



Report of the Regional Assessment Commission on the status of implementation of the International Health Regulations (2005)

Introduction

1. In 2015 the 62nd session of the Regional Committee for the Eastern Mediterranean adopted a resolution (EM/RC62/R.3) in which it urged WHO to establish an independent regional assessment commission comprising experts from States Parties of the Region and WHO to assess implementation of the International Health Regulations (2005) in the Region and to advise Member States on issues relating to implementation of the national core capacities required under the Regulations.
2. The Regional Assessment Commission on the status of implementation of the International Health Regulations (2005) (IHR-RAC) was established and had its first meeting in December 2015 to agree on its terms of reference and modalities of work. The Commission met for the second time in September 2016 to review outcomes of the joint external evaluations conducted in Member States of the Region. Communications continued with the Commission to have their feedback on the outcomes of the joint external evaluations (JEEs) conducted after that. A third meeting is planned in November 2017 to follow up on the recommendations provided earlier.
3. This report provides an update on the progress of the functioning of the IHR-RAC in the Region in the context of resolution EM/RC62/R.3. It also presents the Commission's recommendations to Member States and WHO for accelerating the implementation of IHR capacities in the context of the IHR monitoring and evaluation framework and the views of the Commission regarding the draft five-year global strategic plan to improve public health preparedness and response.

Functionality of the IHR Regional Assessment Commission

4. In accordance with the modalities of work for the Commission, some of its members participated in the JEEs in five Member States (Kuwait, Morocco, Oman, Pakistan and Tunisia).
5. In its second meeting, the IHR-RAC reviewed the reports of JEEs in six countries, conducted between April and September 2016, and came out with the following general recommendations for countries, which were presented during the fifth IHR stakeholders' meeting in September 2016.
 - The IHR-RAC encourages Member States in the Region to conduct JEEs with WHO support, including countries with complex emergencies.
 - The development of plans of action should be initiated soon after the JEE through a multisectoral exercise. Although plans will need to be costed, the development of plans should not be delayed if a final costing tool is not yet in place.
 - Allocation of domestic resources is crucial to finance the implementation of plans of action. However, several priority actions can be implemented with minimal budget and the implementation of the plan should begin as soon as it is nationally endorsed.
 - WHO should work on mapping of external support and support Member States in coordinating the mobilization of resources to implement their plans.
 - WHO should provide the technical support required to facilitate the implementation of plans of action.
6. The WHO Regional Office for the Eastern Mediterranean and partners continued to provide support to Member States to prepare for and conduct JEEs. As of May 2017, 14 countries in the Region had conducted JEEs. WHO support is also extended to Member States to develop and cost national plans of action based on the priority actions identified from JEE, other national assessments, the outcomes of after-action reviews and exercises, if conducted and by linking plans' development with national planning and budget cycles to

ensure sustainable follow-up and implementation of the national action plan. The process of developing plans of action has so far undertaken by Jordan, Morocco and Pakistan.

7. The Regional Office developed a guidance document to facilitate conducting JEEs in crisis countries. At the global, regional and country levels, discussion is ongoing to map external and internal donors and partners in order to finance national plans and facilitate their implementation. WHO continues to provide technical support to Member States in the Region to implement these plans of action.

8. In its second meeting, the IHR-RAC also provided the following specific recommendations:

- Empower national IHR focal points in terms of knowledge, resources and authority to communicate with WHO. Establish a national IHR multisectoral committee with representatives from all sectors and located at a higher hierarchical level than other ministries. Existing national high level committees to respond to emergencies could be revitalized to address IHR and must also work in non-emergency situations. National advocacy activities should be carried out frequently to raise awareness of IHR, national IHR focal points and the IHR multisectoral committee.
- Establish communication and coordination channels between the Ministry of Health and the other sectors dealing with chemical, nuclear and radiation events. Identify experts at the regional level to support countries in the assessment and in capacity-building activities, and map out existing resources at the country, regional and global levels to manage chemical and radiation events.
- Advocate for the “one health” concept among human health officers and veterinarians and engage them in IHR implementation at all levels. Performance veterinary services (PVS) assessments are comprehensive and the results of these assessment, when available, should be made accessible to the JEE team before missions to any country.

9. WHO conducted a regional meeting for national IHR focal points in April 2017 with the participation of a few members of the Commission to: enhance their knowledge on risk assessment of public health events of potential international concern and notification to WHO by using Annex II of IHR (Decision Instrument); discuss and identify elements to empower the national IHR focal points; and improve functionality of IHR multisectoral committees. As recommended, the existing guidance document on the IHR national focal points is currently under review, considering current discussions and identified needs. WHO is also developing a template outlining key elements and best practices for an IHR multisectoral committee that covers the following elements: legal mandate, composition (including nongovernmental organizations and civil society), terms of reference, frequency of meetings/documentation, decision-making authority.

10. Training modules and an online course for IHR national focal point capacity building have been developed by WHO. Countries will be supported to adapt the training material for national use. A platform to share lessons learnt and best practices from after action review and exercises between countries and regions is under development.

11. Based on the outcomes of the JEEs, WHO is developing a regional map of existing resources in countries to manage chemical and radiation events. Gaps have been identified and a regional plan to strengthen these capacities is being developed.

12. In collaboration with the International Organisation for Animal Health (OIE) and the Food and Agriculture Organization of the United Nations (FAO), WHO supported a workshop in Pakistan in May 2017 to bridge the IHR and PVS and to further ensure the involvement of animal health in the development and implementation of national plans of action. Similar workshops are planned for Afghanistan, Jordan and Morocco by December 2017 and for Bahrain, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Sudan, Tunisia and United Arab Emirates by June 2018.

Advice of the IHR-RAC in the context of the IHR monitoring and evaluation framework

13. The IHR-RAC supports the use of the newly developed IHR monitoring and evaluation framework as it includes complementary approaches to evaluate progress in developing national capacities for preparedness, surveillance and response to different hazards. Efforts are needed to raise awareness of and increase accountability to this framework among Member States in order to enhance its use and accelerate the movement towards meeting the IHR obligations.
14. The members of the Commission highlighted the added value of the JEE in identifying the most urgent needs and prioritizing opportunities for capacity building and encouraged Member States to conduct the JEE as part of evaluating essential public health functions. The JEE provides a rich source of information on national capacities. Mapping is needed of existing surveillance and laboratory capacities across the Region using this source of information in order to identify strategic areas of work for WHO and partners to intervene, including ensuring early warning functions in existing surveillance.
15. The Commission acknowledged the participation of peer experts from the Region in the JEE and recommended that intercountry collaboration should be extended to provide support for the development, financing and implementation of plans of action. The IHR-RAC recognized the existence of effective subregional collaboration and highlighted the need to build on collaborative mechanisms by identifying common gaps and developing subregional plans to address them. Examples could include enhancing cross-border collaboration and health promotion for refugees and internally displaced populations, with the support of WHO.
16. The Commission emphasized the need to document best practices and success stories in Member States. A platform needs to be established for this purpose.
17. The Commission acknowledged the efforts of the Regional Office to support Member States to develop national plans of action for health security. In this respect, it stressed the need to develop a regional agenda in consultation with Member States to accelerate the development, financing and implementation of these plans, with the most disadvantaged Member States prioritized for this support. The Commission also recommended conducting a regional workshop to train nationals on the process of developing and costing plans of action. The national IHR focal point and representatives from the animal sector and from the finance or planning sectors should participate in the workshop.
18. The Commission emphasized that it is the responsibility of each Member State to ensure national health security and contribute to achieving global health. Hence, national advocacy activities need to be conducted frequently to ensure awareness of policy-makers and subsequently allocation of domestic resources to implement national plans for health security.

Views of the IHR-RAC on the draft five-year global strategic plan to improve public health preparedness and response

19. Members of the Commission acknowledged the efforts of WHO in developing the guiding principles and pillars for the draft five-year global strategic plan and provided the following comments to further refine them.
20. Comments related to the guiding principles:
 - Guiding Principle 3. WHO leadership and governance: The Commission will continue to review progress on IHR implementation and provide its advice to Member States and WHO for inclusion in regular reports by WHO to the governing bodies on the application and implementation of IHR.
 - Guiding Principle 4. Broad partnerships: regional networks and universities need to be included as regional partners to provide technical support to countries in consultation with WHO.
 - Guiding Principle 5. Intersectoral approach: The non-health sectors including the security sector need to be identified clearly in most of the health coordination mechanisms in Member States.

- Guiding Principle 6. Integration with the health system: As part of building resilient health systems, more information is needed on addressing universal health coverage and the Sustainable Development Goals and promoting the health of refugees and migrants.
- Guiding Principle 8. Focus on fragile contexts: More flexibility in reassessment (including a tool for self-assessment) needs to be developed, particularly in cases where the context dramatically changes, e.g. because of conflict. One proposal could be to look at actual public health events and see if they indicate a change in the capacities to detect or respond to a public health crisis, and potentially mobilize resources that way.
- Documentation of best practices and success stories in Member States in areas related to IHR and an element on operational and implementation research need to be included.

21. Comments related to the three pillars:

- Pillar 1a: A continued emphasis on early, consistent, transparent information-sharing across borders including joint response plans for countries sharing land borders is missing. Also as part of having a resilient health system, Member States that host refugees and migrants need to develop plans to cope with the influx of these moving populations.
- Pillar 2b: More information is needed on the support to be provided by WHO to Member States to build their national event-based surveillance.
- Pillar 2c: With regard to aircraft disinsection, a note of caution was raised against overemphasizing this aspect of point of entry IHR capacity. While spraying measures may be a particularly effective and important preventive strategy for island countries where the vector is not present, the effectiveness of disinsection is considered low for preventing pathogen importation, as there is a low risk of importation by mosquito vectors compared to infected travellers. Hence, improving understanding of population flow and cross-border connectivity and enhancing IHR requirements at points of entry could contribute more to prevention of disease spread.
- Pillar 2d: While this section mentions WHO's role in collecting information on additional measures and in sharing with other States Parties the public health rationale for implementing these additional measures, it does not refer to the role of WHO in case the additional measures implemented by States Parties lack a public health rationale and scientific evidence.
- Pillar 3b: The revised IHR monitoring and evaluation framework was noted by the World Health Assembly. Two subsequent resolutions of the Regional Committee (EM/RC62/R.3 and EM/RC63/R.1) requested Member States in the Region to conduct JEEs as part of the new monitoring and evaluation framework. Proposing the revised IHR monitoring and evaluation framework for reporting to the Health Assembly on the status of the application and implementation of the Regulations as part of the global strategic plan ignores efforts done by Member States in the Region.
- Pillar 3c: Continued reference to the self-assessment annual reporting tool, introduced in 2010, needs to be reconsidered urgently in order to respond to requests from countries for the annual reporting tool to be consistent with the JEE tool in order to provide information on progress of implementation of priority actions identified from the JEE.

Action by the Regional Committee

The Regional Committee is invited to note this report.