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

### **Introduction**

1. In 2015, the IHR Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation recommended in its report to the Sixty-eighth World Health Assembly<sup>1</sup> “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.” A concept note<sup>2</sup> outlining a revised approach was discussed by the WHO regional committees in 2015 and the IHR monitoring and evaluation framework was revised to reflect the recommendations of the Review Committee. The revised IHR monitoring and evaluation framework was noted by the Sixty-ninth World Health Assembly.<sup>3</sup> The framework includes four components: one mandatory component on annual reporting and three voluntary components on joint external evaluation (JEE), after action review, and simulation exercises.
2. The Secretariat, with input from partners, has developed a JEE tool<sup>4</sup> as one of the four components of this new framework for monitoring and evaluating implementation of the IHR. The tool had 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.
3. The Sixty-third session of the Regional Committee for the Eastern Mediterranean adopted a resolution (EM/RC63/R.1) that noted the progress made in relation to regional strategic priorities, and in particular, the progress made by Member States in undertaking evaluations for implementation of the IHR. It further urged Member States to undertake, if they had not yet done so, evaluations as soon as possible and develop national plans of action to implement the recommendations of the assessment.<sup>5</sup>
4. In May 2016, the Review Committee on the Role of the IHR in the Ebola outbreak and response presented its recommendations to the Director-General at the Sixty-ninth World Health Assembly.<sup>6</sup> 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”.<sup>7</sup> 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.
5. A document incorporating proposals from all six regional committees was presented to the Executive Board at its 140th session in January 2017.<sup>8</sup> The Executive Board, at its 140th session, requested that further consideration be given to the input from the six regional committees, and that consultations be held with Member States and the finalized global implementation plan be presented to the Seventieth World Health

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<sup>1</sup> Document WHA 68/22 Add.1 ([http://apps.who.int/gb/ebwha/pdf\\_files/WHA68/A68\\_22Add1-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_22Add1-en.pdf)).

<sup>2</sup> See [http://www.who.int/ihr/publications/concept\\_note\\_201507/en/](http://www.who.int/ihr/publications/concept_note_201507/en/).

<sup>3</sup> Annex to document A69.20 ([http://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_20-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_20-en.pdf)).

<sup>4</sup> Joint External Evaluation tool ([http://www.who.int/ihr/publications/WHO\\_HSE\\_GCR\\_2016\\_2/en/](http://www.who.int/ihr/publications/WHO_HSE_GCR_2016_2/en/)).

<sup>5</sup> Resolution EM/RC63/R.1 ([http://applications.emro.who.int/docs/RC63\\_Resolutions\\_2016\\_R1\\_19194\\_EN.pdf?ua=1](http://applications.emro.who.int/docs/RC63_Resolutions_2016_R1_19194_EN.pdf?ua=1)).

<sup>6</sup> Document A69/21 ([http://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_21-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_21-en.pdf)).

<sup>7</sup> Document A69/DIV./3 ([http://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_DIV3-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_DIV3-en.pdf)).

<sup>8</sup> Document EB140/14 ([http://apps.who.int/gb/ebwha/pdf\\_files/EB140/B140\\_14-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB140/B140_14-en.pdf)).

Assembly. Subsequently, a revised version of document EB140/14, was presented to the Seventieth World Health Assembly.<sup>9</sup>

6. The Seventieth World Health Assembly considered the report on Implementation of the IHR global implementation plan and decided to request the Secretariat to develop, in full consultation with Member States, including through the regional committees, a draft five-year global strategic plan to improve public health preparedness and response, based on the guiding principles contained in Annex 2 of document A70/16, to be submitted for consideration and adoption by the Seventy-first World Health Assembly, through the Executive Board at its 142nd session.<sup>10</sup>

7. This report provides an update on the progress of implementation of IHR in the Region in the context of resolution EM/RC63/R.1 and using the monitoring and evaluation framework, global developments regarding health security and decision WHA70(11) of the Seventieth World Health Assembly. It also presents for discussion the draft five-year global strategic plan to improve public health preparedness and response.

## **IHR monitoring and evaluation framework**

### **Annual reporting**

8. 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, in accordance with Article 54 of the IHR. In 2016, 14 States Parties completed the annual reporting. The data reported by each State Party is included in Annex 1.

9. For consistency within the framework, the online annual reporting tool was revised to follow the same format as the JEE tool. The revised tool was planned to be introduced in 2017. However, the current tool will continue to be used until the five-year global strategic plan is developed and adopted by the Seventy-first World Health Assembly.

10. A summary of data generated from this tool<sup>11</sup> shows that the score for IHR implementation in these 14 countries is above 80% in the following six IHR capacities: legislation, coordination, surveillance, response, laboratory and zoonosis. The score for implementation is between 70% and 80% in the six IHR capacities of preparedness, risk communications, human resources, points of entry, food safety, and radionuclear. While the score for implementation stands at 60% for the chemical capacity.

### **Joint external evaluation**

11. The WHO Eastern Mediterranean Region has been at the forefront in conducting evaluations. As of August 2017, the Regional Office, in collaboration with partners, has conducted JEEs of IHR capacities in 14 countries: Afghanistan, Bahrain, Jordan, Kuwait, Lebanon, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Tunisia and United Arab Emirates on the basis of requests received from these countries. Five more countries have requested evaluation missions by the end of 2017: Djibouti, Iraq, Libya, Syrian Arab Republic and Yemen.

12. The reports of the evaluations conducted to date in the Region are posted on the WHO website<sup>12</sup> and have been shared with the Regional Assessment Commission for review. The Commission will hold its third meeting in November 2017 to discuss strategic priorities for country action. Its advice will also be presented to countries in the sixth IHR stakeholders' meeting in November 2017 (country-specific data and information in the form of country profiles will be disseminated at the Sixty-fourth Regional Committee for the Eastern Mediterranean).

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<sup>9</sup> Document WHA 70/16 ([http://apps.who.int/gb/ebwha/pdf\\_files/WHA70/A70\\_16-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_16-en.pdf)).

<sup>10</sup> Decision WHA 70/11 ([http://apps.who.int/gb/ebwha/pdf\\_files/WHA70/A70\(11\)-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70(11)-en.pdf)).

<sup>11</sup> Global Health Observatory data IHR core capacities implementation status 2014, WHO Eastern Mediterranean Region. ([http://www.who.int/gho/ihr/monitoring/region\\_eastern\\_mediterranean/en](http://www.who.int/gho/ihr/monitoring/region_eastern_mediterranean/en)).

<sup>12</sup> Joint External Evaluation mission reports (<http://www.who.int/ihr/procedures/mission-reports/en/>).

13. A summary of analysis of scores of indicators for technical areas obtained from the evaluations in the 14 countries revealed that under “Prevent” countries of the Region demonstrated strongest capacity in immunization, with consistently high scores for their ability to ensure vaccine coverage and national vaccine access and delivery. The Region demonstrated strong capacity for minimizing the transmission of zoonotic disease, especially in surveillance of priority zoonoses/pathogens and a supportive veterinary and animal health workforce. Improvements on response mechanisms for zoonotic disease were needed. Most of the countries were weak in the area of antimicrobial resistance often lacking a multisectoral national plan to combat antimicrobial resistance. In particular, antimicrobial stewardship was cited as a priority area requiring improvement. Biosafety and biosecurity were additional areas identified as needing improvement throughout the Region, as scores indicated weak capacity for all countries.

14. Within the technical areas under “Detect”, Member States showed demonstrated and sustainable capacity in national laboratory systems, in particular, in their capacity to test for priority diseases and for referral systems. Improvements in laboratory-based diagnostics and laboratory quality systems were indicated from the previous evaluation. Real time surveillance was strong across the Region with Member States consistently having syndromic surveillance systems in place and the capacity to effectively analyse surveillance data. Additional efforts are needed to improve event-based surveillance systems and the interoperability real time nature of these systems. Workforce development was identified as an area needing improvement. While many countries had a very strong field epidemiology training programme or applied epidemiology training programme in place, they lacked the necessary human resources to address all IHR core capacity requirements, and in addition, lacked a health workforce strategy or a mechanism to monitor the implementation of existing strategies.

15. The Region demonstrated overall high capacity for technical areas under “Respond”, in particular the ability to link public health with security, as well as in deployment and receipt of medical countermeasures and personnel during an acute health crisis. While many countries have the capacity to activate emergency operations when needed, mapping of public health risks, developing public health emergency preparedness and response plans and having procedures and plans in place for emergency operating centres are areas that need strengthening. Furthermore, risk communications was an area consistently identified as weak in all the regional JEEs, as many countries lacked an all-hazard national risk communication plan. In particular, capacities for communication engagement with affected communities, dynamic listening and rumour management were cited as consistently weak.

16. Countries demonstrated very mixed capacity in terms of “Other IHR-related hazards and Points of Entry. Public health contingency plans were missing in most of the points of entry, particularly ports and ground crossings. Chemical events were identified as a priority area in which countries needed to develop capacity, in particular, to improve mechanisms to detect and respond to chemical events and emergencies.

17. For four of the five countries that will be conducting an evaluation, the Regional Office has developed a guiding document that maintains the use of the JEE process and tools but identifies different approaches for conducting an evaluation in countries affected by emergencies.

18. National action plans for health security have been developed in Pakistan and Morocco based on the outcomes of the evaluations. Jordan is currently in the process of developing its plan. Subregional training will be conducted in September 2017 for six countries (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and United Arab Emirates) to train nationals on how to develop and cost a national action plan. Support will be given to other countries to develop and cost their plans, upon request.

#### **After action review and simulation exercise**

19. Tools and modules have been developed for the simulation exercise. Iraq and Pakistan conducted a simulation exercise using these tools in August and September 2017. Regional training will be conducted in November 2017 to train national IHR focal points on tools and modules for the simulation exercise in order that they can support national activities.

20. Tools and modules for the after action review are still under development. State Parties are encouraged to review their response to public health events using these tools to improve their national response capacity.

**Draft five-year global strategic plan to improve public health preparedness and response**

21. The draft five-year global strategic plans will be developed in full consultation with Member States. The Secretariat has developed the guiding principles and three pillars for public health preparedness and response. The goal of the plan is to strengthen capacities at the global, regional and country levels to prepare for, detect, assess and respond to public health risks and emergencies with the potential for international spread. The three pillars are:

- Building and maintaining State Parties core capacities required by the IHR
- Event management and compliance
- Measuring progress and accountability.

**Action by the Regional Committee**

22. The Regional Committee is invited to note this report. It is also invited to provide comments on the guiding principles and pillars of the draft global strategic plan to improve public health preparedness and response and to provide views on the IHR monitoring and evaluation framework.

## Annex 1

## IHR annual reporting of core capacity scores (%) for 2016

Member States	Legislation	Coordination	Surveillance	Response	Preparedness	Human resources	Risk communications	Laboratory	Points of entry	Zoonosis	Food safety	Chemical	Radionuclear
Afghanistan	0	30	95	88	28	57	40	76	12	33	7	31	54
Bahrain	100	100	100	100	90	100	100	100	94	67	100	92	100
Djibouti	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Egypt	75	83	90	100	100	100	100	96	97	100	93	92	100
Iran, Islamic Republic of	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Iraq	100	100	80	82	90	86	100	90	94	100	80	77	77
Jordan	75	90	80	83	55	100	80	88	88	89	67	46	60
Kuwait	100	100	60	100	100	100	60	100	91	100	100	0	92
Lebanon	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Libya	75	83	55	83	43	43	60	66	63	78	93	8	77
Morocco	100	100	100	100	100	100	100	90	72	100	100	77	100
Oman	100	100	100	100	100	100	100	100	86	100	100	92	54
Pakistan	75	100	70	40	17	29	60	58	54	56	53	23	46
Qatar	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Saudi Arabia	100	100	100	100	100	100	100	100	100	100	73	100	92
Somalia	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Sudan	50	100	95	52	70	71	80	51	24	100	80	46	54
Syrian Arab Republic	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Tunisia	75	63	100	50	27	14	20	62	46	78	53	62	69
United Arab Emirates	100	100	80	100	100	100	80	100	24	100	100	100	100
Yemen	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Global Health Observatory data IHR core capacities implementation status 2016, WHO Eastern Mediterranean Region. ([http://www.who.int/gho/ihr/monitoring/region\\_eastern\\_mediterranean/en/](http://www.who.int/gho/ihr/monitoring/region_eastern_mediterranean/en/), accessed 20 August 2016).