Summary report on the

Seventh stakeholders meeting to review the implementation of the International Health Regulations (2005)

Kuwait City, Kuwait
18–20 December 2018

World Health Organization

REGIONAL OFFICE FOR THE **Eastern Mediterranean**

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1.   Introduction

The International Health Regulations (2005) (IHR) are an international legal instrument that is binding on 196 countries across the globe, including all Member States of WHO. Their aim is to help the international community prevent and respond to public health risks that have the potential to cross borders and threaten people worldwide, including chemical, biological and radiological events and emergencies. Adopted by the Fifty-eighth World Health Assembly in 2005 and entered into force on 15 June 2007, the IHR require countries to report certain disease outbreaks and public health events to WHO. Building on the unique experience of WHO in global disease surveillance, alert and response, the IHR define the rights and obligations of countries to report public health events, and establish a number of procedures that WHO must follow in its work to uphold global public health security.

In response to the World Health Assembly's request to the Director-General to strengthen the core capacities of Member States to ensure implementation of the IHR, WHO has developed a five-year global strategic plan to improve public health preparedness and response (2018–2023). Furthermore, the new thirteenth general programme of work of WHO (GPW 13) builds upon country health emergency preparedness and IHR core capacity strengthening, specifically to achieve the goal of 1 billion more people better protected from health emergencies. GPW 13 sets out WHO's strategic directions, outlines how the Organization will proceed with its implementation, and provides a framework to measure progress. GPW 13 takes into account the strategic plans of WHO regional offices and was developed in collaboration with the regional directors.

Under the IHR monitoring and evaluation framework (IHR-MEF), Member States are urged to utilize complimentary approaches in

assessing and improving national capacities; in addition to the mandatory annual reporting, the framework introduces external evaluation, simulation exercises and after action reviews. A national action plan for health security (NAPHS) is subsequently developed, based on IHR-MEF results. Effectively costing and implementing these action plans across all sectors and stakeholders is a current priority for the Region and globally. The annual IHR stakeholders meetings provides an interactive regional forum to discuss IHR-related activities for country-to-county learning exchange and adaptation.

In this context, the seventh stakeholders' meeting to review progress in implementing the IHR was convened in Kuwait City, Kuwait, on 20–24 December 2018. Over 100 participants attended, including national IHR focal points and representatives from ministries, the US Center for Disease Control and Prevention (CDC), Eastern Mediterranean Public Health Network (EMPHNET), UN Food and Agriculture Organization of the United Nations (FAO), International Air Transportation Association (IATA) and International Civil Aviation Organization (ICAO), alongside WHO experts and IHR Regional Assessment Commission members.

The objectives of the meeting were to:

- introduce GPW 13 and regional strategic directions to meet the goal of 1 billion more people better protected from health emergencies;
- present the draft regional five year strategic plan to improve public health preparedness and response for discussion and finalization;
- share the newly developed tool for annual reporting on IHR and promote components of IHR-MEF, in particular simulation exercises and after action reviews;
- discuss county utilization of the IHR-MEF for IHR capacity strengthening as a whole;

- review progress in developing and costing an NAPHS within countries of the Region, while sharing best practices; and
- exchange experiences between countries on approaches to IHR implementation, reflecting on lessons learned and best practices, including country-to-country implementation across different contexts and innovative solutions for improved global health security and the way forward.

Dr Rana Hajjeh, Acting Director of Programme Management, WHO Regional Office for the Eastern Mediterranean, conveyed a message from Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, underlining the importance of working together to make the world better prepared for health emergencies by measurably improving the resilience of health systems.

2. Summary of discussions

GPW 13

GPW 13 is structured around three interconnected strategic priorities to ensure healthy lives and well-being for all at all ages: achieving universal health coverage, addressing health emergencies and promoting healthier populations. WHO promises to deliver these by ensuring support to governments and focusing on global public goods. Organizational shifts include regional work being monitored by governing bodies and prototypes for country reporting.

Adapting strategies for the Eastern Mediterranean Region

During group work to identify and adapt strategies and approaches for the Region, participants identified a need to support the joint external evaluation (JEE) process in countries in fragile and conflict-affected

states, enhance integration and coordination amongst IHR stakeholders and nongovernmental organizations, provide support for early detection and warning through training and tools, enhance surveillance, exchange data and best practices, develop electronic tools, and prepare and train rapid response teams.

SPAR

A States Parties Annual Report (SPAR) self-assessment tool has been developed for annual country reporting to the World Health Assembly on IHR capacities. SPAR is a monitoring and evaluation framework system with four interlinked components. An online platform (eSPAR) is being developed for electronic submission of reports, starting next year. The SPAR tool will be used to assess implementation of IHR capacities and country preparedness.

After action review and simulation exercises

Participants discussed disease detection, cross-border collaboration and information exchange, road-mapping, and risk assessments for priority diseases. Countries asked for WHO technical support for enhancing communication with non-health sectors, developing country roadmaps, writing legislation, training, and resource mobilization for equipment, improving laboratory capacity, and kits for emergency situations.

National IHR focal point communication and coordination

A mandatory requirement of the IHR is to have a communications hub to allow WHO to disseminate information to different regions and sectors. Optional functions include risk assessment and international emergency response assessment. Challenges include low notification rates for events, limited legal and administrative authority, and

guidance and establishment of national focal points. Advocacy for national IHR focal points in all regions is important.

Countries asked WHO to devise operational terms of reference or functions as guidance to help sectors implement the guidelines in countries. The national focal points need to obtain and document country and regional best practices to assist in the creation of these guidelines. WHO headquarters can help with advocacy at the ministerial level.

National action planning for health security

National action planning for health security should be initially based on the results of the JEE. Countries agreed that there is a need to support countries in crisis, establish a national body to follow up on NAPHS implementation, and increase monitoring oversight.

Regional framework to enhance One Health in the Region

The draft regional framework is built upon the outcomes of JEE missions, NAPHS planning and national bridging workshops. It capitalizes on current opportunities and provides direction for strategic investment in preparedness, detection, and response to all animal–human health-related events and hazards across all relevant sectors and at all levels. High-priority activities have been listed, with consideration given to differences in capacity among countries.

Participants felt that it was important to highlight that One Health concerns humans, animals, and the environment. It was suggested that the framework build upon what has already been established. Items to be added to the framework include country best practices, the roles of the community and the private sector, a glossary, and a five-year

timeline. Countries asked for a draft of the regional framework to begin implementation.

Tools and guidelines, including joint risk assessment

There are tools and mechanisms for collaboration, coordination, and communication between the human, animal and environmental health sectors that can help identify areas for joint strategic action and enable a synergistic approach to disease prevention, detection and control. They include in-service training, research projects, and workforce strategies.

Joint risk assessment (JRA) is a process that brings together national information and expertise from all relevant sectors to jointly assess a specific health risk at the human–animal–environment interface. It seeks to gain consensus, fosters ongoing intersectoral collaboration and identifies missing information and gaps where capacity can be built. A JRA allows decision-makers to develop and implement science-based risk management and communication policies, and increases the amount and quality of information available to estimate risks.

Regional framework for the laboratory system

The Region is considered a hotspot for emerging pathogens, such as avian influenza. However, there is an uneven distribution of laboratory capacities. Strong leadership and governance of the laboratory system and the development of national laboratory policies are crucial for preparing for the future, providing direction and improving coordination. To enable implementation of the strategic framework and JEE recommendations, countries, with the support of WHO, need to create renewed momentum to establish laboratory policies and prioritize health laboratory services in resource planning and budgeting.

Regional plan to support IHR requirements at points of entry

Core capacity assessments need to be carried out for designated points of entry. These joint assessments are used to develop consistency and identify training needs. Cross-border collaboration agreements are ground-breaking for the Region and will be increased. Based on the gaps identified through JEEs, WHO has developed a plan of action with priority areas to help countries meet IHR points of entry requirements.

Introduction of WHO guidance on cross-border collaboration and capacity-building at ground crossings

WHO has developed a framework to enhance national vector surveillance and control, including at points of entry. Implementation of the framework will help to meet IHR requirements for vector surveillance and control at points of entry. Challenges in IHR implementation at ground crossings include limited facilities for travellers and uneven capacities in detecting and reporting communicable diseases, including laboratory capabilities, and in containing outbreaks. Countries are encouraged to use existing tools to track the movement of populations across borders and to use the data to forecast and prevent disease outbreaks. Countries highlighted the importance of establishing initiatives with neighbouring countries to enhance cross-border collaboration, with support from WHO.

CAPSCA initiatives and event management in aviation training

The Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA) exists between international organizations, including WHO, ICAO, United Nations World Tourism Organization (UNWTO), IATA and Airports Council International (ACI) to improve preparedness planning in the aviation

sector for public health emergencies, or potential emergencies, that arise from communicable disease outbreaks. An ICAO initiative aims to improve preparedness planning and response for public health events that affect the aviation sector, such as an epidemic or a nuclear accident. Countries supported providing the aviation sector with public health assistance to facilitate preparedness planning.

Tracking populations and migrant health

There needs to be surveillance inside refugee/internally displaced person (IDP) camps. Establishing surveillance within camp infrastructure from the outset will allow for better protection and control. There has already been collaboration between WHO and agencies such as International Organization for Migration (IOM) and Office of the United Nations High Commissioner for Refugees (UNHCR), and some countries have great experience in dealing with refugee influxes. While information systems exist to track where people cross borders, these tools are not sensitive enough to capture the movement of migrants completely. Differences of cultures and language also present a challenge to tracking population movements.

Regional framework to enhance risk communication

Technical presentations were presented on risk communication, social mobilization, and community engagement. This was followed by group discussion on JEE indicators, integration of risk communication into existing structures and programmes, partnerships, community engagement and mobilization, media relations and rumour management, communication channels and development of information, education and communication materials, capacity-building and training, and monitoring and evaluation.

Countries requested WHO to provide technical support for: capacity-building; increasing human resources; translating WHO guidelines for dealing with the media into different languages; training and certification for communication and information officers; developing multisectoral (including the media) country risk communication plans; establishing platforms to enable exchange of expertise and information; creating a strategic plan for the Region; and assisting countries to organize simulation exercises.

All-hazard preparedness

The five year regional strategic plan to improve public health preparedness and response will apply to the risk of small-scale and large-scale, frequent and infrequent, sudden and slow-onset disasters, caused by natural or manmade hazards, as well as related environmental, technological, and biological hazards and risks. It aims to guide the multi-hazard management of disaster risk in development at all levels, as well as within and across all sectors. The expected outcome includes substantial reduction of disaster risk and losses in lives, livelihoods and health, and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries.

Regional strategic plan to improve public health preparedness and response

The Seventieth World Health Assembly requested the WHO Director-General to develop a draft five-year global strategic plan to improve public health preparedness and response 2018–2023 for consideration and adoption by the Seventy-first World Health Assembly in May 2018. The purpose of the plan is to strengthen the capacities of both WHO and Member States to ensure implementation of the IHR. The global plan has been adopted by the Region and its strategic directions operationalized

taking into account existing regional and national strategies, including country NAPHS. The regional strategic plan to improve public health preparedness and response is aligned with GPW 13, the Roadmap of WHO's work for the Eastern Mediterranean Region 2017–2022, and Vision 2023, and identifies areas of work and activities for each of its pillars, and includes monitoring and evaluation indicators.

3. Review and recommendations by the IHR Regional Assessment Committee

Members of the IHR Regional Assessment Committee presented their observations and recommendations to participants.

The Committee appreciated the high level of engagement of meeting participants. It suggested that there was a real dynamic in countries for health security, particularly concerning implementation of IHR, including in countries experiencing challenging situations.

The Committee acknowledged the significant role of WHO technical support for the implementation of IHR in countries, including the provision of assessment tools, planning support, expertise, and risk communication. They praised the progress made by the Region, noting that 17 out of 22 countries had completed JEEs.

The Committee welcomed the inclusion of One Health in national planning by some countries, and the desire to address risk communication, recognizing it as a core area to be strengthened.

The Committee also welcomed the regional five-year strategic plan to improve public health preparedness and response.

The Committee made the following recommendations to Member States and WHO.

To Member States

1. Prioritize border control and population movements, given the instability in the Region.
2. Continue to assist other countries in implementation of their national plans for health security towards achieving universal health coverage as envisioned by the regional five-year strategic plan to improve public health preparedness and response.

To WHO

3. Encourage countries to develop all-hazards preparedness and response plans.
4. Facilitate countries to organize simulation exercises to identify gaps in preparedness based on the prioritization of risks for each country.
5. Provide support for all-hazards preparedness as an integral part of overall health system preparedness, putting greater focus on methodology, tools and guiding documents for simulation exercises.
6. Continue technical support for including risk communication in strategic planning and the development of risk communication and community engagement guidelines.

4. Action points

The meeting participants identified a number of action points to advance IHR implementation in the Region.

For Member States

- Undertake simulation exercises and after action reviews to test IHR capacities, share the outcomes through formal mechanisms, and develop a platform for exchange of exercise materials.
- Encourage annual reporting to adopt a similar multisectoral mechanism as used in JEE.
- Accelerate the implementation of IHR multisectoral coordination mechanisms in countries and use emergency operation centres as a platform for information-sharing and an instrument for the coordination of assessment and response.
- Encourage a specialized twinning programme, at country, regional and global levels to facilitate cross-pollination of IHR capacity-building.
- Promote high-level ownership and the benefits of IHR compliance with senior decision-makers to encourage full implementation and timely notification.
- Bolster and finance national health security plans, taking a prioritization approach for implementation.
- Explore opportunities to enhance public health preparedness as part of overall health system preparedness.
- Promote cross-border collaboration for joint surveillance and response for public health threats of concern, and encourage joint capacity-building and simulation exercises.
- Continue and extend existing efforts to promote and enhance One Health to facilitate meeting the gaps in the relevant technical areas.
- Review and enhance the health information system to facilitate information collection on the movement of populations.
- Conduct operational research in the different areas covered by IHR to inform decision-makers.

For WHO

- Establish/explore possibilities for linking existing resources to a repository for IHR-related materials to support simulation exercises and after action review.
- Promote the use of uniform templates for IHR implementation in the form of a toolkit for standardized plans and procedures, memorandums of understanding, and standard operating procedures in the different areas of work.
- Liaise with partners and donors to support Member States in the implementation of NAPHS.
- Continue to provide support to countries in crisis in IHR implementation and monitoring, with particular emphasis on performing JEE under specialized guidance.
- Ensure high-level coordination between WHO and United Nations agencies for greater synergy in advancing IHR-related work, both at regional and country levels.
- Finalize and implement the five-year regional strategic plan to improve public health preparedness and response in order to build country capacity.
- Explore initiatives to empower IHR national focal points.

World Health Organization
Regional Office for the Eastern Mediterranean
P.O. Box 7608, Nasr City 11371
Cairo, Egypt
www.emro.who.int