve country capacities for: multisectoral coordination and reporting of public health events using IHR systems; event-based surveillance and surveillance data analysis and interpretation; real-time management of zoonotic disease; health care-associated infection, prevention and control programmes; effective modern point-of-care and laboratory-based diagnostics and enhancement of laboratory quality management systems; workforce development and particularly the uneven distribution of sufficiently skilled human resources at all levels of the health system; risk communications, public health preparedness and response plans to all hazards; emergency operations centres managed by the Ministry of Health with defined incident management systems to coordinate the public health response to different emergencies; establishing requirements at points of entry to respond to public health emergencies; and public health management of chemical and radiation emergencies. Gaps were also identified in all countries (mean score of 2:"limited capacity") related to the capacity for antimicrobial resistance: surveillance of infections caused by drug-resistant pathogens and antimicrobial stewardship; and whole-of-government systems for biosafety and biosecurity including training.

Simulation exercises and after-action reviews

11. The Regional Office provided training on conducting national simulation exercises for all countries in the Region. As an initial and key part of a national exercise programme, participants were instructed in how to design and implement "table-top" exercises to test plans and procedures outlining their IHR capacities. The recently published WHO Simulation Exercise Manual has been translated into French and is being translated into Arabic.

12. The Regional Office supported external review of national responses to acute public health events, considering in particular the systems in place, and capacities in the areas of surveillance, laboratories, coordination, risk communications and case management. After-action reviews were held for Morocco (brucellosis) and Pakistan (dengue), with related activities planned for Somalia, Sudan and Yemen. Simulation exercises are being continuously conducted by countries to test preparedness related to the different IHR-related disciplines. A regional simulation exercise is planned for potential importation of Ebola virus disease. This exercise will test several elements of regional emergency operating center, incidence management systems, rapid deployment to support affected countries, and capacity to scale up preparedness and operational readiness capacity in the other countries of the Region.

National action plans for health security

13. The report of the IHR Review Committee on the *Role of IHR (2005) in the Ebola Outbreak and Response* outlined the need for States Parties to develop national action plans within a year of undergoing JEE that would address the gaps identified in national IHR implementation. WHO will provide support in developing these plans and matching them with domestic resources and implementation partners.

14. The Regional Office has developed guidance on how to develop national plans of action for health security in line with health sector planning. In addition, the Regional Office has developed a user-friendly costing tool and guidance for the effective costing of activities across the 19 JEE technical areas. A training workshop was conducted for countries that have already completed a national JEE and are in the process of developing their plans.

15. National-level workshops were also convened for Jordan, Libya and Saudi Arabia at which all relevant sectors were convened to prioritize and address gaps in their IHR implementation including those highlighted within their JEE reports and other IHR-related assessments. Thus far, four countries in the Region have completed and costed their national action plans: Jordan, Morocco, Pakistan and Saudi Arabia. Other countries are in different phases of plan development, costing and endorsement.

National core capacities

Strengthening capacities

16. The Regional Office convened its sixth meeting of IHR stakeholders, a platform bringing together diverse national sectors and technical partners to disseminate and discuss regional IHR implementation. This year participation was expanded in light of the 10-year anniversary of the entry into force of the IHR (2005). Strengths and gaps that need regional and global support were highlighted at the meeting.

17. Mapping of hazards and the development of national all-hazard public health preparedness and response plans were supported in Egypt, Iraq, Jordan, Libya, Morocco, Pakistan, Somalia and Tunisia. The Regional Office has developed a regional profile for potential hazards and is developing hazard-specific contingency plans to facilitate and streamline the support provided to countries responding to public health emergencies. A regional plan of action is also being prepared to promote the health of refugees and migrants and ensure their inclusion in national public health preparedness and response plans.

18. Enhancing hospital preparedness has been progressing in the Region. Activities were conducted to assess hospital preparedness, develop preparedness plans and train the hospital workforce in Bahrain, Libya and Sudan. Online training packages are under development to address hospital preparedness and management of all hazards. The packages will be rolled out in October in a regional training of trainers and further used in countries following a blended approach of online and face-to-face training.

19. There has been good progress in advancing “One Health” activities within the Region, and new approaches combining national bridging workshops for veterinary services and JEE with country planning in Jordan, and with after-action reviews in Morocco. A regional plan has been developed based on the JEE results to enhance the One Health approach in countries of the Region including an online training package.

20. Support is also being provided for building the IHR (2005) requirements at points of entry into Member States. Activities include the development of all-hazards public health emergency preparedness and response plans, enhancing cross-border collaboration and providing advice on exit and entry screening in the context of public health emergencies.

21. Support was provided for the development of national plans for risk communications and for enhancing the capacity of risk communications targeting different audiences. Future support will include additional countries and different contexts such as mass gatherings and displaced populations.

22. A regional strategy has been developed to enhance laboratory capacity in countries. The strategy focuses on meeting the gaps identified in JEEs, particularly on enhancing laboratory quality systems and whole-of-government systems for biosafety and biosecurity.

23. Several activities are ongoing to strengthen surveillance for emerging and re-emerging diseases and to improve data analysis and interpretation. Countries are being supported to establish event-based surveillance and enhance community-based surveillance in some settings. Additionally, support is being provided to enhance national capacities in the area of antimicrobial resistance, including the development of national plans of action. Countries of the Region are at different stages of plan development and endorsement.

24. Technical support has been given to priority countries to build their emergency operations centres and enhance their functioning within their ministries of health, with the mandate to provide overall coordination of public health response to emergencies. Support is being expanded to cover non-priority countries as well.

25. Multisectoral coordination among relevant sectors is in place but needs further strengthening and operationalization. The Regional Office has developed guidance on the terms of reference and functions of the IHR multisectoral committee and the linkages such a committee should have with the other coordination structures in the country.

Five-year regional strategic plan to improve public health preparedness and response

26. In response to decision WHA 71(15), the Regional Office is developing a five-year regional strategic plan to improve public health preparedness and response, 2018–2023. The plan builds on the guiding principles of the global plan: consultation; country ownership and leadership; WHO's leadership and governance; broad partnerships; an intersectoral approach; integration with the health system; community involvement; a focus on countries at greatest risk of emergencies and outbreaks; regional integration; domestic financing; linking with requirements under the IHR (2005); and a focus on results, including monitoring and accountability.

27. The plan takes diverse approaches to strengthening Members States' ability to implement the core capacities required under the IHR 2005. It builds on and is aligned with the thirteenth General Programme of Work (GPW13) and on existing global instruments and regional approaches for health emergency preparedness and response, such as the Roadmap of WHO's Work for the Eastern Mediterranean Region 2017–2021 and the IHR Regional Assessment Commission, and takes into account existing regional and national strategies and frameworks.

28. The goal of the plan is to strengthen the capacities of both WHO and Member States to ensure implementation of the IHR (2005). The regional plan aligns with the three pillars of the global plan:

- building and maintaining States Parties' core capacities required under the IHR (2005)
- strengthening event management and compliance with the requirements under the IHR (2005)
- measuring progress and promoting accountability.

29. A draft plan was discussed at the IHR stakeholders meeting in 2017. The modified draft will be further discussed and finalized at the upcoming meeting of the IHR regional Assessment Commission and IHR stakeholders meeting planned to take place in December this year.

Event management

Event-related information

30. Within the Region, a total of 55 public health events were recorded in WHO's event management system between October 2017 and June 2018 – the majority being infectious events (39), followed by food safety (7), disaster (5), societal (2), chemical (1) and product-related events (1). Of these events, 12 were subsequently followed up and posted to the Event Information Site (EIS, the electronic platform that WHO

utilizes to communicate with IHR national focal points to convey updates on event management of public health threats globally. These events range in nature from Middle East respiratory syndrome coronavirus (MERS-CoV), poliovirus, cholera, dengue and diphtheria.

31. During the same period, WHO actively supported responses to public health events including disease outbreaks occurring in the Region. Technical support and operational logistics support were provided for outbreaks of acute watery diarrhoea/cholera, dengue fever, travel-associated legionnaire's disease, dysentery, Crimean–Congo haemorrhagic fever, chikungunya fever, diphtheria, chickenpox and MERS-CoV. Response involved the rapid deployment of field teams including staff from WHO and from partners in the Global Outbreak Alert and Response Network (GOARN).

Monitoring compliance in relation to additional health measures

32. During the 2018 Nipah virus outbreak in Kerala, India, additional measures were implemented by five States Parties from the Region in relation to this public health event. These measures were classified as significantly interfering with international traffic as specified in Article 43.3 of the Regulations, in that they entailed banning the importation of fruit and vegetables. Only one country provided WHO with the public health rationale for the measures implemented 24 hours after verification of these measures was requested, while information was provided within a few days from another two countries. Information about these measures was not provided to WHO by the two remaining countries.

Procedures under the Regulations

National IHR focal points

33. Continuous communication has been maintained with IHR national focal points to enhance their capacities and provide them with requested information related to their functions, public health events, travel-related measures and points of entry, IHR capacities and plans. A series of meetings were conducted with IHR national focal points to scale up their preparedness and operational readiness capacities for Ebola. Upon request, regular updates were also given to focal points with regard to Ebola and Nipah virus.

34. All IHR national focal points s in the Region accessed the EIS platform at least once within 2017, with the focal points of Egypt, Oman, Qatar and United Arab Emirates being the most prolific users of the platform. The EIS was most frequently visited in the winter months (October, November and January) and in the early summer (May and June).

35. Under Article 10, concerning verification, the IHR stipulate that Member States provide information requested regarding potential public health events in a timely fashion. During the period from October 2017 to June 2018, verification requests for 200 signals for potential public health threats were sent to EMR regional focal points; these were all diligently addressed, albeit not comprehensively in accordance with the timeliness required by the Regulations

IHR roster of experts

36. Established by the Director-General under Article 47 of the Regulations, the IHR expert roster currently includes 480 active members globally. As of May 2018, 38 (8%) of these experts are from the Region. Fifteen Member States have put forward at least one individual, with the result that 71% of the Region is represented within the expert roster. Nomination of more experts from the Region in the different IHR fields of expertise is encouraged.

Points of entry

37. Under Article 20 of the IHR, States Parties are required to provide WHO with a list of all national ports, specifically noting those which are authorized for the issuance of Ship Sanitation Control Certificates and Ship Sanitation Exemption Certificates, including their extensions. As of May 2018, all but six Member States in the Region had reported their national port information to WHO. Of the 122 reported ship ports, 85 (76%) are authorized to issue Ship Sanitation Control Certificates.

Yellow fever

38. As at 6 February 2018, 13 countries (Afghanistan, Bahrain, Egypt, Islamic Republic of Iran, Iraq, Jordan, Kuwait, Lebanon, Morocco, Pakistan, Saudi Arabia, Somalia and Tunisia) had responded to the annual questionnaire on requirements for yellow fever vaccination for international travellers. Currently, 13 countries request a vaccination certificate against yellow fever for incoming travellers. Of these, only 8 countries have confirmed that the international certificates of vaccination against yellow fever, using approved WHO vaccines, are now accepted as valid for the life of the person vaccinated, as they should be in accordance with Annex 7 of the Regulations, as amended by resolution WHA67.13 (2014).

IHR Regional Assessment Commission

39. The Regional Assessment Commission (IHR-RAC) was established at the request of the 62nd session of the Regional Committee in 2015, which issued resolution EM/RC62/R.3, in which it urged WHO to establish an independent commission to assess the implementation of the Regulations and the required core capacities. The commission would also advise Member States on issues relating to IHR implementation.

40. The IHR-RAC held its third meeting in parallel with the sixth annual IHR stakeholders' meeting in November 2017. At the meeting, the RAC discussed the progress in regional IHR implementation and what strategic steps could be taken by both WHO and Member States to accelerate progress. The following represents some of the key recommendations, including for both WHO and countries; these are further elaborated within the official report.

41. The IHR-RAC continues to support voluntary and mandatory instruments for monitoring and evaluation, and recommended that WHO should establish a pool of experts to be used for the various components which comprise the instruments. It also recommended that WHO develop an exchange platform or repository to house best practices, exercise scenarios and materials. RAC members have participated in and led JEE missions, lending their expertise to these regional exercises. As such, WHO has established a roster of regional experts. Pre-deployment training has been provided to them. Functional elements to facilitate the rapid deployment of teams when needed, such as safety and security training, visas and medical clearance, are being addressed.

42. The RAC recommended that WHO should organize future simulation exercises jointly with other regions, as well other international organizations. Countries were recommended to ensure that all IHR-bound sectors are involved in developing diverse exercises to target prioritized IHR capacity-building, as well as in the monitoring, evaluation and incorporation of exercise outcomes. Countries should also proactively share and promote their best practices and experiences concerning exercises and after-action reviews, both regionally and globally. The inventory is currently under development. Also, a monthly IHR newsletter, reflecting on IHR-related achievements at country level is being developed to facilitate the sharing of experience between countries.

43. Given the large number of completed JEEs, the RAC recommended that WHO should further its work on the provision of tools, technical guidance and assistance for the development and costing of national action plans for health security in the Region. Countries should ensure that high-level support and coordination is lent throughout the entirety of national action plan development, across all relevant sectors. National budgetary cycles should be synchronized to ensure linkages with annual planning cycles and existing programmes. Priority actions should be implemented immediately. To respond to this, WHO has developed a guidance document on how to develop NAPHS. A costing tool and a guidance document on how to use it have also been developed, and nationals have been trained in using them.

44. Considering regional preparedness, the IHR-RAC recommended that WHO develop and disseminate templates and tools for hazards and risk assessment and planning, and train countries on how to conduct all-hazards risk assessment and develop public health preparedness and response plans. These plans would then be tested and updated through the use of simulation exercises. Countries should subsequently conduct periodic national all-hazards risk assessments and resource mapping, and update their national public health

emergency preparedness and response plans accordingly. In response to these recommendations, WHO has been supporting countries to conduct hazards mapping and planning through national meetings involving all IHR-bound sectors. In addition, a regional exercise was conducted to identify regional hazards and develop regional all-hazards public health preparedness and response plans in addition to hazard-specific contingency plans.

45. An emergency operations center should also be established within the health sector to coordinate the public health response to events, linked to the national emergency operations centre and supported by standard operating procedures. Finally, the public health capacity of countries in the Region to manage chemical and radiation events should be supported through the development of a regional plan of action with defined targets and timeline. This is a work in progress in countries of the Region.

46. To continue to support national IHR focal points, the IHR-RAC recommended that a global survey of their learning needs be conducted and a regional community of practice launched to promote best practices and expertise. In addition, the IHR training toolkit should be adapted to country needs to support overall IHR workforce-related development plans. Furthermore, the IHR-RAC recommended the development of operational guidance on the terms of reference and functions of the IHR NFPS and the IHR multisectoral committees. The survey was conducted and was followed by a global meeting to identify training needs. An IHR training toolkit has also been developed and a discussion is ongoing with countries to adapt it to country needs. Furthermore, an IHR online course is currently under development for use by IHR national focal points. Operational guidance has been developed and is currently being finalized.

47. The IHR-RAC recommended that countries conduct advocacy activities targeting all related sectors and establish platforms for rapid information-sharing between animal and human sectors to inform rapid response. Furthermore, ecological data should be incorporated within zoonotic disease outbreak forecasting activities. Mechanisms to involve the private sector in planning and implementing One Health-related programmes and activities should also be established nationally across sectors. One Health training packages and modules should be specifically promoted by WHO to increase capacity and expertise across sectors. WHO is currently working with universities to develop training packages and is working closely with the World Organisation for Animal Health (OIE) and the Food and Agriculture Organization to advocate for One Health and its implementation at country level.

48. Concerning IHR implementation at points of entry, the IHR-RAC recommended that, in conjunction with their neighbours, countries consider establishing cross-border collaboration tailored to their local settings for the prevention and control of international transmission of diseases via ground crossings. Furthermore, it recommended that JEE outcomes related to this technical area be rigorously implemented, including performing training needs assessments, ship inspection and issuance of ship sanitation certificates, establishment of a functioning and sustained vector surveillance plan, adequate animal quarantine, and development of public health contingency plans, standard operating procedures and exercises. WHO is currently developing a guidance document identifying different approaches to enhance cross-border collaboration. Country support is being provided for vector management at points of entry and for ship inspection and certification.

Annex 1

International Health Regulations (2005): national capacity monitoring. Capacity scores (%) for all reporting States Parties for 2016

Member States	Legislation	Coordination	Surveillance	Response	Preparedness	Human resources	Risk communications	Laboratory	Points of entry	Zoonosis	Food safety	Chemical	Radiation
Afghanistan	50	37	70	28	55	40	29	37	9	89	47	15	38
Bahrain	100	100	70	94	80	100	100	100	100	89	100	77	100
Djibouti	25	53	70	58	0	0	43	59	9	44	47	15	8
Egypt	75	100	90	100	100	100	100	96	100	100	100	92	100
Iran, Islamic Republic of	75	83	90	94	82	100	43	100	97	89	100	31	8
Iraq	100	100	80	82	90	100	86	90	94	100	80	77	77
Jordan	75	90	80	83	55	80	100	88	88	89	67	46	0
Kuwait	100	100	60	100	100	60	100	100	91	100	100	0	92
Lebanon	100	57	80	94	100	60	57	66	66	89	87	92	92
Libya	75	83	55	83	43	60	43	66	63	78	93	8	77
Morocco	100	100	100	100	100	100	100	90	72	100	100	77	100
Oman	100	100	90	100	100	100	100	100	80	100	100	69	31
Pakistan	75	100	70	44	17	60	29	68	12	67	53	23	46
Palestine	25	43	60	71	25	29	0	53	0	89	60	31	0
Qatar	100	100	75	82	100	0	57	96	61	100	73	46	92
Saudi Arabia	100	100	95	100	100	100	100	100	91	100	100	100	92
Somalia	25	27	95	28	0	40	14	63	0	89	0	0	0
Sudan	50	100	95	52	70	80	71	51	24	100	80	46	54
Syrian Arab Republic	50	43	50	94	37	40	43	90	91	100	87	38	69
Tunisia	75	47	85	63	60	40	29	53	41	89	73	54	38
United Arab Emirates	100	100	90	94	100	80	100	100	94	100	100	100	100
Yemen	75	47	75	17	10	100	0	86	63	100	33	23	0