
**National core capacities for the International Health Regulations 2005:
meeting the 2014 deadline**

Executive Summary

1. The International Health Regulations 2005 are an international agreement legally binding on 194 States Parties, including all WHO Member States. States Parties are required by the Regulations to develop, strengthen and maintain national core public health capacities related to surveillance and response to public health events and, as such, should have developed and been implementing plans of action to ensure that these core capacities were present and functioning throughout their territories by 15 June 2012. States that were unable to meet this deadline were required to apply for an extension. In 2011, the Secretariat reminded all States Parties and national International Health Regulations focal points of the approaching deadline and provided them with the procedures necessary to obtain an extension.
2. Monitoring in 2011 of the implementation of core capacities required for full implementation of International Health Regulations (2005) indicated weaknesses and gaps in the capacities related to response, preparedness, risk communication, human resources, laboratory, points of entry and other potential hazards. These findings are in line with the results of assessment missions that were conducted in 17 countries. None of the countries in the Eastern Mediterranean Region have yet met all the requirements for full implementation of the Regulations, including those that reported readiness. Of the 23 countries in the Region, 8 had achieved 70% of the technical capacities required to implement the Regulations by 15 June 2012.
3. The purpose of this paper is to provide the Regional Committee with the information needed to evaluate the current situation in regard to implementation of the Regulations in the Eastern Mediterranean Region. It notes the challenges faced during the five-year implementation period since entry into force on 15 June 2007 and proposes strategies and actions to move International Health Regulations activities in the Region forward. WHO will continue to provide the technical support and tools needed to countries to measure the functionality of the achieved capacities for the purpose of sustaining them. In addition, WHO will ensure that necessary technical support and guidance documents are provided to the countries of the Region to establish and strengthen national core capacities and to ensure timely exchange of information about public health events and to strengthen the links between national International Health Regulations focal points and other national partners. All countries are expected to put in place the core capacities required for implementation of the International Health Regulations (2005) by 15 June 2014.

Introduction

4. The International Health Regulations 2005 are an international agreement legally binding on 194 States Parties, including all WHO Member States. They entered into force on 15 June 2007. In order to assure proper implementation of the Regulations, States Parties are required by the Regulations to develop, strengthen and maintain their national core public health capacities. The national core capacities are described in functional terms in annex 1 of the Regulations and include capacities related to surveillance and response to public health events and the ability to carry out certain public health functions at points of entry designated by the State. The core capacities defined are: national legislation, policy and financing, coordination, surveillance, response, preparedness, risk communication, human resources, laboratory and points of entry. In accordance with the broad scope of the Regulations, the core capacities apply across all relevant hazards (infectious, zoonotic, food safety, chemical, radiological, etc.), and require States Parties to have the ability to address such risks and events domestically.

5. The Regulations provided a time frame (Figure 1) whereby the States Parties were to ensure the establishment of national core capacities not later than five years from entry into force (Articles 5, 13 of the Regulations), i.e. by 15th June 2012. As such, States Parties should have developed and been implementing plans of action to ensure that the core capacities required were present and functioning throughout their territories by that date. States Parties unable to meet this deadline were required to apply for an extension of up to two years (Article 5). In 2011, the WHO Secretariat reminded all States Parties and national focal points of the approaching deadline and provided them with the procedures necessary to obtain an extension.

6. Following entry into force of the Regulations, a number of activities were conducted by States Parties at national level, supported by WHO, to identify the gaps and weaknesses in national core capacities, to build and improve them and to fulfil the technical requirements by the 15 June 2012 deadline. If the core capacities were not established by the deadline, States Parties should have submitted the documentation required for an extension of the deadline. A State Party that requests an extension must report annually to WHO on progress made towards implementation of the Regulations. By 15 June 2014, all States Parties should have established all the core capacities required or should apply for a second extension. Any request for a second extension will require strong justification and approval of the Director-General of WHO.

7. The WHO Secretariat, in coordination with the regional offices, provided the States Parties with the checklists and other tools needed to assess, plan and monitor compliance with the Regulations by the 15 June 2012 or 15 June 2014 deadline. A detailed monitoring framework was also developed and provided to Member States. This tool also provided for reporting of regional and global progress to the regional committees and the World Health Assembly. The data currently available and presented here are therefore for 2011, based on the results of the monitoring framework. WHO received the last questionnaire in December 2011 and the results were presented to the Executive Board and World Health Assembly in 2012. Results for 2012 will be presented to the Executive Board in January 2013.

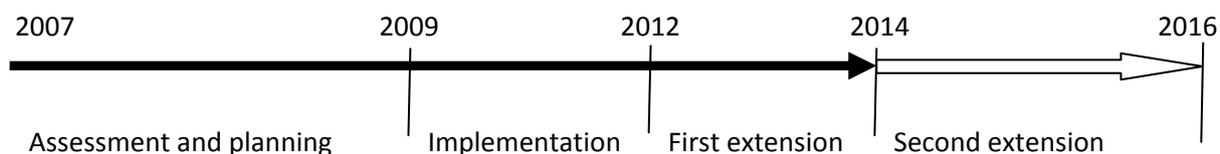


Figure 1. Time frame for establishment of core capacities

8. Non-compliance with the targeted dates delays the progress in building and improving existing national capacities and structures, as well in regional and global solidarity in sharing information about events, detection and response to events that might be of national, regional and international concern and public health security, such as mass gatherings like *hajj* and *umra*.

9. The purpose of this paper is to provide the Regional Committee with the information needed to evaluate the current situation in regard to implementation of the Regulations in the Eastern Mediterranean Region. It reports on the challenges faced during the five-year implementation period since entry into force on 15 June 2007, and proposes strategies and actions to move activities pertaining to the Regulations in the Region forward. The specific objectives are to:

- provide a regional analysis of compliance with the national core capacity requirements of the International Health Regulations (2005);
- address the gaps and weaknesses in core capacities;
- present the major challenges following 15 June 2012; and
- propose strategies and actions and the way forward according to the actual needs of countries and based on the national plans for implementation of the Regulations submitted with the extension request.

Situation analysis

10. Member States of the Region, at various levels, continue to face challenges and barriers in fulfilling the national core capacities, including those related to points of entry and other potential hazards. Analysis of the reported data indicates an average score of 70% for the presence of the national core capacities in the Eastern Mediterranean Region compared to 65% for all WHO regions, indicating relatively fair progress (Figure 2). Achievement of 75% of the national core capacities is considered good progress.

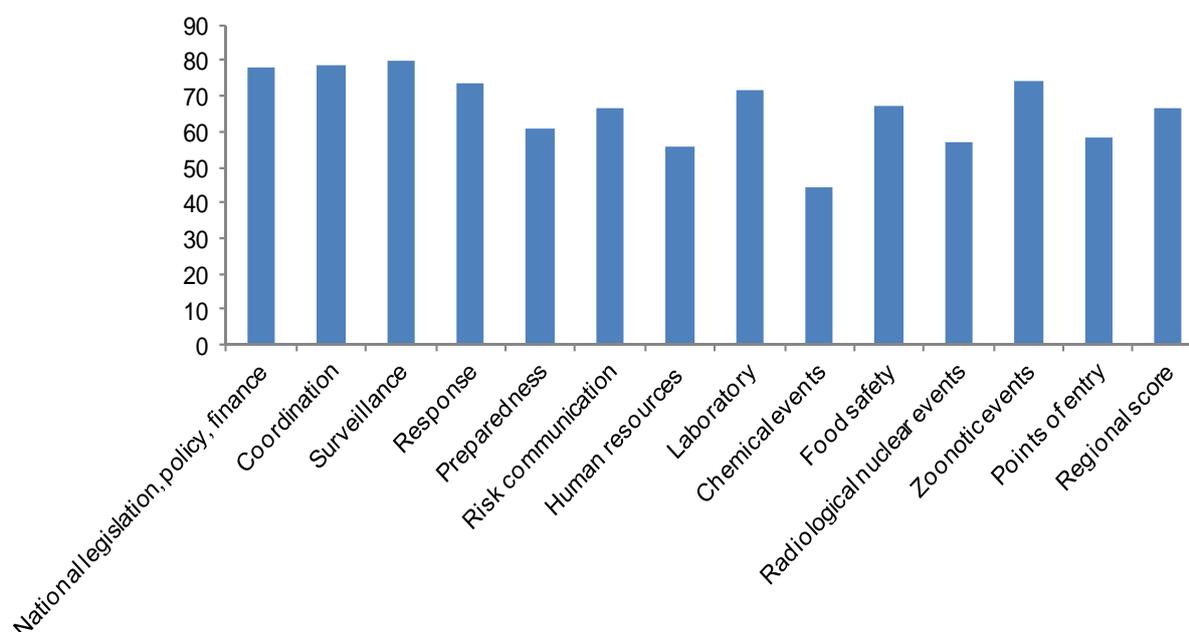


Figure 2. Percentage of national core capacities present, Eastern Mediterranean Region, 2011

11. The analysis indicates weaknesses and gaps in the national core capacities related to response, preparedness, risk communication, human resources, laboratory, points of entry and other potential hazards. These findings are in line with the results of assessment missions conducted in the following countries: Afghanistan, Bahrain, Djibouti, Egypt, Islamic Republic of Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic and Yemen.

12. With regard to the capacities at points of entry, namely seaports, 11 countries in the Region have provided WHO with the list of all ports authorized to issue Ship Sanitation Certificates (SSC), in accordance with the requirements of the Regulations: Afghanistan, Bahrain, Egypt, Islamic Republic of Iran, Lebanon, Morocco, Oman, Saudi Arabia, Sudan, Syrian Arab Republic and Tunisia.

13. No Member States of the Eastern Mediterranean Region have yet fully achieved the core capacities required (Table 1).

Table 1. Progress in achieving national International Health Regulations (2005) core capacities, by country, Eastern Mediterranean Region, 2011

Percentage of capacities achieved	Country
>70	Bahrain, Egypt, Jordan, Kuwait, Morocco, Oman, Qatar, Saudi Arabia
50–70	Islamic Republic of Iran, Iraq, Lebanon, Libya, Tunisia, United Arab Emirates
<50	Afghanistan, occupied Palestinian territory, Sudan, Syrian Arab Republic
Not reported	Djibouti, Pakistan, Somalia, South Sudan and Yemen

14. With regard to achievement of national core capacities, Table 2 indicates that five countries (Afghanistan, occupied Palestinian territory, Sudan, Syrian Arab Republic and United Arab Emirates) have achieved a 'fair' level of progress.

Barriers and challenges

15. Countries in the Region need specific guidance and policy documents on all core capacities especially those related to other potential hazards. Nationally approved standard operating procedures for the function of the national focal point is a must in each country. Some guidance documents (e.g. for points of entry) are currently being developed in WHO. In terms of preparedness, countries lack national preparedness plans based on an all-hazards approach. Table-top exercises to test the ability of national core capacities to respond to public health emergencies are needed at the national level.

16. Along with the need for a national central public health laboratory, many of the national veterinary and food services lack the necessary trained staff and equipment to confirm national priority diseases. Across the Region, many countries also lack clear policy or guidance on the role of the private laboratory sector in reporting to the national surveillance system. Because of the many overlaps in the functions of surveillance, response and preparedness for relevant hazards across line ministries, along with the lack of coherent strategy, coordination is inadequate, and adequate and uniform surveillance and response mechanisms are lacking.

17. Overall, in 2010 and 2011, the data show chemical events, human resources and points of entry as the main areas of weakness with more than half of the reporting countries having capacity scores below 50%. Regional analysis also highlights the delay in the development of national plans for implementation of the Regulations, the lack of national frameworks that cover the wide scope of the Regulations and the prevailing political instability in many of the countries in the Region.

Table 2. Percentage of national core capacities achieved by country, Eastern Mediterranean Region, 2011

Country	Legislation, policy and finance	Coordination	Surveillance	Response	Preparedness	Risk communication	Human resources	Laboratory	Chemical events	Food safety	Radiation emergencies	Zoonotic events	Points of entry	% of capacities implemented
Afghanistan	0%	20%	80%	42%	0%	42%	25%	40%	0%	25%	0%	44%	57%	29
Bahrain	100%	100%	50%	85%	75%	100%	50%	40%	50%	100%	66%	33%	100%	73
Djibouti	//	//	//	//	//	//	//	//	//	//	//	//	//	
Egypt	75%	66%	90%	100%	87%	85%	75%	80%	66%	75%	91%	88%	100%	83
Iran, Islamic Republic of	100%	90%	90%	78%	55%	71%	50%	90%	0%	58%	16%	88%	61%	65
Iraq	100%	100%	95%	100%	80%	71%	75%	60%	50%	16%	33%	77%	45%	69
Jordan	100%	100%	100%	100%	87%	71%	100%	90%	66%	100%	58%	100%	75%	88
Kuwait	100%	100%	90%	85%	87%	100%	75%	90%	0%	66%	25%	33%	95%	73
Lebanon	100%	66%	65%	28%	20%	28%	25%	50%	8%	66%	66%	88%	49%	51
Libya	75%	63%	70%	57%	55%	71%	50%	60%	0%	50%	83%	44%	32%	55
Morocco	100%	100%	95%	100%	100%	100%	100%	100%	33%	83%	100%	100%	37%	88
Pakistan	//	//	//	//	//	//	//	//	//	//	//	//	//	
Palestine	0%	0%	50%	31%	0%	75%	0%	33%	0%	100%	67%	0%	0%	27
Oman	100%	100%	100%	100%	100%	100%	100%	100%	91%	100%	83%	100%	95%	98
Qatar	100%	100%	85%	85%	75%	85%	50%	80%	83%	91%	91%	88%	70%	83
Saudi Arabia	100%	100%	100%	92%	100%	57%	100%	100%	100%	100%	100%	100%	89%	95
Somalia	//	//	//	//	//	//	//	//	//	//	//	//	//	
South Sudan	//	//	//	//	//	//	//	//	//	//	//	//	//	
Sudan	0%	46%	55%	21%	12%	0%	25%	50%	16%	0%	33%	66%	27%	27
Syrian Arab Republic	50%	36%	50%	64%	30%	57%	25%	80%	66%	50%	0%	55%	15%	44
Tunisia	75%	90%	75%	42%	32%	57%	25%	70%	66%	91%	58%	88%	41%	62
United Arab Emirates	50%	63%	70%	71%	42%	42%	0%	40%	58%	75%	66%	66%	5%	50
Yemen	//	//	//	//	//	//	//	//	//	//	//	//	//	
Capacities Achieved	74	74	78	71	58	67	53	70	42	69	58	70	55	65

	// No information available
	fair progress
	moderate progress
	good progress
	advanced progress

18. Other major challenges that the Region has faced since entry into force of the Regulations are:

- a lack of commitment in some countries to implementing activities related to the Regulations;
- the inability of some countries to maintain the considerable level of transparency required when assessing and verifying events that might be of national, regional and international concern;
- the lack of appropriate mechanisms to empower the role of national focal points;
- a lack of strong coordination among the various partners at regional and national levels, especially for zoonotic diseases and other potential hazards, such as food safety events, chemical events and radiation emergencies;
- the lack of quality management systems in laboratories in most countries, of vision with regard to the importance of such systems on the part of national authorities, and of tools and procedures to implement quality management systems at country level;
- the need to maintain strong surveillance and response systems and points of entry capacities in line with annexes 1a and 1b of the Regulations, respectively;
- the insufficiency of human and financial resources in the Region to respond quickly to countries' requests, including those related to laboratories and points of entry.

Proposed actions

Regional level

19. Coordination among key partners at regional and national levels is essential to the support of further activities. WHO will continue to provide support to countries to sustain the capacities achieved so far and to improve and establish in line with identified gaps and weaknesses. This will include:

- strengthening regional preparedness;
- developing a regional plan and strategy;
- providing the technical support and guidance to assist countries in achieving all requirements by 15 June 2014;
- strengthening joint and coordinated response to public health emergencies that might be of international concern; and
- providing technical support for establishing laboratory quality management systems through training, assessment missions and networking.

Country level

20. Countries in the Region need to adhere to the plans for implementation of the International Health Regulations (2005) submitted with the request for extension, and to report to WHO on annual basis on the progress towards full implementation (Article 5). Annex 1 summarizes for each country the capacities achieved, the activities needed for full implementation of the Regulations by 15 June 2014 and the priorities of the Region based on the results of the monitoring framework, national plans and findings of the assessment missions.

Conclusion

21. The adoption of the International Health Regulations (2005) obligated the States Parties to implement them within a time frame of five years from entry into force, subject to two possible extensions up to 15 June 2016. Ownership of this process by governments is key for timely compliance with the Regulations (2005). Strong coordination between the national focal points and WHO (country and regional office), as well other related partners at national and regional levels, will create the proper foundation for building core capacities at national level.

22. All countries are expected to meet the technical requirements for implementation of the International Health Regulations (2005) by 15 June 2014. Extension beyond that date would be considered only in exceptional circumstances. Accordingly, the Regional Office will be monitoring

national progress very closely, providing technical support and related documents in appropriate languages regularly, fostering partnership and supporting countries in strengthening coordination and collaboration among different stakeholders.

Recommendations

1. Develop and implement comprehensive plans of action or sets of plans of action for implementation of the International Health Regulations (2005) during the extension period, to ensure that national core capacities are present and functioning by 15 June 2014.
2. Conduct advocacy and awareness campaigns and related training activities at all levels of the country, including for all national key partners.
3. Report annually to WHO on the progress in implementing national core capacities.
4. Develop, review and amend existing public health laws to be in line with the International Health Regulations (2005).
5. Promote a strong legal and governmental mandate for the national focal points.
6. Expand existing surveillance and response systems to include event-based surveillance covering other potential hazards that might be of international concern.
7. Decentralize rapid response activities to reach sub-national levels in full collaboration and coordination with other sectors and institutions.
8. Develop standard operating procedures for multisectoral coordination to detect and respond to other potential hazards, such as food safety events, zoonotic events, chemical events and radiation emergencies.
9. Develop and implement laboratory management quality plans and programmes;
10. Promote cross-border surveillance and response activities with neighbouring countries at ground crossings.
11. Mobilize necessary resources to implement World Health Assembly resolution WHA65.23 (May 2012) on implementation of the International Health Regulations (2005).