

Summary report on the
**Ninth regional
stakeholder meeting
to review the
implementation of the
International Health
Regulations (2005)**

Cairo, Egypt
27–29 March 2022



**World Health
Organization**

Eastern Mediterranean Region

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Contents

1.	Introduction.....	1
2.	Summary of discussions	4
3.	Recommendations.....	14

1. Introduction

The International Health Regulations (2005) (IHR) constitute a binding international legal framework in 196 countries, including all WHO Member States. The IHR (2005) govern the international spread of disease, including chemical, biological and radiological events and emergencies. The IHR and their related national core capacities are integral for ensuring international cooperation and a strengthened global public health security through collective risk assessment and timely response when confronted with serious public health events, threats and emergencies.

One important component of the IHR Monitoring and Evaluation Framework is the Joint External Evaluation (JEE), which is followed by developing the National Action Plan for Health Security (NAPHS). This plan facilitates public health security through prevention, preparedness, readiness, response and recovery, and is a critical undertaking that must be maintained at all times and all levels. The NAPHS provides guidance to identify evidence-based priority actions that can be implemented quickly to have immediate impact as well as long-term actions for sustainable capacity-development to improve health security. The Framework emphasizes the importance of alignment and integration with the country's national health strategic plan as well as other relevant national sectoral plans in the development and implementation of the NAPHS. Countries have the prerogative to select and choose the steps/actions/components of the Framework for the development and implementation of their NAPHS based on their country-specific needs.

The global spread of the COVID-19 pandemic in 2020 highlighted gaps and limitations in the IHR tools to assess preparedness. Furthermore, COVID-19 compounded and exacerbated a variety of other factors that had previously limited the capacity of some countries of the WHO Eastern Mediterranean Region to implement the IHR recommendations and activities outlined in their JEE and NAPHS. These include, but are

not limited to, a lack of funds, insufficient coordination and technical capacity, crisis situations and limited training on programme management skills for national focal points.

Several calls were made to review and update the IHR tools and procedures for reporting on and addressing health emergencies. The United States of America put forward a proposal for the targeted amendment of the IHR (2005), and bilateral discussions are ongoing to ensure amendments that take into consideration the lessons learned from the COVID-19 pandemic.

To date, from May 2016 to April 2022, the WHO Regional Office for the Eastern Mediterranean, in collaboration with partners, has conducted 18 JEEs of IHR capacities in 18 countries – Afghanistan, Bahrain, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Pakistan, Oman, Qatar, Saudi Arabia, Somalia, Sudan, Tunisia and United Arab Emirates). Of these 18 countries, 17 have completed their NAPHS.

The ninth regional stakeholders meeting to review the implementation of the International Health Regulations (2005) was held in Cairo, Egypt, from 27 to 29 March 2020 after a two-year hiatus due to global travel restrictions imposed in response to the COVID-19 pandemic. The meeting was attended by 45 participants, including national IHR focal points, as well as the Director-General of the WHO Collaborating Centre for Mass Gathering in Saudi Arabia. Over the three days, the meeting provided a forum for discussion, information sharing, country-to-country exchange of best practices and lessons learned, and updates on the proposed amendments to the IHR (2005) tools.

The objectives of the meeting were to:

- share lessons learned from the COVID-19 response;
- review and update global and regional progress to enhance efforts for preparedness for future emergencies, including pandemics;

- introduce updates to the IHR Monitoring and Evaluation Framework; and
- discuss and agree on a way forward to strengthen emergency preparedness in the countries of the Eastern Mediterranean Region.

Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, inaugurated the meeting with an address acknowledging the effects of the COVID-19 pandemic which overwhelmed health systems around the world, absorbing attention and resources at the expense of other priorities, including preparedness and readiness for other health emergencies. He emphasized the importance of the IHR (2005) as a key instrument for controlling the international spread of disease, and that failures in the global response to COVID-19 were either rooted in poor compliance with the IHR or related to issues that go beyond the scope of the Regulations. In response, procedures, including annual reporting by State Parties and JEEs, are now being reviewed and updated as recommended during the Seventy-third World Health Assembly in 2020 and the Special Session in November 2021. He urged the attendees to relay the knowledge and experiences during the meeting to their governments to help clarify any ambiguities, ensure buy-in and enhance the global and regional health architecture.

In her opening remarks, Dr Rana Hajjeh, Director of Programme Management, WHO Regional Office for the Eastern Mediterranean, reflected that the Region has the highest number of emergencies, with nine out of 22 countries and territories facing acute humanitarian crises, with the rest being either directly or indirectly impacted. The added burdens and challenges of COVID-19 had left the Region with painful lessons due to missed opportunities for change previously highlighted by the IHR. To overcome this, there was a need to focus efforts on health system strengthening rather than the responses to acute emergencies,

which drained both energies and resources. She urged attendees to learn from the experience of COVID-19 and build on the current momentum.

Dr Richard Brennan, Director of the Health Emergencies Department, WHO Regional Office for the Eastern Mediterranean, noted that COVID-19 had catalysed thinking on preparedness, which had become the cornerstone for building health security. He highlighted the IHR Review Committee's recommendation to elevate and empower the role of IHR focal points at country level; the need to understand and involve communities in preparedness and response to disease outbreaks; the inequities exposed by the pandemic between countries and within communities; and the need to include the vulnerable in our communities in health planning.

Finally, Dr Awad Mataria, Director of the Universal Health Systems Department, WHO Regional Office for the Eastern Mediterranean, addressed attendees, noting the gaps in thinking on health systems, evident in the existing separation of preparedness and health systems development. He said that it was now important to include the IHR as part of the health systems strengthening. The COVID-19 pandemic had shown that health security not only required effective inter-country health regulations, but begun at the national level with ensuring a strong health system.

2. Summary of discussions

Global reviews on pandemic preparedness and response

The aim of this session was to discuss global progress in planning for enhancing pandemic preparedness based on lessons learned from the global COVID-19 response and to provide an overview of the 343 recommendations by the various review boards and committees. It was highlighted that all committees are in agreement that the world cannot wait until the COVID-19 pandemic is over to start planning for better preparedness and response. The recommendations are categorized

under four main pillars: leadership and governance; systems and tools; finance; and equity. Implementation of these recommendations falls under three main areas of work: normative functions; amending or building on existing IHR and World Health Assembly resolutions; and the design of new international accords or agreements.

A panel discussion focused on the role of IHR national focal points in supporting the application and implementation of the recommendations at country level. The focal points were advised to focus on regional recommendations that address their specific country requirements. Discussions also touched upon the need to empower the focal points further and to strengthen national surveillance teams and ensure they are connected to the global WHO surveillance hub.

Working Group on Strengthening WHO Preparedness and Response to Health Emergencies

This session introduced the main panel responsible for reviewing the main recommendations for pandemic preparedness. The Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (WGPR) was established based on the World Health Assembly resolution WHA74.7 in May 2021 to review the findings and recommendations by Member States and other bodies. The Working Group tackled the strengthening of the IHR through amendments and enhancements, enhancing equitable access to health services, and enhancing resources and surveillance. Finally, the Working Group submitted a report to the World Health Assembly suggesting strengthening the role of WHO in health emergencies and requesting the WHO Director-General to organize a special World Health Assembly session to consider the benefits of developing a new WHO international instrument for pandemic preparedness and response.

IHR amendments to be discussed by the Seventy-fifth World Health Assembly

The mandate to amend the IHR stemmed from the same resolution that led to the setting up of the WGPR. In January 2022, Member States requested the WGPR to discuss potential amendments to 13 articles of the IHR falling under the areas of: information and public health response; recommendations; IHR roster of experts, the emergency committee and review committee; and final provisions. A presentation briefly discussed the proposed amendments, including the addition of an article on the establishment of a Compliance Committee to monitor, advise and/or facilitate assistance on matters related to compliance and implementation.

In discussion, participants addressed important issues such as the role of WHO in information sharing and risk assessments, the overlap between the IHR amendments made by the review committee and the suggested amendments by the United States of America, and expected challenges for implementation, especially in terms of buy-in, coordination and human resources capacities.

Universal Health and Preparedness Review

The Universal Health and Preparedness Review (UHPR) review takes a whole-of-government approach, and was first suggested by the WHO Director-General in November 2020 to emphasize mutual accountability across countries, partners, donors and technical institutions. The initiative was established and endorsed in September 2021, based on World Health Assembly resolution WHA74.7 and is a voluntary state-led peer review process that builds on the current assessment tools, including State Party annual reporting, JEEs and others. It takes a comprehensive view of preparedness through a broad and inclusive consultative process at the national level examining the link between the health system and health security. It measures areas

that were previously missing in assessments, such as governance during pandemics and emergencies and the availability of resources. Currently, two countries have completed the pilot phase, including Iraq from the Eastern Mediterranean Region. Discussions focused on the need for and benefits of using this new model, and how individual country priorities may become areas for cooperation.

Summary of plenary discussion: cross-border collaboration for public health

A brief presentation outlined a working definition for cross-border collaboration and highlighted the need to build upon the formal and informal practices that existed for joint surveillance and response before the COVID-19 pandemic.

Intra-Action Review for COVID-19

A country COVID-19 Intra-Action Review (IAR) is a qualitative review process and tool applied to assess the quality of the response to the COVID-19 pandemic, and to improve preparedness and response for future public health emergencies. The aim of the tool is to develop relevant recommendations for the way forward and to improve follow up on the implementation of those recommendations. The tool also focuses on enhancing the role of IHR focal points. In the Eastern Mediterranean Region, 14 Member States have conducted at least one Intra-Action Review covering all 10 pillars, while five Member States are currently planning to conduct a review.

JEE tool: changes in the third edition

The third edition of the JEE (2022), which will be ready for use starting 1 May 2022, contains several important changes. Currently, there are 19 capacities and 56 indicators compared to 19 and 49, respectively, in the

first edition. Among the important changes is dividing “national legislation, policy, and financing” into two capacities, and adding new capacities under “health services provision and infection prevention and control”. Other important changes include adding community engagement to risk communication and adding border health to points of entry.

Furthermore, a new electronic platform has been developed to complement the JEE and will be ready for use with the roll-out of the new edition on 1 May 2022. The electronic platform is expected to: facilitate self and external components of JEE implementation; improve efficiency and preparation of evaluation reports; and improve data management and generation of preparedness status reports. The JEE findings will be used along with other assessment tools and global indicators to develop an understanding of country preparedness levels to better inform leadership and enact and implement preparedness policies.

2020 State Party annual reporting

All Member States are required to develop and maintain minimum core public health capacities to implement the IHR (2005) and to report the status of implementation annually. This is clearly stipulated in Article 54 of the Regulations which states that “States Parties and the Director-General shall report to the Health Assembly on the implementation of these Regulations as decided by the Health Assembly”. In the Eastern Mediterranean Region during 2020, 90% of Member States completed the submission.

Regional action plan for ending the COVID-19 pandemic and preventing future health emergencies

The regional action plan is designed to end the current COVID-19 pandemic and control future pandemics or health emergencies through a multisectoral approach. The key components of the plan cover political

leadership, sustained investment in health emergency preparedness, key health systems functions (surveillance, laboratory testing and clinical care), national and regional production of vaccines, diagnostics, therapeutics and medical oxygen, and a monitoring and evaluation mechanism. The action plan needs to be adapted to the country context.

Regional oversight committee

A dedicated regional oversight committee comprising high-level officials will be established to promote compliance, transparency and accountability while implementing the action plan in each country. Furthermore, technical working group comprising national experts will be established to support implementation of national plans and WHO will act as Secretariat to facilitate the work of the committee and the working group.

National Action Plan for Health Security: updated guidance

The National Action Plan for Health Security (NAPHS) is a country owned, multi-year, planning process to accelerate implementation of IHR core capacities based on a One Health and whole-of-government approach for all hazards. Currently, 18 Member States have reported on their NAPHS in the Region. However, challenges remain, particularly in implementation. Opportunities exist to link the NAPHS with UHPR for high-level advocacy and to use existing categorizations and indicators (JEE, SPAR) for the strategic results framework. Participants discussed the challenges, enablers and way forward for updating the NAPHS. Among the issues raised were: the need for advocacy and lobbying for the NAPHS to ensure buy-in by government; understanding the impact of COVID-19 pandemic on national plans; taking political instability and high turnover into consideration when reviewing and updating national plans; and monitoring and evaluation, including linking the NAPHS with IHR monitoring and evaluation tools, especially SPAR.

Enhancing capacities at points of entry

Participants were requested to rank urgent areas for attention regarding national points of entry and listed capacity-building, coordination, and surveillance among the top requirements, followed closely by creation of an enabling environment. They proposed inclusion of other elements such as risk communication and community engagement, multisectoral data sharing, financing, advocacy, integration of points of entry with the health system, and resource allocation within the regional framework and training package. As for the major challenges for points of entry during the pandemic, coordination came out on top, followed by human resources, surveillance and an evidence-based approach to managing points of entry.

Mass gatherings in the Eastern Mediterranean Region

COVID-19 mitigation plans during the Hajj in 2020 had resulted in zero cases, a huge success. The same method was continued during 2021 and 2022. An all-hazard risk assessment tool has been developed for the Hajj and will be published in collaboration with WHO.

One Health operational framework for action for the Eastern Mediterranean Region

The objective of the framework is to provide countries with guidance to facilitate the adoption and implementation of the One Health approach to address emerging zoonotic diseases. The framework is based on the outcomes of the JEE missions, NAPHS and National Bridging Workshops. It capitalizes on current opportunities and gives direction for strategic investment in preparedness, detection and response to all human-animal-environment health-related events/hazards across relevant sectors and levels. The framework also lists high-priority activities while taking into consideration differences between evaluated

countries in terms of capacities. Participants highlighted the importance of multisectoral and consistent monitoring and evaluation when using available tools to address zoonosis, antimicrobial resistance and emerging infectious diseases and mentioned that sustainability and implementation on the ground were among the challenges.

Risk profiling: update on the Strategic Risk Assessment Tool

The aim of this session was to discuss the Strategic Risk Assessment Tool (STAR) tool which aims to: guide the implementation of a comprehensive and strategic risk assessment; provide a systematic, transparent and evidence-based approach to identifying and classifying priority hazards by level of risk; define the level of preparedness and readiness for each hazard and mitigate those risks; and inform the development of risk management strategies and plans. Participants discussed lessons learned from previous risk profiling and were keen to learn whether the new tool will overcome some of the previous challenges, if it will be available online and if it will be supported by a training course on how to use it.

Emergency care systems

Emergency care is an integral component of universal health coverage and falls under the umbrella of three Sustainable Development Goals (3, 11 and 16). Enhancing pre-hospital and facility-based emergency care and having better-organized trauma systems in the Eastern Mediterranean Region is essential for improving emergency response and health system resilience. WHO has developed a framework to support putting these systems in place and is committed to scaling up emergency care delivery and strengthening context-relevant emergency care systems in countries with complex emergencies. Accordingly, WHO developed the Emergency Care System Assessment (ESCA) tool for ministries, policy-

makers, health system administrators and general advocacy, to facilitate the identification of system gaps to aid in priority setting.

Outline of the Health Emergency and Disaster Risk Management (H-EDRM) Framework

Frameworks such as the Sendai Framework for Disaster Risk Reduction, Arab Strategy for Disaster Risk Reduction and the Health Emergency and Disaster Risk Management Framework (H-EDRM) support a multisectoral approach to reducing the health risks associated with disasters. Preparedness plans are key to the implementation of disaster risk reduction and emergency response. At country level, multisectoral coordination coupled with strong political commitment and governance is essential for the adoption of disaster risk reduction and emergency preparedness strategies. Four main strategic directions have been identified based on the H-EDRM and WHO strategic preparedness frameworks to guide implementation: governance, capacities, services and resources.

Public health emergency operation centres

Public health emergency operation centres (PHEOCs) serve as a hub for coordinating the preparedness for and the response to public health emergencies to fulfil IHR obligations. They coordinate an event's information and resources and serve as a medium to facilitate the incident management system. Currently, the majority of countries in the Region have PHEOCs in place and the remaining are working to establish their own. In order for a PHEOC to function optimally, it must be part of a multisectoral connected system.

Emergency medical teams

Emergency medical teams (EMTs) play a critical role in strengthening response capacities, with national health systems increasingly adopting EMT minimum standards and principles so governments can ensure a predictable and timely response by self-sufficient teams with well-trained health personnel. The EMT initiative aims to improve the timeliness and quality of health services provided by national and international EMTs and to enhance the capacity of national health systems in leading the activation and coordination of the response in the immediate aftermath of a disaster, outbreak and/or other emergency. In 2016, the initiative launched a classification mechanism managed by the WHO Secretariat in which national EMTs would sign up to be mentored and eventually classified as internationally deployable. To date, 26 teams have been classified with over 70 teams currently working towards classification.

WHO framework for building resilient communities

Community resilience is a two-way process of engaging and empowering communities to be active participants in health emergency response. It supports local ownership, buy-in and active participation in public health emergency prevention, preparedness, response and recovery. The COVID-19 pandemic highlighted the importance of community engagement in supporting social prevention measures. It also highlighted the critical role of civil society in supporting the community and facilitating an effective and participatory response. WHO has developed a regional roadmap on building resilient communities for better health and well-being, with eight strategic directions, proposed actions and outcomes. The roadmap also provides guidance on building resilient communities, including in emergency situations.

Regional efforts for the collection and utilization of behavioural insights

Social and behavioural data guide interventions by helping us understand motivations and drivers and ensure our interventions are culturally, socially and financially acceptable, accessible and relatable. Multi-source social listening and feedback enables rapid response to rumours and misinformation and helps risk assessment and health care to adapt accordingly. WHO is working with countries to establish strong systems for multi-source social listening and feedback systems.

Safe Ramadan practices

In 2022, to ensure communities remained safe during Ramadan in the context of COVID-19 and emerging variants, WHO held an Islamic Advisory Group webinar, provided advice on safe Ramadan practices, and produced social media cards counting down to the holy month and a faith-based leaders' short guide.

3. Recommendations*To Member States*


1. Share IHR assessment tools and documents with the relevant stakeholders at country level and continue to advocate for IHR activities.
2. Review and update the terms of reference for IHR national focal points to empower them and identify the organizational structure and needed resources to facilitate their functions.
3. Develop standard operating procedures for systematic reporting of public health events of potential international concern and for IHR national focal points.
4. Advance One Health implementation by creating an enabling environment and strengthening coordination among national stakeholders from the human, animal and environment sectors.

5. Review and expand the scope of existing PHEOCs and allocate the needed resources to strengthen them;
6. Assess and strengthen emergency, critical and operative care systems, including EMTs.
7. Develop a holistic national professional training programme for points of entry staff that encompasses IHR capacities and takes into consideration refresher courses and the tracking of human resources.
8. Initiate discussions with the concerned sectors to develop/update national emergency risk management frameworks based on national risk profiling.
9. Initiate discussions with the concerned sectors to update the NAPHS based on lessons learned from COVID-19 and in line with global and regional recommendations and the regional plan of action to end the pandemic and prevent and control future emergencies.
10. Adapt the regional roadmap on building resilient communities for better health and well-being to build the resilience of communities for the prevention, preparedness and response to health emergencies.

To WHO

11. Develop a digital platform for IHR national focal points to facilitate communication, information and knowledge sharing.
12. Continue to conduct capacity-building for IHR national focal points and advocacy activities for high-level officials.
13. Conduct a meeting for IHR national focal points and legal advisors from ministries of health to expedite online submissions related to workstreams for strengthening pandemic prevention, preparedness and response.
14. Conduct an awareness session on the UHPR process and share background documents.

15. Share the draft One Health framework with countries before final discussion/endorsement during the 69th session of the Regional Committee for the Eastern Mediterranean in October 2022.
16. Continue to support countries to strengthen their PHEOC.
17. Support the WHO Collaborating Centre on Mass Gathering continues to support countries hosting mass gathering events with capacity-building, tools and guidance development.
18. Foster and enhance capacities at points of entry through professional training opportunities, expert rosters, twinning programmes, educational exchanges, scientific forums and cross-border collaboration.
19. Continue to provide support to countries to assess, develop and implement roadmaps to strengthen emergency, critical and operative care systems in countries and to establish standard EMTs.
20. Develop a one-page document on emergency risk management with links to related tools and guidance.
21. Support the update of the NAPHS in countries and the monitoring and implementation of these plans via the Regional Oversight Committee and Technical Working Group.
22. Support countries in their efforts to build resilient communities for emergency preparedness, response and recovery.



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