WHO-EM/IHR/019/E

Summary report on the

Tenth regional stakeholder meeting to review the implementation of the International Health Regulations (2005)

Cairo, Egypt
18–21 March 2023

World Health Organization
Eastern Mediterranean Region

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1. Introduction

The WHO Eastern Mediterranean Region is confronted with multiple emergencies from all hazards – natural, biological, societal (including armed conflict) and technological – resulting in a high burden of morbidity and mortality. As of October 2022, WHO was responding to 20 graded emergencies across the Region, including nine complex humanitarian emergencies, as well as the COVID-19 pandemic. Eight of these emergencies were categorized as grade 3 emergencies (the COVID-19 pandemic; complex emergencies in Afghanistan, Somalia, the Syrian Arab Republic, Yemen; and the food security crisis in the Horn of Africa). Three are multi-regional and multi-country (COVID-19 pandemic, food security crisis in the Horn of Africa, mpox epidemic). At the time of writing, WHO was also managing or monitoring 42 additional public health events across the Region, most of which were disease outbreaks or natural disasters in the context of an ongoing complex emergency. WHO employs a comprehensive approach to managing health emergencies, working across all phases of the emergency management cycle: prevention, preparedness, detection, response and recovery.

Strengthening the International Health Regulations (IHR) (2005) National Focal Points (IHR NFPs) remains one of the key recommendations stemming from several reviews conducted in recent years. The Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response noted similarities in the recommendations from these reviews. These recommendations, among others, include the crucial role and function of the NFPs in "ensuring adequate compliance of Member States with obligations under the IHR, particularly on preparedness". The Review Committee noted that States' compliance with the IHR can be supported by "ensuring NFPs are appropriately organized, resourced, and positioned within the government, with sufficient seniority and authority to meaningfully engage in the decision-making process".

Establishment of an IHR NFP community of practice provides a platform where NFPs can share their experiences and resources. Additionally, it builds a sustainable NFP network to carry out multiple functions and serves various purposes, including:

- timely and efficient information and experience exchange, facilitating global response coordination for managing public health threats;
- creating an up-to-date repository of knowledge, tools and best practices to prevent, detect and respond to public health events;
- enhancing information-sharing on event detection, assessment and reporting between NFPs and WHO IHR contact points;
- reinforcing IHR NFP functions in Member States through a common platform.

In March 2022, the WHO Regional Office for the Eastern Mediterranean held the ninth IHR stakeholder meeting with IHR NFPs from 21 countries in the Region. The need to capacitate NFPs was highlighted, particularly in the area of the IHR monitoring and evaluation framework and the newly-introduced Universal Health and Preparedness Review (UHPR) mechanism and Resource Mapping (REMAP) tool. After the meeting, it was recommended that WHO develop a digital IHR community of practice platform to facilitate communication, information and knowledge sharing, and continue to conduct capacity-building for IHR NFPs. The meeting served as an opportunity to provide updates on progress and discuss challenges and the way forward regarding IHR (2005) implementation. Continuing advocacy for health security through the implementation of IHR (2005) and updating the terms of reference of the IHR NFP centres were among the main recommendations of the meeting. In addition, making necessary changes in organizational structure and legal status was suggested to enable the integration of IHR NFP centres within national emergency management structures and provide needed financial and human resources to facilitate NFP functions.

In October 2022, the IHR Review Committee regarding amendments to the International Health Regulations (2005) began its work to provide technical recommendations to the Director-General on IHR amendments proposed by State Parties, as decided by the World Health Assembly in decision WHA75(9). The technical recommendations formulated by the Review Committee will inform the work of the Member States' Working Group on Amendments to the International Health Regulations (2005) (WGIHR). The WGIHR was convened in November 2022 and will present its proposed IHR amendments for consideration by the Seventy-seventh World Health Assembly in 2024.

During 2016–2022, a National Action Plan for Health Security (NAPHS) was developed in 19 countries and territories (including the occupied Palestinian territory) and they remain under review. These plans consider the activities identified in the regional plan of action for ending the COVID-19 pandemic and preventing and controlling future health emergencies, and the country-specific recommendations generated from the Inter-Action Review (IAR) for the COVID-19 response. Guidance to facilitate the process of updating the NAPHS was shared with IHR NFPs during the ninth IHR regional stakeholder meeting.

The Tenth Regional Stakeholder Meeting to Review the Implementation of the IHR (2005) was held in Cairo, Egypt, on 18–21 March 2023. The meeting was attended by 70 participants, including IHR NFPs, WHO country office focal points and representatives from the Centers for Disease Control and Prevention (CDC), Africa CDC and UK Health Security Agency.

The meeting served as a forum for intensive discussions, information-sharing, country-to-country exchange of best practices and lessons learned, and updates on the proposed amendments to the IHR (2005) tools, pandemic treaty and Pandemic Fund.

The objectives of the meeting were to:

- provide feedback to IHR NFPs on the ongoing work of the Review Committee regarding amendments to the IHR (2005) and the pandemic treaty;
- discuss country progress in implementing the regional plan of action for ending the COVID-19 pandemic and preventing and controlling future health emergencies with IHR NFPs, and explore ways to adapt the plan to national contexts and facilitate its implementation at the country level; and
- support Member States to understand and complete the proposal process for the Pandemic Fund.

Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, inaugurated the meeting and lauded the continued efforts to bring together and update IHR NFPs across the Region. He noted that this year's meeting would discuss three novel and transformative topics that aimed to address challenges posed by the COVID-19 pandemic and support countries in better preparing for and responding to future epidemics and pandemics: proposed amendments for the IHR (2005); the new instrument to advance pandemic preparedness; and the Pandemic Fund. Dr Al-Mandhari commended the meeting as an exceptional opportunity for the countries of the Region to make their voices heard and for their unique country-contexts to be considered in the outcomes of these initiatives. He encouraged the IHR NFPs to actively engage and take the necessary steps to encourage all sectors at the national level to be included in discussions, and to serve as ambassadors for coordination and collaboration.

In her opening remarks, Dr Rana Hajjeh, Director of Programme Management, WHO Regional Office for the Eastern Mediterranean, stressed the importance of the IHR (2005) in ensuring that countries were well prepared to manage health emergencies. She stressed the

need to build on efforts put into motion since the start of the COVID-19 pandemic and put into action the recommendations from health system assessments, including the Joint External Evaluation (JEE). Dr Hajjeh assured attendees of WHO's continued commitment to provide support for strengthening IHR (2005) core capacities.

Lastly, Dr Richard Brennan, Director of the Health Emergencies Department of the WHO Regional Office for the Eastern Mediterranean, concluded the opening remarks by highlighting the importance of the meeting to the vital discussions revolving around the global and regional initiatives for advancing health security. Orienting NFPs on the three initiatives would provide ministries of health with the information they needed to actively participate in these discussions so that the needs and particularities of the Region were adequately considered in decision-making.

2. Summary of discussions

IHR Monitoring and Evaluation Framework

The IHR Monitoring and Evaluation Framework (MEF) provides an overview of approaches to review the implementation of core country public health capacities under the IHR (2005). The Framework ensures mutual accountability of State Parties and the Secretariat for global public health security through transparent reporting and dialogue.

In 2021, WHO updated the State Party Self-Assessment Annual Reporting (SPAR) tool through a country and expert consultation process to consider lessons learned from the COVID-19 pandemic. The SPAR tool is now composed of 15 capacities instead of 13, with financing and infection prevention and control capacities being added. The tool continues to be provided in an electronic format, which allows

State Parties to report online and for WHO to provide real-time monitoring of submitted reports and quality checks of data provided.

All 22 countries/territories in the Region have completed the 2021 SPAR on the achievement of IHR-related core capacities, in accordance with Article 54 of the IHR (2005). Furthermore, the JEE tool was updated through the same process to cover areas critical to the COVID-19 response. The updated JEE (2022) has 19 capacities and 56 indicators, compared with the initial 49 indicators. Currently, 16 countries/territories in the Region have completed one or two full rounds of IARs or conducted a review of targeted pillars. Discussions to support the conduct of IARs for the remaining six countries (Morocco, Oman, Qatar, Sudan, the United Arab Emirates and Yemen) remain ongoing.

Most countries in the Region have conducted tabletop and simulation exercises to test their operational readiness for rolling out COVID-19 vaccines. A tabletop exercise was conducted in Qatar to test the country's preparedness for the 2021 FIFA Arab Cup™ which took place between November and December 2021. In collaboration with the International Atomic Energy Authority (IAEA), a simulation exercise was conducted in the United Arab Emirates to test their preparedness to respond to nuclear emergencies. In addition, a tabletop exercise was conducted in Iraq to test their preparedness to respond to health emergencies, as part of the rollout of the UHPR.

The Universal Health and Preparedness Review

The UHPR is a "whole-of-government approach" that was requested by some Member States during the Seventy-third World Health Assembly in May 2020 and by the Director-General in November 2020. It emphasizes mutual accountability across countries, partners, donors and technical institutions. The initiative was established and endorsed

in September 2021, based on World Health Assembly resolution 74.7. This voluntary state-led peer review builds on current assessment tools (including SPAR, JEEs and others), and is a comprehensive review of preparedness through a holistic and inclusive consultative process at the national level linking health systems and health security. It measures areas previously lacking in assessments, such as governance during pandemics, emergencies and availability of resources. Currently, five countries have completed the pilot phase, including Iraq from the Eastern Mediterranean Region. Discussions focused on the need and the benefits of incorporating this new model, and how individual country priorities may serve as areas for further cooperation.

NAPHS development and implementation

The NAPHS is a country-owned, multi-year planning process to accelerate the implementation of IHR (2005) core capacities, based on the One Health and whole-of-government approach for all hazards. Currently, 18 Member States in the Region have reported on their NAPHS, although many challenges to their implementation have surfaced. Additionally, an opportunity exists to link NAPHS with UHPR for high-level advocacy and to use the existing categorization and indicators (JEE, SPAR) for the strategic results framework. As previously reported, an NAPHS has been developed in 19 countries/ territories (including the occupied Palestinian territory). These plans are currently under review, taking into consideration the activities identified in the regional plan of action for ending the COVID-19 pandemic and preventing and controlling future health emergencies and country-specific recommendations generated from the IAR for the COVID-19 response. Guidance to facilitate the process of updating the NAPHS was shared with IHR NFPs during the ninth IHR regional stakeholders meeting in March 2022.

The regional plan of action is designed to end the current COVID-19 pandemic and effectively control future pandemics or health emergencies by setting a broad range of commitments required by all sectors of society. Essential components of the plan of action include: 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. However, the plan of action should be adapted to country contexts.

The Pandemic Fund

The Pandemic Fund is a source of sustainable financing worth US$ 1.7 billion in pledges from currently over 20 donors. It aims to provide dedicated, additional long-term funding for pandemic prevention, preparedness and response (PPR); complement existing PPR institutions and work by addressing gaps; promote coordination among key agencies working on PPR; incentivize increased investments by countries and partners; and serve as a platform for PPR advocacy. The first round of the Pandemic Fund was launched in March 2023 for US$ 300 million, with over 500 Expression of Interests (EOIs) submitted, over 300 of which were deemed eligible.

The 16 countries which submitted Pandemic Fund EOIs from the Eastern Mediterranean Region were divided into four groups during the meeting to discuss the six sections of the Pandemic Fund's proposal template. Each section was discussed in terms of the criteria used, ways to complete them and how to achieve the top score. Many countries noted limited national capacities in writing the proposal (regarding language and experience) and highlighted the need for support from WHO to develop the proposal. The key points raised in the groups are outlined below by section.

Section A. Context, rational, objectives and demonstrated need. Section B. Scope, priority area/core capacities/alignment with contribution to the Pandemic Fund results framework/monitoring and evaluation.

- The definition of internationally-recognized epidemic indices was unclear to some countries. It was clarified that countries can look at nationally identified communicable diseases based on recognized tools such as the Strategic Tool for Assessing Risks (STAR), national risk assessment, or Global Health Security Index.
- Although the identified gaps in the JEE may no longer be relevant, countries can use them as a basis for the narrative and build on actions already in progress to address gaps.
- Any assessment tools can be used to list and identify gaps as long as they are globally recognized.
- The proposal should highlight and reflect on needs that are beyond the ministry of health and are considered a national priority, and it is important to include what the limitations are (infrastructure, personnel, etc.). It should explain how specific gaps were agreed upon to be the focus of the funding, and whether they are based on consultative workshops or multisectoral prioritization and aligned with other national stakeholders and implementing entities.
- The criteria for section B was clear to most countries. The importance of providing detailed activities aligning with national priorities and a detailed costing plan was emphasized, along with providing evidence for any cost referred to.

Section C. Ownership, commitment and co-investment. Section D. Co-financing and overall available funding.

- Defining the difference between “co-financing” and “co-investment” took up a significant portion of the discussions, and the difference between them is clear to most countries.

- Clarity was required on the different country scenarios. For example, which countries are considered in debt distress and what constitutes being "at risk of being in-debt distress".
- Clarity was required on what co-investment and co-financing should include.
- The issue of co-financing being increased by three times created a great deal of discussion. The NFPs see this matter as a hurdle deemed too challenging to prove or accomplish, especially given the requirements that must be agreed upon with stakeholders prior to submission.
- The commitment needed for co-investment and/or co-financing might be challenging for most countries.

Section E. Coordination, collaboration and co-creation. Section F. Implementation.

- The criteria mentions that multisectoral involvement is a critical point. However, the top score states that there should be five ways in which innovation is used, and five ways on how coordination will be carried out. Countries felt that these are too many and require clarification on examples.
- Countries must differentiate between "implementing partners" and "collaborating or delivering" partners, especially when referencing marginalized populations where specific entities are used to deliver the work.
- The ways for involving multiple stakeholders should be country-specific and below are some of the listed examples:
  - through bilateral coordination
  - through health cluster meetings
  - through United Nations platforms
  - by collaborating and establishing a steering committee
  - by establishing a governing body for the project
  - by appointing a working group where civil society organizations and vulnerable groups are represented.

- The risk matrix is clear and risks should be identified and listed based on country-specific contexts.
- There are clear criteria for "value for money": justify the criteria for need and selection of the project; the methodology of implementation; the duration; and the mechanisms in place to support the implementation.

Amendments to the IHR and the pandemic accord

Member States of the WHO agreed through Executive Board decision 150(3) (2022) and World Health Assembly decision WHA75(9) (2022) to embark on a process to amend the IHR (2005). The process builds on lessons learned from the various review panels that examined the functioning of the IHR and the global health security architecture during the COVID-19 pandemic. The process is being led by Member States of the WHO through the WGIHR.

Pursuant to decision WHA75(9), and taking into consideration the report of the Review Committee regarding amendments to the IHR, the WGIHR will propose a package of amendments for consideration by the Seventy-seventh World Health Assembly in May 2024. The 196 State Parties to the IHR (including the 194 WHO Member States) are considering more than 300 proposed amendments to 33 of the 66 articles of the IHR and five of its nine annexes, including six additional articles and two annexes.

The process of amending the IHR runs in parallel with another Member States-led process, the Intergovernmental Negotiation Body (INB). It was established by WHO Member States at a special session of the World Health Assembly in December 2021 to draft and negotiate a convention, agreement, or other international instrument on pandemic prevention, preparedness and response (the WHO CA+), also commonly known as the pandemic accord or pandemic treaty, with a view to its adoption under

Article 19, or under other provisions of the WHO Constitution as may be deemed appropriate by the INB. The INB is open to all Member States and Associate Members (and regional economic integration organizations).

The WHO CA+ is intended to address the gaps and shortcomings revealed by the COVID-19 pandemic in the current global health system, and to establish a more comprehensive and coordinated approach to prevent, detect and respond to pandemics. The INB Bureau prepared a zero draft of the WHO CA+ for consideration at the INB's fourth meeting. The negotiations for the treaty are taking place in several rounds, with the ultimate goal of creating a legally-binding agreement that will improve global health security and ensure that the world is better prepared for future pandemics.

During the meeting, information sessions and consultation meetings on the zero draft of CA+ were conducted with IHR NFPs, country experts and WHO country office focal points. The following general and specific remarks for each chapter shared during the INB negotiation meeting.

General comments:

- The IHR and pandemic treaty are trying to achieve similar objectives. Clarity is required on which document/ legal instrument will be prioritized and applied in the event of a pandemic. The treaty should enforce IHR implementation and should be complementary to IHR provisions.
- The One Health concept should be explicitly mentioned rather than implicitly referenced in the treaty, including in chapter one's definition of pandemic.
- An understanding of the treaty is important for countries to understand its benefits. National briefings and reviews are needed during the development stage as opposed to after the finalization of the pandemic treaty.

- Despite enhanced recognition of the need to strengthen IHR implementation following the COVID-19 pandemic, policy- and decision-makers at country level remain unfamiliar with the IHR. Instead of introducing another legal framework/pandemic treaty, the focus should be on formulating amendments to the missing elements in the IHR and addressing enforcement challenges recognized during the pandemic response and other challenges regarding compliance and IHR implementation. This will help in better defining what aspects are missing and what should be clearly explicit in the treaty.
- The treaty is not clear on its scope, for example, whether it is global, regional, national or between countries. It should focus on international cooperation (high security pathogen laboratories, access to technology/public health goods, etc.), rather than attempting to include both national and international levels.
- The benefit of compliance with the treaty should be clearly highlighted as an incentive to ensure implementation. For example, technology transfer, investment in production capacity, International Organization for Standardization (ISO) standards/licensing, and priority/equity-based access to financing and global public health goods.

Specific recommendations on chapters:

Chapter III. Achieving equity, pandemic PPR and recovery

- Although the concept of having a supply chain and logistic network is commendable, the predictability for different kind of pandemic should be clarified as requirements for each pandemic will be different. It is also not clear how the risk of losses will be addressed if there is no pandemic. Furthermore, WHO's role remains unclear on how to ensure equity. There was a suggestion to integrate the supply chain network within the IHR.
- On access to technology "promoting sustainable and equitably distributed production, transfer of technology and know-how", participants suggested that since Article 44 of the IHR already

addresses country-to-country support, specific wording on the transfer of technology and know-how can be added to the IHR but may limit the scope. More clarification is needed on the operationalization of the Pathogen Access and Benefit-Sharing (PABS) system in practice.

- Clarification is needed on why a specific regulatory authority should be established for pandemic-related products since the national regulatory authority functions during pre- and post-pandemic times.
- Some details of Article 9, namely "Increasing research and development capacities" are not applicable and discrepancies exist between the title and details of the article. There is a need for additional clarification on how paragraph 1–4 can be guaranteed and how countries can have authority over manufacturers to ensure disclosure of information.

Chapter IV. Strengthening and sustaining capacities

- To improve IHR implementation, the treaty should serve as a supportive document agreed upon by State Parties. To monitor the treaty, it is important to ensure the availability of tools for monitoring and evaluation and current tools should be improved instead of creating newer ones. Countries encourage multi-country training (trained countries training other countries) and collaboration, as well as knowledge exchange.
- Protection of human rights is already embedded in national legislation and law and depends on each country's jurisdiction.

Chapter V. Coordination, collaboration and cooperation for pandemic PPR

- The definitions of coordination, collaboration and cooperation are unclear.
- There is no need to mention "community ownership" as it diverts attention from the health system response. Since this is a legal document, it should practice caution with the wording and phrases used.

- "Community" should be defined in case nongovernmental organizations are included in this definition. There is a risk of these organizations gaining more authority than the ministry of health, which may skew the power dynamic.
- National public health and social policies should be strengthened to facilitate a rapid and resilient response, particularly for vulnerable populations.
- One Health is a coordination mechanism that creates an umbrella covering four main areas of work: 1) zoonotic disease; 2) antimicrobial resistance (AMR); 3) climate change; and 4) food safety. The treaty focuses on zoonotic disease and AMR, as these are the main causes of pandemics, but ignores other areas of One Health.

Chapter VI. Financing for pandemic PPR and recovery of health systems

- The financing section in the treaty will cover the details regarding financing mechanisms (globally and between countries), which are currently missing in the IHR.
- The discussion addressed the following areas: financing of countermeasures/access to pandemic-related products; cost-effective interventions on core capacities and technology transfers; wider social protection, such as employment and food access during home stays; and protection against trade and travel restrictions, economic losses for industries, farmers, etc.
- The area of fiscal discipline and the interoperability of systems should be introduced. Ensure that human resources have more than one skill to address the job losses observed during the pandemic.
- The treaty should safeguard the right of Member States to borrow funds as needed to support pandemic PPR (this is sometimes impeded due to political factors).
- Compliance of countries with the pandemic treaty (provide financial protection) should be incentivized through, for example, priority access to financing and technology for emergency preparedness and response.

- Financial discussions should be arranged with national ministries of finance and include projections regarding human and animal health. The number of people who will suffer due to a lack of funding should be reflected on.
- Sovereign funds allocation for emergencies does not cover pandemics. Legislation should be amended to ensure that sovereign funds cover pandemics and are not limited to catastrophic events.

Chapter VII. Institutional arrangements

- There is an overall lack of understanding about the rationale of the treaty. There was discussion on the necessity of creating a new body inside WHO besides the Officers of the Parties, which include eight members.
- There was discussion on the composition of the consultative body, which noted the need to specify technical requirements for delegates from the Parties and other entities.

Strengthening notification and information-sharing on acute public health events

In August 2022, WHO embarked on a project to strengthen the notification and information-sharing on acute public health events to WHO by IHR NFPs. The objectives were to improve the timely notification of acute public health events deemed to be of international interest or events that meet the IHR criteria based on Annex II of the IHR (2005) and enhance information exchange and the timely verification of signals that may pose a serious risk to public health.

The training of the IHR NFPs and their counterparts in WHO country offices on IHR notification, information-sharing and risk assessment was one of the core activities of the project. The training aimed to update participants on the process of public health intelligence at the regional level, emphasize the importance of timely notification, verification and

information-sharing of acute public health events to WHO by IHR NFPs, improve the responsiveness of IHR NFPs to the Event Information Site (EIS) and Disease Outbreak News (DON) drafts shared by WHO, and advocate for information-sharing and consultation with WHO for health events that do not require notification under the IHR. A training evaluation survey revealed that the topics were new to 47% of the participants and added to their knowledge, with 88%. agreeing it developed their skills in using Annex II of the IHR. This highlights the importance of providing refresher training to new IHR officers on the IHR Annex II decision instrument and IHR communication.

3. Recommendations

To Member States

1. Involve relevant stakeholders in IHR monitoring and evaluation and continue advocating for health security through the implementation of the IHR (2005).
2. Member States that have not developed or have an expired NAPHS should work with other relevant sectors to review and update their plans as soon as possible for better planning, IHR capacity-building and to receive updated information to support the completion of the Pandemic Fund proposal.
3. Member States eligible for the Pandemic Fund should begin collecting all information needed and draft the proposal's template before its deadline on 19 May 2023.
4. Make the necessary changes in the organizational structure to support the functions of the IHR NFP and structure its position, supported by a legal framework and linked with the overall emergency management structure.
5. The IHR NFP should continue updating senior officials and the legal department on the proposed IHR amendments and the pandemic treaty to support the development of the country statement.

6. Continue compliance with IHR requirements for notification and information-sharing for relevant public health events and verification requests by WHO.
7. Communicate with the official IHR contact point channel (emroihr@who.int) on public health events.
8. Continue proactive communication with WHO's requests for the EIS drafts.
9. Ensure IHR NFPs have access to necessary data from other sectors and/or ministries.

To WHO

10. Provide ongoing capacity-building for IHR NFPs through the IHR NFP community of practice platform.
11. Continue supporting Member States in utilizing the IHR monitoring and evaluation tools to evaluate the level of IHR core capacities implementation; these include the JEE, After-Action Review, simulation exercises and SPAR.
12. Review the draft proposal of Member States eligible for the Pandemic Fund and provide feedback before the deadline on 19 May 2023.
13. Support more countries in 2023 to conduct the pilot phase of the UHPR, after Iraq was the first pilot country in the Region and the second globally.
14. Continue providing Member States with the latest updates and information regarding the IHR amendments.
15. Continue discussions and consultations with countries on the zero draft of the CA+ to inform Members State interventions in the upcoming global meetings.
16. Provide training and technical support for capacity-building for Members States on IHR notification and communication.

17. Finalize the regional IHR NFP centre's terms of reference to empower the centre in countries.
18. Conduct high-level missions and engage in regular advocacy to sensitize national higher authorities for notification and information-sharing with WHO and advocate for the empowerment of IHR NFPs.
19. Continue capacity-building and refresher trainings on IHR Annex II, the public health intelligence process and the different articles (6–11) on IHR communication, particularly for newly-assigned IHR NFPs.
20. Support capacity-building for laboratories in countries of the Eastern Mediterranean Region to improve abilities to detect acute health events.

World Health Organization
Regional Office for the Eastern Mediterranean
Monazamet El Seha El Alamia Street,
Extension of Abdel Razak El Sanhouri Street
P.O. Box 7608, Nasr City
Cairo 11371, Egypt
www.emro.who.int