



In the Name of God, the Compassionate, the Merciful

Address by

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to the

REGIONAL STAKEHOLDERS' MEETING TO MAP THE NEEDS

FOR IMPLEMENTING IHR CORE CAPACITIES DURING

THE EXTENSION PERIOD (2012-2014)

Rabat, Morocco, 12–15 November 2012

Your Excellency Dr El Hussein El-Ouardi, Minister of Health in Morocco

Representatives of Member States,

Colleagues in the UN system,

Representatives of donor organizations and technical institutions,

Ladies and Gentlemen,

It is indeed a great honor for me to welcome you at this regional stakeholders' meeting to map the needs for implementing the core capacities of the International Health Regulations during the extension period. I am pleased to see such a broad range of interests and expertise represented in this room. I am also very pleased that Morocco is hosting the very first such meeting in the Eastern Mediterranean Region.

Five years ago, in 2007, the International Health Regulations entered into force to help the international community prevent and respond to acute public health risks that have the potential to cross borders and threaten people's lives worldwide. The Regulations detail core capacities for

surveillance and response that countries should establish and strengthen at the national, intermediate and peripheral levels, as well as at designated international ports, airports and ground crossings.

June 2012 marked the initial deadline by which Member States agreed to have core capacities fully implemented for limiting the spread of public health emergencies of international concern. All but one of the Member States in the Region fell short of this implementation goal, and requests for a 2-year extension have been submitted by 18 Member States.

Distinguished Participants,

Since the International Health Regulations entered into force, the WHO Regional Office for the Eastern Mediterranean has been providing assistance to Member States to implement them, and a wide range of activities has been carried out. These joint efforts have resulted in significant progress in core capacity development.

To highlight the main achievements, progress has been made in the area of legislation, policy and financing and in the area of coordination and National Focal Point communication and identification of IHR stakeholders. Progress has been made in fulfilling requirements for the establishment of indicator-based surveillance; and arrangements have been made in some countries to share data on surveillance and the control of public health events with neighbouring countries.

Progress has also been made in the area of response, with requirements fulfilled for the establishment of rapid response teams with allocated resources to respond to outbreaks of national and international concern. Requirements related to certain preparedness capacities and communication capacities, particularly in identifying communication partners, have been met. Progress has also been made in the area of laboratory services and in fulfilling some of the requirements for detecting and responding to zoonotic diseases.

Ladies and Gentlemen,

Today, we live in a world where threats to health arise even from the speed and volume of air travel, the way we produce and trade food, the way we use and misuse antibiotics, and the manner in which we manage our environment. These public health threats demonstrate clearly the vulnerability of the global community in terms of the rapid spread from one part of the world to

another within a matter of days, or even hours, causing tremendous economic loss and social disruption in many countries of the world.

The revised International Health Regulations came about as a response to the exponential increase in international travel and trade in the past decades, the emergence and re-emergence of international disease threats, at the unprecedented rate of one or more per year, and other health risks associated with the accidental or deliberate use of chemical, biological and radionuclear substances. To that end, the IHR represent a binding legal commitment that empowers ministers of health to lead the process of preparation and response. These regulations are designed to contribute to the achievement of public health goals, in which success is seen and measured in improvements to public health rather than adherence to any particular article of the Regulations.

These regulations have boosted commitment and momentum for pre-existing programmes, such as the national programme to strengthen surveillance capacity and public health laboratories. In addition to boosting existing programmes, some new activities related to IHR provisions have been successfully established, such as the National Focal Point network and the national multisectoral task force.

Distinguished Participants,

We are 5 months beyond the first target date of June 2012 and as you have heard, much work is being done in the Region. However, further work is needed in the areas of implementing the legislation and national policies developed to facilitate IHR implementation; testing coordination mechanisms among the different IHR stakeholders; evaluating the early warning function of indicator-based surveillance; establishing event-based surveillance; and strengthening cross-border surveillance.

Furthermore, establishment of programmes for protecting health care workers and monitoring systems for antimicrobial resistance; testing of surge capacities, stockpiling, risk assessment and testing of national preparedness plans; human resources development; and strengthening the laboratory quality management system all need to be improved.

Further work is also needed to fulfil many requirements for the general obligations and effective surveillance and response at Points of Entry, as well as those for detecting and responding to foodborne disease and food contamination and chemical and radionuclear emergencies.

At this stage, the momentum for implementation of the IHR must be sustained by taking into account the challenges and drawing on the lessons learned so far. There is a need for Member States and WHO to focus on harmonizing their efforts to provide improved direction for the future. This will help to achieve full political commitment, together with mobilization of the necessary resources, both of which are critical prerequisites to move forward the implementation of the IHR at all levels.

The IHR encompass a broad range of public health hazards (biological, chemical, radionuclear and of unknown etiology). Therefore, different sectors (e.g. health, agriculture, customs and travel, trade, education, defense) must work in partnership for the implementation of the IHR. Effective communications, coordination and collaboration among different sectors are vital for efficient application of the regulations. Enhancing human resources in order to achieve the best results is paramount. This represents a unique opportunity to mobilize resources and develop sustainable public health capacities, serving both domestic and global public health and global health security in the long term.

Global and regional partnerships are essential for successful implementation of the IHR. For that reason, WHO at different levels has been engaged with various national institutes, international initiatives, intergovernmental organizations, donor agencies and technical agencies to provide effective technical support to Member States for implementation of the IHR. Greater collaboration and coordination among these partners can ensure greater coherence and efficiency by focusing on respective comparative advantages and areas of expertise and strengths of partners. Ultimately, this will ensure greater impact in IHR implementation.

Invitees, Participants, Ladies and Gentlemen,

Member States in the Eastern Mediterranean Region are quite diverse in terms of level of development of health programmes, availability and technical capacity of health workers, funding

support received from external partners and donor agencies, and many other factors. Therefore, the technical and other support required by these Member States also varies greatly.

I believe there is merit in reviewing the performance of Member States in the Region in implementing the requirements of core capacities of this international instrument. In the spirit of inclusiveness, this meeting has been opened to a range of organizations and agencies interested in improving our collective management of IHR implementation and in meeting the target date. You are all here because of your important role in implementing IHR, and some of you for your specific technical expertise as well. We want to hear all your views.

Many important and challenging tasks need to be accomplished in the next four days. I am confident that at the end of the meeting you will have a well-defined roadmap with important milestones to guide us in the timely and effective implementation of the International Health Regulations in our region to meet the target date of June 2014. A mechanism to monitor and follow up the translation of the roadmap on the ground should be discussed and agreed upon by the different stakeholders as well.

Before I conclude, allow me to thank His Excellency, Dr El Hossein El Ouardi for hosting this meeting in Morocco. I also thank all the officials who have painstakingly laboured to make this meeting a reality.

I wish you all a very fruitful meeting, and a very pleasant stay in Rabat.

Thank you.