



**Address by**

**DR ALA ALWAN**  
**REGIONAL DIRECTOR**  
**WHO EASTERN MEDITERRANEAN REGION**

**to the**

**CONSULTATION ON ASSESSMENT AND MONITORING OF THE  
IMPLEMENTATION OF THE INTERNATIONAL HEALTH REGULATIONS 2005:  
BEYOND JUNE 2016**

**Cairo, Egypt, 11–12 January 2016**

Good morning Colleagues,

It is my pleasure to welcome you all to the WHO Regional Office for the Eastern Mediterranean in Cairo for this consultation meeting on assessment and monitoring of the implementation of the International Health Regulations. My sincere thanks go to you all for accepting to our invitation to join us at very short notice. Unfortunately, other colleagues from the Global Health Security Agenda and the US Centers for Disease Control and Prevention were not able to join us in this consultation.

Allow me first to give you an update on the progress we have made so far. As of June 2014, 64 States Parties had indicated that they met the minimum core capacity standards, including 8 States Parties from the Eastern Mediterranean Region.

Results generated from the IHR monitoring tool, also known as the self-assessment tool, indicate that the level of global implementation for core capacity requirements was 73% in 2014, with many countries having met many of the IHR requirements.

As you all know, the IHR Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation noted in its report that considerable progress has been made in the implementation of the IHR. The report emphasized that countries in every region still face significant challenges to fully implement the Regulations. Additionally, the Ebola Interim Assessment Panel raised in its report the issue of limited reliability and accuracy of the self-assessment-based IHR progress reported by Member States.

However, one of the recommendations that came out in these two reports was that the Secretariat develop options to move from exclusive self-evaluation to approaches that combine self-

evaluation, peer review and voluntary external evaluation and validation. I believe, this is indeed necessary to ensure the full implementation and the sustainability of IHR capacities beyond 2016.

Following a resolution of the WHO Regional Committee for the Eastern Mediterranean at its 61st Session in 2014, as you know, WHO conducted missions to all countries of the Region to assess the implementation of IHR capacities in the context of Ebola. However, the results obtained from these missions were not consistent with the results obtained from the 2014 IHR self-assessment tool. Not only that, critical gaps were also identified in countries related to their preparedness and response capacities for Ebola, including countries that had previously reported having met the obligations under the IHR by the first or second deadline.

Based on all this, in 2015 the Regional Committee at its 62nd Session discussed a new approach for the assessment and monitoring of IHR implementation. It subsequently adopted a resolution on establishing a Regional Assessment Commission, comprising regional and global experts to assess implementation of the IHR in the Region and to advise Member States on priority actions to develop and maintain IHR capacities.

The IHR Regional Assessment Commission has been established, and had its first meeting in December 2015 where its terms of reference and working modalities were discussed. The Commission members requested clarity on the tool that will be used during the independent assessment and on how this tool will be used in relation to compliance with annual self-assessment of the development of the IHR capacities and reporting to the governing bodies of WHO.

During the same Session of the Regional Committee, Member States highlighted the existence of several IHR assessment tools and initiatives, and cautioned against imposing the burden of receiving several assessment missions by different stakeholders but with the same objective of assessing the national capacities. Hence, the resolution also requested the Regional Director to establish a regional taskforce to harmonize the existing tools for assessment of implementation of the IHR, including with the Global Health Security Agenda assessment tool.

I understand that the technical consultation meeting that took place in Lyon last October thoroughly discussed, and came out with, a draft harmonized tool for the independent assessment. Several drafts have been developed since the Lyon meeting but no consensus has been reached yet on the final harmonized tool for the independent assessment of IHR implementation, and whether this tool will be also used for the self-assessment and the annual reporting to the governing bodies.

The threats to global health security continue to grow around us every day. We have new threats: Ebola, MERS, H5N1 and Lassa fever outbreaks, and the list goes on. One of the important lessons learned from these public health events is “working together”. We have to work together

and bring all partners on board in order to streamline the support to implementation of IHR at national level.

The Global Health Security Agenda – GHSA – is an effort by nations, international organizations and civil society to accelerate progress towards a world safe and secure from infectious disease threats. Hence, it is absolutely necessary to work together to avoid duplicating efforts in the countries supported by the GHSA, and to coordinate the support to meet IHR requirements in the countries and areas that are not supported by the GHSA.

I do hope, during our two day consultation, to be able to reach consensus on a single harmonized tool and to clarify its use for the independent assessment and the self-assessment. The harmonized tool for the independent assessment should be part of a harmonized process with the GHSA for the assessment of IHR implementation and mobilizing the support required to fill the gaps.

As I mentioned earlier, GHSA and CDC colleagues were not able to join us in this consultation. However, we are now connecting with them via videoconference to discuss the harmonized process, including the tool.

This is an opportunity for us that should not be wasted to achieve the desired outcome. I wish you all a very productive and useful meeting.

I will be joining you in these two days and hope to take this meeting outcome with me to the next WHO Global Policy Group meeting for further deliberations to chart the way forward.

Thank you.