



Address by
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WHO EASTERN MEDITERRANEAN REGION
to the
THIRD REGIONAL STAKEHOLDERS' MEETING TO REVIEW
IMPLEMENTATION OF THE INTERNATIONAL HEALTH REGULATIONS (IHR
2005) WITH SPECIAL FOCUS ON EBOLA
Cairo, Egypt, 11–13 January 2015

Dear Colleagues, Ladies and Gentlemen,

I am pleased to welcome you to this third regional stakeholders' meeting to review implementation of the International Health Regulations (IHR 2005). This time we are putting a special focus on Ebola. I would like to thank you for sparing your valuable time to participate in this meeting. We are assembling here today to collectively review progress made in implementation of core public health capacities as stipulated under the IHR. This meeting is being organized at a time when we are facing two of the biggest public health threats of our time – Middle East respiratory syndrome coronavirus (MERS-CoV) and Ebola virus disease. The worsening impact of these two outbreaks on global security, health and economic outlook is a stark reminder to all of us that a threat anywhere is a threat everywhere

Since the IHR entered into force in 2007 and the first extension to June 2014, States Parties in the Eastern Mediterranean Region have shown progress in implementation of IHR core capacities. By June 2014, IHR core capacity scores in States Parties in the Region were at an average of 70%. However, as the incidence of MERS-CoV and threat of importation of Ebola into the Region have significantly increased, some countries in our region have become deeply concerned about the adequacy of preparedness and readiness measures for early detection, prevention and containment of these emerging health threats. This was the subject of intensive discussion at the 61st session of the Regional Committee for the Eastern Mediterranean in Tunis in 2014, as a result of which WHO was requested (resolution EM/RC/61/R.2) to assess preparedness and readiness measures for Ebola in countries of the Region using a standardized checklist.

Dear Colleagues,

The Regional Office has now completed this assessment of Ebola preparedness and readiness measures in 18 countries in just under 8 weeks, thanks to the countries who supported these assessment missions, and the WHO experts and staff who conducted them together with the national authorities. I have already shared, in writing, the main findings and key recommendations of these assessments with the ministers of health of the respective countries. Using the findings of this comprehensive assessment, we now have an opportunity to discuss in

this meeting where we currently stand in terms of achieving core public health capacities to meet IHR obligations in the Region and where we can go from here. Our objective over the next three days should be to review these findings, learn from experience and develop a pragmatic and actionable plan to address the critical gaps identified in the capacities for early detection of and effective response to any potential introduction of Ebola in the Region. I suggest that we look at the findings of the assessment for Ebola preparedness and readiness measure objectively, together with the self-assessment findings for IHR (2005) core capacities done over the past years. This comparison will reveal the areas that need to be urgently addressed in regard to the core capacities required under the IHR in a more systematic, transparent and objective way. The six domains assessed by the WHO mission for Ebola correspond to some of the core capacities which are required to be fulfilled by Member States, as stipulated under the IHR. I believe that through this meeting, if we can develop a plan to address the gaps that we have identified, we can improve the public health systems of countries in a way that can greatly facilitate early detection and rapid response, and we can undertake appropriate preventive measures to contain not only the threat of Ebola but possible threats from any other emerging and unknown infectious diseases.

Dear Colleagues

We have generally identified areas that require urgent strengthening in the ability of public health systems to detect, and to predictably monitor, track and respond to any acute health threats. We have clearly seen that:

- existing coordination structures lack the efficiency of an emergency incident command system;
- the absence of a national infection control programme in many countries is a major limitation in planning and implementing effective infection control measures in health facilities;
- country surveillance systems sometimes lack effective mechanisms to detect threats in a real-time situation. countries' laboratory diagnostic capacity for detection of any emerging pathogen requires significant reinforcement;
- no State Party has developed an integrated and multi-stakeholder risk communication strategy; and
- contingency plans at airports should include public health risk.

These findings clearly indicate that, in spite of our past experiences with SARS, H5N1, other pandemics, and investments in the IHR and IHR scores, our region is not fully prepared to handle Ebola at our doorsteps.

Colleagues, this Ebola country assessment exercise included assessment of the very basic capacities and tools in our public health arsenal: intersectoral coordination, disease surveillance, infection prevention and control, contact tracing, and risk communication. These basic tenets of public health practice and emergency management have helped communities prevail against global pandemics over many decades and still remain our best defence against the current unprecedented Ebola outbreak in West Africa and the threat of importation to the Region.

The health care advancements of today are also creating dichotomies and polarization. We are using state-of-the-art interventions in medical care to save individual lives, but at the same time, vulnerabilities exposing thousands to death and disease from known and emerging pathogens like Ebola and MERS-CoV continue to present serious threats to populations. We need to invest more in prevention and in strengthening public health in our Region.

It is thus imperative that, as we come together to develop a pragmatic, action-oriented plan to bridge the gaps highlighted by the Ebola assessment and to strengthen core capacities under the IHR, we look critically at what allowed Ebola to progress from a localized outbreak to a global threat to health security. Failure to do so will produce remedial measures that will be fragmented, short-lived, and perhaps leave systems even more vulnerable in future.

The IHR and Ebola have also made it abundantly clear that strengthening linkages and tapping synergies between points of entry and national systems within countries, as well as between countries, especially neighbours, can help us mount prevention-based “herd immunity” against all hazards – natural and/or man-made.

As we move closer to the deadline for the second extension of June 2016 for IHR implementation, the recommendations of the IHR Review Committee meeting in November 2014 clearly spelled out IHR implementation as a continuous and a dynamic process, rather than a time bound phenomenon, and called for IHR core capacities to be looked at from the standpoint of functionality and quality assurance rather than just implementation.

Lastly, I would like to reiterate that it is our collective responsibility to protect global health and effectively manage any emerging health threats, whether from within the Region or from outside. Strengthening IHR core capacities and their operationalization against threats like Ebola are not the sole responsibility of the humanitarian and health sectors. Growing social unrest, falling national and regional GDPs, and mounting economic losses for the private sector, clearly underscore that the need for pro-active engagement of development partners and the private sector in IHR implementation has never been greater than today.

Dear Colleagues

We have come a long way but we still have a long way to go and unfortunately time is a luxury. I am confident that, through introspection and constructive dialogue and self-criticism, we will be able to suggest a package of priority and pragmatic interventions in the short term to address gaps in IHR core capacity areas necessary to address threats like Ebola.

For the medium to long term, I hope this meeting will provide the pivot to start looking at the IHR as a humanitarian development bridge, with functionality and quality as critical perspectives for an all-hazards-based preparedness and response mechanism for the future.