



Progress report on the implementation of the International Health Regulations (2005)

Introduction

1. The International Health Regulations (2005) remain the key driver in national and international efforts to strengthen national and global health security. In accordance with resolutions of the World Health Assembly in 2008 and 2012 (WHA61.2 and WHA65.23), all State Parties are required to build, maintain and sustain core public health capacities as provided for in the International Health Regulations (2005) to effectively prevent, detect and rapidly respond to any health threat before it becomes an international emergency. Protecting public health security through preparedness, readiness, response and recovery is a critical undertaking and must be maintained at all times and all levels.

2. Full achievement of the core capacities required under the IHR (2005) remains compromised in countries of the Eastern Mediterranean Region. A number of critical gaps were identified following assessment missions conducted by the Regional Office during 2014–2015. The assessments were conducted in response to Regional Committee resolution EM/RC61/R.2 (2014) calling for assessment of country capacities to deal with a potential importation of Ebola. Although country IHR self-assessments had indicated fairly high levels of implementation of the Regulations, the assessment missions for Ebola found many critical gaps in countries that had reported having met their obligations.

3. In 2015 the 62nd session of the Regional Committee for the Eastern Mediterranean adopted a resolution (EM/RC62/R.3) in which it urged Member States to conduct objective assessment of implementation of the International Health Regulations with WHO support and to report annually on progress in implementing the Regulations, using a harmonized tool and standardized methodology. The Committee also established an independent regional assessment commission comprising experts from States Parties of the Region and WHO to assess implementation of the IHR (2005) in the Region and to advise Member States on issues relating to implementation of the national core capacities required under the Regulations.

4. The resolution also requested the Regional Director to establish a regional task force to harmonize the existing tools for assessment of implementation of the IHR (2005), including the global health security agenda assessment tool.

5. This report provides an update on the progress of implementation of IHR (2005) in the Region in the context of resolution EM/RC62/R.3, global developments regarding health security and decision WHA69(14) of the Sixty-ninth World Health Assembly. It also presents for discussion the draft global implementation plan for the recommendations of the Review Committee on the Role of the IHR (2005) in the Ebola Outbreak and Response.

Establishment of the IHR regional assessment commission

6. The IHR Regional Assessment Commission met for the first time in December 2015. The commission comprises 15 members appointed by the Regional Director on the basis of their expertise and personal capacity to advise on implementation of IHR core capacities. The duration of the appointment is 4 years with a possibility of renewal of one third of members for a second term. The chairperson was nominated by all members through consensus and approved by the Regional Director. The members do not have any supervisory or reporting role to their countries.

7. The main tasks of the Commission are to: assess the implementation of IHR in the Region; advise the Member States on issues related to implementation; identify major issues and challenges to be

addressed by WHO to support in implementation of IHR in the Region; and report annually to the Regional Committee through the Regional Director on the progress of implementation of the IHR.

Establishment of a regional task force to harmonize existing tools for assessment of IHR implementation

8. The WHO Regional Office for the Eastern Mediterranean led the global effort to review existing assessment tools and harmonize them with the global health security agenda package. A harmonized tool for assessing IHR capacities was developed as an outcome of a technical consultative meeting organized by the Regional Office in January 2016 with the participation of experts from all levels of WHO as well as the United States Centers for Disease Prevention and Control (CDC). The joint external evaluation tool for International Health Regulations (2005)¹ has now been finalized by the WHO Secretariat, with input from other partners such as the Global Health Security Agenda initiative and World Organisation for Animal Health (OIE).

9. This joint external evaluation tool is intended to evaluate a country's capacity to prevent, detect and rapidly respond to public health threats independently of whether they are naturally occurring, deliberate or accidental. The tool contains 19 action packages grouped under four main areas: 1) preventing and reducing the likelihood of outbreak (national legislation, policy and financing, IHR coordination and communication, antimicrobial resistance, zoonotic disease, food safety, biosafety and biosecurity and immunization); 2) detecting signals of unusual health events early (national laboratory system, real-time surveillance, reporting and workforce development); 3) responding rapidly and effectively (preparedness, emergency response operations, linking public health and security authorities, medical countermeasures and personnel deployment and risk communication); and 4) other IHR-related hazards and points of entry (chemical events and radiation emergencies). Each package is populated with targets and indicators to measure capacities attained by the State Party in respective areas.

Assessment of IHR capacities

10. In 2015 the IHR Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR (2005) Implementation recommended in its report to the Sixty-eighth World Health Assembly² "to move from exclusive self-evaluation to approaches that combine self-evaluation, peer review and voluntary external evaluations involving a combination of domestic and independent experts." WHO subsequently revised the IHR monitoring and evaluation framework to reflect the recommendations of the Review Committee. The revised IHR Monitoring and Evaluation Framework was noted by the 69th World Health Assembly.³The Framework has four components: annual reporting; joint external evaluation; after action review; and simulation exercises.

11. Under the revised Framework, State Parties will continue to conduct self-assessments for the purpose of annual reporting to WHO on the achievement of core capacities under the IHR (2005), in accordance with Article 54 of the IHR. For consistency within the Framework, it is proposed that after 2016 the online annual reporting tool follow the same format as the joint external evaluation. State Parties are also encouraged to conduct after action reviews and simulation exercises to identify areas for improvement in their operational ability to deal with health security threats rapidly and effectively. The information to be collected through such simulation exercises and after action reviews would be complementary to the information contained in annual self-assessments and external evaluation in reviewing the capacity of the country to respond to public health events of potential international concern.

12. The joint external evaluation remains the main component of the IHR Monitoring and Evaluation Framework. The joint external evaluation is a voluntary multisectoral process to evaluate country

¹ Joint external evaluation tool: International Health Regulations (2005). Geneva: World Health Organization; 2016 (http://apps.who.int/iris/bitstream/10665/204368/1/9789241510172_eng.pdf?ua=1,

² Document WHA 68/22 Add.1 (http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_22Add1-en.pdf)

³ Annex to document A69.20 (http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_20-en.pdf)

capacity to prevent, detect and rapidly respond to public health risks whether occurring naturally or due to deliberate or accidental events. As of September 2016, 15 countries across the world, including 6 countries in the Region, have conducted these joint external evaluations.

Implementation of joint external evaluation in the Region

13. The IHR Monitoring and Evaluation Framework proposes that all countries organize at least one external evaluation every four years. To date, from April to September 2016, the Regional Office in collaboration with partners has conducted joint external evaluation of IHR capacities in Bahrain, Jordan, Lebanon, Morocco, Pakistan and Qatar on the basis of requests received from these countries. Nine more countries have requested joint external evaluation missions between September 2016 and April 2017: Afghanistan, Islamic Republic of Iran, Kuwait, Oman, Saudi Arabia, Somalia, Sudan, Tunisia and United Arab Emirates.

14. The reports of the joint external evaluation missions conducted to date in the Region were shared with the Regional Assessment Commission for review. The Commission held its second meeting in September 2016 to discuss strategic priorities for country action. Its advice was presented to countries in the fifth IHR stakeholders meeting on 20–22 September 2016, with the aim of identifying a way forward including funding and implementing the national plans of action.

Global implementation plan for the recommendations of the Review Committee on the Role of the IHR (2005) in the Ebola Outbreak and Response

15. As the Ebola crisis highlighted shortcomings in the application of IHR (2005), the Review Committee on the Role of the IHR (2005) in the Ebola Outbreak and Response presented its recommendations to the Director-General of the WHO at the 69th World Health Assembly in 2016.⁴ The Health Assembly in decision WHA69(14) requested the Director-General to prepare a draft global implementation plan to take forward these recommendations and, following consultation with the regional offices, to submit a draft plan to the Executive Board in January 2017 that includes immediate actions to improve delivery of the IHR (2005) by reinforcing existing approaches, and that indicates a way forward for dealing with proposed actions that require further discussion with Member States. The draft global implementation plan includes six areas of work with a number of actions under each.

1. Acceleration of country implementation of the IHR (2005)
2. Strengthening WHO's capacity to implement the IHR (2005)
3. Improved monitoring, evaluation and reporting on IHR (2005) core capacities
4. Improved event management, including risk assessment and risk communication
5. Enhanced compliance with temporary recommendations under the IHR (2005)
6. Rapid sharing of scientific information

16. The fifth IHR stakeholders' meeting held in Cairo from 20–22 September 2016 reviewed the draft Global Implementation Plan and discussed which recommendations should be taken forward immediately in context of the Region. It also discussed new approaches to improve the rapid sharing of public health and scientific information and the current practice of risk assessment and risk communication.

Action by the Regional Committee

17. The Regional Committee is invited to note this report. It is also invited to provide comments on the draft global implementation plan for the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response, attached as Annex 1.

⁴ Document A69/21 (http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_21-en.pdf)

18. The Regional Committee is also invited to note that accelerated efforts are needed by all countries to build and maintain a resilient public health system for detection and response to all acute public health threats. In addition to scaling up such efforts, actions must be focused on health security, namely full compliance by all countries with the requirements of the IHR (2005). The Regional Office has defined specific steps countries must take and is providing technical assistance and capacity building to support full IHR (2005) compliance.

Annex 1

Draft global implementation plan for the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response

1. In May 2016, the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response presented its recommendations to the Director-General at the Sixty-ninth World Health Assembly. The Health Assembly adopted decision WHA69(14) in which, *inter alia*, it requested the Director-General “to develop for further consideration of the Regional Committees in 2016 a draft global implementation plan for the recommendations of the Review Committee that includes immediate planning to improve delivery of the International Health Regulations (2005) by reinforcing existing approaches, and that indicates a way forward for dealing with new proposals that require further Member State technical discussions”. It also requested the Director-General to submit a final version of the global implementation plan for the consideration of the Executive Board at its 140th session.

Overview of the draft global implementation plan

2. The Review Committee made 12 major recommendations and 60 supporting recommendations. Its first recommendation was to “implement rather than amend” the International Health Regulations (2005). During the Health Assembly’s deliberations on the Committee’s report, however, a number of representatives of Member States expressed concern that some of the recommendations could in fact require revisions to the International Health Regulations (2005), although there were no detailed discussions on this specific group of recommendations. Accordingly, this draft global implementation plan proposes modalities and approaches for implementing the recommendations of the Review Committee in respect of which planning and implementation can start immediately. For other recommendations, it proposes a way forward. An overview of the relationship between the proposed areas of action of the draft global implementation plan and the recommendations of the Review Committee is provided in the Appendix.

3. The six proposed areas of action of the draft global implementation plan are as follows.

- Accelerating country implementation of the International Health Regulations (2005) – this area addresses recommendations 2, 3, 8, 9 and 10 of the Review Committee.
- Strengthening WHO’s capacity to implement the International Health Regulations (2005) – this area addresses recommendations 4 and 12 of the Review Committee, with the exception of recommendations 12.7 and 12.8.
- Improving the monitoring and evaluation of and reporting on core capacities under the International Health Regulations (2005) – this area presents the Director-General’s proposal in response to recommendation 5 of the Review Committee.
- Improving event management, including risk assessment and risk communication – this area presents the Director-General’s proposal in response to recommendation 6 of the Review Committee.
- Enhancing compliance with the temporary recommendations under the International Health Regulations (2005) – this area presents the Director-General’s proposal in response to recommendation 7 of the Review Committee and supporting recommendations 12.7 and 12.8.
- Rapid sharing of scientific information – this area presents the Director-General’s proposal in response to recommendation 11 of the Review Committee.

Area 1. Accelerating country implementation of the International Health Regulations (2005)

4. In order to accelerate the country-level implementation of the International Health Regulations (2005), in keeping with the recommendations of the Review Committee, WHO will give priority to actions to:

- develop a 5-year global strategic plan, which builds on regional efforts and lessons learned, to improve public health preparedness and response, to be presented to Member States at the Seventieth World Health Assembly, in May 2017, followed in turn by the development or adaptation of relevant regional action plans;
- develop national 5-year action plans based on the global strategic plan and relevant regional action plans;
- prioritize WHO support to countries with high vulnerability and low capacity, based on objective assessments of national core capacities (see Area 3);
- mobilize financial resources to facilitate the implementation of the International Health Regulations (2005) at the global, regional and national levels;
- support and further strengthen the work of the National IHR Focal Points; and
- systematically link the building of core capacities under the International Health Regulations (2005) with health systems strengthening.

5. WHO proposes that the final version of the global implementation plan for the recommendations of the Review Committee should serve as the basis for the global strategic plan to improve public health preparedness and response. The global strategic plan would be implemented through the new WHO Health Emergencies Programme, the results framework for which includes all the relevant elements for supporting the six areas of action covered by the draft global implementation plan.

6. Under this draft global implementation plan, countries with the highest vulnerability and lowest capacity would be prioritized for WHO in-country capacity building activities. WHO will also work with partners to mobilize technical and financial assistance to countries with high vulnerability and low capacity for the assessment of their core capacities and the development and implementation of national action plans to address gaps and weaknesses as rapidly as possible.

7. WHO will work with countries to encourage the allocation of domestic financial resources to the national action plans for the development and maintenance of the core capacities for surveillance and response, as agreed in the Addis Ababa Action Agenda of the Third International Conference on Financing for Development. WHO will develop models for the costing of and budgeting for the national action plans, in the context of broader national health systems strengthening plans. It will support States Parties in mobilizing and tracking international financial and in-kind support for national action plans by further enhancing and maintaining WHO's Strategic Partnership Portal.

8. WHO will accelerate action to strengthen the capacity of the National IHR Focal Points to use the International Health Regulations (2005), including by calling for the National IHR Focal Points to play a more prominent role in the broader national public administration, within and beyond the health sector. In addition, WHO will accelerate the development or revision of standard operating procedures for and guidelines on the role of National IHR Focal Points and make recommendations on empowering National IHR Focal Points with adequate resources and the authority to carry out their obligations, including through the adoption of appropriate national legislation with respect to the functions of National IHR Focal Points. It will strengthen its work to maintain a strong network of National IHR Focal Points by holding regular regional and global meetings for training purposes and for sharing lessons learned to accelerate the use of the International Health Regulations (2005) on a day-to-day basis.

9. WHO will further strengthen the operational links between its work in health systems strengthening and the new WHO Health Emergencies Programme, paying particular attention to ensuring a joint programme of work in the development of national action plans and in the implementation of capacity-building activities in the areas of human resources for health, health financing and health system resilience. This will have a beneficial impact on health security, through the development of core capacities under the International Health Regulations (2005), on the attainment of the Sustainable Development Goals, and on universal health coverage.

Area 2. Strengthening WHO's capacity to implement the International Health Regulations (2005)

10. The new WHO Health Emergencies Programme will substantially strengthen the capacity of the Organization to implement the International Health Regulations (2005). Under the new Programme, the number of personnel dedicated to the Regulations and preparedness capacity building will be considerably increased at all three levels of the Organization, including and especially in countries with high vulnerability and low capacity. Country health emergency preparedness in the context of the International Health Regulations (2005) is one of the major elements of the results framework for the new Programme, which includes outputs on the monitoring, evaluation and assessment of core capacities for all hazards emergency risk management, the development of national plans and critical core capacities for health emergency preparedness and the provision of secretariat support for the implementation of the International Health Regulations (2005).

11. In the context of the new Programme, WHO will enhance its coordination and collaboration on health emergencies with other entities and agencies both within and outside the United Nations system. To promote the International Health Regulations (2005) and their full implementation, WHO will build on its preliminary work to include in the remit of the United Nations Secretary-General's Special Representative for Disaster Risk Reduction a mandate to act as an advocate for the International Health Regulations (2005) to ensure that they are well understood and positioned prominently across sectors in both governments and in international organizations, and that their ongoing implementation is closely monitored. This would serve to improve global awareness and recognition of the Regulations and would be a powerful signal from outside WHO about their importance for national governments and not just for ministries of health.

12. The Inter-Agency Standing Committee is the primary mechanism for the interagency coordination of international humanitarian assistance and is convened by the United Nations Emergency Relief Coordinator of the United Nations Office for the Coordination of Humanitarian Affairs. On 7 June 2016, the Standing Committee's Principals concurred on the use of the mechanisms of the Standing Committee and the United Nations Office for the Coordination of Humanitarian Affairs to coordinate the international response to large-scale infectious emergencies, under the strategic and technical leadership of WHO. The United Nations Office for the Coordination of Humanitarian Affairs and WHO will lead the drafting of standard operating procedures for the work of the Standing Committee in infectious disease emergencies with the aim of having a draft document by the end of September 2016. Progress in this regard will be among the issues reported to the global health crises task force that has been established by the United Nations Secretary-General to monitor and support implementation of the recommendations of the High-level Panel on the Global Response to Health Crises.

13. The new WHO Health Emergencies Programme also establishes a number of mechanisms to further strengthen WHO's partnership work in respect of the implementation of the International Health Regulations (2005), particularly in collaboration with the Global Outbreak Alert and Response Network, the members of the Global Health Cluster and a range of expert networks. In June 2016, the Steering Committee of the Global Outbreak Alert and Response Network agreed to further strengthen the Network to enhance the WHO's capacity for surveillance, risk assessment and risk communication.

Area 3. Improving the monitoring and evaluation of and reporting on core capacities under the International Health Regulations (2005)

14. Following the adoption of Health Assembly resolution WHA61.2, requesting States Parties to report annually on the implementation of the Regulations, the reporting instrument for conducting annual self-assessments and annual reporting by States Parties, was the WHO's Checklist and Indicators for Monitoring Progress in the Development of IHR Core Capacities in States Parties. The annual reporting process involved the assessment of the implementation of eight core capacities and the development of capacities at points of entry and for Regulations-related hazards, notably biological (zoonotic, food

safety and other infectious hazards), chemical, radiological and nuclear, based on Annex 1 to the International Health Regulations (2005).

15. The Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation recommended in 2014 moving “from exclusive self-evaluation to approaches that combine self-evaluation, peer review and voluntary external evaluations involving a combination of domestic and independent experts.” A concept note outlining a revised approach was discussed by the WHO Regional Committees in 2015, and a revised International Health Regulations (2005) monitoring and evaluation framework was noted by the Sixty-ninth World Health Assembly. That framework has four components: annual reporting, joint external evaluation, after-action review and/or simulation exercises.

16. The Secretariat, with input from partners, has developed a joint external evaluation tool as one of the four components of this new framework for the monitoring and evaluation of the International Health Regulations (2005). The tool has been used in 10 countries as of July 2016. It contains 19 areas grouped under four main headings: “Prevent”, “Detect”, “Respond” and “Other IHR-related hazards and Points of Entry”. The new monitoring and evaluation framework proposes that all countries conduct at least one external evaluation every four years.

17. The Director-General proposes that States Parties should continue to conduct self-assessments for the purpose of annual reporting to WHO on the achievement of core capacities under the International Health Regulations (2005). The Director-General further proposes that the new monitoring and evaluation framework should be used by all States Parties to assess their core capacities and, on a voluntary basis, can be used to complement the information contained in annual self-assessments, with particular attention being paid to the experience gained and lessons learned from voluntary, external evaluations. For consistency within the new monitoring and evaluation framework, it is proposed that, after 2016, the annual reporting tool should follow the same format as the joint external evaluation tool for those elements of the annual report on the self-assessment that are included in the joint external evaluation tool.

Area 4. Improving event management, including risk assessment and risk communication

18. Central to the WHO Health Emergencies Programme is a new single, unified set of procedures across the three levels of the Organization for conducting rapid risk assessments in response to newly detected public health events. The new procedures will involve a systematic assessment of the hazard, exposure, vulnerability and capacities, in order to determine whether an event constitutes a low, medium, high or very high risk of amplification and international spread. The results of these risk assessments will be made publicly available, in addition to their dissemination through the current WHO processes, and, in the case of high and very high-risk events, will be directly and immediately communicated to the United Nations Secretary-General, the National IHR Focal Points and the Principals of the Inter-Agency Standing Committee.

19. The WHO Health Emergencies Programme will initiate within 72 hours an on-the-ground assessment when notified of a high threat pathogen (for example, human-to-human transmission of a novel influenza virus), clusters of unexplained deaths in high-vulnerability, low-capacity settings, and other events deemed appropriate at the discretion of the Director-General. When feasible, the Programme will engage partner agencies with relevant expertise to assist in such risk assessments. The outcomes will be communicated to the Director-General within 24 hours of completion of the assessment, together with recommendations of the Programme on risk mitigation, management and response measures as appropriate.

20. The Director-General will establish a scientific advisory group of experts for infectious hazards to help guide the Organization’s work in evaluating and managing new and evolving public health risks, as well as its broader work in the identification, characterization and mitigation of high-threat pathogens.

Area 5. Enhancing compliance with the temporary recommendations under the International Health Regulations (2005)

21. In the context of a public health emergency of international concern under the International Health Regulations (2005), WHO has monitored on an ad-hoc basis the additional measures taken by States Parties that went beyond the temporary recommendations issued by the Director-General in terms of travel and trade. Going forward, WHO will establish a standardized process to identify, collate and monitor such additional measures, and to systematically engage with the relevant States Parties to verify the reported measures, understand the basis for their implementation and, if inappropriate, request that they be rescinded.

22. WHO will maintain a publicly accessible repository of public health measures adopted by countries in response to public health emergencies of international concern, including recommendations for travellers. Based on the data in the repository, the WHO Secretariat will publicly report on the additional measures through the WHO website and to the Health Assembly as part of WHO's regular reporting on implementation of the International Health Regulations (2005). WHO will establish a follow-up system with countries reporting additional measures, and consider the development of standard operating procedures for escalating cases of non-compliance.

Area 6. Rapid sharing of scientific information

23. The Director-General has, in 2016, established new WHO policies and mechanisms, in the context of public health emergencies, for sharing line-listed data with appropriate entities for the purposes of epidemiologic studies and mathematical modelling to facilitate understanding of and the response to emergencies, and for ensuring rapid access to new information and data from public health studies and clinical trials to allow the timely application of such data in a response.

24. The findings, deliberations and recommendations of the Pandemic Influenza Preparedness Framework 2016 Review Group will inform the next phase of WHO's work to enhance the sharing of genetic sequence data for other pathogens.

Action by the Regional Committee

25. The Regional Committee is invited to provide comments on the Director-General's draft global implementation plan for the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response, to inform the development of a final version of the implementation plan for the consideration of the Executive Board at its 140th session, in January 2017.

Appendix

Relationship between the proposed areas of action of the draft global implementation plan and the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response

Area of action of the draft global implementation plan	Corresponding recommendations of the International Health Regulations Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response
<p>1. Accelerating country implementation of the International Health Regulations (2005)</p> <ul style="list-style-type: none"> • Develop a global strategic plan to improve public health preparedness and response, and present this to Member States at the Seventieth World Health Assembly, in May 2017. • Prioritize WHO support to high vulnerability, low capacity countries, based on objective assessments. • Mobilize financial resources to facilitate the implementation of the International Health Regulations (2005) at the global, regional and national levels. • Support and further strengthen the National IHR Focal Points. • Link core capacities under the International Health Regulations (2005) with health systems strengthening. 	<p>Recommendation 2: Develop a global strategic plan to improve public health preparedness and response.</p> <p>Recommendation 3: Finance implementation of the International Health Regulations (2005), including to support the global strategic plan.</p> <p>Recommendation 8: Strengthen National IHR Focal Points.</p> <p>Recommendation 9: Prioritize support to the most vulnerable countries.</p> <p>Recommendation 10: Boost core capacities under the International Health Regulations (2005) within health systems strengthening.</p>
<p>2. Strengthening WHO's capacity to implement the International Health Regulations (2005)</p> <ul style="list-style-type: none"> • Sustain WHO collaboration with the United Nations system. • Strengthen WHO capacity to implement the International Health Regulations (2005). 	<p>Recommendation 4: Increase awareness of the International Health Regulations (2005), and reaffirm the lead role of WHO within the United Nations system in implementing them.</p> <p>Recommendation 12: Strengthen WHO's capacity and partnerships to implement the International Health Regulations (2005) and to respond to health emergencies.</p>
<p>3. Improving the monitoring and evaluation of and reporting on core capacities under the International Health Regulations (2005).</p>	<p>Recommendation 5: Introduce and promote external assessment of core capacities.</p>
<p>4. Improving event management, including risk assessment and risk communication.</p>	<p>Recommendation 6: Improve WHO's risk assessment and risk communication.</p>
<p>5. Enhancing compliance with the temporary recommendations under the International Health Regulations (2005).</p>	<p>Recommendation 7: Enhance compliance with requirements for additional measures and temporary recommendations.</p> <p>Recommendation 12.7: WHO should collaborate with WTO [...] to develop a prototype template for standing recommendations [...].</p> <p>Recommendation 12.8: WHO should encourage recognition of such standing recommendations in dispute settlement proceedings [...].</p>
<p>6. Rapid sharing of scientific information.</p>	<p>Recommendation 11: Improve rapid sharing of public health and scientific information and data.</p>